

December 11, 2015

Tom Frieden, MD, MPH
CDC Director
Centers for Disease Control and Prevention (CDC)
1600 Clifton Rd.
Atlanta, GA 30333, USA

Re: Docket No. CDC-2015-0112 - CDC Guideline for Prescribing Opioids for Chronic Pain (Guideline)

Dear Dr. Frieden:

On behalf of more than 18,000 board-certified orthopaedic surgeons, the American Academy of Orthopaedic Surgeons (AAOS/Academy) thanks the CDC for the opportunity to comment on the Draft Guideline for Prescribing Opioids for Chronic Pain (Guideline). The AAOS understands the significant resources required to undertake a project of this magnitude and lauds the CDC for its efforts.

The AAOS understands the United States is in the midst of an epidemic of opioid drug use, misuse, and abuse. It is of the utmost importance to the Academy that new strategies be implemented to curb the number of inappropriate and non-therapeutic opioid prescriptions and the public's overall opioid consumption. With that, the Academy offers the following comments.

- **Recommendation 1**

- The AAOS agrees with CDC in recommending both non-pharmacologic and non-opioid pharmacologic treatment for various conditions, particularly for conditions such as osteoarthritis of the knee.
- AAOS Information Statement – *Opioid Use, Misuse, and Abuse in Orthopaedic Practice*¹
 - The effectiveness, risks, and role of long-term opioids for non-malignant pain are unclear and we believe that orthopaedic surgeons should consider using alternative non-opioid treatments or referring patients to a multidisciplinary pain center for treatment of chronic, non-malignant pain.
 - Pain from mild to moderate acute trauma or chronic degenerative diseases can usually be managed without opioids.
 - The AAOS believes referral for alternative pain management strategies should be considered for persistent atraumatic musculoskeletal pain.
 - On-going pain after injury or surgery can often be associated with symptoms of depression, PTSD, and ineffective coping strategies – all of which are responsive to cognitive behavioral therapy.
- AAOS Guideline for the Treatment of Osteoarthritis of the Knee²
 - We recommend self-management programs, strengthening, low-impact aerobic exercises, and neuromuscular education; and engage in physical activity consistent with national guidelines. We also recommend weight loss programs and NSAID treatment for patients with symptomatic osteoarthritis.

- **Recommendations 2 and 3**

- The AAOS agrees with the CDC recommendation that physicians discuss with patients known risks and realistic benefits of opioid therapy.
 - Physicians should script and practice effective communication strategies, appropriate for all levels of health literacy¹. Patients are more comfortable and use fewer opioids when physicians convey empathy and support.¹

- **Recommendations 4, 5, and 6**

- The AAOS agrees with the recommendation to limit the use of extended-release/long-acting (ER/LA) opioids.
 - Most orthopaedic pain is acute in nature and tends to resolve itself in hours to days, not days to weeks and we call for a strict limit on ER/LA opioids¹.
- The AAOS agrees with the recommendation calling for the lowest effective dose when prescribing opioids.
 - We believe orthopaedic practices should establish protocols/policies to better control and limit opioid prescription dosages as well as appropriate/inappropriate opioid uses for acute musculoskeletal injuries, postsurgical pain, and chronic pain¹.
 - A prescription should only include the amount of pain medication that is expected to be used – based on the protocol established¹.
 - We believe this will limit the number inappropriate and non-therapeutic opioid prescriptions and decrease the amount of opioids abused and/or diverted.

- **Recommendation 9**

- The AAOS agrees with physicians' use of PDMPs.
 - It should be possible for a surgeon and pharmacist to see all prescriptions filled in all states by a single patient. Opioid use is best coordinated through a single prescribing physician/surgeon/practice, especially when dealing patients have ongoing/chronic pain issues¹.
 - E-prescriptions for all opioids would help not only appropriate use and patient convenience, they would provide data in a format that could provide better surveillance of excessive, inappropriate and non-therapeutic prescribing.

Conclusion

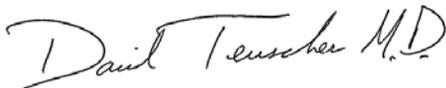
The AAOS understands that this guideline is intended to be used by primary care physicians and we are offering our support for those recommendations we believe may have an impact on orthopaedics. As steps are taken to address the problem of opioid abuse, there are certain settings and appropriate indications for which patients' access to appropriate pain management therapies needs to be maintained.

With that said, for the above stated strategies to be effective, partnerships are needed among hospitals, employers, patient groups, state medical and pharmacy boards, law enforcement, pharmacy benefit managers, insurers, and policy makers. It is everyone's responsibility to learn how to treat pain with less dependence on opioids and, above all, a new approach to pain management is needed to effectively change the cultural expectations of patients with pain.

We again thank the CDC for its efforts and the opportunity to comment on the guideline.

If you have any questions on the AAOS comments, please do not hesitate to contact our Medical Director, William O. Shaffer, MD, at (202) 546-4430 or shaffer@aaos.org

Sincerely,



David Teuscher, MD
President, American Academy of Orthopaedic Surgeons

Citations

1. http://www.aaos.org/uploadedFiles/PreProduction/About/Opinion_Statements/advistmt/1045%20Opioid%20Use,%20Misuse,%20and%20Abuse%20in%20Practice.pdf
2. http://www.aaos.org/uploadedFiles/PreProduction/Quality/Guidelines_and_Reviews/Osteoarthritis%20of%20the%20Knee%20-%20non-arthroplasty.pdf