

[Narrator]

Overdose deaths involving prescription opioids are declining. While we are seeing some success however, there are still too many opioid prescriptions being written for too many days and at too high a dose. It is important that patients receive appropriate pain treatment with careful consideration of the benefits and risks of treatment options. This includes evaluating risk factors and patient characteristics for opioid-related harms.

Patients at increased risk include those with renal or hepatic insufficiency, sleep apnea, or other sleep disorders, and those over 65. Other factors that can increase the risk of opioid related harms are depression, or other mental health conditions, as well as a history of overdose, opioid use disorder, also known as OUD, or substance use disorder.

Opioid use in pregnancy might pose risks for mothers and their babies. For mothers, opioid use disorder has been linked to maternal death. For babies, opioid use disorder or long-term opioid use, has been linked to poor fetal growth, preterm birth, stillbirth, and specific birth defects. Opioid use and medication assisted treatment for opioid use disorder during pregnancy, can lead to neonatal abstinence syndrome in some newborns, also known as neonatal opioid withdrawal syndrome. Risk factors related to prescribing include dosages greater than or equal to 50 morphine milligram equivalents per day, as well as concurrent benzodiazepine usage.

Recognizing patients at increased risk and mitigating those risks, can improve patient outcomes. You can help mitigate risks by following recommendations in the CDC Guideline for Prescribing Opioids for Chronic Pain. Some recommended strategies include: Consider non-opioid therapies first. Discuss the risks and benefits of opioid therapy with your patients. Start with the lowest possible dose when prescribing opioids and prescribe immediate-release instead of extended-release and/or long-acting opioids. Evaluate benefits and harms frequently. Use tools such as Urine Drug Testing or UDT, and Prescription Drug Monitoring Programs or PDMPs. Avoid prescribing opioids and benzodiazepines concurrently. And finally, arrange for treatment with medications for opioid use disorder if indicated.

If you believe that a patient may have opioid use disorder or OUD, you may want to ask the question: How many times in the past year have you used an illegal drug, or used a prescription medication for non-medical reasons? Research has shown that this single question can be an effective screening tool. It also opens the door for further conversation.

As a healthcare provider, your actions are critical in addressing the opioid overdose epidemic. You can help keep patients safe by identifying patients at increased risk of opioid related harms, and by implementing strategies to mitigate risks. For more information, refer to the CDC Interactive Training Series, Applying CDC Guideline for Prescribing Opioids, an online training series for healthcare providers. You can also download the free CDC Opioid Guideline mobile app for Android or iOS devices.

Thank you.