

# Nonopioid Therapies for Pain

## A Clinical Reference



The 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain recommends maximizing the use of nonopioid therapies as appropriate for the specific condition and patient. Initiating opioid therapy should only be considered if expected benefits for pain and function are anticipated to outweigh risks to the patient.

### Types of Pain and Recommended Treatment

#### Acute Pain

Usually starts suddenly and has a known cause, like an injury or surgery. It normally gets better as your body heals.

Nonpharmacologic and nonopioid therapies are at least as effective as opioids for many common types of acute pain.

- Low back pain
- Neck pain
- Dental pain
- Kidney stone pain
- Pain related to musculoskeletal injuries (such as sprains, strains, tendonitis, and bursitis)
- Pain related to minor surgeries typically associated with minimal tissue injury and mild postoperative pain (e.g., simple dental extraction)
- Headaches, including episodic migraine

#### Subacute Pain

Pain that lasts at least one month and up to three months.

This pain can be the result of an underlying medical disease or condition, injury, medical treatment, inflammation, or unknown cause.

#### Chronic Pain

Pain that lasts three months or more.

Nonpharmacologic and nonopioid pharmacologic therapies are preferred for subacute and chronic pain.

- Back pain
- Fibromyalgia
- Tension headache
- Hip or knee osteoarthritis



## Nonopioid Therapies

Nonopioid therapies include both pharmacologic therapies (medication) and nonpharmacologic therapies. These methods include, but are not limited to, nonopioid medications, cognitive behavioral therapy, physical therapy, acupuncture, meditation, exercise, or interventional therapies like injections.

### Nonopioid Pharmacologic Therapies

- Topical or oral nonsteroidal anti-inflammatory drugs (NSAIDs)
- Acetaminophen
- Triptans, antiemetics, and dihydroergotamine for migraine
- Tricyclic and tetracyclic antidepressants
- Serotonin and norepinephrine reuptake inhibitor (SNRI) antidepressants
- Anticonvulsants (e.g., pregabalin/gabapentin)
- Capsaicin and lidocaine patches

### Nonpharmacologic Therapies

- Ice
- Heat
- Elevation
- Rest
- Immobilization
- Exercise (such as aerobic, aquatic, and/or resistance exercise)
- Exercise therapy (a prominent modality in physical therapy)
- Mind-body practices (e.g., yoga, tai chi, qigong)
- Weight loss
- Psychological therapy (e.g., cognitive behavioral therapy)
- Manual therapies
- Mindfulness-based stress reduction
- Low-level laser therapy
- Acupuncture
- Massage
- Spinal manipulation

**Tip:** An important part of pain management is to build trust between you and your patients. To help build this trust, you can provide patients with information about their full range of options and help them make an **informed decision** to implement a **personalized treatment plan**.

## Factors to Determine Treatment Methods



### **Patient Goals and Treatment Options:** What information did your evaluation of the patient provide?

Evaluation of your patient is critical to appropriate pain management. To guide patient-specific selection of therapies for pain, evaluations should establish or confirm the diagnosis and identify patient goals. This information can be used in discussing appropriate nonopioid therapies that are personalized to your patient, their evaluation goals, and individualized benefits and risks.



### **Medical History:** Does your patient have any relevant medical history that would preclude the use of nonopioid medications?

For example, clinicians should consider fall risk when selecting and dosing potentially sedating medications (e.g., tricyclic antidepressants, anticonvulsants).



### **Physical Limitations:** Does your patient have physical limitations or considerations that would preclude the use of nonpharmacologic therapies such as exercise and/or physical therapy?

Are there limitations to your patient's ability to exercise? For example, is your patient pregnant or nursing, recovering from an injury, unable to access safe places to exercise?

**Remember:** Nonopioid therapies can be an essential part of treating your patient's pain.\* These therapies align with **Guiding Principle #3** from the 2022 *CDC Clinical Practice Guideline*. This Guiding Principle speaks to how important it is to take care of the physical and behavioral health of each person and to manage their expected health outcomes, long-term services and support, and overall well-being.

Clinicians can help patients consider nonopioid therapies by having open and collaborative conversations. Clear communication and active patient participation are key to building a trusting relationship and helping patients explore nonopioid therapies to manage their pain.

\*Guideline recommendations 1 and 2 encourage maximizing the use of nonopioid therapies. These therapies are preferred for treatment of subacute and chronic pain. Clinicians should only consider initiating opioid therapy if the expected benefits are anticipated to outweigh the risks.



### **Additional Resources**

- [Conversation Starters](#)
- [Nonopioid Therapies for Pain Management](#)

