Prescribing Tips for Pain Management

Assess the type of pain the patient is experiencing
- Acute or chronic
- Injury-related
- Neuropathic

Consider consulting a pain management specialist

Clear and specific **treatment goals** should be established before starting pain management.

Initiate and optimize non-pharmacologic therapies first. Should be tailored to patient-specific needs.

Add non-opioid therapies, if necessary, with a preference for scheduled over as needed administration.

Opioid therapies should only be considered when other therapies are not providing adequate control and only when benefits for **BOTH** pain and function outweigh risks.
- Opioids should be started with lowest effective dose of immediate-release medication.
- Avoid long-acting products.
- Avoid doses greater than 90 morphine milligram equivalents (MME) per day.

Co-prescription of opiates and benzodiazepines should be avoided.

Evaluate benefits and harms within 1-4 weeks of starting opioid therapy and every 3 months thereafter.
- Should include assessment of opioid use disorder.

Considerations for Opioid Tapering

Patient requests a dose reduction.

Resolution of condition or injury causing the pain.

Benefits of therapy do not outweigh the harms.

No meaningful improvement (30% or more) in pain or function.

Dose increases above 50 morphine milligram equivalents (MME) per day should be carefully assessed for benefits and risks and consider tapering.

Changes or deterioration in physical, emotional, or social functioning.

Signs of opioid use disorder or dependence.

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