**Rational Opioid Use: Continuous Learning After the CDC Guidelines**

**EDUCATIONAL OBJECTIVES**

**GOAL:** To educate the pharmacy team about the CDC guideline for prescribing opioids for chronic pain.

After participating in this activity, pharmacists will be able to:

* Discuss the continuing need to follow pain management guidelines judiciously to mitigate epidemic opioid overdose
* Outline the CDC’s recommendations from the 2016 Guideline for Prescribing Opioids for Chronic Pain and lessons learned since their release
* Discuss talking points and approaches to work with prescribers and ensure patient safety when opioids are prescribed
* List patient counseling points regarding the safe use of opioids
* Identify factors that put patients at highest risk of overdose who may need rescue medication

**TEST QUESTIONS**

**1. Opioids are prescribed for noncancer-related pain in**

1. 1 in 3 adults
2. 1 in 4 adults
3. 1 in 5 adults
4. 1 in 6 adults

**2. Which of the following statements about the opioid epidemic following publication of the Centers for Disease Control (CDC) 2016 Guideline for Prescribing Opioids for Chronic Pain is true?**

1. Opioid prescribing is decreasing, but drug overdose deaths has reached an all-time high.
2. Opioid prescribing is decreasing and drug overdose deaths are decreasing.
3. Opioid prescribing rates are similar, but drug overdose deaths are increasing.
4. Opioid prescribing rates are similar and drug overdose deaths are decreasing.

**3. Which of the following statements is true regarding the CDC 2016 Guideline for Prescribing Opioids for Chronic Pain?**

1. Nonpharmacologic therapy is preferred for first-line treatment of adult noncancer–related chronic pain.
2. Extended-release/long-acting opioids should always be prescribed with immediate-release opioids in treatment of adult noncancer–related chronic pain.
3. Treatment of acute pain should be treated with at least a 7-day supply of opioids to maximize pain relief.
4. Opioid dosages exceeding 50 MME/day require justification.

**4. Which of the following has happened since the publication of CDC 2016 Guideline for Prescribing Opioids for Chronic Pain?**

1. The Drug Enforcement Agency has mandated a reduction in opioid manufacturing.
2. All states have adopted the guidelines into controlled substance regulations.
3. Deaths related to prescription opioids has decreased.
4. Centers for Medicare and Medicaid Services no longer pays for > 7 day opioid supply

**5. Which of the following opioid adverse effects and mitigation recommendation is accurate?**

1. If nausea and vomiting occurs, the patient should be immediately switched to another opioid.
2. If confusion occurs, the patient should immediately contact the prescriber.
3. If drowsiness occurs, tolerance will typically develop and it will cease.
4. Dry mouth is transient and will resolve in 2–3 days.

**6. A patient newly starting on opioids for chronic pain asks you about driving. Which of the following statements is most accurate about opioids impairment of safely operating a vehicle?**

1. Impairment occurs most commonly when opioids are initiated, doses are increased, or with other central nervous system depressants.
2. Impairment typically only occurs with opioid initiation.
3. Impairment only occurs with dose changes (ie, increases or decreases).
4. Impairment only occurs with concurrent alcohol use.

**7. Which of the following should be recommended for a patient receiving an extended-release and immediate-release opioid regimen to prevent constipation?**

1. Increase hydration and fiber intake
2. Increase hydration and fiber intake, take a stool softener or laxative daily
3. Increase hydration and take daily stool softener; fiber has been shown to cause more constipation
4. Increase hydration and take a stool softener or laxative as needed

**8. Risks to household members and other individuals if opioids are intentionally or unintentionally shared can be minimized by all of the following except:**

1. Storage in a locked location
2. Safe disposal at the community’s drug-take back program
3. Use of naloxone for overdose reversal
4. Regular urine drug testing of patient

**9. All of the following are considered at high risk for opioid-related harms, such as overdose, except**

1. A 73-year-old woman with congestive heart failure
2. A 56-year-old man with cirrhosis awaiting a liver transplant
3. A 32-year-old women with a history of depression
4. A 49-year-old man with postherpetic neuralgia

**10. CDC 2016 Guideline for Prescribing Opioids for Chronic Pain recommends offering naloxone for which of the following patients at risk for opioid overdose?**

1. Patients taking more than 30 MME/day or more
2. Patients taking benzodiazepines and opioids
3. All patients receiving opioids
4. Patients > 65 years

**11. Which of the following can be done in patient with sleep-disordered breathing to minimize risk of overdose?**

1. Carefully monitor during therapy and use cautious dose titration
2. Avoid codeine-products
3. Avoid opioids because risk > benefit
4. Provide only immediate-release opioid products

**12. Which of the following should be done to mitigate risks associated with opioid use in those 65 years of age or older?**

1. Initiate exercise and bowel regimen
2. Assess risk for falls
3. Monitor for cognitive impairment
4. All of the above

**13. For patients covered by Medicare Part D plans, which of the following will require the pharmacist to consult with the prescriber to either change the prescription or provide information that the prescription is written as intended and medically necessary?**

1. More than a 7-day supply of opioids
2. Cumulative prescription > 50 MME
3. Concurrent opioid and benzodiazepine use
4. Duplicative long-activing opioid therapies

**14. An adult patient with chronic mid-upper back pain due to stenosis unable to undergo corrective surgery because of comorbidities has been taking morphine 15 mg every six hours for six weeks. She takes three tablets daily with some but not complete pain relief. Her primary care physician asks for your recommendation on an appropriate extended-release/long-acting opioid to prescribe because he feels inexperienced with opioid medications. Which of the following would be most appropriate therapy to initiate?**

1. Morphine extended-release
2. Transdermal fentanyl
3. Methadone
4. None, patient should remain on immediate-release because of risk factors

**15. Which of the following situations is appropriate to contact a prescriber about an opioid prescription?**

1. Patient is not receiving optimal relief
2. Patient is not concurrently using nonpharmacologic therapy
3. Patient has > 90 MME among all opioid prescriptions
4. All of the above