

Long-Term Use of Opioids for Chronic Pain (Group 1):

*Studies that include Pharmacologic Treatment Options,
Dosing Strategies, and Opioid Dependency*

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PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

Chair



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Housekeeping

- 🌐 For audio, please dial (866) 640-4044 and enter 994336.
- 🌐 Today's meeting is broadcast to the public and is being recorded.
 - Please be mindful of side conversations that may generate excess noise, as there are concurrent workgroup discussions taking place.
 - Please indicate that you would like to speak by placing your name placard on end and raising your hand.
 - During introductions, please state your name and affiliation.



Reminders

-  Adhere to the schedule.
-  Silent mobile devices.
-  Mute your mic when not speaking.
-  Disagree with ideas, not people.
-  Be mindful of time constraints during the discussion.



Agenda



Morning Session

- Panel introductions (10 minutes)
- Workgroup purpose
- Presentation of the categories of questions (Chair)
- Panel discussion of the fit of each question to the PCORI research prioritization criteria (~7 minutes per question)
- Panelists will rank refined questions to identify the top 3-4 questions for afternoon session



Lunch



Afternoon Session

- Presentation of top-ranked 3-4 questions (post-panel survey)
- PICOT discussion for each of the remaining questions



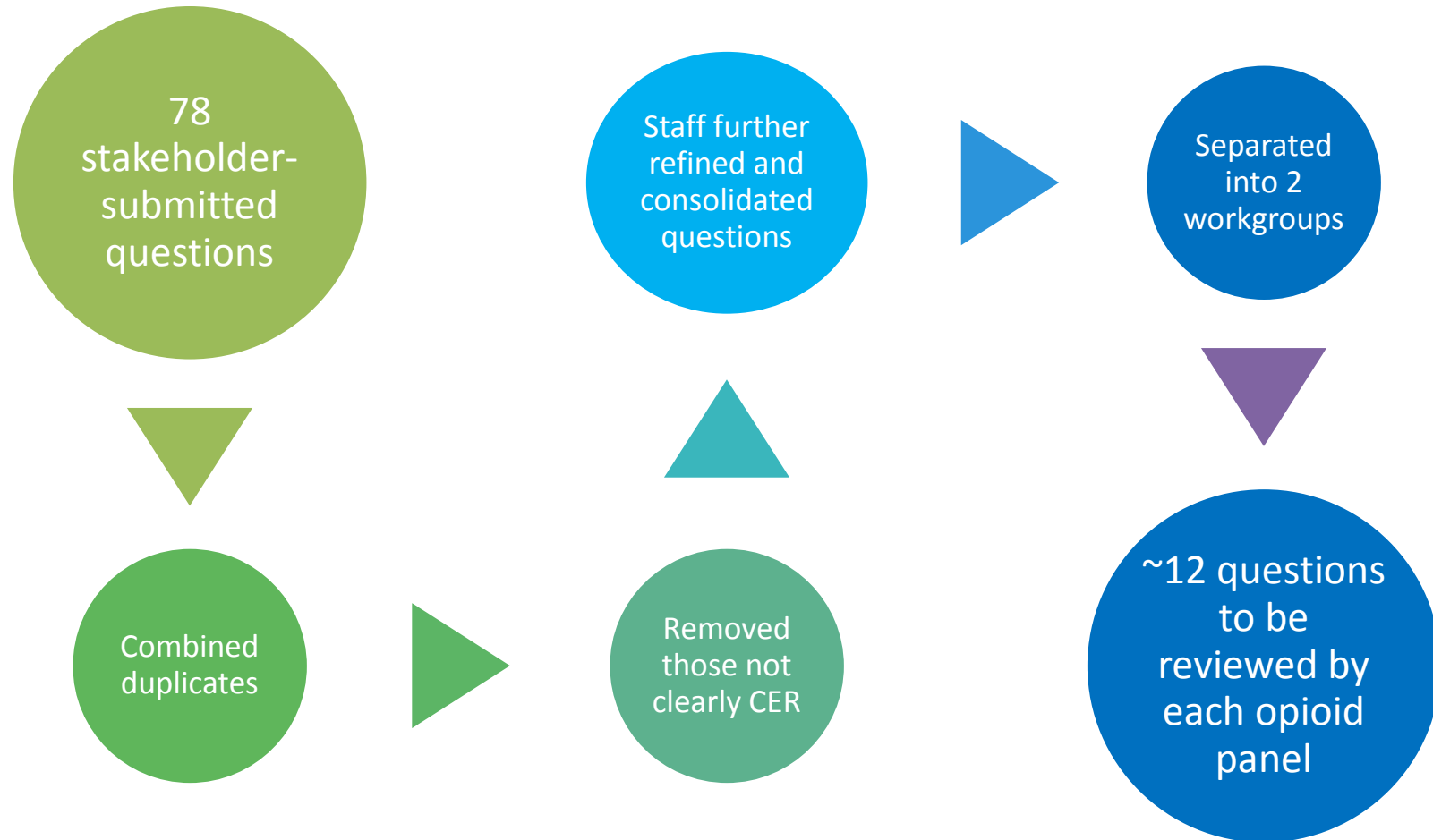
Panel Introductions



Workshop Purpose

- 🌱 **Evidence Gap:** The current evidence base for the use of long-term opioids (>3 months) for chronic pain and the effectiveness of different risk assessment/risk mitigation strategies is extremely weak, given the importance of this topic.
- 🌱 **Objective:** Identify, refine, and prioritize comparative effectiveness research questions that focus on long-term treatment for chronic pain.
 - Consider what are the patient-centered comparative effectiveness research questions that have the greatest potential for impact and uptake?
- 🌱 **Workgroups:** Two panels will separately discuss the following topics:
 - Group 1: Studies that include Pharmacologic Treatment Options, Dosing Strategies, and Opioid Dependency
 - Group 2: Non-Pharmacologic Treatment Options, Risk Mitigation Strategies, and Opioid Dependency

Categorization of Submitted Questions



Process for Today: Question Refinement

- 🌱 **Step 1:** Discuss the consolidated questions submitted by the group
 - Utilize the PCORI Criteria
- 🌱 **Step 2:** Rank the questions in order of priority
- 🌱 **Step 3:** Refine the top 3-4 research questions
 - Identification and discussion of populations, interventions, comparators, outcomes, duration and settings
 - Consideration of study design, challenges to conducting research on specific question, and ongoing work in the field.

Step 1: Discuss the Consolidated Questions

PCORI Criteria

- 1) **Patient-Centeredness:** is the comparison relevant to patients, their caregivers, clinicians or other key stakeholders and are the outcomes relevant to patients?
- 2) **Impact of the Condition on the Health of Individuals and Populations:** Is the condition or disease associated with a significant burden in the US population, in terms of disease prevalence, costs to society, loss of productivity or individual suffering?
- 3) **Assessment of Current Options:** Does the topic reflect an important evidence gap related to current options that is not being addressed by ongoing research.
- 4) **Likelihood of Implementation in Practice:** Would new information generated by research be likely to have an impact in practice? (E.g. do one or more major stakeholder groups endorse the question?)
- 5) **Durability of Information:** Would new information on this topic remain current for several years, or would it be rendered obsolete quickly by new technologies or subsequent studies?

Consolidated Questions

1	<p>Pharmacologic Treatment Options (Drug vs. Drug Comparisons):</p> <p>In patients with chronic pain, what is the comparative effectiveness of opioids versus non-opioid medications or compared to other opioids on outcomes related to pain, function, quality of life, fractures, endocrine dysfunction, abuse, overdose, and death?</p> <p><i>Potential patient populations may include:</i> patients with chronic low back pain, musculoskeletal pain, fibromyalgia, neuropathic pain; substance abusers, those recently incarcerated, pregnant women, cancer survivors etc.</p> <p><i>Non-opioid therapies may include:</i> NSAIDs, Cox-II inhibitors, antidepressants, muscle relaxants, synthetic cannabinoids/medical marijuana, etc.</p> <p><i>Subgroup Analysis:</i> How do harms vary depending on 1) type of pain, 2) patient demographics and clinical characteristics (including comorbidities, past or current substance abuse 3) Dose of opioids</p> <p><i>Additional considerations:</i> Other unintended consequences</p>
1.1	<p>For patients with chronic pain, what are the comparative benefits and harms of the following analgesic combination regimens: 1) non-opioid analgesics (no opioids) vs. 2) non-opioid analgesics with limited as needed low-dose opioids vs. 3) non-opioid analgesics with daily opioid analgesics (up to 100 morphine-equivalent mg per day)? This study design should include flexible drug and dosing options within defined parameters for each arm and treatment to response targets (rather than fixed dose/drug targets).</p>

Consolidated Questions

1	Pharmacologic Treatment Options (Drug vs. Drug Comparisons):
1.2	What is the long-term benefit/risk profile of opioids (stratified by whether the drug is immediate- or extended-release and by low vs. high dose in morphine equivalents) compared to prescription NSAIDs, COX-II inhibitors, and acetaminophen, when used for >90 days to treat chronic non-cancer pain? This would require evaluation of a broad range of outcomes including pain, functional status, and quality of life, adverse events relevant to these drugs, abuse, overdose, death, and others pertinent to a full benefit-risk assessment.
1.3	For patients with chronic pain, what are the benefits and harms of tramadol vs. typical immediate-release opioid analgesics?
1.4	What is the comparative effectiveness of opioid analgesics versus transdermal medication therapy for individuals with chronic pain?
1.5	What are the comparative benefits and risks of using non pharmacological modalities and non opioid analgesics versus closely monitored long term opioid analgesics in chronic pain patients with a history of substance abuse and addiction disorder? Outcome measures include QOL indices (better mobility, sleep, mood, function), and decreased incidence of relapse.

Consolidated Questions

2	Dosing Strategies: In patients with chronic pain on long-term opioid therapy, what is the comparative effectiveness of dose escalation versus dose maintenance or use of dose thresholds on outcomes related to pain, function and quality of life?
2.1	In patients on long-term opioid therapy, what are the effects of decreasing opioid doses or tapering off opioids versus continuation of opioids on outcomes related to pain, function, quality of life and withdrawal?
2.2	In patients with chronic pain, what is the comparative effectiveness of short- versus long-acting opioids or sustained release formulations on outcomes related to pain, function, quality of life, risk of overdose, addiction, abuse, misuse, or doses of opioid used?
2.3	For patients with chronic non-cancer pain, who have been on long-term opioid therapy, what are the comparative effectiveness of rotation to buprenorphine/naloxone and to methadone for outcomes of pain, function, misuse, overdose and addiction?





Consolidated Questions

2	Dosing Strategies (continued):
2.4	For patients with persistent chronic pain who are currently treated with opioids at ≥ 50 morphine-equivalent mg per day, what are the benefits and harms of opioid rotation with stable or increased dose vs. opioid rotation with dose reduction or tapering to discontinuation? To mirror realities of clinical practice and allow for individual patient differences in medication tolerance and efficacy, this study design should include protocols for co-treatment with non-opioid analgesics and flexibility in drug/dose options within defined parameters for each arm.
2.5	Do people with chronic pain require escalation of opioid dosing over time when these medications are taken for a year or longer compared to short term use of opioids for less than one year? The intended outcome: Indicate if chronic pain patients can utilize opioid medications without escalating dosage amounts over time, then these drugs could be prescribed with less concern and be construed as appropriate medications in the treatment of chronic pain by healthcare professionals.

Consolidated Questions

3	<p>Other: What is the comparative effectiveness of treatment strategies for managing patients with addiction to prescription opioids on outcomes related to overdose, abuse, misuse, pain, function, quality of life?</p> <p><i>Potential populations may include:</i> substance abusers, pregnant women, those recently incarcerated etc.</p>
3.1	What is the comparative effectiveness of treatment strategies to reduce overprescribing of opiates (including Prescription Drug Monitoring Programs) in the Medicaid population?

Step 2: Rank the Questions in Order of Priority

-  Please check your email. You will receive a link to a prioritization survey.
-  You will see the newly revised questions discussed this morning. Please rank the questions in order of priority, with 1 being highest.
-  Please complete the prioritization survey by 12:30.
-  We will resume our discussion by 1pm.



Step 3: Refine the Top 3-4 Questions

- Panel ranking results of top 3-4 priority questions
- Identify PICOTS related to each question:
 - Patient population;
 - Intervention;
 - Comparators;
 - Outcomes of interest;
 - Time frame;
 - Setting
- Refine question wording to best reflect research and clinical priorities.



Refined Question #1

Identify PICOTS related to each question:

- Patient population;
- Intervention;
- Comparators;
- Outcomes of interest;
- Time frame;
- Setting

Consider study design



Refined Question #2

Identify PICOTS related to each question:

- Patient population;
- Intervention;
- Comparators;
- Outcomes of interest;
- Time frame;
- Setting

Consider study design



Refined Question #3

Identify PICOTS related to each question:

- Patient population;
- Intervention;
- Comparators;
- Outcomes of interest;
- Time frame;
- Setting

Consider study design



Refined Question #4

Identify PICOTS related to each question:

- Patient population;
- Intervention;
- Comparators;
- Outcomes of interest;
- Time frame;
- Setting

Consider study design



Closing Remark and Next Steps

- The meeting summary will be distributed in a few weeks
- The questions that were discussed, refined, and prioritized by the panelists today will be shared with PCORI leadership and governance in the coming weeks.
- The goal is to use this material to inform potential targeted CER funding areas on this topic.
- We welcome your follow-up comments via email at pfa@pcori.org.



Thank you for your participation.

