2016 vs 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain

The 2016 CDC Clinical Practice Guideline for Prescribing Opioids for Chronic Pain addresses concerns about unintended harm from rigid prescribing limits. The updated 2022 Clinical Practice Guideline for Prescribing Opioids for Pain includes a patient-centered approach for prescribing. The table below describes the major differences between the two guidelines.

Criteria	2016 Version	2022 Version
Scope and Intent	Focuses on chronic pain (outside of cancer, palliative, and end-of-life care).	Includes acute, subacute, and chronic pain. Still excludes cancer, palliative, and end-of-life care.
Opioid Dose Limits	Suggests a strict upper limit of 90 MME/day and encourages staying below 50 MME/day when possible.	Removes strict limits. Still recommends caution at 50 MME/day and extra precaution above 90 MME/day.
Duration for Acute Pain	Recommends a <7/day supply in most cases; often <3 days.	No specific day limit; encourages lowest effective dose for shortest duration.
Tapering Guidance	Emphasizes reducing dose when risks outweigh benefits but lacks recommendations on how to taper.	Provides stronger guidance on patient-centered tapering, avoiding rapid or forced tapers, and shared decision-making.
Non-Opioid Options	Strongly encourages non-opioid treatments without providing detailed options.	Expands discussion on multimodal and non-opioid therapies, emphasizing individualized care.
Clinical Decision Making	Specific dosage recommendations which do not account for individual patient scenarios, leading to concerns of misapplication and unintended patient harm.	Promotes patient-centered language, discouraging one-size-fits-all policies and unintended consequences.
Risk Considerations	Focuses on opioid-related harms (e.g., drug poisoning and addiction).	Balances opioid risks with risks of undertreated pain and harm from abrupt discontinuation.
Prescription Drug Monitoring (PDMP) and Urine Drug Testing (UDT)	Recommends checking PDMP and using UDT without frequency recommendations.	Recommends checking PDMP and using UDT with an emphasis on clinical judgment rather than strict rules.