

Recommendations for Pain Management Sept 12, 2018

To: HHS Pain Management Task Force for Sept 25, 2018 Meeting

From: American Medical Women's Association

Connie Newman, MD, AMWA President and Kim Templeton, MD, AMWA Past President

Deaths from overdose of opioids are increasing more rapidly in women than men in the last decade (1). Further, emergency department visits for misuse of opioids increased by more than 2-fold in women between 2004 and 2010 (1). These data may be explained by sex differences in pain and risk of opioid addiction.

Women are more likely to have conditions that lead to chronic pain such as osteoarthritis, inflammatory arthritis, temporal mandibular syndrome, or injuries resulting from intimate partner violence. Because of sex-based differences in brain signaling pathways and higher prevalence of untreated co-existing depression and PTSD, women may perceive pain more intensely than men, causing them to seek relief with opioids, obtained either by prescription or illicitly. The mu-opioid receptors in the brain respond differently to opioids in women than they do in men. This results in women developing opioid addiction more rapidly than men, even when using lower doses for shorter time periods. Women who are addicted to opioids during their childbearing years are at risk of having a child with neonatal abstinence syndrome. During the course of their addiction or medication-assisted treatment thereof, women may not be aware that opioid use can have serious consequences for the infant. Further, they may not be informed of, or have access to, all options for contraception.

Therefore the American Medical Womens Association has the following recommendations regarding pain management.

- 1) Elimination of “pain control” as a measure of quality care by third parties, as this measure helps to drive increased prescribing of opioids.
- 2) Education of health care providers, medical students, and the public about sex-based differences in pain frequency and intensity, the associated increased risk of addiction to prescription opioid analgesics in women, and the benefits of non-opioid alternatives, which include medications, and non-pharmacologic treatments such as physical therapy and exercise, in treating pain. This education should also include discussion of safe storage and disposal of prescription opioids.
- 3) Providers should be encouraged to speak with their patients about all options for pain management, including non-opioid alternative therapies, in order to develop a treatment plan that will provide optimal pain relief and function, with minimal risk.
- 4) Providers should be encouraged to assess women with chronic pain for the presence of comorbidities such as depression and PTSD.
- 5) Discussions of family planning should be part of medication assisted treatment for addiction. Women of reproductive age who access the health care system because of an overdose or for treatment of addiction should be offered all options for contraception, including long acting reversible methods.

Thank you for allowing us to comment.

1. Mack KA, Jones CM, Paulozzi, LJ. Vital Signs: Overdoses of prescription opioid pain relievers and other drugs among women-United States, 1999-2010. *Morbidity and Mortality Weekly Report* July 2 2013 <http://www.cdc.gov/mmwr>

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