Determining how to best treat pain is challenging for patients and clinicians. The alarming increase in opioid use and potentially fatal misuse has focused national attention on how to use these drugs appropriately and safely and treat opioid use disorders while also ensuring that people dealing with pain have a range of safe and effective treatment options available to them.

100 MILLION adults in the United States are affected by chronic pain
Source: National Academy of Medicine

42,249 Americans died from opioid overdoses in 2016
Source: Centers for Disease Control and Prevention

$600 BILLION Estimated total annual costs related to pain
Source: National Institutes of Health

Addressing the Roots of the Opioid Crisis and Inadequate Pain Management
PCORI funds comparative clinical effectiveness research (CER), which studies which healthcare options work best for which patients, based on their needs and preferences. PCORI-funded CER is filling the full continuum of evidence gaps in regard to both pain not related to cancer and opioid use disorders. The goal is not only to improve treatment for noncancer-related pain and to prevent and treat opioid addiction but also to address the factors that cause these problems.

PCORI-FUNDED CER STUDIES ARE DETERMINING WHAT’S MOST EFFECTIVE IN:

- Managing acute and chronic pain
- Preventing unsafe prescribing of opioids
- Reducing reliance on opioids among people already using them
- Preventing opioid use disorders
- Treating opioid use disorders

Alternative Therapies for Opioid-Treated Chronic Low Back Pain
Many people with chronic low back pain as well as those who care for them are interested in alternatives to opioids, given the risks of addiction. This study is comparing how well two such alternative therapies—cognitive behavioral therapy and mindfulness meditation—work in easing pain and helping people reduce or discontinue opioid use. More details about this project are at www.pcori.org/Zgieska010.
CER Answers Key Questions

PCORI is funding CER that will provide answers to such questions as:

- After hearing so many stories of people who struggle with opioid addiction, I’m afraid to use these drugs even though my low back pain is bad. Would mindfulness meditation work as well as a pain drug for me?
- I’m worried about my dependence on an opioid I use to treat the chronic pain I developed after serving in Iraq. How well do alternative treatments work at lowering the amount of medication someone like me needs while keeping my pain under control?
- I’m not comfortable speaking up when I don’t understand what my doctor tells me about treating my chronic pain. How can I get more involved in managing my pain?

STUDY SPOTLIGHTS

Minimizing Risks of High-Dose Opioid Use among People with Pain

This study compared clinics that implemented an initiative prompting physicians to be more cautious in prescribing opioids to clinics that did not in Washington state. Physicians following the initiative prescribed fewer high opioid doses but their patients did not report worse pain control. The results appeared in the Journal of Pain. More details about this project are at www.pcori.org/VonKorff009.

Boosting Patients’ Involvement in Their Pain Management

This study focuses on people who are living with chronic pain and starting regular opioid use. It is comparing outcomes of patients receiving standard pain care to those of patients who complete four group patient-empowerment sessions that educate them on pain management tools, help them communicate with their doctors, and become more actively involved in their care decisions. More details about this project are at www.pcori.org/Campbell011.

As of November 2020, PCORI has awarded $397 MILLION TO FUND 97 comparative clinical effectiveness studies related to noncancer pain or opioid use.

BY THE NUMBER OF PCORI-FUNDED STUDIES

Most Studied Populations of Interest

- Noncancer pain-related studies
- Opioid-related studies

<table>
<thead>
<tr>
<th>Population</th>
<th>Noncancer</th>
<th>Opioid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racial/Ethnic Minorities</td>
<td>17</td>
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<td>Women</td>
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<td>Older Adults</td>
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<td>Low Income</td>
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<td>Individuals with Multiple Chronic Conditions</td>
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<td>Individuals with Rare Disease</td>
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<td>Urban</td>
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