



Clinical Guideline and Recommendation Summary

Management of Chronic Pain: Veterans Affairs/Department of Defense (VA/DoD) Guidelines

Opium Use Guidelines

The Department of Veterans Affairs/Department of Defense (VA/DoD) guidelines strongly discourage the use of opioids as a first-line treatment for chronic pain in veterans and active-duty service members due to the high prevalence of opioid use disorder (OUD) in this population. Instead, they emphasize a comprehensive, multimodal approach, prioritizing non-opioid pharmacologic therapies and non-pharmacologic interventions. Key points include:

- **Avoid Opioids as First-Line Therapy:** Opioids should only be considered when other treatments have proven ineffective, and the benefits are documented to outweigh the risks.
- **Use the Lowest Effective Dose:** When opioids are necessary, initiate treatment with the lowest effective dose of a short-acting opioid. Avoid using extended-release or long-acting opioids due to their higher risk of sedation, overdose, and misuse.
- **Implement Close Monitoring:** Establish a formal agreement with the patient outlining treatment goals, monitoring plans, and discontinuation criteria. Conduct regular, face-to-face evaluations to assess treatment efficacy, adverse effects, and signs of misuse or dependence. Utilize tools such as urine drug screenings and prescription drug monitoring programs (PDMPs) to ensure compliance and minimize risks.
- **Limit Duration of Opioid Therapy:** Prescribe opioids for the shortest duration necessary, typically less than 3-7 days for acute pain, and avoid long-term use whenever possible. Reassess the need for continued opioid therapy frequently, focusing on functional improvement rather than pain reduction alone.
- **Educate Patients and Caregivers:** Provide thorough education to patients and their caregivers about the risks of opioid use, potential adverse effects, safe storage, and proper disposal of medications.

Multimodal Pain Management

The VA/DoD guidelines advocate for an integrated approach combining various non-opioid therapies:

- **Non-Pharmacologic Interventions:** Prioritize interventions such as physical therapy, cognitive behavioral therapy (CBT), acupuncture, chiropractic care, and integrative health approaches such as yoga and tai chi.
- **Non-Opioid Pharmacologic Options:** Consider alternatives such as acetaminophen, NSAIDs (topical or oral), anticonvulsants (eg, pregabalin, gabapentin), antidepressants (e.g., TCAs, SNRIs), and muscle relaxants, depending on patient-specific factors and comorbidities.



Management of Substance Use Disorders (SUD): VA/DoD Guidelines

Screening and Diagnosis

- **Routine Screening:** Conduct routine screening for SUD in all patients with chronic pain, especially those prescribed opioids. Use validated tools such as the Alcohol Use Disorders Identification Test (AUDIT) or Drug Abuse Screening Test (DAST).
- **Diagnosis of OUD:** Follow DSM-5 criteria for diagnosing OUD, including criteria related to tolerance, withdrawal, and loss of control over use. Consider the unique risk factors for OUD in veterans and active-duty service members, such as PTSD, depression, moral injury, and comorbid physical conditions.

Treatment and Referral

- **Initiate Medication-Assisted Treatment (MAT):** MAT, including medications such as buprenorphine, methadone, and naltrexone, should be offered to all patients diagnosed with OUD. Tailor the choice of medication to the patient's clinical situation, including their preferences, history of opioid use, and risk factors.
- **Engage in Psychosocial Support:** Incorporate psychosocial interventions, including CBT, motivational interviewing, and contingency management, to complement MAT. Ensure that patients have access to mental health services to address comorbid conditions such as PTSD or depression.
- **Referral to Specialist Care:** Refer patients to addiction specialists or multidisciplinary pain clinics when the diagnosis is complex, when specialized care (eg, interventional therapies) is required, or when there is a high risk of opioid misuse or other complications.

Monitoring and Follow-Up

- **Frequent Follow-Up Visits:** Schedule regular follow-up visits to monitor adherence, assess for adverse effects, evaluate progress towards treatment goals, and modify the treatment plan as needed.
- **Use of Technology and Tools:** Utilize telehealth, remote monitoring tools, and digital apps to enhance patient engagement and monitoring in both rural and urban settings. Integrate technology to deliver educational content, self-management resources, and timely feedback to patients.

Special Considerations for Veterans and Active-Duty Service Members

Access for Comorbid Conditions

Veterans and active-duty service members often have higher rates of comorbid conditions, including PTSD, family history (genetics), anxiety, depression, moral injury, and traumatic brain injury (TBI), which complicate pain and SUD management. Screen for these conditions and adjust the treatment approach accordingly.

Implement Veteran/Military-Specific Assessment Tools

Utilize tailored assessment tools and questionnaires designed to capture the unique experiences and needs of veterans and active-duty service members.

Promote a Holistic Approach

Encourage a Whole Health strategy that integrates self-care practices, patient education, and multidisciplinary care to address the physical, emotional, and social aspects of health and well-being.