Public Comments for ICR 202412-0920-006

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Comments Received :

Dear CDC Guidelines Committee,

I am writing to express my concerns regarding the current CDC opioid prescribing guidelines, particularly the Morphine Milligram Equivalent (MME) limits. As someone who has personally endured a spinal injury and concurrent traumatic brain injury (TBI), I have experienced firsthand the profound benefits that opioid therapy can provide beyond mere pain relief. I urge you to reconsider the rigid MME limits and recognize opioids as essential maintenance therapy for patients like myself, akin to how insulin is indispensable for individuals with diabetes.

Why Current Guidelines Fall Short:

1. Essential Physiological Need:

For patients with spinal injuries and TBIs, opioids can act as a replacement for a compromised endogenous beta endorphin system. Chronic inflammation and neural damage often disrupt the body's natural production and regulation of beta endorphins, leading to persistent pain, mood disturbances, and autonomic dysregulation.

Just as insulin is necessary to maintain metabolic balance in diabetics, opioids may be crucial for restoring physiological homeostasis in these patients. Without adequate opioid therapy, many suffer not only from unrelenting pain but also from a host of related symptoms that severely impact their quality of life.

2. Beyond Pain Management:

Opioids in these cases do more than alleviate pain; they help stabilize mood, reduce fatigue, and improve overall functionality. This comprehensive stabilization is vital for patients striving to regain a semblance of normalcy post-injury.

Labeling these patients as merely "addicted" overlooks the fundamental therapeutic role opioids play in their daily lives, effectively silencing their legitimate medical needs.

3. Risk of Under-Treatment:

Strict MME limits can lead to inadequate pain control, forcing patients to seek illicit opioids or endure unnecessary suffering. This not only exacerbates their physical and mental health conditions but also increases the risk of harmful behaviors and further complications.

Properly managed opioid therapy under medical supervision can mitigate these risks, ensuring that patients receive the necessary support without contributing to misuse or addiction crises.

Call to Action:

1. Remove or Adjust MME Limits for Specific Conditions:

Implement flexible prescribing guidelines that allow healthcare providers to tailor opioid therapy based on individual patient needs, particularly for those with spinal injuries and TBIs.

Establish clear criteria and documentation requirements to differentiate between necessary maintenance therapy and potential misuse.

2. Recognize Opioids as Maintenance Therapy:

Officially categorize opioid therapy for certain spinal and TBI patients as a legitimate, essential treatment similar to insulin for diabetics. This recognition would validate the therapeutic role of opioids and reduce the stigma associated with their use in these contexts.

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3. Promote Research and Education:

Encourage and fund research into the role of opioids in restoring physiological balance for patients with disrupted endogenous opioid systems.

Educate healthcare providers on the nuanced needs of spinal and TBI patients, emphasizing the importance of personalized pain management strategies.

Conclusion:

The analogy between opioid therapy for spinal and TBI patients and insulin replacement for diabetics highlights a critical aspect of patient care that current guidelines fail to adeq