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January 13, 2016

National Center for Injury Prevention and Control
U.S. Centers for Disease Control and Prevention
4770 Buford Hwy NE
Mailstop F-63
Atlanta, GA 30341
Attn: Docket CDC-2015-0112

To Whom It May Concern:

The Society for Women's Health Research (SWHR®) is pleased to submit comments regarding the U.S. Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain. SWHR, a national non-profit organization based in Washington, DC, is widely recognized as the thought leader in promoting research on sex differences and is dedicated to improving women's health through advocacy, education, and research. As research has documented that women and minorities experience pain more often and in greater severity than white men, developing clinical guidance to support the appropriate use of opioids for pain relief is paramount to ensuring the safe use of this highly addictive substance among such populations.

We applaud CDC for spearheading a clinical guidance for providers on long-term opioid therapy to relieve chronic pain. Since opioid prescriptions have increased by 7.3% from 2007-2012, as stated in the guidance, providing an updated evidence-based guidance is critical to ensure appropriate use of such medications. We were pleased to see a focus on the effects of opioid therapy on specific high-risk subpopulations; including patients with sleep-disordered breathing, pregnant women, patients with mental health conditions, and patients over age 65 years; each of whom consist of significant proportions of women in the United States.

However, we were alarmed to see the paucity of evidence for each of the recommendations cited in the guidance. We would like to reiterate the CDC conclusion recommending additional research in this area and are looking forward to the forthcoming National Pain Research Strategy from the Interagency Pain Research Coordinating Committee which should address many of these issues.

In the meantime, we recommend CDC consider revising the current guidance to reflect the importance of medication management during pregnancy. Since few, if any, clinical trials incorporate data from pregnant women during drug development, little is known regarding birth defects beyond animal models until the drug is approved and on the market. As a result, it is paramount to ensure providers consult medication labeling and existing post-market surveillance (as available) for opioids and alternative pain treatments prior to prescribing these medications for long-term pain in women of reproductive-age.

In addition, CDC guidance should reflect that patients experience chronic pain, live, work, and access the health care system differently. Several of the recommended treatment options in the guidance, including those requiring multiple visits, may not be feasible depending on individual circumstances. For example, a single mother or individual working multiple jobs may not be able to attend regular physical therapy sessions. However, their pain may not warrant medication relief alone. Providing specific strategies that can guide health care providers to appropriate treatment options based on patient needs will greatly assist in furthering acute and chronic pain relief.

Finally, provider bias in treating men and women is a significant issue in the U.S. Studies dating to the 1980s have shown that health care providers have generally undertreated women, or provided different treatment options compared to men, for pain symptoms. In addition, health care providers were more likely to regard female patients' pain as due to "emotional" causes than men. The CDC guidance should raise awareness of this issue and recommend provider education to reduce disparities in care.

Thank you for the opportunity to submit comments for the CDC guidance. We look forward to seeing the final product and working with the CDC to improve the health of all Americans.

Sincerely,



Andrea L. Lowe, MPH, CPH
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