

June 8, 2020

The Honorable Robert Redfield
Director
Centers for Disease Control and Prevention
Department of Health and Human Services
1600 Clifton Road
Atlanta, GA 30329 USA

Submitted via regulations.gov

RE: Management of Acute and Chronic Pain: Request for Comment

Dear Director Redfield:

On behalf of the more than 54 million Americans with doctor-diagnosed arthritis in the United States, the Arthritis Foundation appreciates the opportunity to comment on the Centers for Disease Control and Prevention (CDC) request for information regarding perspectives on pain and pain management.

Arthritis is America's number one cause of disability and pain is a common and pervasive symptom for people with arthritis. This pain can be difficult to manage and impacts the ability of millions of people to work or complete daily tasks. Even for people with well-managed arthritis, pain can still linger. People with arthritis also experience both acute and chronic pain, each representing their own set of challenges. Below please find insights from the arthritis patient community.

Arthritis Pain Can No Longer Be Ignored

The Arthritis Foundation recently conducted one of the largest, most comprehensive collections of data from people with arthritis from August 2018 to October 2019. The findings from over 18,000 online assessments were published in [A Mandate for Action](#) and they put a human face on what we already know: arthritis takes an enormous toll on individuals, families, the economy, and our health care system.¹ The report shows us that pain alone is causing damaging effects through lack of mobility, chronic sleeplessness, and constant fatigue among patients:

- 100 percent of patients reported pain over the last seven days – with an average pain score of 5 on a 10-point scale. A “5” rating on the pain scale means moderately strong pain that cannot be ignored for more than a few minutes, but with effort you still can manage to work or participate in some social activities.²

¹ Arthritis Foundation's A Mandate for Action – 2019 Edition. https://www.arthritis.org/getmedia/d455dbba-7c21-4733-b157-822aa1f9ddff/mandate-firstlook.pdf?_ga=2.51860969.115039763.1591203487-754586068.1591203487

² <https://www.prohealth.com/library/what-the-pain-scale-really-means-34982>

- 92 percent of patients reported that pain interfered with their day-to-day activities
- 43 percent reported that they could not walk at all or had major difficulty walking for at least 15 minutes during the past seven days

A Mandate for Action also revealed that pain disrupts patients' sleep and can cause severe fatigue. For instance, less than one-third of arthritis patients reported a good night's sleep in the past seven days, while nearly three-quarters reported feeling fatigued over a similar period of time. The Arthritis Foundation believes the report is a wake-up call for policymakers to recognize and prioritize the significant gaps in the treatment of arthritis pain and other impacts from this chronic disease.

Osteoarthritis Patients Lack Disease-Modifying Therapies

Osteoarthritis (OA) is the most common form of arthritis in the United States, with 30 million Americans living with the disease, and there is no disease-modifying therapy to treat it. To understand the unique challenges of these patients, the Arthritis Foundation conducted a survey in spring 2020 to learn more about OA patients' top concerns and health needs.

The survey's findings were startling in that more than 30 percent of patients reported their OA is not well-managed and they are tired of trying treatments that simply do not alleviate symptoms of pain. A number of challenges are cited by respondents:

- 32 percent report that they have "tried everything" and that no treatments have helped alleviate ongoing issues. These patients want to avoid total joint replacement surgery more than anything else.
- 15 percent are resigned to the necessity of a joint replacement surgery and actively seeking information about this treatment option.
- 11 percent are working to lose weight or make other lifestyle changes.

In the overwhelming majority of cases (85 percent), people with OA tell us that reducing pain is their top goal for any new OA treatment, followed closely by a reduction in stiffness (71 percent), slowing disease progression (67 percent), improved ability to stand or walk (60 percent), and reduced fatigue (55 percent). Importantly, two-third of OA patients report that they are not at all likely to adopt a treatment to reduce pain if it would also cause further damage to their joints.

Pharmacological and Non-Pharmacological Approaches for Pain

In 2019, the Arthritis Foundation partnered with the American College of Rheumatology on guidelines for the management of OA of the hand, hip, and knee.³ The guidelines make strong and conditional recommendations based on the available evidence and included input from OA patients recruited through the Arthritis Foundation.

³ <https://www.rheumatology.org/Portals/0/Files/Osteoarthritis-Guideline-Early-View-2019.pdf>

Strong recommendations, where benefits clearly outweigh harm for people with OA, include:

- Behavioral, educational, and psychosocial approaches such as weight loss, self-management programs, and fitness and exercise goal setting;
- Mind-body and physical approaches through tai chi, aerobic and aquatic exercise, and orthotic devices and other aids (i.e., cane); and
- Pharmacological interventions focused on non-steroidal anti-inflammatory drugs (especially for the knee), imaging guidance, and steroid injections for the knee and hip.

Conditional recommendations, where the balance of benefits versus harms and burdens was sufficiently close that shared decision-making between the patient and provider is especially important, include:

- Cognitive-behavioral therapy;
- Approaches such as yoga, balance training, and acupuncture;
- Intra-articular steroid injections for the hand;
- Acetaminophen and other pharmacological approaches.

We encourage CDC to utilize these recommendations as it considers updating or expanding its own guidelines for pharmacological and non-pharmacological interventions for pain. Patients should be empowered to find safe pain management modalities in close consultation with their provider.

In addition, the Arthritis Foundation counsels patients that “exercise is medicine” and encourages movement-based activities to manage pain symptoms. According to the CDC, people with arthritis can reduce pain and improve function by about 40 percent by being physically active. Within the CDC Arthritis Program, evidence-based programming such as Walk With Ease are proven to help improve joint function and reduce symptoms of pain, yet uptake of these programs remains limited relative to the overall disease burden. For instance, CDC data shows that only 1 in 10 adults with arthritis has taken part in a disease management education program. We urge CDC to prioritize and expand access to these types of interventions, which are demonstrated to benefit people with arthritis in managing pain.

The Arthritis Foundation appreciates the opportunity to share insights on pain and pain management. We look forward to working with CDC on this important issue going forward. Please contact Vincent Pacileo, Director of Federal Affairs, at vpacileo@arthritis.org, if we can be of any assistance.

Sincerely,



Anna Hyde
Vice President, Advocacy and Access
Arthritis Foundation