**Recommendations for Pain Management Research**

1. **Definition:** Define all terms (such as “new opioid prescription” or “long-term opioid use”) precisely, using criteria established by the Centers for Disease Control and Prevention (CDC) or a similar institution if possible. If a more established descriptor is not applicable to the database, explain why and clearly state the criteria for the definition used.

2. **Quantification:** Quantifying opioid use in morphine milligram equivalents (MMEs) enables comparisons within the literature. As conversion factor is available, state how MMEs were calculated. The CDC provides a toolkit for calculating MMEs.

3. **Population:** As different groups experience pain differently, the study population (age, sex, socioeconomic, cultural) should be defined precisely. Research on sex-based differences in pain experienced and response to opioids is needed.

4. **Risk factors/predictors:** Factors such as previous pain/opioid use, demographics, depression, catastrophizing, expectations, sleep disturbance, somatosensory function, physical activity, and coping ability should be studied as contributors to musculoskeletal pain and risk of opioid overuse.

**Outcomes:**

5. The key measure should be better patient-related outcomes—including a positive experience that is free of complications and excessive pain—not just number of pills taken.

6. Distinguish among medications prescribed, obtained, and consumed. Be clear about the methods used to obtain these data and their limitations.

7. Pain relief using alternative strategies (nonsteroidal antiinflammatory drugs [NSAIDs], ice, nerve growth factor inhibitors, psychological interventions), as opposed to elimination of opioids, should be a goal.