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A firm believer in individualized medicine.

As a chronic pain sufferer for 19 yrs due to Systemic Lupus, Raynauds, Sjorgrens & Rheumatoid Arthritis, opioids had allowed me to work part time & have a little quality of life. Since the 2016 CDC GUIDELINES, it has caused me to struggle to get the individualized & evidence based care I had before the 2016 Guidelines.

1) Pain Specialists are trying to keep me under that MAGICAL NUMBER of MME which has caused undue suffering of uncontrolled pain leading to Lupus flares. Lupus Flares causes Arrhythmias, Hypertension, feeling of my body burning in ALL joints & ribs.

2) Pharmacies don't have the medication in stock so causing more unwanted suffering waiting for them to get the medication in stock to fill the prescription.

3) Stigma of if you're on pain medication, you're an addict which is completely false. If I didn't have the unimaginable pain all over my body for this incurable disease, I wouldn't need pain medication.

4) Each patient metabolizes pain medication differently & what works for one person may not work for the 5 others. Pain control must be individualized & evidence based care as all other medical conditions are managed such as Hypertension, Cancer or Diabetes.

I hope that as you all are considering changing the pain guidelines that you would take into consideration the chronic pain sufferers here in the U.S. that each person should have individualized, medical pain care, based on evidence based medicine to stop the unimaginable suffering of not having the pain control needed, to have a quality of life with an incurable disease. Thank you.