## **DIRE Score: Patient Selection for Chronic Opioid Analgesia**

For each factor, rate the patient's score from 1-3 based on the explanations in the right-hand column

SCORE	FACTOR	EXPLANATION
	Diagnosis	<ol> <li>Benign chronic condition with minimal objective findings or no definite medical diagnosis. Examples: fibromyalgia, migraine headaches, non-specific back pain.</li> <li>Slowly progressive condition concordant with moderate pain, or fixed condition with moderate objective findings. Examples: failed back surgery syndrome, back pain with moderate degenerative changes, neuropathic pain.</li> <li>Advanced condition concordant with severe pain with objective findings. Examples: severe ischemic vascular disease, advanced neuropathy, severe spinal stenosis.</li> </ol>
	INTRACTABILITY	<ol> <li>Few therapies have been tried and the patient takes a passive role in his/her pain management process.</li> <li>Most customary treatments have been tried but the patient is not fully engaged in the pain management process, or barriers prevent (insurance, transportation, medical illness).</li> <li>Patient fully engaged in a spectrum of appropriate treatments but with inadequate response.</li> </ol>
	<b>R</b> ISK	( <b>R</b> = Total of <b>P+C+R+S</b> below)
	<b>P</b> sychological	<ol> <li>Serious personality dysfunction or mental illness interfering with care. Example: personality disorder, severe affective disorder, significant personality issues.</li> <li>Personality or mental health interferes moderately. Example: depression or anxiety disorder.</li> <li>Good communication with clinic. No significant personality dysfunction or mental illness.</li> </ol>
	<b>C</b> hemical Health	<ul> <li>1 = Active or very recent use of illicit drugs, excessive alcohol, or prescription drug abuse.</li> <li>2 = Chemical coper (uses medications to cope with stress) or history of chemical dependence (CD) in remission.</li> <li>3 = No CD history. Not drug-focused or chemically reliant.</li> </ul>
	<b>R</b> eliability	<ol> <li>History of numerous problems: medication misuse, missed appointments, rarely follows through.</li> <li>Occasional difficulties with compliance, but generally reliable.</li> <li>Highly reliable patient with meds, appointments &amp; treatment.</li> </ol>
	<b>S</b> ocial Support	<ul> <li>1 = Life in chaos. Little family support and few close relationships. Loss of most normal life roles.</li> <li>2 = Reduction in some relationships and life roles.</li> <li>3 = Supportive family/close relationships. Involved in work or school and no social isolation.</li> </ul>
	<b>E</b> FFICACY SCORE	<ul> <li>1 = Poor function or minimal pain relief despite moderate to high doses.</li> <li>2 = Moderate benefit with function improved in a number of ways (or insufficient info – hasn't tried opioid yet or very low doses or too short of a trial).</li> <li>3 = Good improvement in pain and function and quality of life with stable doses over time.</li> </ul>

## Total score = D + I + R + E

Score 7-13: Not a suitable candidate for long-term opioid analgesia

Score 14-21: May be a good candidate for long-term opioid analgesia

## NOTES

A DIRE Score of  $\leq$ 13 indicates that the patient may not be suited to long-term opioid pain management.

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