

## Complex Regional Pain Syndrome / Reflex Sympathetic Dystrophy.

Complex Regional Pain Syndrome (CRPS), also known as Reflex Sympathetic Dystrophy (RSD), most commonly occurs in an extremity after any type of injury and even spontaneously. The most up to date available research leads us to believe, the upper extremities are more frequently affected than the lower and a fracture is the most common cause yet CRPS can occur due to surgery, venepuncture, sprains, infections, burns and bites.

During a study conducted 1996-2005, with 600,000 patients throughout the Netherlands, it was found that the overall incidence rate of CRPS was 26.2 per 100,000 per year (1). These statistics are still considered relevant today. At the time of the study, the female to male ratio was 3.4. Professor Lorimer Moseley sums up the immensity of the numbers under the heading "How Many People Have CRPS?" in his paper <https://bodyinmind.org/what-is-complex-regional-pain-syndrome-in-plain-english/>

While Prof. Moseley, in the above-mentioned article, briefly addresses the cost of CRPS on the Australian economy, we also need to consider the cost of CRPS on life and in the household. <https://www.ipsmjournal.com/article/S0885-3924>. The psychological effect of CRPS and Chronic Pain have on the sufferer, their spouse, family and friends can be extremely difficult. CRPS and chronic pain affect the whole person; biologically, socially and spiritually.

CRPS has been around for over 150 years. It can affect children, women and men in their limbs, torsos, eyes, organs, everything, and to date; there is still no cure. Anyone can get CRPS; 75% of victims are women. The majority of victims develop the disease in their 30's and 40's but it can affect anyone, at any age. In recent years more and more patients in their teens and pre-teens, especially females, seem to be developing the disease. Because no two people are the same, CRPS effects sufferers differently. There will be similarities of course and the ability to share those is truly a wonderful thing, as so many of us often feel alone and miss understood, even at times when we are surrounded by loved ones.

### **Please Note:**

**This information is not intended as medical advice and should not be used for diagnostic purposes.**

**Please seek advice from a qualified medical professional.**

### **SYMPTOMS MAY INCLUDE:**

- Constant chronic pain - The pain, which is usually significantly greater than the original injury or event, is described as deep, aching, cold, burning. Though the affected area may feel cold or hot to touch, the person experiencing the pain feels as though it is literally on fire or freezing.
- Allodynia - Extreme sensitivity to touch, sound, temperature and vibration. (Pain from something that should not cause pain - clothing, showering, etc.).
- Inflammation - This can affect the appearance of the skin; bruising, mottling, tiny red spots, purplish look, and shiny. As well as the skin temperature and cause excessive sweating, etc.
- Spasms - In the blood vessels known as vasoconstriction, and the muscles of the extremities which is sometimes referred to as rolling spasms.
- Insomnia & Emotional Disturbances - Includes the major changes to the limbic system such as short-term memory problems, concentration difficulties, sleep disturbances, confusion, etc.
- Continuing Moderate to Severe Pain - Associated with hyperalgesia, (an increased sensitivity to painful stimulation).
- Injury or Traumatic Event - Fracture, sprain, minor surgery, accident, etc., which should not cause the severe pain being experienced or where the pain does not subside with healing.
- Other Physical Issues - Weakness, limited range of motion, paralysis or dystonia.

*(Not every patient will display all the symptoms. The symptoms may, and often do change over time due to treatment, weather, medication, stress levels, and many other reasons).*

Research has proven that CRPS is a chronic physical, neuro-inflammatory disorder, occurring when the immune and nervous systems malfunction as they respond to traumatic tissue damage, often following a nerve injury, a musculoskeletal injury, immobilization or even surgery, causing the nerves to misfire and sending constant pain signals to the brain.

While early diagnosis and treatment offer the highest possibility of remission, there is no single diagnostic tool for CRPS. Doctors and specialists must look at a patient's history. By running tests and examinations, they will rule out all other possible conditions before reaching a final diagnosis.

A CRPS pain flare is the most intense pain known to man, scoring higher than childbirth and traumatic amputation on the McGill pain scale. The McGill pain scale was developed in the 1970s and is widely used throughout the world. The recognition of pain as a subjective and individual experience led to its development.

With CRPS presenting a variety of symptoms that can present so differently for each patient, barely heard of and not well understood, developing a good doctor-patient relationship is particularly important. Compiling a treatment plan to suit the individual patient requires input from the General Practitioner, Physiotherapist, Occupational Therapist, Neurologist, etc., and the patient themselves.

### **Does CRPS Spread?**

It may spread from one part of the body to another regardless of where the original injury occurred; CRPS can spread in up to 70% of the cases. In a small number of cases (8-10%), it can become Systemic or body-wide.

(Source: <http://www.prohealth.com/library/showarticle.cfm?libid=10935>).

CRPS usually spreads up/down the same limb, or to the opposite limb, but in an increasing number of cases, it spreads to other areas of the body.