

Clinical experience with treating Complex regional pain syndrom (CRPS)

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Complex regional pain syndrom (CRPS)

- Strange disease
- Not very well known
- Patients «google» it, and that is scary..

Complex regional pain syndrom (CRPS)

- No high quality evidence for any treatment so far

«Normalisation»

- «Cortically directed sensory-motor treatment»

First consultation

See the whole patient

- Examination
- Diagnose (IASP criteria)
- Comorbidity
- Drugs
- Explanation
- Start to establish an alliance

First consultation

Individual plan

- Evaluate what is possible for the individual patient
- «I am the supervisor, you do the job»
- Continuity

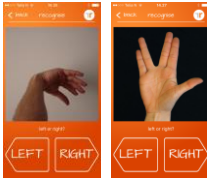
Treatment

Cortically directed sensory-motor rehabilitation

- Individually «tailored» Graded Motor Imagery (GMI)
- Desensitization
- Discrimination
- Work against «neglect»
- If psychological problems collaboration with a psychologist
- Drug reduction

Graded Motor Imagery

Limb laterality recognition, (visualisation), mirror therapy



«What you see in the mirror is true»



Desensitisation/discrimination

- Another person touch with different stimuli (ex. feather, stone, metall)
- Boxes with different grains (ex. rice, macaroni). Two objects are placed in each box for identification.
- To discriminate between to objects with closed eyes.
- Another person touch a finger/toe when the eyes of the patient are closed.

Neglect



Is this an easy quick fix? NO

- Exercises 3-5 times every day. 5-10 minutes each time.
- Initially follow up every 14 days.
- The treatment plan is continuously being evaluated and customized.
- Treatment time is normally many month.

Ongoing randomized controlled trial and a qualitative study.

Take-home message

- Individualize treatment.
- See the whole patient.
- When working with the mirror be aware of that the patient «accepts» the mirror image. The mirror is a very strong stimuli and can provoke pain.
- Desensitization/discrimination.
- Work against «neglect».
- Remove/reduce drugs, especially opioids.
- Be supportive.