

## Introduction

Complex regional pain syndrome (CRPS) is a debilitating, painful condition in a limb, associated with sensory, motor, autonomic, skin and bone abnormalities.<sup>5</sup> CRPS commonly arises after injury to that limb. However, there is no relationship to the severity of trauma, and in some cases there is no precipitating trauma at all (9%). CRPS usually affects one limb, but in 7% of cases later spreads to involve additional limbs.<sup>5-7</sup> The European incidence rate of CRPS is 20–26/100,000 person-years.<sup>8</sup> The cause of CRPS is unknown.<sup>9</sup> Characteristically, there is interplay between peripheral and central pathophysiologies. The earlier concepts that the predominant problem is sympathetic dysfunction and that CRPS occurs in (stereotyped) stages are now obsolete. It is also now clear that CRPS is not associated with a history of pain-preceding psychological problems, or with somatisation or malingering.<sup>10-12</sup> If a patient presents with such problems, these should be addressed where appropriate, as would be good practice in other medical situations. Patients still report suffering from interactions with health professionals who do not believe that their condition is ‘real’.<sup>13</sup> Independently, it is recognised that some people self-induce signs with the aim of making their limb appear as though they have CRPS.<sup>14</sup>

Limb signs (such as swelling/sweating and colour/temperature changes) usually reduce with time, even where pain, and motor symptoms persist.<sup>15,16</sup> However, such reduction of limb signs is in itself not ‘recovery’. Where pain persists, the condition is best considered to be active. It is noted that, without limb signs, a diagnosis of CRPS according to the ‘Budapest criteria’ can sometimes not be made (see Table 1). These patients (who have fulfilled the criteria in the past, but now have lost some or all limb signs, yet have ongoing pain) may be diagnosed with ‘CRPS-NOS’ (not otherwise specified, see also footnote †).<sup>17</sup>

Table 1 Diagnostic criteria for CRPS (Budapest criteria) <sup>17</sup> (A–D must apply) <sup>†</sup>			
A) The patient has continuing pain which is disproportionate to any inciting event		<input type="checkbox"/>	
B) The patient has at least one sign in two or more of the categories		<input type="checkbox"/>	
C) The patient reports at least one symptom in three or more of the categories		<input type="checkbox"/>	
D) No other diagnosis can better explain the signs and symptoms		<input type="checkbox"/>	
Category	Sign (you can see or feel a problem)		Symptom (the patient reports a problem)
1 ‘Sensory’	Allodynia (to light touch and/or temperature sensation and/or deep somatic pressure and/or hyperalgesia (to pinprick))	<input type="checkbox"/>	Hyperesthesia does also qualify as a symptom <input type="checkbox"/>
2 ‘Vasomotor’	Temperature asymmetry and/or skin colour changes and/or skin colour asymmetry	If you notice temperature asymmetry: must be >1°C <input type="checkbox"/>	<input type="checkbox"/>
3 ‘Sudomotor/oedema’	Oedema and/or sweating changes and/or sweating asymmetry	<input type="checkbox"/>	<input type="checkbox"/>
4 ‘Motor/trophic’	Decreased range of motion and/or motor dysfunction (weakness, tremor, dystonia) and/or trophic changes (hair/nail/skin)	<input type="checkbox"/>	<input type="checkbox"/>

<sup>†</sup> A third diagnostic subtype called CRPS-NOS (not otherwise specified) can be considered for patients who have abnormalities in fewer than three Budapest symptom categories, or two sign categories, including those who had more documented signs and symptoms in the past, if current ‘signs and symptoms’ are still felt to be best explained by CRPS.