



This leaflet was written by Catherine Taylor and Barry Swallow of RSD-CRPS.co.uk on behalf of the RSD UK Alliance

Further information for doctors, sufferers and carers may be found on our various websites (see below). Support Groups exist to encourage patients, in some cases covering specific age-groups or geographical regions.

The RSD UK Alliance is an informal collaboration between UK based support groups and websites who share the aim of raising awareness of RSD / CRPS and providing help, encouragement and information to patients, carers and healthcare workers.

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For further information see:

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| <ul style="list-style-type: none">• Caregivers Corner• Leeds Support Group• Quickbase RSD Database• RSD Alert• RSD-CRPS UK• RSD UK Group• RSD World News• SKIP (Supporting Kids In Pain) | <ul style="list-style-type: none">• http://communities.msn.co.uk/CaregiversCorner• http://www.rsd-leeds.freewire.co.uk/• https://www.quickbase.com/db/68b9q3hq• http://www.rsdalert.org• http://www.rsdalert.co.uk• http://www.rsd-crps.co.uk• http://groups.yahoo.com/group/RSD_UK• http://groups.yahoo.com/group/RSD-WorldNews• http://shsskip.swan.ac.uk/ |
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We also encourage others who are working in this field and actively co-operate with websites and support groups in the USA and other parts of the world. You will find links to many other RSD groups and resources on the 'links' pages on our websites.

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Downloaded from <http://www.rsdalert.org>

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"Imagine putting your hand in boiling water...
...and never being able to take it out"

**Reflex Sympathetic Dystrophy
&
Complex Regional Pain Syndrome**

"If hell was an illness...
...it would be called RSD"

Reflex Sympathetic Dystrophy is a multi-symptom, multi-system syndrome usually affecting one or more extremities, but may affect any part of the body. Although it was clearly described 125 years ago by Drs. Mitchell, Moorehouse and Keen, RSD remains very poorly understood and is often unrecognised.

Reflex Sympathetic Dystrophy is a disabling disease with simultaneous involvement of nerve, skin, muscle, blood vessels and bone. The only common denominator in all patients is pain. All other symptoms or changes may or may not occur.

Symptoms to look for:

- Pain more severe than the injury suggests
- Pain that doesn't resolve with healing of the injury
- Swelling / Oedema
- Skin Changes
- Temperature Changes
- Atrophy / Dystrophy
- Stiff Joints & Clawing

Associated Problems:

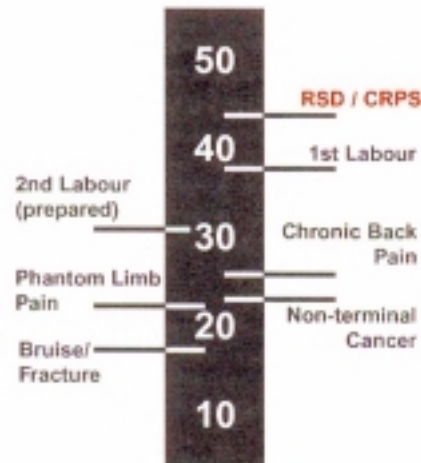
- Depression, often with suicidal thoughts
- Disturbed sleep
- Anxiety and Agitation
- Increased disability
- Tremor and diminished motor function
- Raynaud's phenomenon
- Spreading of pain

The McGill Pain Scale

The opposite diagram shows the McGill Pain Scale, clearly illustrating the severity of the pain felt with RSD/CRPS.

The pain is described as burning, intense and constants It is out of proportion with the original injury and often unresponsive to analgesics.

Early diagnosis is essential when RSD/CRPS is suspected, and prompt treatment can reverse the condition if started within the first few months.



“All patients suspected of having or developing reflex sympathetic dystrophy should be urgently referred to a pain clinic since there is evidence that early treatment may prevent the development of severe reflex sympathetic dystrophy”

(Extract taken from The Oxford Textbook of Medicine, 1996)

Patient response to therapy directly correlates to early diagnosis and appropriate treatment. However, the overall response rate to treatment is poor with over 50% of patients having significant pain and/or disability years later.

Simple analgesia is rarely effective. Strong analgesics, including opiates often have only marginal effect. Sympathetic Block may sometimes dramatically relieve the symptoms, if so, a series of blocks combined with physiotherapy may be sufficient to reverse the condition.

“the only way I can describe the pain is, take a migraine and inflate it 10 fold, add a tooth abscess, with its throbbing too - and then set it on fire, every day of your life”

Because of the nature of Reflex Sympathetic Dystrophy patients often have to adjust to a new life style, which can include loss of employment, along with losing the ability to participate in their hobbies and family events. Faced with a condition that even the professionals find hard to understand then it is natural that the patient could feel isolated and not understood. Depression is a very common problem associated with Reflex Sympathetic Dystrophy, but it must be realised that it is the constant pain and life changes that cause the depression. RSD is not a psychological illness but psychological treatments can help the patient to cope with daily living and managing the pain.