

COMPLEX REGIONAL PAIN SYNDROME

Complex regional pain syndrome (CRPS) is currently being considered for inclusion in critical illness contracts following the Association of British Insurers' (ABI's) review of critical illness best practice and in the light of concern at the number of declined total and permanent disability (TPD) claims. CRPS is relatively rare, with around 11,500 people affected in the UK, and half of all people that develop it recover within a few months.

The condition is characterised by pain, swelling and changes in the skin. It usually affects the hands, feet, elbows or knees, but can affect any part of the body. The pain may start after an injury, where the nerves have been damaged, or there may be no known cause. The pain usually gets gradually worse and may spread to other parts of the body.

The International Association for the Study of Pain defines two categories of CRPS. Type 1 usually has a precipitating 'noxious' event other than a nerve injury. It is also called reflex sympathetic dystrophy (RSD), Sudeck's atrophy or algoneurodystrophy. Type 2 always follows an injury, has obvious nerve damage and is also called causalgia. Both involve pain that is disproportionate to the initial event and may involve allodynia (which is a painful response to a stimulus that is usually only mildly painful). There is no known cause and, whilst in some cases there are precipitating factors such as injury and surgery, there are others where there is no external cause.

Treatment is usually by a combination of physical therapy and medication. Drugs used can include anti depressants and anti-inflammatories or more experimental and controversial drugs such as the anaesthetic ketamine. Multiple medications have been used to treat CRPS, often with variable results, and there is only limited published research on which physicians can draw to make treatment decisions.

Physical and occupational therapies both play an important role in improving function. Many sufferers develop guarding behaviours to protect the affected area but this will often exacerbate the situation, prolonging the pain, and supporting muscles may become weakened. Sometimes drug therapy can assist the sufferer in undergoing physical therapy. In some cases desensitisation techniques (such as massage or vibration) may be used to reduce sensitivity and pain. In all cases early diagnosis and intervention is the key to recovery which may be difficult if the person is labelled as psychogenic or malingering in the early stages of investigations which are often negative.

There is no specific test for CRPS, the diagnosis being made through the observation of symptoms and the exclusion of other conditions. The diagnostic criteria of CRPS are well established with distinct differences from perhaps similar conditions such as chronic fatigue syndrome (CFS) and fibromyalgia.

To our knowledge none of the reinsurance underwriting manuals currently in use cover the disorder (or many of the new pain syndromes for that matter). An underwriting approach similar to that for chronic fatigue syndrome or fibromyalgia looks to be in order. However, of more importance, given the current level of interest in CRPS due to the ABI-led review of TPD, is claims adjudication. Recently an experienced consulting medical officer expressed doubt about the validity of CFS and fibromyalgia as bona fide diagnoses. His recommended approach was to determine the exercise capability of 'sufferers' and if they could manage more than three METS (metabolic equivalent tasks) then they could clearly be back at work. Any claims in respect of these disorders were really claims for anxiety and depression masquerading as claims for CFS and fibromyalgia.

These views are at best unhelpful and at worst potentially damaging to insurers' reputations. Whilst it is easy to be sceptical about disorders for which there is no 'gold standard' test,

these disorders exist. Perhaps, if CRPS is given the stamp of approval and included as a critical illness then it may give further credence in some parts of the insurance industry to other such disorders which are nevertheless recognised as very real illnesses among sufferers and the medical profession.

October 2009