

THE DIAGNOSIS OF COMPLEX REGIONAL PAIN SYNDROME (CRPS), also known as reflex sympathetic dystrophy syndrome (RSD) is based primarily on the patient history, signs, and symptoms. Signs including but not limited to redness, inflammation, warmth or coolness of the affected part can easily be observed by the treating clinician. Symptoms are sensations that a patient perceives, such as reports of burning or bone crushing pain. In medicine, approximately 70% of diagnoses are made based on the following three features – history, symptoms, and signs. Any other testing, such as blood tests, MRI, and X-rays, are done to either confirm or rule out diagnoses. The way in which CRPS is diagnosed is not an exact science and requires familiarity with associated signs and symptoms. Clinicians who are unfamiliar with the CRPS symptoms will often attribute patient’s pain complaints to psychological disturbances.

Uninformed health care providers are branding more and more people with CRPS with mental health disorders, such as conversion disorder and pain disorder. People with these mental health disorders suffer from emotional stress that causes physical symptoms such as pain, sensation changes, and movement problems. Caregivers and people with CRPS are also misdiagnosed with Munchausen’s syndrome, where the clinician judges the patient’s injuries and pain complaints to be an attempt to assume the sick role by either the patient or the caregiver. People with Munchausen’s Disorder will deliberately harm themselves or a loved one to receive sympathy and remain in contact with medical professionals. Patients who are given any of the above

diagnoses must question the validity of this diagnosis and if it does not describe their symptoms, then acquire another pain evaluation promptly.

Conversion Disorder

Our understanding of pain has improved dramatically over the years; however, there are clinicians who stick to old beliefs, such as CRPS being a mental illness, more specifically a conversion disorder. Some clinicians believe that

5. The symptoms cause distress and impair important areas of daily functioning.

Given the above diagnostic guidelines, mental health clinicians who don’t understand pain may label someone experiencing numbness, burning pain and weakness with a conversion disorder, especially if treating physicians have failed to identify the cause of the pain complaints. A diagnosis of conversion disorder is challenging to make and is usually made over a period of time, usually years, by a psychologist who is working with other treating physicians. In America, fewer than 1% of patients suffer from a conversion disorder, pain disorder, or Munchausen’s syndrome. It is crucial to rule out all medical conditions before coming to this conclusion, as such a

Crazy Pains?

Exploring the Misdiagnoses of CRPS: Understanding Conversion Disorder

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CRPS in children is an expression of emotional distress rather than a child’s accurate depiction of crippling pain. A diagnosis of conversion disorder requires the presence of these five elements:

1. Symptoms affecting movement or sensation that suggest a neurological disorder or a general medical condition.
2. Stressors precede the initiation or exacerbation of symptoms.
3. Deliberate faking of injury must be ruled out.
4. There must be definite proof that there is no other disease and the symptoms cannot be explained by a medical condition. Or, if there is a medical condition present, the symptoms experienced must be greater than what a clinician would expect for the general medical condition.

diagnosis can carry serious consequences for a person living with CRPS. For example, once a person receives a diagnosis of conversion disorder, physicians will likely stop treating pain complaints and related symptoms and thereafter, treatments that could prevent symptom progression will be unobtainable. Although rare, conversion disorder does exist and people with this disorder are in need of mental health interventions. Unfortunately, stigma surrounding mental illness often prevents people from receiving care that could be life changing.

Patients who develop CRPS have obvious symptoms and signs with or without any obvious external signs of injury. The degree and duration of pain is far greater than what would be expected

for the injury and this has significant psychological effects. Clinicians who are not familiar with CRPS often mislabel these patients with a mental health disorder that is stigmatizing, adding insult to injury. For example, to make a diagnosis of Pain disorder, the pain experienced by the patient

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must be greater than what the clinician would expect for the injury. For a CRPS diagnosis, the pain experienced by the patient must also be greater than what the physician would expect for the injury. Given these overlapping symptoms, mental health professionals who don't understand CRPS, may negligently label a patient's pain complaints as pain disorder.

Unfortunately, physicians with little mental health training often inform children who have CRPS that their pain is emotionally based. Parents believe in the doctor's expertise and may discount their child's pain complaints. Consequently, the child may withdraw and not express their pain and suffering out of fear of

If you or somebody you know in severe pain has been diagnosed with a mental illness

- 1 Ask that only certain records be released from their chart in order to avoid skewing the second physician's opinion
- 2 Request evidence of the diagnosis by obtaining chart records and by requesting a conversation with the treating clinician about how he/she arrived at the diagnosis. You have a right to access your medical records.
- 3 Ask the clinician if he/she ruled out all other medical conditions
- 4 Assess how much time the mental health provider spent in making the diagnosis, as it generally takes several months to years to rule out general medical conditions that could account for pain symptoms.
- 5 Find out how much experience the physicians and other providers have in diagnosing CRPS and somatoform disorders by researching their certifications and licensures online. Remember conversion disorder, pain disorder, and Munchausen's syndrome is extremely rare.
- 6 Ask what tests were used to assess a mental health disorder. Were these assessments appropriate for you or the patient (e.g., culture, forensic settings, age, gender, and so forth)?
- 7 Find out if there is supporting information from loved ones, friends, and from several treating clinicians or if the assessment is based on one physician's report. If based on one physician's assessment, is the diagnosis ethical considering his/her lack of mental health training? Does the physician have alternative gains such as writing off a bad surgery?

Although pain disorder, conversion disorder, and Munchausen's syndrome are real, they are difficult to diagnose. Before labeling a patient with these extreme disorders, medical and mental health professionals should have covered the issues outlined in the checklist and be familiar with pain disorders. They should understand that the label of having a mental illness can limit medical interventions and that the patient will feel disregarded, be under-treated, and may suffer psychological distress from the stigma. Tragically, someone with CRPS may no longer be able to receive interventions that could slow disease progression. Both physicians and mental health professionals should have adequate medical knowledge about syndromes that share common criteria. Remember, it typically takes years and coordination between multiple healthcare providers to make a pain, conversion, or Munchausen syndrome diagnosis. ■

being branded as a liar, a bad child, or an attention seeker. It is important that parents and caregivers of children with pain suggestive of CRPS take pain complaints seriously. Moreover, parents/caregivers are responsible for making certain that the diagnosis of conversion disorder or pain disorder is made by a qualified psychologist and that other medical doctors support this diagnosis. Physicians should not make this

diagnosis without understanding signs and symptoms of CRPS and without mental health training. Labeling patients that are difficult to treat with a mental illness may be the physician's attempt to hide his/her unfamiliarity regarding the diagnosis and treatment of this complex disorder. Unfortunately, physicians can document incorrect diagnoses in a patient's chart, which is then passed on to other physicians. In order to avoid

skewing the second physician's opinion, patients can ask that only certain records be released from their chart.

Do Depression and Anxiety Rule Out CRPS Pain Complaints?

CRPS is often associated with anxiety, depression, and fear because of the severity and long-standing pain and loss of function. Healthcare providers who are not familiar with accurate diagnosis

of CRPS, several studies have found that a high pain day (i.e., CRPS flare-up) is predictive of greater depression, anxiety, and anger.

Either way, treating the psychological distress caused by CRPS is necessary to reduce pain exacerbations and increase a person's quality of life. However, psychological interventions should not invalidate the legitimacy of CRPS pain complaints.

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of CRPS and appropriate treatment intensify patient's feelings of hopelessness and anxiety.

Psychological factors, such as depression and anxiety, have been suspected of causing CRPS, which assumes that pain is "all in the patient's head" and ultimately blames the patient, which is damaging to people with CRPS who are in desperate need of appropriate care and treatments. Research supports that there is no causal relationship between depression, anxiety, anger and sleep disorders, and CRPS. Although there is no support for the mental illness model



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Word Up!

NMDA Receptor

N-methyl-D-aspartate (NMDA) receptor has been proposed as a primary target for the treatment of neuropathic pain, including CRPS. Evidence suggests that the NMDA receptor plays an important role in both inflammation and nerve injury-induced central sensitization.

