

RSDSA Sponsored Research

1992 to present

RSDSA Sponsored Research

~\$1,960,000

Mechanisms of Disease

Diagnosis & Classification

Treatment

Mechanism of Disease

Early Efforts

Model development

Neural mechanism

Adrenergic mechanisms

More Recently

Cytokines

Autoimmune determinants

Epigenetic determinants

Diagnosis & Classification

Early Efforts

Hypersensitivity and visceral pain

Population studies

Pain perception

Major histocompatibility

The Budapest Criteria

Salivary Oxidation products

Diagnosis & Classification

More Recently

A Severity Score

Defining “Recovery”

A Core Data Set for clinical research

Maternal mitochondria

Treatment

Early Efforts

Surgical sympathectomy

Transcranial stimulation

Nitroglycerine

Evidence-based clinical practice guidelines

Treatment

More Recently

Low dose naltrexone

Nitrous Oxide

Induced sensory-motor adaptation

Ketamine infusion consensus guidelines

“20” Year Study of the Long Term Health Effects of CRPS

Peter A. Moskovitz

Denver, CO

October 26, 2019

Why?

Because people with CRPS feel that
their disease is about more than the pain.

Because other, “unrelated” health problems aren’t **un**related.

How Come?

My theory: CRPS is an immune mediated disease.

Immune impairments have global effects.

Neuroinflammation (NI)

A collection of diseases (this is just a few):

Irritable Bowel Disease: NI of the intrinsic control of the gut

Interstitial Cystitis: NI of the bladder

ALS and related degenerative diseases: NI of the motor apparatus

Multiple Sclerosis: NI of the myelin apparatus (motor and sensory)

Fibromyalgia: NI of the proprioceptive apparatus

CRPS: NI of the nociceptive apparatus

Questions

What is the incidence of adverse health events in people with CRPS over time?

Are adverse health events related to the type or course of CRPS?

Study Design

An Internet based survey

An unselected sample of people with a diagnosis of CRPS

A 9-part questionnaire, completed annually for 20 years

The Study Questionnaire

Demographics

1 CRPS history

Family history

Spread or Progression

Remission

2 Pain Experience

3 McGill Pain Questionnaire

4 Review of systems check-list

5 Medications

6 Care utilization

7 Profile of mood states

8 Pain disability index

9 SF-36

Data Management

Professional Data Management Company

Dedicated, secure research website

Privacy assurance

Safety protocols

The Study Team

Peter Moskovitz, Washington, DC – Principle Investigator

Kyoko Rice, Los Angeles, CA – Project Manager

Jim Broatch, Milford, CT – Project Administrator

Albert Farias, Los Angeles, CA - Biostatistician

The Glitch

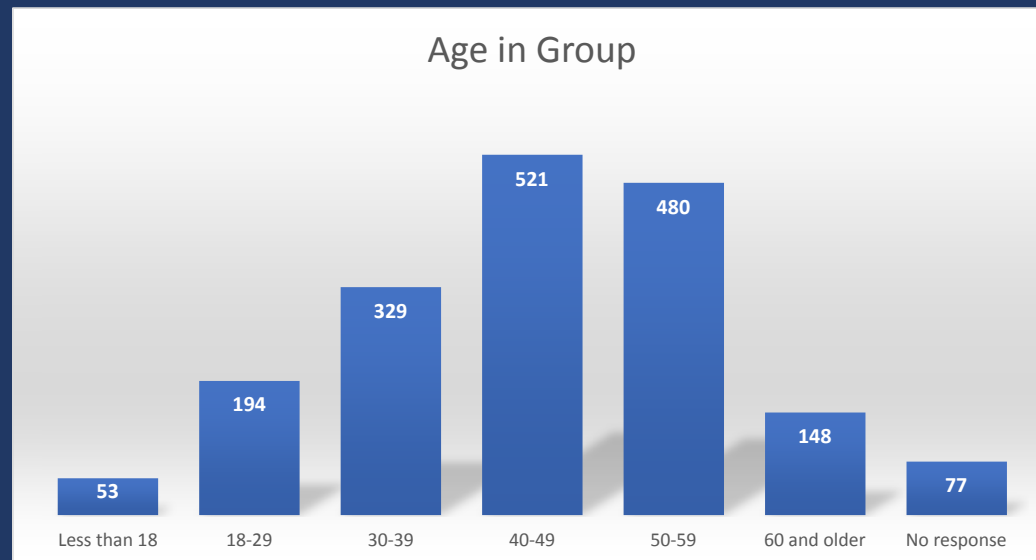
There is no type nor sort of good idea that cannot be monetized to the benefit of the developer and for the exploitation of everyone else.

Who Responded?

Mostly whom you'd expect:
White women

Does this imply a genetic predisposition to the disease –
probably.

1802 Respondents



Where did CRPS start?

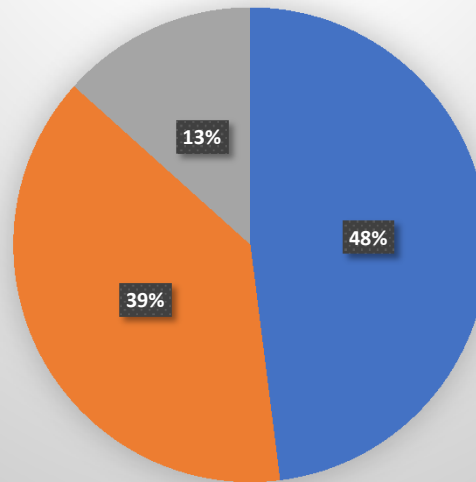
Lower extremity more than upper.

Only 5% non-extremity CRPS

Right (dominant?) side slightly > than left.

What “caused” it?

CRPS Event by Injury vs Medical Procedure
(n=1325)



Surgery!

Injury

Who first suggested CRPS?

Appropriately enough, 45% reported it was an Orthopaedic Surgeon.

3% reported that their own research suggested CRPS.

Can CRPS spread to other sites?

87% reported that their CRPS spread.

Does spread only occur early?

42% reported that their CRPS spread occurred more than a year after onset.

Does our cohort represent
the population of people with CRPS?

Probably not.

Our respondents appear to have
a more severe type or sort of CRPS.

Compared to “population-based” cohorts of people with CRPS:

Our respondents had:

A lower incidence of remission
more spread and
reported less adequate pain control.

But there's some good news.

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Although the experience of pain didn't change much over time, respondents reported improved Quality-of-life (SF-36).

The Take-Home.

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Coping with CRPS and adapting to the experience of chronic pain is possible. The stuff you learn here and from RSDSA works.