

## LETTERS

## COMPLEX REGIONAL PAIN SYNDROME

## Authors' reply to Notcutt

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We agree with Notcutt that prompt referral of patients with complex regional pain syndrome to specialty pain clinics is essential.<sup>1 2</sup> This belief is shared by most pain medicine specialists and is reaffirmed by management guidelines.<sup>3-5</sup> However, when searching the literature to write the article we were alarmed by the lack of good quality evidence supporting this belief. Obviously, it would be unethical for a clinical trial to randomise patients to early or late referral to a specialty pain clinic. However, current knowledge on the epidemiology of the syndrome is so limited that our belief could stem from selection bias—specialists in pain medicine tend to see patients with the most severe signs and symptoms, and it is possible that patients with milder forms of the syndrome might experience early resolution. In fact, one retrospective population based study found that 55 of 74 patients with complex regional pain syndrome experienced complete pain resolution and needed no further drug treatment for pain.<sup>6</sup>

We also agree that, given the possibility of severe outcomes (refractory pain and disability), most patients with anything but mild symptoms should be promptly referred to specialty pain clinics. However, as well as suspecting the diagnosis and referring patients to pain clinics, GPs can play an important role in the co-management of patients with the syndrome. For

example, GPs can start patients on drugs for the treatment of neuropathic pain and provide guidance to patients on behavioural strategies to cope with chronic pain in order to decrease symptoms and disability.

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Full response at: [www.bmj.com/content/348/bmj.g3683/rr/760592](http://www.bmj.com/content/348/bmj.g3683/rr/760592).

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