

CRPS Management *PainCheck*©

Professor Eric J. Visser © 2015
 Churack Chair in Pain Education & Research, UNDA
PainScienceWA® at Joondalup Health Campus

Standard treatment

- Multimodal analgesia
 - pregabalin, tramadol, tapentadol, celecoxib
- Vitamin C 1000 mg + Vitamin E 500 IU, daily for 3M
- N-acetylcysteine 600 mg 3 x daily for 3M
- Dextromethorphan (Robitussin Dry Cough Forte [30mg/10 mls], 200 mls) 30 mg (10 mls) 2 x daily for 3M[?]
- DMSO 50% cream for 3M (see below)
- Prednisolone, 3 weeks (?)
- STOP SMOKING
- Mirror box, graded motor imagery*
- Tactile discrimination training*
- Physiotherapy
- Use limb as normally as possible
- Psycho-social support
- Educational material*
- Other.....

? = experimental

Adverse Drug Reactions.....

“Out of the box”

- Melatonin 4 mg nocte (for sleep, anti-oxidant)
- Clonidine 50 micrograms, 3 - 4 x daily (pain)
- Baclofen (for muscle spasms, dystonia)
- Naltrexone 4.5 mg daily for 3M[?] (anti-inflammatory)
- PEA ('PeaPure') 400 mg tds, 3M[?] (anti-inflammatory)*

Standard treatment

- Multimodal analgesia
- N-acetylcysteine 600 mg, 3 x daily for 3M
- Graded motor imagery*
- Tactile discrimination training*
- Physiotherapy
- Use limb as normally as possible
- Psycho-social support
- Rehabilitation
- Educational material*

Neuromodulation?

Place sticker here and date

Resources*

PainHealth website
<http://painhealth.csse.uwa.edu.au/pain-condition-complex-regional-pain-syndrome.html>

CRPS patient handout
Mirror box & graded motor imagery (NOI)
<http://www.gradedmotorimagery.com/>

Tactile discrimination training
<http://www.bodyinmind.org/wp-content/uploads/Moseley-Wiech-2009-PAIN-tdt-mirror.pdf> (see figure 1B) (can use a blunt pencil tip [2mm] & pencil end [10 mm])

PEA (Peapure™) neuropeptide (off-label)
<http://palmitoylethanolamide4pain.com/about-2/>



Step up plan if poor progress

- Inpatient admission for 5 days
 - Standard treatment
 - Bisphosphonate (off-label)
 - zoledronic acid 4mg x 1 dose IV
 - Ketamine infusion for 5 days
 - Naltrexone 4.5 mg daily for 3M[?]
 - Regional analgesia (LA & clonidine)
 - Physiotherapy (get limb moving)
- Experimental (off-label)?**
- Aprepitant (combination pack):
 - 125mg on day 1, 80 mg daily on days 2 & 3 (NK₁)?
 - Etanercept or infliximab (TNF α)?
 - Polyvalent IVIG infusion? (experimental)

Step up plan if poor progress

- Inpatient admission for 5 days
- Standard treatment
- Calcitonin 100 IU s/c daily for 5 days (to 3 weeks?)
- Ketamine infusion IV for 5 days
- Naltrexone 4.5 mg daily for 3M[?]
- Regional analgesia (LA & clonidine)
- Sympathetic block?
- Physiotherapy (get limb moving)

Topical agents

- DMSO (dimethylsulphoxide) cream, 50% in cremour vaselini (50g), 4 x daily for 3M (compound).
- Allodynia cream*: 10% ketamine + 0.02% clonidine in Vanpen or PLO, as a cream (50g) (compound)
 - “Rub-in” 0.5 ml cream 3 x daily to area of sensitive skin; wash hands immediately after application.
 - EMLA cream (30g); capsaicin 0.075% cream (55g); menthol ‘ice gel’ 4% (220g); lignocaine patch 5%