



Insufficient evidence for effectiveness of interventions for complex regional pain syndrome

Clinical question	How effective are therapeutic interventions to reduce pain, disability or both in adults with complex regional pain syndrome (CRPS)?
Bottom line	There was insufficient high quality evidence on which to base comprehensive clinical guidance on the management of CRPS. There was low quality evidence that bisphosphonates, calcitonin or a daily course of intravenous ketamine might be effective for pain when compared with placebo; graded motor imagery might be effective for pain and function when compared with usual care; and that mirror therapy might be effective for pain in post-stroke CRPS. There was low quality evidence that local anaesthetic sympathetic blockade was not effective. Low quality evidence suggested that physiotherapy or occupational therapy did not lead to clinically important benefits at one year follow-up. For a wide range of other interventions, there was either no evidence or very low quality evidence available from which no conclusions should be drawn.
Caveat	Some studies and reviews predate the most recent diagnostic guidelines for CRPS and some did not consistently apply established diagnostic criteria for CRPS. With the exception of spinal cord stimulation, there is very little data on long term (greater than one year) outcomes for any intervention.
Context	CRPS is characterised by persistent pain, usually in the hands or feet, that is not proportionate in severity to any underlying injury. It often involves a variety of other symptoms, such as swelling, discolouration, stiffness, weakness and changes to the skin.
Cochrane Systematic Review	O'Connell NE et al. Interventions for treating pain and disability in adults with complex regional pain syndrome. Cochrane Reviews, 2013, Issue 4. Art. No.: CD009416.DOI: 10.1002/14651858. CD009416.pub2. This review contains 19 reviews involving 2328 participants.

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