CRPS, Depression, PTSD and the High Risk of Suicide

There is significant evidence that CRPS patients are at a very high risk of suicide, five times more than other pain conditions and more and the risks are increased with depression and post traumatic stress syndrome that eventually afflicts most patients.

There are treatments to reduce these risks and resources to help you to get them. This article explains the issues and provides the links to get you the help you need.

By James Doulgeris

Complex Regional Pain Syndrome (CRPS) is a debilitating chronic pain condition that can occur after an injury or surgery (Type 2) or may not have an identifiable cause at all (Type 1). The condition is characterized by intense pain, swelling, and changes in skin color and temperature in the affected limb. While CRPS can be a disabling condition, it is not typically fatal in and of itself. Like many chronic conditions that are incurable and get worse over time, other diseases that take root as patients weaken can prove to be fatal.

However, it is true that individuals with CRPS are at a higher risk of suicide than the general population. A study published in the journal Pain Medicine in 2014 found that individuals with CRPS were almost five times more likely to attempt suicide than individuals with other chronic pain conditions.

Another study published in the journal Clinical Journal of Pain in 2016 found that individuals with CRPS had a higher prevalence of suicidal ideation (thoughts of suicide) and suicidal behavior (attempts or self-harm) than individuals with other chronic pain conditions.

It is important to note that the increased risk of suicide in individuals with CRPS is likely due to a combination of factors, including the severe and chronic pain associated with the condition, the psychological impact of living with a chronic condition, and the potential for social isolation and decreased quality of life. It is crucial that individuals with CRPS receive appropriate treatment for their pain and any associated mental health conditions to reduce the risk of suicide.

In summary, while CRPS itself is not a fatal condition, individuals with CRPS are at an increased risk of suicide compared to the general population. It is important to provide support and appropriate treatment to these individuals to reduce their risk of suicide.

Is there any data on the number of suicides due to CRPS in its patient population?

There is no formal data on the number of suicides that can be directly attributed to CRPS, however, a study performed by RSDSA indicated that they may be significant, as many as one for every 1,800 patients annually. A South Korean study in 2018 among 200 patients indicates that it may be slightly more. While individuals with CRPS are at an increased risk of suicide, suicide is a complex issue that is influenced by a variety of factors, including mental health, social support, and access to care.

It is important to note that suicide is a sensitive topic and that the actual number of suicides may be underreported due to stigma and other factors. Furthermore, suicide is a multifactorial phenomenon, and it can be challenging to determine the specific factors that led to a particular suicide.

It is crucial that individuals with CRPS receive appropriate treatment for their pain and any associated mental health conditions to reduce the risk of suicide. This may include a combination of medications, physical therapy, counseling, and other interventions tailored to the individual's needs. Healthcare providers should be aware of the increased risk of suicide in individuals with CRPS and screen for suicidal ideation and behavior regularly. If an individual is experiencing suicidal thoughts, they should seek immediate help from a mental health professional or a crisis hotline.

Do regulations limiting or prohibiting the use of opiates to manage pain from CRPS increase the risk of suicide?

Regulations limiting or prohibiting the use of opiates to manage pain from CRPS can have both positive and negative effects on patient outcomes, including the risk of suicide.

On the positive side, limiting or prohibiting the use of opiates may help reduce the risk of opioid addiction and overdose, which is a significant public health concern. Opioid medications are known to have several adverse effects, including sedation, constipation, nausea, and respiratory depression, which can increase the risk of accidental overdose and death.

On the negative side, regulations limiting or prohibiting the use of opiates may lead to undertreatment of pain in patients with CRPS, which can have several negative consequences, including increased pain, decreased quality of life, and increased risk of suicide. Pain is a complex and multifactorial phenomenon, and not all pain can be effectively managed with non-opioid medications or non-pharmacological interventions alone.

Therefore, it is essential to strike a balance between the benefits and risks of opioid use in patients with CRPS. Healthcare providers should carefully consider each patient's individual needs and risks and develop a personalized treatment plan that maximizes pain relief while minimizing the risk of adverse effects, including the risk of suicide.

In summary, regulations limiting or prohibiting the use of opiates to manage pain from CRPS can have both positive and negative effects on patient outcomes, including the risk of suicide. Healthcare providers should work closely with patients to develop a personalized treatment plan that balances the benefits and risks of opioid use and optimizes pain relief while minimizing the risk of adverse effects.

Is there data showing that CRPS is under diagnosed or misdiagnosed?

Yes, there is evidence to suggest that CRPS is both underdiagnosed and misdiagnosed in clinical practice.

One study published in the Journal of Hand Therapy in 2018 found that the average time to diagnose CRPS in patients with hand and wrist injuries was 11 months, suggesting that CRPS is often not recognized promptly. Delayed diagnosis can lead to delayed treatment, which can worsen the patient's pain and functional outcomes.

Another study published in the Journal of Pain Research in 2019 found that 41% of patients with CRPS had been misdiagnosed at least once before receiving a correct diagnosis. Misdiagnosis can lead to inappropriate treatments and further delays in appropriate management, which can impact the patient's quality of life and functional outcomes.

There are several reasons why CRPS may be underdiagnosed or misdiagnosed. First, the condition is relatively rare, and many healthcare providers may not be familiar with its clinical features or diagnostic criteria. Second, CRPS can present with a wide range of symptoms, which can overlap with other pain conditions, making diagnosis challenging. Third, there is no definitive test for CRPS, and diagnosis is often based on clinical judgment and the exclusion of other possible causes.

In conclusion, CRPS is a complex and challenging condition to diagnose, and there is evidence to suggest that it is both underdiagnosed and misdiagnosed in clinical practice. Healthcare providers should be aware of the clinical features and diagnostic criteria of CRPS and consider this condition in patients with unexplained or refractory pain after an injury or surgery. Early and accurate diagnosis is crucial for appropriate management and improved patient outcomes.

Are there any initiatives in medical education to increase awareness of CRPS?

Yes, there are several initiatives in medical education aimed at increasing awareness of CRPS and improving the diagnosis and management of this condition.

For example, some medical schools and residency programs have incorporated CRPS into their curricula to help train future healthcare providers to recognize and manage this condition. Continuing medical education (CME) programs and conferences may also include sessions on CRPS to provide healthcare providers with the latest updates on diagnosis and treatment.

In addition, patient advocacy groups, such as the Reflex Sympathetic Dystrophy Syndrome Association (RSDSA), have developed educational materials and resources for healthcare providers to increase awareness and understanding of CRPS. These resources may include guidelines for diagnosis and treatment, case studies, and online courses.

Furthermore, some medical societies, such as the International Association for the Study of Pain (IASP), have developed guidelines for the diagnosis and management of CRPS to provide healthcare providers with evidence-based recommendations for this condition.

Overall, increasing awareness of CRPS and improving the diagnosis and management of this condition requires a multifaceted approach that involves education and training of healthcare providers, patient advocacy, and research. By working together, healthcare providers, patients, and advocacy groups can improve the quality of care for individuals with CRPS and ultimately improve patient outcomes.

Is there data linking CRPS to clinical depression and PTSD?

Yes, there is evidence to suggest that individuals with CRPS may be at increased risk of developing clinical depression and post-traumatic stress disorder (PTSD).

One study published in the journal Pain Medicine in 2019 found that individuals with CRPS were more likely to have symptoms of depression and anxiety compared to healthy controls. The study also found that the severity of CRPS symptoms was positively correlated with the severity of depression and anxiety symptoms.

Another study published in the Journal of Pain Research in 2021 found that individuals with CRPS were more likely to have symptoms of PTSD compared to healthy controls. The study also found that the severity of CRPS symptoms was positively correlated with the severity of PTSD symptoms.

The exact mechanisms underlying the relationship between CRPS and clinical depression or PTSD are not fully understood. However, it is thought that the chronic pain and disability associated with CRPS may contribute to the development of these conditions. In addition, the psychological impact of coping with a chronic and often debilitating condition may also contribute to the development of depression and PTSD.

It is important for healthcare providers to be aware of the potential psychological impact of CRPS and to screen patients for symptoms of depression and PTSD. Early recognition and treatment of these conditions can help improve patient outcomes and quality of life. Treatment options may include psychotherapy, medication, and other supportive interventions.

Ketamine infusions have shown success in treating CRPS, treatment resistant depression and treatment resistant PTSD. Is there empirical data to support this?

Yes, there is empirical data to support the use of ketamine infusions in the treatment of CRPS, treatment-resistant depression, and treatment-resistant PTSD.

Several studies have shown that ketamine infusions can be effective in reducing pain and improving function in individuals with CRPS. For example, a systematic review and meta-analysis published in the journal Pain Medicine in 2021 found that ketamine infusions were associated with a significant reduction in pain and an improvement in function in individuals with CRPS. The review included 14 studies and over 400 patients with CRPS.

In addition, there is evidence to suggest that ketamine infusions can be effective in the treatment of treatment-resistant depression. A meta-analysis published in the Journal of Clinical Psychiatry in 2018 found that ketamine infusions were associated with a rapid and significant reduction in depressive symptoms in individuals with treatment-resistant depression. The review included 14 studies and over 300 patients with treatment-resistant depression.

Furthermore, there is growing evidence to support the use of ketamine infusions in the treatment of treatment-resistant PTSD. A systematic review and meta-analysis published in the Journal of Psychopharmacology in 2019 found that ketamine infusions were associated with a significant reduction in PTSD symptoms in individuals with treatment-resistant PTSD. The review included 8 studies and over 100 patients with treatment-resistant PTSD.

While the use of ketamine infusions for the treatment of CRPS, treatment-resistant depression, and treatment-resistant PTSD is promising, it is important to note that more research is needed to fully understand the safety and efficacy of this treatment approach. Additionally, ketamine infusions should only be administered by qualified healthcare providers in a controlled setting.

Is there sufficient evidence to support health insurance coverage for ketamine therapy and infusions?

The evidence supporting the use of ketamine therapy and infusions for the treatment of certain conditions, including CRPS, treatment-resistant depression, and treatment-resistant PTSD, is growing. However, the decision to provide health insurance coverage for these treatments is typically made by insurers based on a number of factors, including the strength of the evidence supporting their use, cost-effectiveness, and regulatory considerations.

In the United States, the use of ketamine for the treatment of depression and other conditions is currently considered "off-label" by the FDA, which means that it has not been specifically approved for these indications. However, ketamine is approved by the FDA for use as an anesthetic, which means that it can be legally prescribed and administered by healthcare providers for other purposes, including the treatment of certain pain conditions.

Some insurance companies may provide coverage for ketamine therapy and infusions on a case-by-case basis, depending on the specific patient and the condition being treated. Other insurers may have specific policies in place that restrict coverage for off-label use of medications or that require additional documentation or justification before providing coverage.

Ultimately, the decision to provide health insurance coverage for ketamine therapy and infusions will depend on a variety of factors, including the strength of the evidence supporting their use, the availability of alternative treatments, and the specific policies and guidelines of individual insurers. Patients and healthcare providers may need to work with insurers to determine whether coverage for ketamine therapy and infusions is available and what documentation or other requirements may be necessary to obtain coverage.

Are there any organizations that work with patients and insurers to secure coverage for ketamine therapy and infusions?

Yes, there are organizations that work with patients and insurers to help secure coverage for ketamine therapy and infusions.

One such organization is the Ketamine Advocacy Network, which is a patient-led organization dedicated to advocating for access to ketamine therapy for a variety of conditions, including depression, anxiety, and chronic pain. The organization provides resources and support to patients who are seeking access to ketamine therapy, including information on insurance coverage and advocacy tools to help patients and their families navigate the insurance system.

Another organization that may be helpful for patients seeking insurance coverage for ketamine therapy is the American Society of Ketamine Physicians, Psychotherapists, and Practitioners (ASKP3). ASKP3 is a professional organization that supports healthcare providers who use ketamine for the treatment of a variety of conditions. The organization provides education and training to healthcare providers, and it may also be able to provide resources and support to patients seeking insurance coverage for ketamine therapy.

In addition, some healthcare providers and clinics that offer ketamine therapy and infusions may have staff members or patient advocates who can help patients navigate the insurance system and work with insurers to secure coverage for treatment.

Overall, patients and healthcare providers may need to work with a variety of resources, including patient advocacy organizations, professional organizations, and healthcare providers, to navigate the insurance system and obtain coverage for ketamine therapy and infusions.

How would a patient contact these organizations?

Patients can typically contact advocacy organizations, such as the Ketamine Advocacy Network, and professional organizations, such as the American Society of Ketamine Physicians, Psychotherapists, and Practitioners (ASKP3), through their respective websites.

The Ketamine Advocacy Network website (www.ketamineadvocacynetwork.org) includes information on patient advocacy tools, insurance coverage, and resources for patients seeking ketamine therapy. The website also includes a contact form that patients can use to get in touch with the organization.

Similarly, the ASKP3 website (www.askp.org) includes information on the use of ketamine for a variety of conditions, as well as resources and training opportunities for healthcare providers. Patients can contact the organization through a contact form on the website.

In addition to these organizations, patients may also be able to get help with insurance coverage for ketamine therapy and infusions by contacting the healthcare providers or clinics that offer these treatments. Some healthcare providers or clinics may have staff members or patient advocates who can help patients navigate the insurance system and work with insurers to secure coverage for treatment.

Overall, patients seeking insurance coverage for ketamine therapy and infusions may need to explore a variety of resources and organizations, including patient advocacy groups, professional organizations, and healthcare providers, to find the help and support they need.

There are numerous providers offering ketamine infusion services, many of which have dubious protocols and operators. How does a patient select a reputable provider?

Selecting a reputable provider for ketamine infusion services is important to ensure that patients receive safe and effective treatment. Here are some tips to help patients choose a reputable provider:

1. Check the credentials and experience of the provider: Patients should look for providers who are licensed and certified to provide ketamine infusion services. They should also ask about the provider's experience and training in administering ketamine, as well as their experience treating the patient's specific condition.
2. Ask about the provider's protocols and safety measures: Patients should ask the provider about their protocols for administering ketamine, including dosing, monitoring, and managing potential side effects. They should also ask about the provider's safety measures, including emergency procedures and equipment.
3. Read reviews and ask for referrals: Patients can check online reviews and ratings of ketamine infusion providers to get an idea of their reputation and the experiences of other patients. They can also ask their healthcare provider or other patients for referrals to reputable providers.
4. Check the facility: Patients should visit the facility where they will receive treatment and check for cleanliness, organization, and overall safety. They should also ask about the provider's infection control protocols, such as hand hygiene, disinfection, and sterilization.
5. Ask about insurance coverage and costs: Patients should ask the provider about their insurance coverage and costs for ketamine infusion services. They should also ask about any additional fees or charges, such as consultation fees or equipment fees.

Overall, patients should take the time to research and carefully select a reputable provider for ketamine infusion services to ensure that they receive safe and effective treatment.

Is there a contact listing of licensed ketamine infusion providers in the U.S.?

There is no single comprehensive listing of all licensed ketamine infusion providers in the United States, as the regulation of these providers can vary by state and locality. However, there are several resources that patients can use to find licensed providers in their area:

1. Ketamine Advocacy Network: The Ketamine Advocacy Network maintains a list of providers who offer ketamine therapy across the United States. Patients can search for providers by state or zip code on the organization's website.
2. American Society of Ketamine Physicians, Psychotherapists, and Practitioners (ASKP3): ASKP3 is a professional organization for healthcare providers who offer ketamine therapy. The organization maintains a directory of member providers on its website.
3. State medical boards: Patients can check with their state medical board to verify the licensure and credentials of ketamine infusion providers in their state. State medical boards typically have websites that include information on licensed providers, as well as contact information for the board.
4. Referrals from healthcare providers: Patients can ask their healthcare providers for referrals to licensed ketamine infusion providers in their area. Healthcare providers may be able to recommend providers based on their experience and knowledge of the local healthcare community.

Overall, patients may need to use a combination of these resources to find licensed ketamine infusion providers in their area. It is important for patients to carefully research and select a reputable provider to ensure that they receive safe and effective treatment.

Can you provide the websites for these resources?

Sure! Here are the websites for the resources I mentioned:

1. Ketamine Advocacy Network: https://www.ketamineadvocacynetwork.org/
2. American Society of Ketamine Physicians, Psychotherapists, and Practitioners (ASKP3): https://www.askp.org/
3. State medical boards: Each state has its own medical board, and the websites can vary. You can find a directory of state medical boards at the Federation of State Medical Boards website: https://www.fsmb.org/contact-a-state-medical-board/

It's worth noting that these resources may not be comprehensive or up-to-date, so patients should also do their own research to ensure that they are selecting a reputable and licensed ketamine infusion provider.

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