# Research paper on reflex sympathetic dystrophy

Sociology, Violence

# Introduction

Reflex sympathetic dystrophy (RSD) is a condition whereby one experiences swelling, stiffness, discoloration, and excruciating pain. It can arise due to use of certain drugs or due to certain diseases. A more scientifically acceptable name is complex regional pain syndrome type-I (CRPS-I). CRPS type-I has an initiating event such as a fracture. With CRPS type-I, the pain is continuous and unrelated to the original injury. Edema, changes of the skin color and sweating in the area of pain characterize CRPS type-I.

CRPS type-II, or causalgia, arises due to a peripheral nerve injury while CRPS type-I arises due to the non-existence of a known nerve injury. For example, type-I CRPS arises from a fracture of the hand, whereas type-II CRPS from injury of the median nerve. The disease is unpredictable and can affect any person at different times in this or her life. In case of delay in diagnosis and treatment of the malady, deformities and other physical deficits may result.

# Symptoms

The symptoms of CRPS usually develop two months after an injury. An excruciating pain whose onset is a single extremity characterizes them. Allodynia also sets in. This the persistent ache from stimuli that usually do not cause pain to the individual (Reflex Sympathetic Dystrophy Syndrome 1). There may also be swelling of the injured area, on and off. Changes in skin properties such as color, dryness, sweating, and growth of hair might occur. The patient may also experience instabilities in temperature, abnormal positioning of limbs and general body weakness. In some instances, the

patient may experience insomnia due to the aches and other changes occurring on the body.

The onset of the syndrome can occur rapidly or gradually. The stages of the syndrome are three: acute, dystrophic, and atrophic. The acute symptoms are experienced from three to six months and include; blanching, burning, sweating, and swelling. An x-ray photograph can clearly show the changes of patch bone thinning at this stage. The dystrophic stage occurs between three to six months. Changes in thickness and moisturisation of skin, diminished swelling, and contracture with persistent pain characterize this stage (Hyodo and Oyama 263). The atrophic stage can last for a long time. During this stage, the individual may experience loss of motion and function of the limbs. During this stage, x-rays show considerable osteoporosis on the bones of the affected individual.

## Causes and Diagnosis

A number of occurrences can trigger the syndrome. These include injury, stroke, surgery, heart diseases, nerve irritation due to entrapment, breast cancer, and medication for tuberculosis and barbiturates. Studies that there is no event is common in a third of people with RSD. However, in some people fibromyalgia exists with RSD. Symptoms of RSD and the stages of the symptoms are the basis for diagnosis of the syndrome. MRI scans and plain film x-rays show osteoporosis and patchy thinning. Nuclear scanning of the bone can indicate unique uptake patterns.

## Treatment and Prevention

RSD responds to treatment in the earlier stages than in the later stages of the syndrome. Application of cool and moist liquids to these aching areas provides relief to the affected individual. Small exercises may also prove to be helpful, especially to the limbs. Alternatively, there are medications that alleviate the symptoms. Surgeries on the sympathetic nerves, intrathecal drug pumps, and spinal cord stimulation devices can help reduce pains and aches. The number of initial administrations of sympathetic nerve blocks is limited to three. Administration of additional blocks will depend on whether the initial blocks alleviated the pain.

Treatment plans should involve physical and occupational therapy, management of pain and psychological support. Hydrotherapy is another therapy that aids in reducing aches that come about due RSD. However, the response of the syndrome to treatment is unpredictable and uncertain. Similarly, no unique methods of prevention are available. However, patients with bony fractures can prevent the disease through intake of vitamin C.

## Impact of RSD

RSD affects school-going children in many ways. They may have difficulty walking, writing, playing and interacting with their fellow students. Other students may hit and tease students with RSD and in the process cause excruciating pain and development of low self-esteem. These children may not enjoy the normal activities of growing up, and this may lead to tress.

CRPS affects not only the individual, but also the family members. The treatment of the syndrome can be expensive due to the surgeries and

therapies involved. This drains the family’s economic resources and hinders developments such as investment (William 2).

The individual suffers physically and becomes limited on the things he or she can actually do. This may lead to change of hobbies or activities done. Some patients may even lose their jobs because of their incapacitations. This may lead to financial problems especially if the patient is the principal breadwinner. Many patients become dissatisfied with their bodies especially where the appearance and functionality of the limbs is affected. The syndrome may lead to frustration as it becomes difficult to explain to family and friends (Rodham).

The pain from the disease leads to a decrease in self-esteem and loss of memory. Depression may set in with a fear of what may come in the future. In some instances, these insecurities can lead to suicidal tendencies. The unpredictability of the disease may cause some individuals to lose the morale of planning. Some will prefer to stay indoors rather than to socialize with other people outside due to safety reasons. They may become overcautious to avoid any incidents and this perfectionism may lead to estrangement of friendships and breakup of romantic relationships.

## Works Cited

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