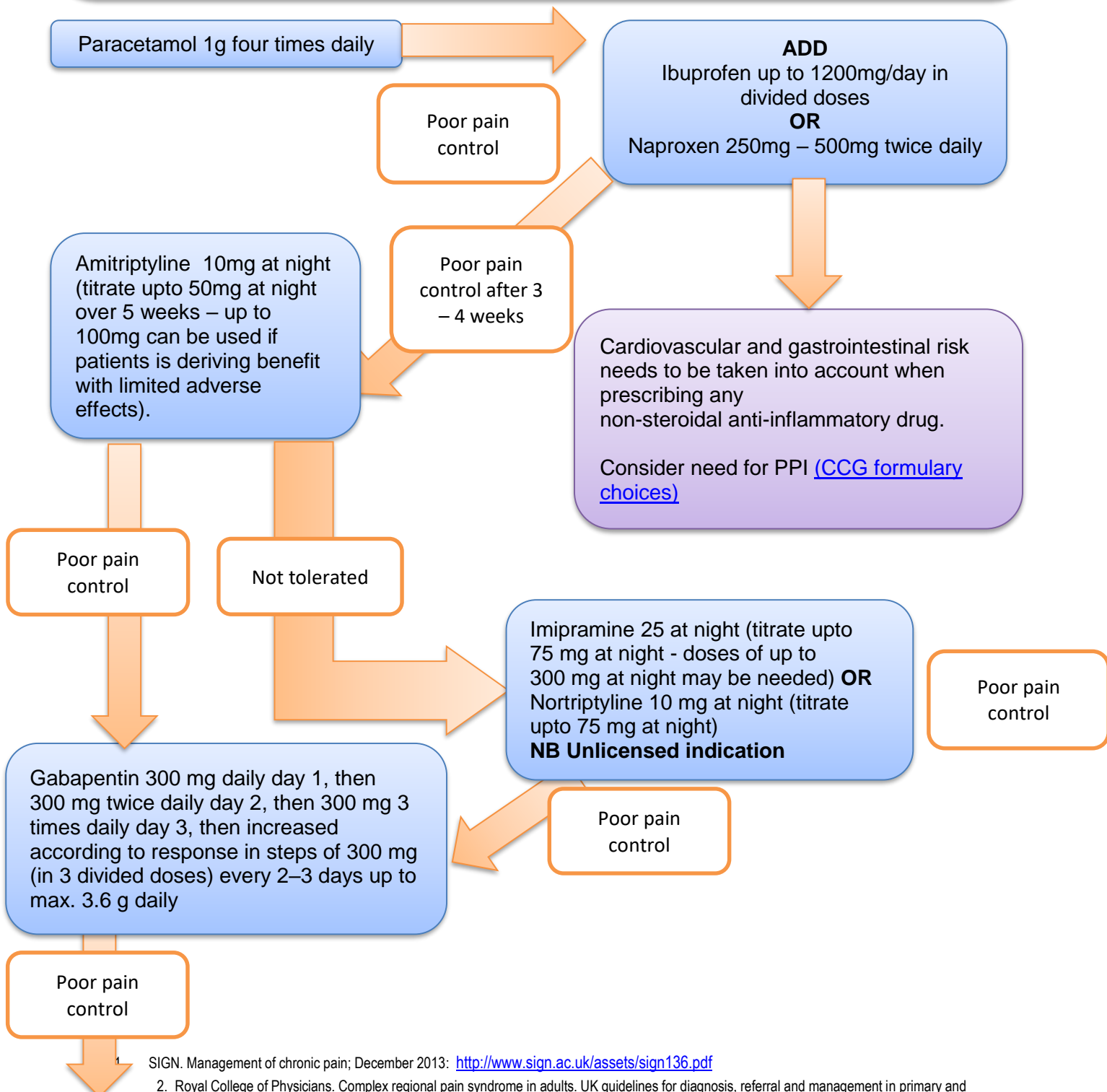


COMPLEX REGIONAL PAIN SYNDROME

General Principles ¹

- Before prescribing analgesic drugs offer non-pharmacological strategies in addition to, or as alternative to, analgesic drugs.
- Agree the goals of therapy, eg reduction in pain, improved mood, improved function.
- Agree the length of the initial trial.
- Discuss the potential side effects of all drugs prescribed.
- Discuss the significant risks of specific drugs, especially NSAIDs and opioids.
- Discuss the short term benefits and potential loss of efficacy over time before prescribing opioids.
- Avoid co-prescription of sedative and hypnotic medication where possible and be aware of concomitant alcohol use.
- Be aware of concomitant use of over-the-counter treatments, and advise accordingly.
- Please consult the latest prescribing information for doses in patients with renal and/or liver impairment.



1. SIGN. Management of chronic pain; December 2013: <http://www.sign.ac.uk/assets/sign136.pdf>

2. Royal College of Physicians. Complex regional pain syndrome in adults. UK guidelines for diagnosis, referral and management in primary and secondary care; May 2012. Accessed 18.08.14 via <https://www.rcplondon.ac.uk/sites/default/files/documents/complex-regional-pain-full-guideline.pdf>



Pregabalin 75mg 2 times daily,
increased if necessary after 3–7
days to 150m 2 times daily,
increased further if necessary
after 7 days to maximum of
300mg 2 times daily

Specialist initiated drugs

- Duloxetine
- Capsaicin Patch = NOT RECOMMENDED.

1. SIGN. Management of chronic pain; December 2013: <http://www.sign.ac.uk/assets/sign136.pdf>
2. Royal College of Physicians. Complex regional pain syndrome in adults. UK guidelines for diagnosis, referral and management in primary and secondary care; May 2012. Accessed 18.08.14 via <https://www.rcplondon.ac.uk/sites/default/files/documents/complex-regional-pain-full-guideline.pdf>