

Chronic Pain Syndrome Hits Women Harder

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If you've ever been in pain, you know it isn't easy. Sometimes it can place serious obstacles in your path. But for hundreds of thousands of Americans, mostly women, who suffer from a chronic pain syndrome known as reflex sympathetic dystrophy syndrome (RSD), the pain can be constant and excruciating, making it difficult to even get through the day.

For Tracy Zuckerman who currently resides in Florida, the pain was disproportionate to her injuries. Years ago, she was in a head-on collision and the air bag in her car crushed her left hand and the right-side of her jaw. When her healing time was abnormally prolonged, it became quite clear that something else was wrong. Despite the fact that her hand wasn't broken, the swelling was so severe that she couldn't open it.

"My hand was not healing, it was swollen and discolored," Zuckerman said. "Someone would brush by me, barely touch me, and I'd have severe pain. I consider myself lucky because my orthopedic surgeon, who had seen a case in medical school, diagnosed me early on with complex regional pain syndrome."

Sometimes called complex regional pain syndrome (CRPS), RSD results when the nervous system doesn't function properly. Instead, the nerves send incessant pain signals to the brain and the body reacts accordingly. It usually occurs as a response to a traumatizing incident such as an accident or surgical procedure. Like other chronic pain syndromes, RSD is more common in women.

"Epidemiological studies, and a recent web-based survey that we conducted, indicate that CRPS is more common in women than men," said Srinivasa Raja, M.D., director of the pain medicine division and director of pain research at Johns Hopkins University in Baltimore, Md. "The reason for this gender difference in the prevalence of CRPS is not clear. Such a female preponderance is, however, not unique to CRPS as other chronic pain states are also more frequently observed in females compared to males."

An early diagnosis and aggressive therapy are vital for healing and proper function. Unfortunately, diagnosing RSD can be difficult, because many people and members of the medical community are not familiar with the symptoms. According to the Reflex Sympathetic Dystrophy Syndrome Association in Milford, Conn., patients with this disorder see at least five doctors before receiving a proper diagnosis.

Zuckerman began treatment right away but it took a long time to find the right combination of therapies that worked.

"I tried many different treatments for several years," Zuckerman said. Her treatments included massage therapy, physical and occupational therapy, acupuncture and nerve

blocks. “Everything is a combination,” Zuckerman said. “It required a multi-disciplinary approach. I developed my own team to support me and guide me through this process, which include doctors and therapists. When it stops working, we change the approach. It’s a lot like cross training.”

Echoing Zuckerman’s sentiments, Raja said “optimal treatment of this condition often requires a multi-disciplinary approach that includes physical therapy, diagnostic and or therapeutic nerve blocks and psychological consultations.”

Zuckerman has learned to live with her condition, but getting well became a full-time job. “You cannot will yourself to be well,” she said. “You need a team of doctors, nurses and a support group. It’s not about just taking a pill. You need to become an advocate for your own body.”

New treatments are on the horizon for RSD.

“In recent years, spinal cord stimulation has shown promise as a treatment modality for cases that have not been treated successfully with conservative measures,” Raja said. In addition, several academic centers have been studying the potential role of ketamine, a drug that can potentially reduce the heightened sensitivity of brain cells. More research involving ketamine is needed to make conclusions about the long-term benefits.

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