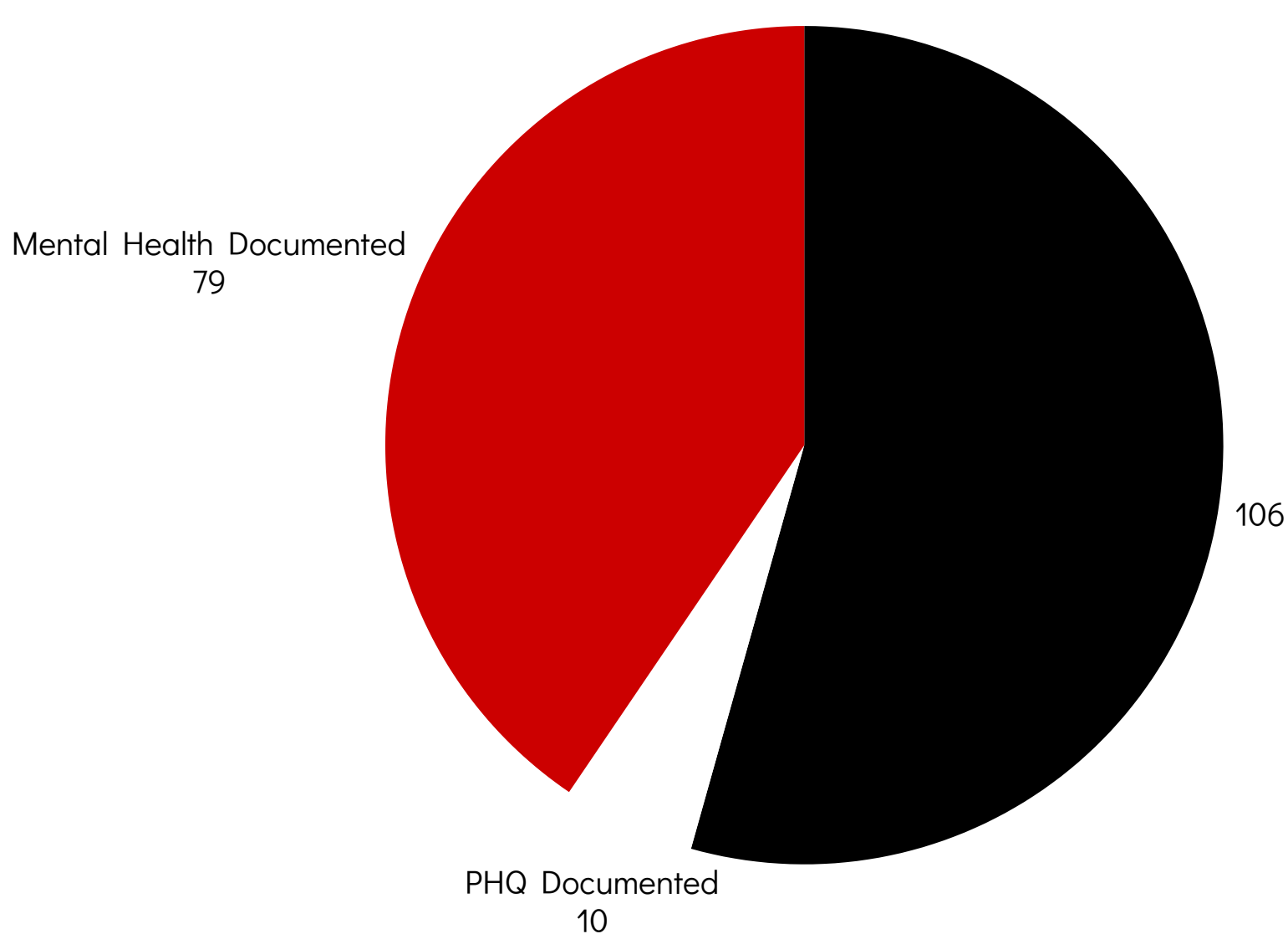
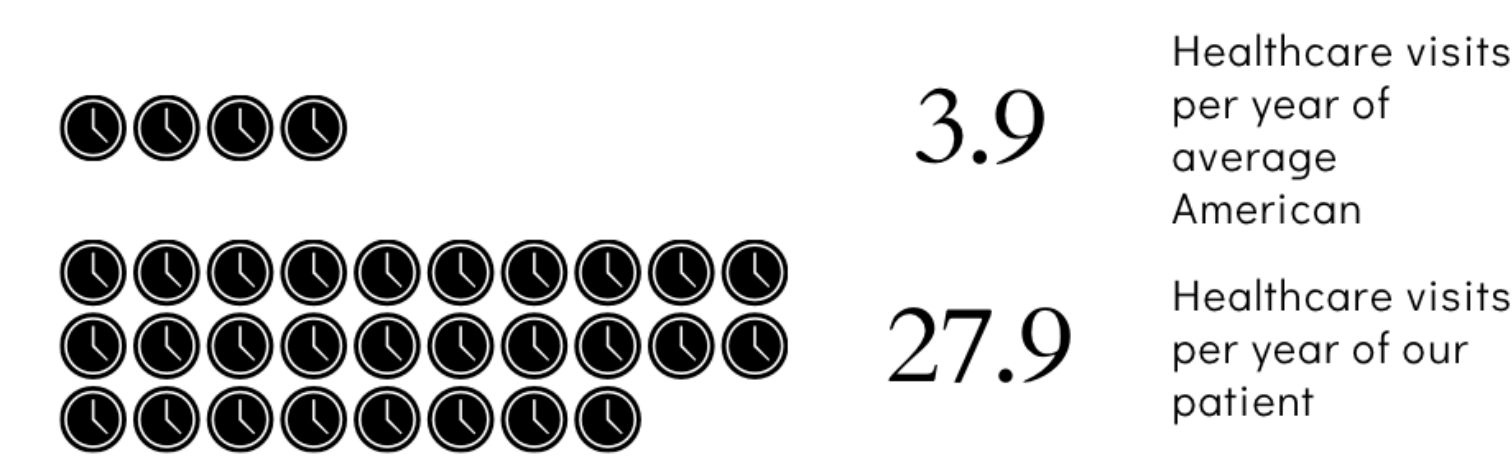


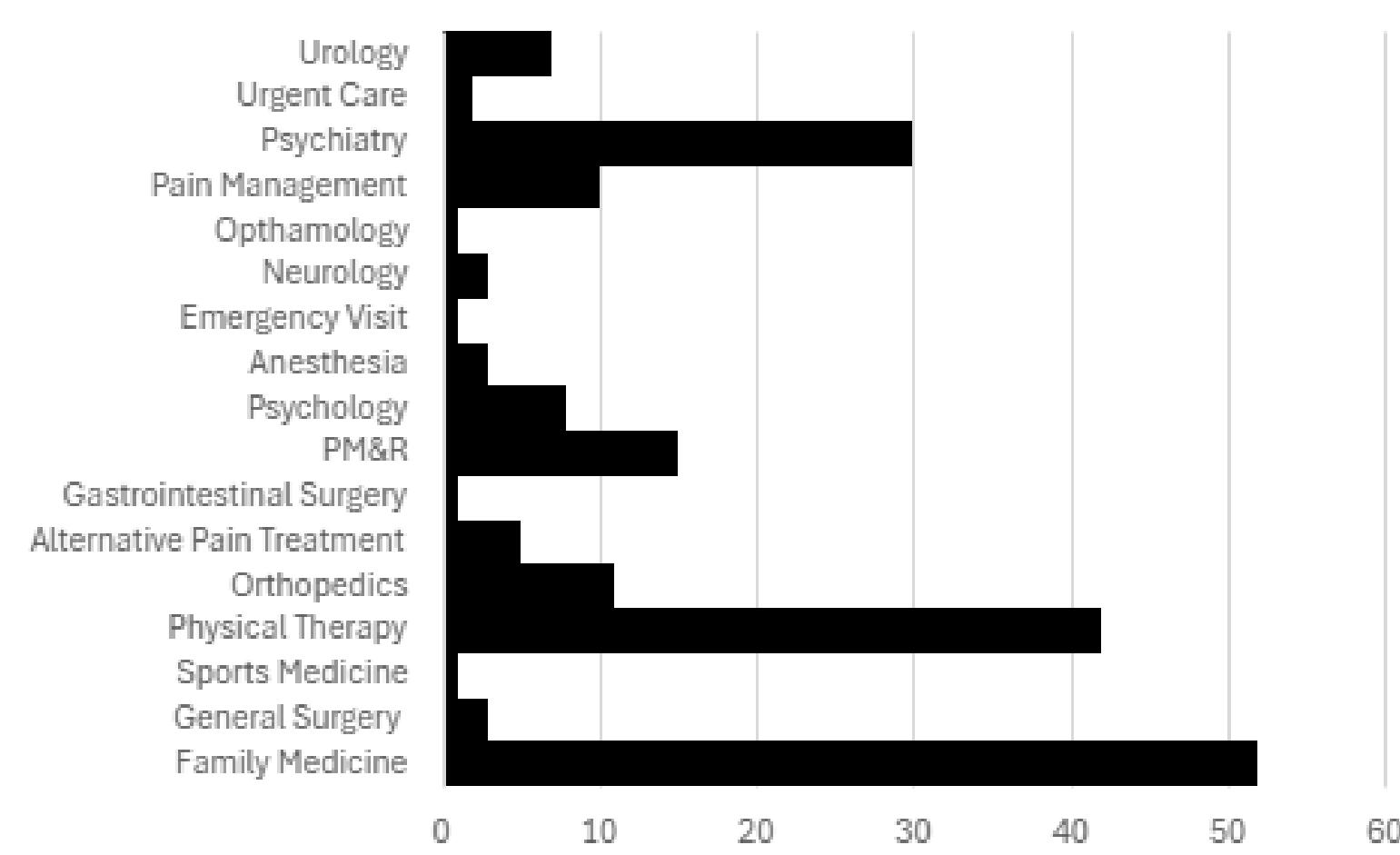
Our patient has been seen 195 different times since symptom onset, his PHQ score was only documented 10 times.



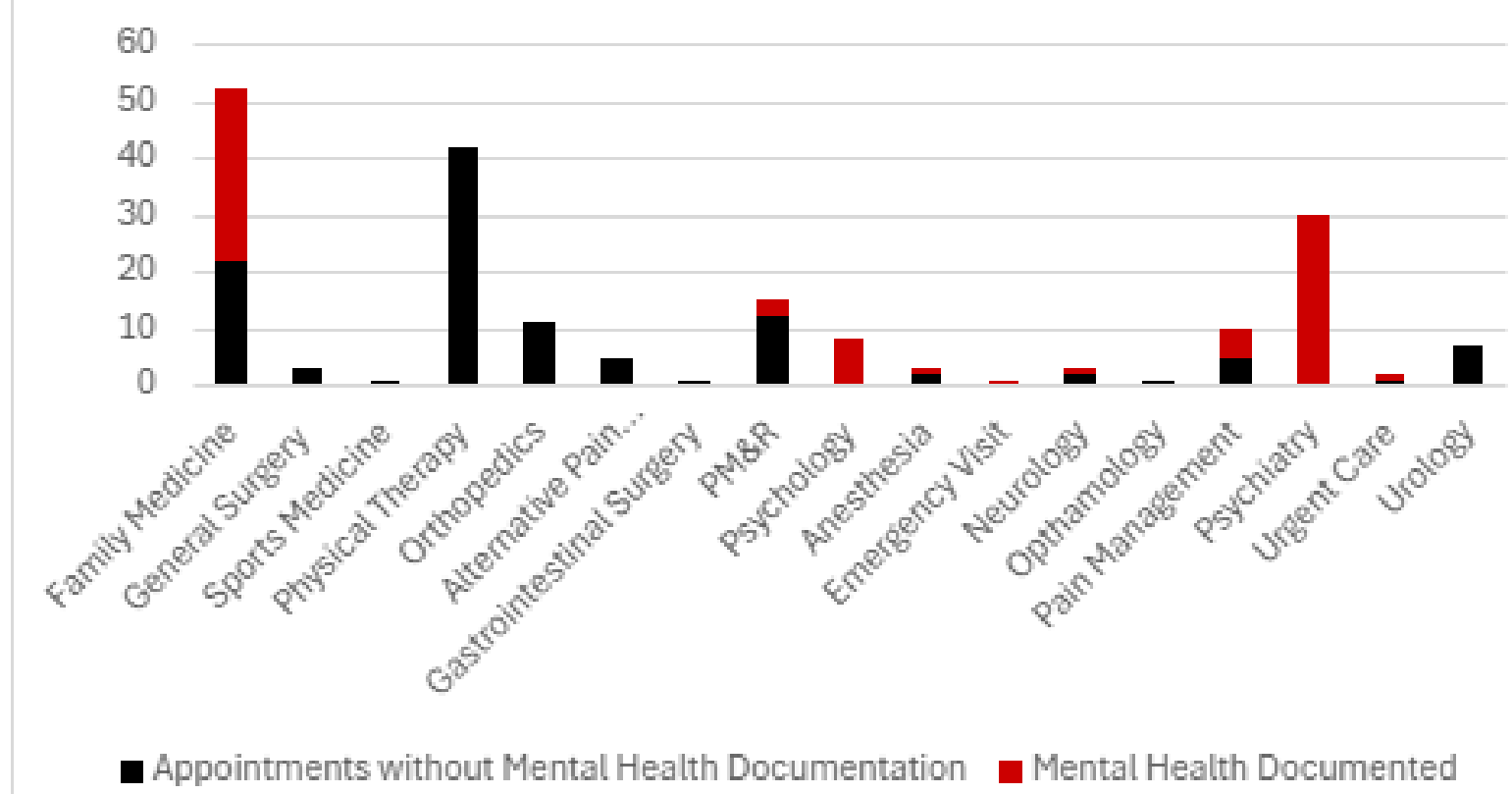
### Patient Healthcare Utilization



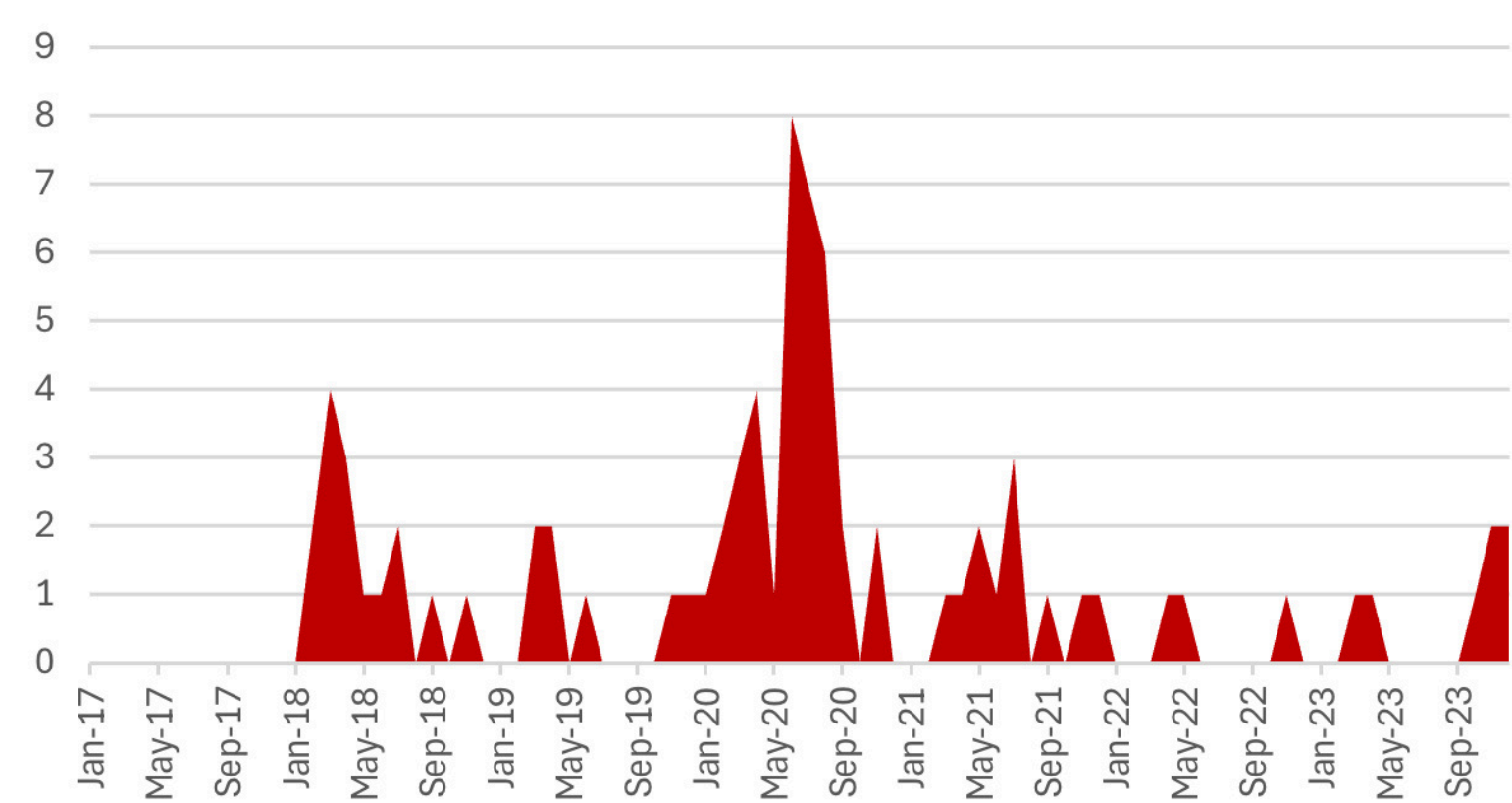
### Patient Specialty Utilization



### Mental Health Documentation per Specialty



### Patient Mental Health Documentation Over Time



## Do you have a patient with Complex Regional Pain Syndrome?

- ✓ Recognize ~10x increased risk for suicidal ideation for patients with CRPS
- ✓ Screen for suicidal ideation & depression
- ✓ Track depression trends over time
- ✓ Treat all identified co-morbidities



### Background:

Complex Regional Pain Syndrome (CRPS) encompasses a range of distressing symptoms characterized by persistent pain that appears disproportionate to any known cause, often lacking localization to a specific nerve or dermatome. Typically initiated by trauma or injury to the affected area, CRPS most commonly affects the extremities and is frequently accompanied by abnormal sensory, motor, sudomotor, vasomotor, and/or trophic manifestations. Severe CRPS is often debilitating and can prevent patients working and participating in normal daily activities. The disease's progression is variable, but pain and disability normally improve over time.<sup>(6)</sup> CRPS is classified into two main types:

**Type I CRPS:**  
This type typically arises following illness or injury but isn't linked to specific nerve damage. The majority of CRPS cases fall under Type I. <sup>(6)</sup>

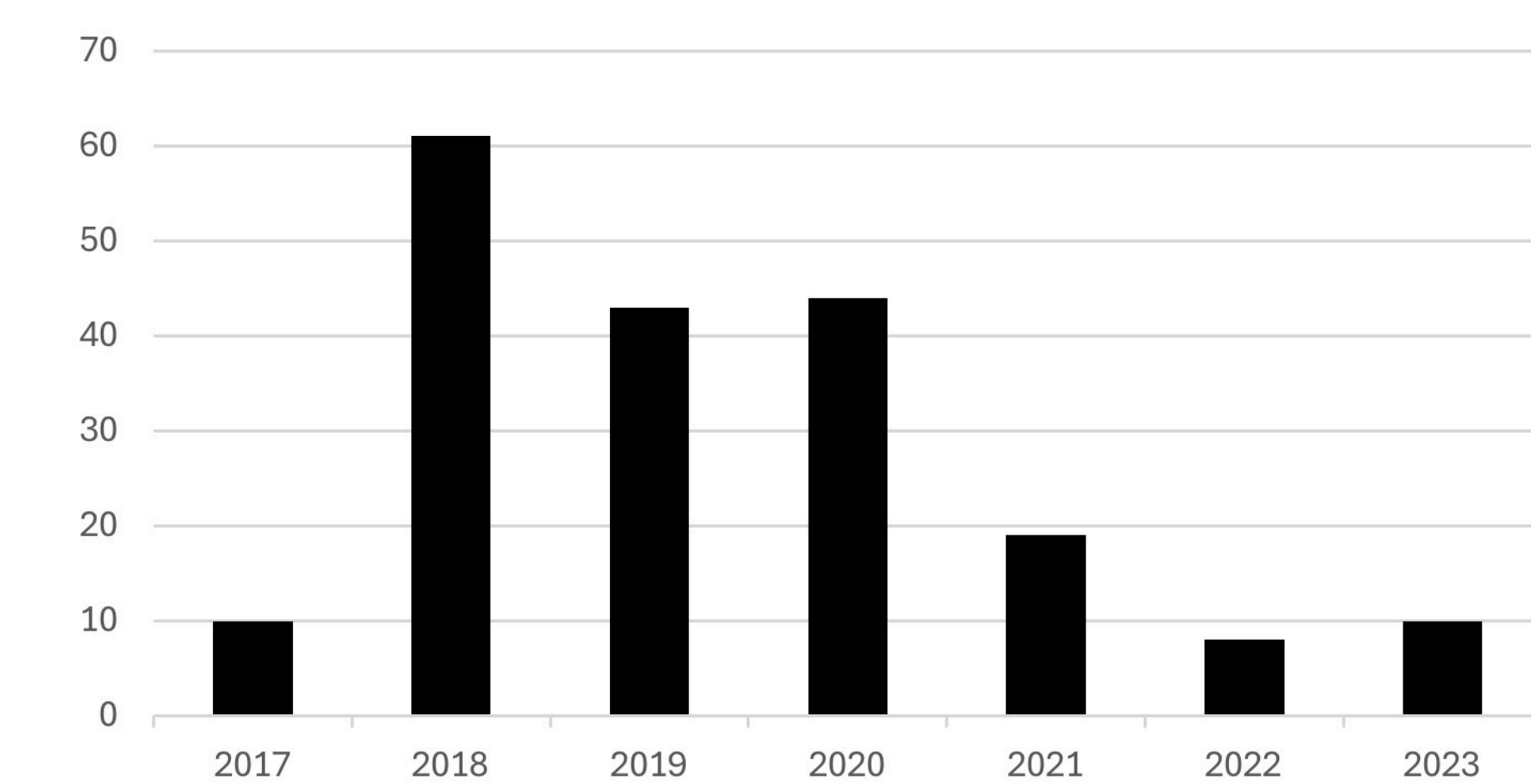
**Type II CRPS:**  
Typically occurring after illness or injury, this type is associated with damage to a specific nerve. <sup>(6)</sup>

Diagnosis of CRPS is generally a clinical diagnosis that uses the Budapest Consensus Criteria which includes the following: continuing pain disproportionate to any inciting event, a few groups of symptoms that must be present, and no other diagnoses that better explains the signs and symptoms. <sup>(8)</sup>

Treatment typically involves physical and occupational therapy as a first line treatment, followed by psychosocial and behavior therapy. Pharmacotherapy for pain is also used with the goal of making it possible for patients to participate in a rehabilitation regime when pain keeps them from doing so. <sup>(7)</sup>

This case presentation focuses on a patient diagnosed with Type I CRPS affecting the left hip, with initial pain triggered by participation in an exercise class.

### Patient Visits Over Time



### Diagnostic Criteria For CRPS (5)

Continuing pain, which is disproportionate to any inciting event.

**Must report at least one symptom in all four of the following categories:**

1. Sensory – reports of hyperaesthesia (to pinprick) and/or allodynia
2. Vasomotor – reports of temperature asymmetry and/or skin colour changes and/or skin colour asymmetry
3. Sudomotor/oedema – reports of oedema and/or sweating changes and/or sweating asymmetry
4. Motor/trophic – reports of decreased range of motion and/or motor dysfunction (weakness, tremor, dystonia) and/or trophic changes (hair, nail, skin).

**Must display at least one sign at time of evaluation in two or more of the following categories:**

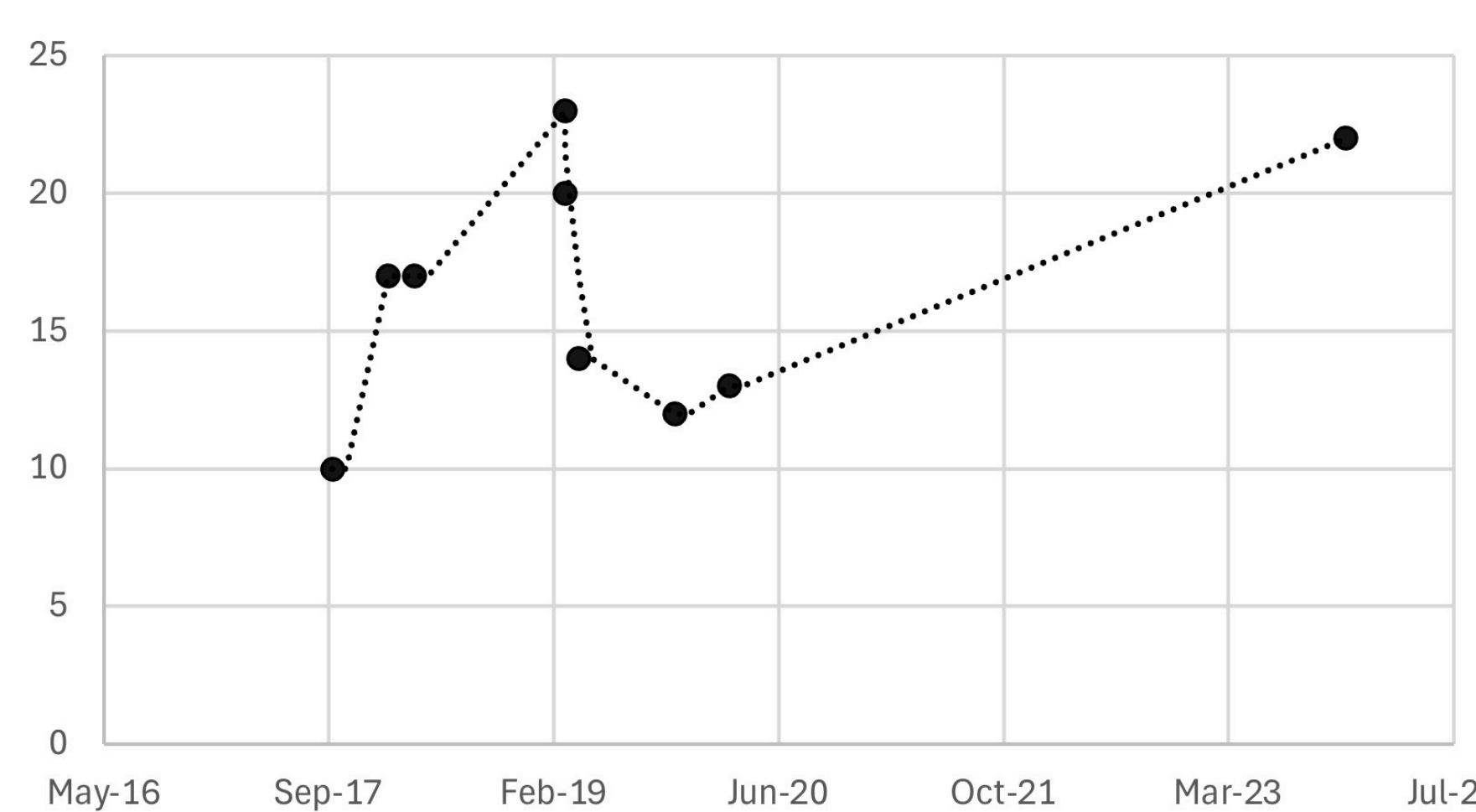
1. Sensory – evidence of hyperalgesia (to pinprick) and/or allodynia (to light touch and/or temperature sensation and/or deep somatic pressure and/or joint movement)
2. Vasomotor – evidence of temperature asymmetry (>1 °C) and/or skin colour changes and/or asymmetry
3. Sudomotor/oedema – evidence of oedema and/or sweating changes and/or sweating asymmetry
4. Motor/trophic – evidence of decreased range of motion and/or motor dysfunction (weakness, tremor, dystonia) and/or trophic changes (hair, nail, skin)

**There is no other diagnosis that better explains the signs and symptoms.**

### Our Patient's Clinical Workup



### Patient PHQ Trends Over Time



Patients with CRPS are at an increased risk for suicide. Despite frequent interaction, providers rarely screen for SI and mental health is inadequately addressed.

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Scan for a full case summary



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