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Controversy Corner

Comment on "Reflex Sympathetic Dystrophy: A Disease of Medical Understanding"

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This is an interesting Editorial written by José Ochoa, which raises several questions and will arouse the emotions in some of his colleagues, in particular those of the clinicians. It addresses a consensus statement and a guest editorial on reflex sympathetic dystrophy (RSD) and related pain disorders, in which I was involved and which have been published recently (1,2). I would like to comment on the editorial in order to avoid potential misunderstandings and misinterpretations. Coming from very different sides, I have the feeling that we essentially agree.

The consensus statement on RSD was created in Australia in association with a lunch session on RSD at the World Pain Congress. At that time, I was fairly disillusioned about the whole situation since I saw no real progress, because the clinical situation (anesthesiology, neurology, traumatology, orthepedics, physiotherapy, etc.) appeared to me like a chaotic battlefield in which diagnosis and therapy were more directed by prejudice, wishful thinking, (wrong) traditional ideas (as far as the functions of the sympathetic nervous system are concerned), and, less so, by observation, measurement, and rational reasoning (this was also visible in Adelaide) and, finally, because I was rather discontent with some of the experimental approaches (basic and clinical) that addressed potential mechanisms that may be at the base of clinical phenomena observed in patients with RSD. I discussed this extensively with my colleague Prof. Dr. Elspeth McLachlan, a neurobiologist with a rather critical mind, and she encouraged me very much to design the consensus statement. I made a virtue out of necessity and convinced Drs. Blumberg, Boas, and Campbell to support it by being authors (certainly with some arrière pensée!). The idea behind this was simple and almost self evident: it is almost impossible to design good (basic and clinical) experiments on the enigmatic subject "role of the sympathetic nervous system in the generation of pain" without reliable quantitative data on diagnosis and therapy of RSD/sympathetically maintained pain (SMP) in patients (and this includes, of course, the placebo-problem of José Ochoa's). It is clear that research that has the aim to solve the problem of RSD/SMP must have its boundary conditions from the clinical reality. It is equally clear that we basic scientists, who are able to conduct various types of experiments, which, in themselves, are interesting but do not necessarily address the clinical problem, should not dictate what has to be observed on patients. I think this is what José Ochoa means when he speaks of "fantastic armchair pathophysiology".

José Ochoa's opinion that the consensus definition emasculates RSD is somewhat amusing, because, probably, he essentially agrees with this statement. It is operational and aimed to initiate exactly what he demands. He regrets that the word "sympathetic" is still maintained. Well, I regret that all three words—"reflex", "sympathetic", and "dystrophy"—are maintained since these express mechanisms; by the way, so does the term "SMP". But, as clearly stated in the consensus statement, it is probably wise (for the time being and for practical, but not for scientific, reasons) to continue to use the term RSD until better objective clinical data are available:

Firstly, it is not good to replace a bad term, which is commonly used, with another bad one. Secondly, the medical community will not care, and will continue using the term RSD provided we do not have very good arguments for its replacement.

José Ochoa states that reliable quantitative data

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