In a consecutive series of 829 patients (Veldman et al., 1993), showing the complex symptomatology of RSD or CRPS, 7% of the patients did not complain of (severe) pain, including pain as a prerequisite for CRPS might indicate an observer bias, as the authors of the above article all are actively involved in pain clinics. We therefore would suggest the terminology CRDS, complex regional dysfunction syndrome. The presenting (early) symptoms of CRDS as seen in a large trauma polyclinic differ in this respect from the symptoms of a selected subpopulation seen in a pain clinic.

Furthermore, in our study CRDS did not occur after a previous noxious event in 10% of the patients. In these ‘spontaneous’ CRDS patients, symptomatology could not be differentiated from the post-noxious event CRDS patient.

Only opening up our mind will help solve the tremendous problems, caused by RSD, CRPS or CRDS, whatever the name.

References


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Primum non nocere – a paradoxical ally in defense of placebo in analgesic trials?

In the thirty five years since Bradford Hill (1963) posed the question, the ethics and use of placebos in clinical trials continue to be debated and divisive, in print (Turner et al., 1994; Rothman et al., 1994; Collier, 1995; Rothman, 1996), and at meetings (Public Policy Forum: 1997).

Protagonists and Regulatory Authorities claim that use of a placebo comparator is essential for robust scientific proof of efficacy, particularly when the assessment is entirely subjective as in the relief of pain, and that informed consent enables the patient to refuse enrollment in the study. For the case against placebo, antagonists insist that any new drug should be compared with the established drug for the condition in question and in support cite the Nuremberg Code, the Declaration of Helsinki and denial of effective or best available therapy. This latter point is important because no one would wish knowingly to provide inadequate therapy to patients. Yet even therapy that is accepted as effective or best available leaves some patients inadequately treated and surely it is our responsibility as physicians to have as few of these individuals as possible?