Neuro-algodystrophy: a psychiatrist's view

B. VAN HOUDEHNOVE

Department of Psychiatry, University Hospital Pellenberg, KUL Louvain, Belgium.

SUMMARY In this article the syndrome of neuro-algodystrophy is discussed from a psychiatric point of view. First, a review is given of the scarce psychological literature on this subject. Secondly, a retrospective study of 32 neuro-algodystrophy patients, seen in a psychiatric consultation practice, is presented; in nearly all cases of this highly selected group, an obvious time-relation with a significant psychological factor could be determined, and in more than 60%, some kind of affective loss was concerned. Thirdly, some theoretical speculations about these findings are formulated. Finally, it is concluded that the diagnostic and therapeutic contribution of the psychiatrist may be valuable, at least in some cases of neuro-algodystrophy.

Key words: Neuro-Algodystrophy, Consultation-Liaison Psychiatry, Conversion, Depression.

Introduction

In our consultation-liaison practice in a clinic for rheumatologic and orthopaedic diseases, we sometimes see patients who suffer from persistent pain and dystrophic disturbances in a limb following a trauma, a surgical intervention or (more seldom) an acute infection. For this syndrome, many diagnostic labels have been proposed, e.g. "sympathetic (neuro)-algodystrophy", "reflex-dystrophy", or "Südeck's atrophy" - which reflects the uncertainties about the etiology of the syndrome. The request for psychiatric consultation is usually motivated as follows: "...the patient seems depressed", "...the patient is not cooperative in physiotherapy", or "...we suspect some psychological problems in the patient's personal life".

In the past ten years, we have seen 32 of these patients during one or more psychodynamically orientated interviews, which sometimes were completed by psychological tests. This experience has brought us to the conclusion that in most of these cases, significant psychological factors were time-related with the development of the neuro-algodystrophy syndrome. In this article, we will try to systematize our experience by a retrospective study, and also discuss some theoretical points of view which may elucidate our clinical observations.

Neuro-algodystrophy and the role of psychological factors: a survey of the literature

From a historical point of view, at the end of the 19th century some famous
neurologists and surgeons paid attention to the enigmatic syndrome of limb dystrophy. Charcot (1890) e.g. described “l’œdème bleu des hystériques”, which he characterized as non-pitting oedema, disturbances in colour, temperature and sensitivity of the skin, and frequently, but not always, accompanied by pain; according to Charcot, this syndrome was caused by auto-suggestion. Babinski & Froment (1918) emphasized the fact that in many cases of limb dystrophy, accompanied by causalgic pain and paresis or contracture, a post-traumatic reflex-etiology could be assumed. In the same period, the surgeon P. Siideck (1900) mainly discussed the advanced stages of the dystrophy syndrome (with decalcification of the bone as a prominent feature).

Although modern psychological literature concerning the neuro-algodystrophy syndrome is extremely rare, some authors show a renewed interest in Charcot’s and Babinski’s ideas about these cases. On the one hand, Macalpine & Ross (1956) propose a reappraisal of the ancient diagnosis of “œdème bleu”. They discuss two cases which fit perfectly in Charcot’s description; the authors assume a hysterical conversion etiology and report a complete recovery by psychotherapy. However, Brunning et al. (1980), Flechet et al. (1983) and Dopson (1979) suggest that a self-induced etiology (“factitious disorder”) is more probable in such cases. Interestingly, the last author supposes a psychological link with unresolved grief.

On the other hand, Bovier et al. (1985) in a recent volume on Hysteria, advocate a reappraisal of the syndrome of Babinski-Froment, which they assimilate to the neuro-algodystrophy syndrome; the authors emphasize the importance of psychological factors, and assume that functional loss of any kind (e.g. in the context of a traumatic neurosis, a hysterical paresis, etc) constitute the core characteristic of the syndrome.

Furthermore, in some recent publications, clinical impressions or test-psychological data concerning the personality of patients with neuro-algodystrophy are formulated in terms of “introspectivity and fearfulness” (Pulvercraft, 1975), “increased anxiety, emotional lability, tendency to depression and psychosomatic disturbances” (Pollack et al., 1980), or “hyperemotivity and psychasthenia” (Hauwaert, 1982).

Finally, some authors situate the psychological aspect of neuro-algodystrophy predominantly in the context of compensation neurosis (see e.g. Tracy, 1972).

Retrospective study of 32 patients suffering from neuro-algodystrophy.

Method

The present study forms part of a more comprehensive retrospective study in which the medical and psychiatric records of 255 patients with chronic benign pain were systematically reviewed; among these 255 chronic pain patients, 32 were also suffering from neuro-algodystrophy. All patients were referred to a psychiatric consultation service because their persistent pain complaints were thought to be discrepant with the demonstrable organic etiology or aggravated by psychological factors. Consequently, they constituted a highly selected and psychiatrically biased group. The patients were all hospitalized in the rheumatologic and orthopaedic services of the University Hospital of Pellenberg (Catholic University of Louvain, Belgium). They were seen by the author in one or more psychodynamic interviews, sometimes completed with a psychological test examination.

Results

In table I some demographic, medical and psychiatric data on these 32 patients are summarized.

The group comprised 28 women and 4 men; their mean age was 32.9 years (range 13-63). Sixteen patients (50%) suffered from