# Genetic and epidemiological aspect of Complex Regional Pain Syndrome

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Stellingen behorende bij het proefschrift

**Genetic and epidemiological aspects of Complex Regional Pain Syndrome**

1. Patients with a spontaneous onset of CRPS have a similar phenotype as compared to patients in whom the syndrome is triggered by a noxious event (this thesis).
2. CRPS may occur in a familial form (this thesis).
3. There are no indications for an overall increased risk of developing CRPS for siblings of CRPS patients (this thesis).
4. To enhance chances of success, future genetic studies on CRPS should consider restricting inclusion to younger-onset cases (this thesis).
5. Patients with a poor outcome had their CRPS more often after an 'atypical' injury (as apposed to fracture, which is usually considered a 'typical' injury for CRPS), which may suggest that easy triggering of CRPS coincides with a less favourable disease course (de Mos et al. Clin J Pain 2009 Sep;25(7):590-7).
6. The presumed 'stages' of CRPS may reflect subtypes, rather than an actual staging of disease severity (Bruehl et al. Pain 2002 Jan;95(1-2):119-24.)
7. Relative risk imparted by a polymorphism can be increased by thoughtful definition of the phenotype (Belfer et al. Anesthesiology 2004 Jun;100(6):1562-72).
8. Many of the psychological factors that are related to pain have a genetic basis (MacGregor and Reavley. Biobehavioral Approaches to Pain 2009 45-64).
9. A high pain tolerance is not the same as a high pain threshold.
10. Many small periods of time often seem longer than one long period of time.
11. Science may never come up with a better office communication system than the coffee break (Earl Wilson).

Annetje de Rooij, Leiden 2010