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Sex, quality of life and brain function in complex regional pain syndrome

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Stellingen behorende bij het proefschrift getiteld
**“Sex, quality of life and brain function in
Complex Regional Pain Syndrome”**

1. Loss of quality of life is severe in complex regional pain syndrome (CRPS) patients, which is mainly due to reduced physical health (this thesis).
2. CRPS is more frequently seen in females, but differences in clinical and psychological characteristics between male and female CRPS patients are generally small (De Mos, PAIN 2007 and this thesis).
3. Male CRPS patients experience a higher psychological burden than female CRPS patients. This effect is potentially mediated by the higher levels of passive pain coping, depression and kinesiophobia in male patients (this thesis).
4. There is no convincing evidence for altered brain structure and function in rest in CRPS patients (this thesis).
5. In CRPS patients, cortical motor activations during motor tasks differ from previously published results in patients with functional movement disorders (this thesis).
6. Use of adequate MRI statistics is of paramount importance when conducting MRI studies (Bennet & Baird et al, Journal of serendipitous and unexpected results 2011 and this thesis).
7. The transition from acute to chronic pain entails a shift from sensory discriminative to affective-motivational neural activity. In chronic CRPS patients this includes increased saliency of noxious heat stimuli (Jensen et al, PAIN 2016 and this thesis).
8. For an effective treatment, we need to shift from a symptom-based selection of therapy into a mechanism-based selection of therapy in CRPS. Concerning central sensitisation, this should not encompass therapies targeting cortical reorganisation (Mangnus et al, Drugs 2022, Méndez-Rebolledo et al, Journal of Back and Musculoskeletal Rehabilitation 2017 and this thesis).
9. It is estimated that in Europe 20% of the population suffers from some form of chronic pain, of which 34% from severe pain. Not only does this result in high healthcare costs, indirect costs due to, among other things, loss of labor potential, are enormous (standard of care for chronic pain 2017, Vereniging Samenwerkingsverband Pijnpatiënten naar één stem). Effective pain management is therefore not only a duty of care, but also necessary to curb rising healthcare and social costs.
10. Negative results can result in delayed publication. However, failure to report negative findings causes publication bias “which is potentially harmful as the false positive outcome of meta-analysis misinforms researchers, doctors when the wrong conclusions are drawn on the benefit of the treatment” (Mlinarić et al, Biochem Med 2017). The bias towards publishing positive results may also cause demotivation of the thesis candidate which in turn may contribute to a long thesis trajectory.