Nervous System Disorder

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A case study presentation of a 43 years old patient suffering from nervous system disorder diagnosed with complex regional pain syndrome. Evaluation of recommendations and outcomes in support of evidence-based literature of three decisions taken for the case presented.

# Case presentation

A 43 years old white male presents with a complaint of hip pain assisted in his ambulation with a set of crutches. Pain often tweaked him for 2 minutes having severe cramping of the right extremity. During pain, his leg turned purple from knee to toe and it lasts for a minute or two. The patient has dressed appropriately but the pain was all in his head due to anxiety and depression. This disease initiated progress seven years ago when he was working. The aching appears to be worse during anxiety and is intensified by stress Investigation exposed an otherwise good, alert and active man with symptoms of pain, depression, and anxiety (Davies, Claudine Ward, & Singh, n.d.). Active series of gestures were full and painless except for right leg constraint in movement. These indications were escorted by distress in the right lower extremity (Ellingrod, 2017). The patient was diagnosed with complex regional pain disorder. The patient started a sequence of treatment in which treatment one was comprising of Savella 12.5 mg once a day 1; 12.5 mg BID on days 2 and 3; followed by 25 mg BID on days 4-7; followed by 50 mg BID afterward. Decision taken for treatment plan two was the use of the same medicine but lower dose 25 mg twice a day. Based on the outcomes of the two decisions, decision third taken was the use of 25 mg the same medicine in the morning and a higher dose of 50 mg before bedtime. The significant factor is to accomplish it in a way that permits him to endure his daily routine with much little discomfort (Davies et al., n.d.).

**Management and outcome**

Prolonged pain is a unique common cause that forces patients to visit the hospital. During visits, practitioners and all therapeutic care specialists usually assess patients for comorbidities including anxiety and stress disorders (Ellingrod, 2017). For this patient, physicians have not suggested to him any other treatment or therapy. His pain has amplified in occurrence in the past two years, now periodically happening and last for 2 minutes. Using hydrocodone makes him sleepy and he is also abscessed with the side effects of this medicine like constipation. His vigorous signs are normal with clear and effective speech. Keeping the evidence in view this patient suffering from complex regional pain disorder was suggested to use Savella 12.5 mg once a day 1; 12.5 mg BID on days 2 and 3; followed by 25 mg BID on days 4-7; followed by 50 mg BID afterward.

The patient visited the hospital after 4weeks with a complaint of nausea but the pain was more manageable but worst in the morning and gets better in the day. It shows the patient is recovering. Antidepressants are additionally an adequate plan of treatment for pain produced by stiffness, complex regional pain disorder and diabetic neuropathy (Ellingrod, 2017). The administration of prolonged pain, as in this patient, is multifaceted and would be accomplished with a multidisciplinary group that involves a pain professional, nurse anesthetist, and psychiatrist, and sometimes physical therapist (Yasaei & Saadabadi, 2019). This is the reason for which treatment plan two was the indications of the same medicine but with a lower dose of 25 mg twice a day for the management of pain of the patient.

Individuals with prolonged pain are at great threat of acquiring anxiety and depression. As this patient was diagnosed with complex symptoms of having pain but also with depression and anxiety it got worse. Following the symptoms and based on the outcomes decision third taken was the use of 25 mg the same medicine in the morning and a higher dose of 50 mg before bedtime. Still, Controversy presents concerning the investigating standards and pathophysiology with numerous assumed mechanisms in treating pain related to nervous system disorder (Davies et al., n.d.). Evidence is deficient with numerous of the management techniques.

Reductions in Savella can assist in controlling side effects for the uncontrolled pain. It is constantly the best choice to start treatments and therapies with dose declines throughout the day in which pain is maximum under control. In case of adding of Celexa with Savella's requirement to be done carefully (Ellingrod, 2017). Together these medicines prevent the reuptake of serotonin and, consequently, result in serotonin toxicity or serotonin disorder. Tramadol is certainly not a good choice besides other opioid variety painkillers (Yasaei & Saadabadi, 2019). Researches have suggested that this kind of painkillers does not deliver satisfactory pain management in this kind of pain syndromes. Therefore, tramadol is never a good choice. These kind of drugs also has addictive possessions which can result in subordinate drug abuse.

**Results**

The patient suffering from complex neuropathic pain syndrome may not sometimes respond to medicines but the treatment plan was effective in the sense that pain management therapy was adapted by the patient (Davies et al., n.d.). He was recovering and learning over time. Pain becomes more manageable by the patient as the treatment decision with the use of Savella was specifically effective for this patient (Yasaei & Saadabadi, 2019). Once it is understood, the following task is to clarify to the patient that this kind of pain has to be handled realistically (Vasudevan, 2015). The patient will have to understand that some sort of pain will remain with the patient on accomplishing his daily basis tasks.

**Discussion**

The determination of treating prolonged pain for example, in the cases of complex regional pain disorder, is not each time to remove the pain. Consequently, it is vital to communicate with patients regarding management plans and objectives. Significant opinions to discuss, comprise of decreasing the pain, generating excellence in life, and improving the patient's movement. The patient visited the hospital after treatment decision first with a gap of 4weeks with a complaint of nausea but the pain was more manageable but worst in the morning and gets better in the day (Ellingrod, 2017). The treatment decision with the use of Savella was specifically effective for this patient. It is specifically promoted for complex regional pain disorder and has a significant name in treatment for this patient (Vasudevan, 2015).

References

Davies, M., Claudine Ward, M. D., & Singh, J. (n.d.). *Fibromyalgia (FM) is a clinical syndrome characterized by widespread pain and tenderness in addition to a variety of symptoms including fatigue, sleep disturbances, depression, anxiety, and cognitive dysfunction in the absence of an identifiable cause. FM syndrome results in impairments in activities of daily living as well as diminished quality of life.*

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