

Letter to the Editor



Re: Multicenter survey of symptoms, work life, economic status, and quality of life of complex regional pain syndrome patients

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TO THE EDITOR

I was very impressed with the article entitled, “Multicenter survey of symptoms, work life, economic status, and quality of life of complex regional pain syndrome patients,” authored by Lee et al. [1].

The direction of medical care has recently been changing; the aim now is that patients recover their physical, emotional, and social condition and return to their daily lives, and are not simply treated.

In Korea, medical expenses for cancer, cerebrovascular disease, and heart disease are provided through the government’s special support policy, and economic support is provided to these patients. However, the social and economic conditions of patients with complex regional pain syndrome (CRPS) should be considered in relation to the aforementioned diseases due to serious symptoms, a prolonged treatment period, and the inability to work.

Fortunately, CRPS has been recognized as a disabled grade, and government support became available this year. However, it is not possible to receive disability judgments for CRPS symptoms, except for paralysis in an arm or leg due to nerve damage, or if there is a limit to the

range of motion due to the construction of the joint.

Thus, a multi-center survey related to quality of life in CRPS patients is needed, and further studies from the medical community and health authorities are needed for patients suffering from CRPS. I would like to suggest one point to improve further the quality of this article. In this study, the shortened questionnaire, The World Health Organization Quality of Life (WHOQOL), was developed and used to evaluate the quality of life in different cultures and languages.

The WHOQOL has been verified to be reliable and valid in Korea [2], and it is a relatively proven evaluation method frequently used in other studies [3-5]. It can be used to compare the evaluation results by country. However, more than 20 years have passed since the development of the questionnaire, and the items used at that time may be insufficient to reflect Korea’s rapidly changing society and environment.

According to data from the Korea National Statistical Office, many changes have occurred in the socioeconomic environment over the past 20 years, such as per capita income, the suicide rate, the unemployment rate, and life expectancy. Additionally, the diagnostic standards, treat-

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ment methods, and social perceptions about CRPS have changed.

Lee [6] developed the Korean Cancer Specific Quality of Life cancer questionnaire in 2007. There are differences between The Functional Assessment of Cancer Therapy general survey used in the United States and the European Organization for Research and Treatment of Cancer-Quality of Life Questionnaire used in Europe to measure the quality of life of cancer patients, and these cultural differences also occur in Chinese and Japanese cancer patients.

In addition, there has been a study on the development of the Korean Asthma-Specific Quality of Life questionnaire that well reflected the psychometric properties and culture of Korea, and evaluated the health-related quality of life in asthma patients in 2009 [7].

Therefore, it is a good idea to use international questionnaires, such as the WHOQOL or the Short Form 36-item questionnaire, but it is necessary to develop a Korean CRPS-QOL questionnaire with high social, economic, and cultural sensitivity.

I hope that further study by the authors, using newly developed Korean questionnaires, will continue to help CRPS patients return to a better quality of life.

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CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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