



# Injury Briefing

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*A review of the latest studies from Dr. Michael D. Berry.*

## Chronic Whiplash as a Somatic Syndrome

Chronic whiplash leads to a wide variety of symptoms, some of which are confusing. Sufferers of chronic whiplash frequently report somatic symptoms from areas of their body not affected by neck trauma, such as sleep disturbances, shortness of breath, and gastrointestinal symptoms.

There are two competing hypotheses to explain why chronic whiplash symptoms such as these develop. The first considers both chronic whiplash and the relating symptoms to be the result of a specific, organic injury. The second considers chronic whiplash to be a functional somatic syndrome, in which the symptoms result from over-stimulation of the sympathetic nervous system.

A team of researchers recently sought to examine the prevalence of physical symptoms beyond those directly related to whiplash injuries. They used data from the Norwegian “Hordaland Health Study,” a population-based study involving nearly 14,000 participants, of whom 403 reported chronic whiplash. The tendency for somatization was measured using a list of 17 somatic symptoms covering a range of different organ systems and body parts.

Chronic whiplash was associated with increases of all 17 somatic symptoms included in the study. The authors argue that this increase in symptoms challenges the standard organic injury model, suggesting that chronic whiplash may be a functional somatic syndrome.

While several studies have examined symptoms of headache, dizziness and joint/muscle pain in whiplash patients, there has been little research on other somatic symptoms. The authors outlined various theories that attempt to explain the increase in symptom reporting among chronic whiplash patients: stress system responses can produce hormone changes that trigger hyperalgesia and allodynia; central sensitization can lead to the perception of pain in other parts of the body; and fear-avoidance, expectations, and anxiety/depression can contribute to chronicity.

“The debate over whiplash being a functional or organic disorder is by far settled by this study,” the authors wrote. Still, they concluded that patients in their study resemble “the diffuse and non-specific profile presented by individuals suffering from functional somatic syndromes.”

*Solbjørg, MM et al. Somatic symptoms beyond those generally associated with a whiplash injury are increased in self-reported chronic whiplash. A population-based cross sectional study: the Hordaland Health Study (HUSK). BMC Psychiatry 2012; 12 (129): doi:10.1186/1471-244X-12-129.*

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### **Does Litigation Affect Whiplash Outcome?**

While one might expect personal-injury compensation to leave the injured parties better off than they would otherwise have been, critics argue that the compensation process does more harm than good for patients' prognosis. A recent study sought to systematically determine the effect of injury compensation on the health of injured patients.

The researchers searched major academic databases to locate longitudinal studies that compared the health outcomes of patients both with and without compensation for their injuries. Eleven studies were found that examined the effect of claim submission, lawyer involvement, litigation, or previous claims on health outcomes such as pain levels.

After examining the research, the authors concluded that there is no clear evidence to support the idea that compensation – or related processes such as lawyer involvement or litigation – lead to worse health.

Gaining appropriate compensation will ensure that patients can manage ongoing medical costs incurred as a result of the injury, thereby enabling them to receive the treatments they need for recovery.

*Spearing NM, Connelly LB, Gargett S, Sterling M. Does injury compensation lead to worse health after whiplash? A systematic review. PAIN 2012; 153 (6):1274-1282.*