It is vital for the assessing physician to take into account that adhesive arachnoiditis does not present with a discrete clinical picture and that there may be symptoms that at first glance appear unrelated to any proven pathology.

Sadly, a significant proportion of patients may have had difficult previous experiences with the medical profession.

Many have been labelled as having psychosomatic problems, although as the Mensana study in 1993([i]) found, chronic pain patients do tend to have underlying organic pathology.

There is, moreover, a physician bias against patients involved in litigation and also women with chronic pain conditions.

These factors may cause distrust from the patient. This can be compounded by feelings of anger about iatrogenic causes for the condition (if the patient is aware of this) and thus the patient may be either over-assertive or excessively anxious.

It may therefore be unproductive to assess the patient's personality and coping abilities within the first interview, and this may be best postponed until a good rapport has been established.

Historical information may be convoluted and patients are often poorly able to communicate the sequence of events and the current, usually diverse symptoms.

Lack of information about the condition can lead to severe anxiety. Although the diagnosis of arachnoiditis is one of an incurable condition, most patients feel relief to have a name for their

illness and feel that their suffering will now be recognised and legitimised.

Examination may or may not reveal significant neurological deficit. However, the possibility of pain of central origin should be borne in mind even if there is no obvious clinically observable abnormality.

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[i] Hendler NH, Bergson C, Morrison C *Psychosomatics* 1993 Dec; 34 (6): 49-501 Overlooked Physical Diagnoses in Chronic Pain Patients Involved in Litigation, Part 2.