

POLIO - in a nutshell

So if I or my doctor was only just starting to think about post polio what would I need to know?

POLIOMYELITIS

- an entero- virus (ie tummy wog) of the picornavirus family. There are **3 strains of polio Types 1, 2 & 3** - & having polio does not protect us from the other 2 strains. NB polio can be caught from the nappy of a child who has been vaccinated with Sabin (a live weakened virus) for up to 4 months later - if you are not vaccinated. Salk (injection) wears off over time. It is advisable to now have Sabin (oral) booster. NB Australia is to soon change to 2 initial Salk followed by 2 Sabin for babies, to lessen risk of vaccine-caused polio.

CATEGORIES of POLIO

1. **Paralytic** - spinal &/or bulbar (eg iron lung)
2. **Paralytic** - slight paralysis or weakness only
3. **Non-paralytic** - 'flu-like with muscle irritability
4. **Abortive** - 'flu like symptoms only
5. **Sub-Clinical** - no symptoms

Prior to vaccination most people caught polio with no ill effects ie 95% fit category 5. Only 5% had a recognisable dose of polio ie 1- 4 and only 2.5% were left with any residual weakness or paralysis.

Anyone from categories 1- 4 may now be experiencing further physical deterioration. These people would have had some nerve and muscle damage due to polio even if it is not apparent to us. It may be picked up by a neurologist with EMG testing. In fact those walking around, with a busy life, are more likely to have problems than those sitting in wheelchairs. They are still using more muscles, probably at a faster rate because there are less left. Weakness is only apparent when nerve and muscle capacity is less than 40-50% of original total. However we all lose a small percentage annually as we age so with polio we can reach 40% earlier than others.

Polio people walk a tightrope whereas non-polios are on the footpath. We have no reserves to fall back on. They were lost to polio.

Polio people avoid doctors and hospitals. They had enough of them when they had polio. We need to be pretty desperate to front up to a doctor. We are likely to trivialise symptoms. We often live with **constant pain and fatigue** anyway. **We accept these as "normal".** Our whole life since polio has been an attempt to fit back into the community - to just be "NORMAL" !!

Polio people often don't see themselves as disabled

MOST COMMON SYMPTOMS

Undue **fatigue**
New muscle **weakness**
Pain - muscular and/or joint
Lack of **endurability**
Breathing difficulties
Sleeping problems - apnoea & disturbed sleep
Swallowing difficulties
Reduced ability in daily activities

USEFUL TREATMENTS

1. **Slow down** - don't exhaust
2. **Exercise** cautiously within capacity
3. **Support** nerves & muscles with supplements where indicated eg carnitine, magnesium, B6
4. **Use aids** & equipment where appropriate sooner rather than later. eg caliper, wheelchair
5. **Eat to help** body not hinder eg red meat for carnitine, lose weight, blood group foods
6. **Avoid medications** that worsen polio eg beta blockers, cholesterol drugs, muscle relaxants
7. **Explore alternative** options - eg massage, Feldenkrais, Bowen, magnets, chiropractors, yoga

USEFUL RESOURCES

1. Work in partnership with your **GP**
2. Get advice from your **Polio Network**
3. Use experienced **Specialists**
Orthotic Dept - RPH - SPC for calipers, splinting, corsets & braces, special shoes
Late Effects Clinic - RPH - SPC for exercise
Sleep Disorder Clinic - SCGH for apnea
Pulmonary Physiology - SCGH for breathing
Neurologist - Dr R Goodheart - (polio trained)
CAEP for aids at your local hospital OT Dept or Rehab Engineering & Pressure Clinic at RPH - SPC for wheelchairs & cushions
Silver Chain for home help, showering etc
Half price Wheelchair Taxis -Transport Dept
Disabled Parking - apply ACROD

MEDICAL ALERT

Polio symptoms may be worsened by the following. They should be avoided or used with caution.

Beta-blockers - eg betaloc, inderal, tenormin
Benzodiazapines - eg valium, serapax, ativan
CNS depressants - eg mogadon, normison
Muscle relaxants - scoline, atropine, buscopan
Cholesterol reducing drugs - pravachol, zocor
Local Anaesthetics - eg lignocaine, xylocaine includes eye drops & dental work caution
General Anaesthetics - all types - monitor dose carefully. No need for premed or muscle relaxants
NB Polios may take twice as long to recover from surgery, accidents, anaesthetics, fractures, trauma