

Polio Perspective

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A BLOOD TEST FOR POST-POLIO MUSCLE PAIN?

By Dr. Richard L. Bruno

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Q: Recently I had arm and chest pain. I went to the ER. The only abnormal blood tests showed high C-reactive protein and high creatine kinase. My blood pressure and cholesterol are normal, I have never smoked and I'm thin. My EKG showed that I hadn't had a heart attack. Could high CRP and high CK be related to PPS?

A: C-reactive protein is a blood marker for inflammation somewhere in the body. High CRP can be seen with type 2 diabetes, autoimmune diseases and cancers. Could inflammation somewhere in your body, as indicated by your elevated CRP, be related to PPS? Fifty consecutive patients evaluated at The Post-Polio Institute had CRP measured. The patients were on average 59 years old and 55% were women. Thirteen percent had an elevated CRP, 66% of whom were men. CRP was on average nearly three times the normal value. However, there was no significant difference between those with high

and normal CRP on self-ratings of daily fatigue, difficulty with self-care or ability to perform activities inside or outside of the home. So, there is no evidence that elevated CRP or inflammation is related to PPS, either to post-polio fatigue or difficulty in functioning.

Recent studies have found that elevated CRP is related to having a heart attack or stroke. The theory is that a bacterial or viral infection (although definitely not a poliovirus infection) somehow inflames arteries and causes them to clog. Our 1985 National Survey found no more heart disease or high blood pressure in polio survivors than in the general population. But two studies found that 5% more male post-polio patients had abnormally elevated cholesterol as compared to the general population. In one of the studies, only 33% of those with high cholesterol had been given a cholesterol screening test by their doctor and not even 25% were on cholesterol-lowering medications, like the statin drugs such as Lipitor, Pravachol and Zocor. This is not good, since reducing "bad" cholesterol reduces heart attack risk, and may increase survival even after having a first heart attack. But, as you know, statins can and do cause muscle pain and can cause muscle breakdown so several may need to be tried before finding one that helps (see CHOLESTEROL DRUG article in the POST-POLIO LIBRARY

<http://www.PostPolioInfo.com>

Statin drugs provide a connection between CRP and CK --in polio survivors. CK is an enzyme released when muscle is damaged. One half of one percent of anyone taking a statin develops muscle breakdown, which causes muscle pain (especially in the calves), muscle weakness and an increase in CK. Even without muscle breakdown or an elevated CK, some polio survivors report muscle pain or weakness when taking a statin, usually one of the older statins like Lipitor. And polio survivors can have an elevated CK without taking a statin. Two studies found that 40% of polio survivors had abnormally elevated CK, with men having significantly higher CK than did women. In one study, CK increased with the number of steps polio survivors walked in a day. In our fifty Post-Polio Institute patients, 21% had abnormally elevated CK levels (on average about 33% higher than normal) with men also having higher CK than did women. But, as with CRP, there was no significant difference between those with high and normal CK on self-ratings of daily fatigue, difficulty with self-care or the ability to perform activities inside or outside of the home. However, an elevated CK may mean that polio survivors are making their muscles work too hard and are causing them to break down.

So, neither CRP nor CK is related to fatigue or loss of functional abilities in polio survivors. However, all polio survivors need to have their cholesterol and CRP measured to assess heart disease risk. And since an elevated CK indicates muscle breakdown, either from taking a statin or from muscle overuse, polio survivors should have CK measured before taking a statin. If you are worried about possible muscle weakness or breakdown with the statins, or the newer cholesterol-lowering drugs like Zetia and Vytorin, ask your doctor about using older medications like slow-acting niacin or bile acid sequestrants. Besides medication, polio survivors need to eat high fiber foods, reduce saturated fat, treat high blood pressure and stop smoking to keep their tickers ticking.

PostPolio

Polio is a forgotten disease

Of times gone by...?

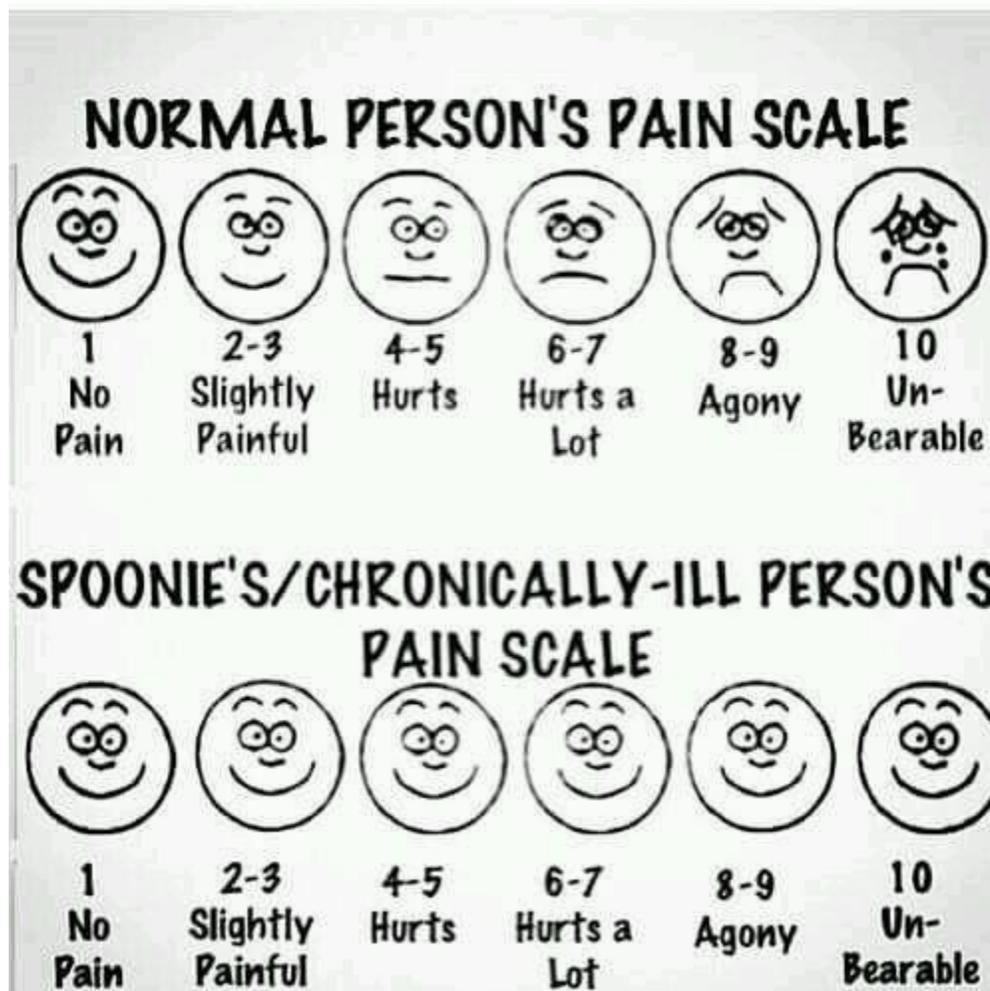
Some believe it's been eradicated

Too, but not so, even worse,

**PostPolio is the long term follow-up
Of a horrid, debilitating, disability
Leaving millions of sufferers
In its wake...
Oh, help, they cry, " prevent this scenario."**

LaVonne Schoneman (c) 2012

POLIO PAIN SCALE



AGING IN PLACE

by Millie Malone Lill

This subject has been on my mind since I heard it discussed at a board meeting. The young woman who was speaking was not at all in favor of allowing people to live in their own homes till they died. At the time, I was just thinking of how difficult the job of moving is at any age and how much more difficult if you are already aged and frail. Why not just leave us old ladies alone, I thought.

I've always told my kids that I will never go to a nursing home, but that jail is quite possible. I planned to shoot whoever wanted to put me in a nursing home. This was based on my experience with my father who was basically neglected to death in his nursing home. He had Parkinson's and Alzheimer's and could get very demanding and obnoxious. This was the result of those diseases, as my father was not like that before. However, it bothered the staff at the nursing home, so they simply sedated him till he was unable to eat, went into a coma, and, though he did come out of the coma, died shortly thereafter.

Dad has been gone for 27 years now. Surely nursing homes are less barbaric now. Still, I have never been one who takes orders willingly. Or at all, let's be honest. When you live in a nursing home, you eat, sleep, go to the bathroom, whatever on someone else's schedule. There is no wiggle room for individuality. Until recently, Medicare would not pay for a power chair if you are in a nursing home. That means that if you are unable to push yourself in a manual chair, you have to wait even to leave your room until someone has the time and inclination to move you elsewhere. I heard that Medicare is now considering paying for nursing home residents to have power chairs. I am not sure if this is true or not. You can, of course, buy your own power chair and maintain it at your own expense, but since you will be paying somewhere in the neighborhood of \$6,000 a month rent...that's a pretty ritzy neighborhood right there....many people will not be able to afford that.

On the other hand, when elderly people live out their days in their own homes, they are often lonely and isolated. "I was born here and I will die here!" often means that Grandma is in a house that is not handicapped accessible. She may not be able to manage the stairs to get in and out of the old house, so she stays in. Her friends, being her contemporaries, may not be able to get in to visit her, either, so she may be lonely.

One answer to that would be to plan for your old age when you are young. But who does that? Young people the world over seem to think that youth lasts forever. It doesn't! Just look at me, only a few weeks ago I was a young mother with little kids calling Mom Mom Mom Mom till I told them I'd changed my name. Nobody by that name here, kids. And, no, I'm not telling you what I changed it to. But now I'm...gulp...an elderly woman with great grandchildren! It goes so fast.

Maybe the answer is to do what I did. No, not run off with a trucker, move to Canada, get a divorce, all of that nonsense. I mean move to senior housing when you are old enough to do so. I feel I can actually live here the rest of my life. I might need some help later on, but I can hire that help a lot cheaper than paying for a nursing home and I can do it on my own terms. Of course, if I should become "a danger to myself and others," more so than I am now, I mean, then I would have to give in. By then, probably, I'd be too old to hold a gun. My children can hope.

Alternatively, I could talk myself into being less hardheaded and stiff necked and consider going into a place where I'd get the care I needed. Yeah, right. That could happen.

Web Corner

Ten Years and I'm Still Sick (Ten Tips)

<http://www.kevinmd.com/blog/2011/08/10-tips-10-years-sick.html>

For those of you wearing two sizes of shoes:

<https://www.facebook.com/oddshoefinder>

Ask Dr. Maynard:

https://www.facebook.com/permalink.php?story_fbid=900920993302268&id=173414896052885

Augusta Alba Strongman, MD

<http://www.polioplace.org/people/augusta-alba-md>

How to Wipe Out Polio and Prevent Its Re emergence

<http://www.newswise.com/articles/view/635718/?sc=mwhn>

18 Secrets for a Longer Life

http://www.webmd.com/healthy-aging/ss/slideshow-longer-life-secrets?ecd=wnl_men_062415&ctr=wnl-men-062415_nsl-ld-stry&mb=RgNJ8njVI@/vkV0bO8tV1uHnVev1imbCKSun2bnnLCg=

Make these foods more cheaply at home

<http://www.washingtonpost.com/news/get-there/wp/2015/06/22/7-foods-youre-wasting-money-on-that-you-could-be-making-at-home/>

Senator Probes Retailers on Dubious Brain Supplements

http://www.nytimes.com/aponline/2015/06/17/us/politics/ap-us-bogus-supplements-seniors.html?_r=1

Scientists Create an Artificial Neuron That Functions Like the Real Thing

<http://www.iflscience.com/brain/scientists-create-artificial-neuron-functions-real-thing>

My Day, by Eleanor Roosevelt

http://www.gwu.edu/~erpapers/myday/displaydoc.cfm?_y=1958&_f=md004007

A LITTLE BIT OF HUMOR

The interviewer examined the job application then turned to the prospective employee.

"I see you have put ASAP down for the date you are available to start, meaning as soon as possible, of course. However, I see you've put AMAP down for required salary. I don't believe I've ever seen that before, what does it mean?"

The applicant replied, "As Much as Possible!"