



## **Polio returns to haunt G.P.'s**

**by Thomas Moore**

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Up to two thirds of people who suffered paralytic polio as children are likely to develop new symptoms similar to motor neurone disease.

They present with muscle weakness, myalgia and respiratory problems roughly 30 years after paralytic polio. GP's will be the patients first port of call, specialists warn.

Specialists think between 22 and 65% of the thousands of people who survived polio could have the condition 'late effects of polio' (LEOP).

St. Thomas's Hospital has already treated 500 patients.

Director of rehabilitation at the Royal National Orthopaedic Hospital at Stanmore Dr. Joseph Cowan believes a considerable number have yet to present.

"It's GPs who need to be aware of this problem. LEOP must be included in the differential diagnosis of post-polio patients who present with fatigue. Anaemia and thyroid problems still have to be excluded."

Some experts speculate that patients who lost motor neurones from paralytic polio are vulnerable to further, age-related neuronal loss. Patients' muscles become progressively weaker as they become denervated.

Others believe that following polio infection, surviving motor neurones 'sprout' to take over denervated muscle fibres. These hypertrophied post-paralytic motor neurones are vulnerable to fatigue through overuse. As they die, remaining neurones are left to compensate, increasing fatigue.

Consultant physician in the respiratory support unit at Papworth Hospital Dr. John Shneerson said the theory explained why people who remained physically active after polio seem more vulnerable to LEOP than those confined to wheelchairs.

He said they lose control of their limbs and can drift into respiratory failure. Early referral for orthopaedic and respiratory assessment is crucial, he said.

LEOP should be suspected in patients who had paralytic polio and may present as:

- Fatigue, myalgia and muscle weakness

- Muscle cramps and twitching, sensory changes or loss and sleep disturbances are rarer. A quarter report difficulty in breathing or swallowing.
- A slow, steady neuromuscular decline. Others suffer periods of rapid deterioration followed by remission.

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**All enquiries, book requests, medical article requests, membership fees, items for newsletters and donations to**

**The Secretary, Lincolnshire Post-Polio Network**

**PO Box 954, Lincoln, Lincolnshire, LN5 5ER United Kingdom**

**Telephone: [+44 \(0\)1522 888601](tel:+44(0)1522888601)**

**Facsimile: [+44 \(0\)870 1600840](tel:+44(0)8701600840)**

**Email: [info@lincolnshirepostpolio.org.uk](mailto:info@lincolnshirepostpolio.org.uk)**

**Web Site: [www.lincolnshirepostpolio.org.uk](http://www.lincolnshirepostpolio.org.uk)**

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Document preparation: Chris Salter, [Original Think-tank](#), Cornwall, United Kingdom.

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