



Dr. Henry writes about Debilitating Fatigue

As you may recall, several months ago, I wrote about the problems that many polios face with fatigue. Many experience peripheral muscle fatigue which may manifest itself with muscle weakness and/or pain, and others may experience central fatigue which may be experienced with mental fatigue, increased sleep requirement, difficulty maintaining wakefulness, difficulty with word finding, and emotional factors such as difficulty with anxiety and depression. I mention all this because I feel that central fatigue has been my most difficult problem, and yet this type of fatigue is probably the least understood.

Beginning near the end of May 1996, I began to experience an immense degree of fatigue. I had first felt this type of fatigue in 1990. In 1991, I had numerous medical tests that did not uncover any particular new problem. Later in 1991, I acquired an electric scooter and also began attending our support group. There was more understandable medical information available with the support group than I had found from any medical source. I can state this with honesty as I am a physician myself. As a result, I improved and resumed my practice for the next five years in my usual workaholic, Type A way. As many polios, change is very difficult, and recently I have made the decision that many of you have made. I have recently given up the practice of psychiatry, and am trying to accept a totally disabled status. As you can imagine and perhaps know, this is no fun. In the process of making this decision, I had numerous medical tests again, and as before, no other meaningful medical problem was discovered.

All of this has increased my interest in the existence and explanation of the etiology of central fatigue. We have a very technically written book in our library entitled, *The Post Polio Syndrome, Advances in the Pathogenesis and Treatment* published by the New York Academy of Sciences in early 1996. There is a chapter in this book about the "[Pathophysiology of a Central Cause of Post-Polio Fatigue](#)" written by four authors including Richard L. Bruno. The text reports that postmortem histopathology performed on deceased polio victims fifty years ago revealed the consistent presence of polio virus lesions in specific brain areas, particularly the reticular activating system. One medical researcher during that time reported that 34% of 258 patients with acute spinal, spinal/bulbar, and nonparalytic polio demonstrated brain functioning difficulties along with motor difficulties. Thus, it is almost probable that current problems with central fatigue may be related to the original viral infection in a similar manner as current problems with motor fatigue are related to the original damage to motor units and the wearing out of the surviving motor units. Those of us who have been overachievers, workaholic, driven Type A personalities may be particular vulnerable to the onset of central fatigue of a debilitating degree. Bruno mentions that in one survey that 91% of polios with PPS reported new or increased fatigue, 41% reported that fatigue was significantly interfering with performing or completing work, and 25% reported fatigue interfering with self-care activities. Some post polios have reported more significant problem with central type fatigue than new motor weakness or pain. Hopefully, continued research will provide more scientific understanding of central fatigue without the necessity of post-mortem exams.

As with the original polio viral infection, none of us are experiencing the identical types or severity of

symptoms with PPS. It does seem that the more damaging and extensive original infections resulted in a greater potential for the onset of PPS, particularly if the original infection occurred in childhood. The effect of aging seems to have some impact if one had polio in childhood. However, if one had a good motor recovery from the original infection, there may be greater risk for overworking and wearing out motor units resulting in more difficulty with new motor weakness. Of course, most of what I am reporting is theoretical, and I welcome spoken or written discussion.

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