



Dr. Henry writes about Depression

Manic depression (bipolar disorder) is primarily a genetic (predisposition) biochemical disorder that occurs separately from post polio syndrome. At least there are a lot more people with bipolar disorder than PPS and more people with PPS that do not have bipolar disorder. If you have both, it is like having PPS and another disorder such as diabetes. It is very true that many PPSers get depressed perhaps secondary to psychological factors such as loss of self esteem and a sense of usefulness, and possibly to biological factors such as a depletion of serotonin or dopamine. Whatever the connection, the various groups of antidepressant drugs seem to help many PPSer deal with pain, sleep disturbance, anxiety and mood changes, but usually in lower dosages than normally used in treating biological depression alone. Other CNS drugs are also frequently used such as analgesics, antiparkinsonian drugs, benzodiazapines (minor tranquilizers), antiviral agents, and sleep hynotics. The doctors do not know what is going on except something is happening to almost the entire CNS system, but not exactly the same way in all of us. For some it is motor, some sensory (pain), some involuntary functions such as GI changes, some special senses (tinnitus in the ears), and some seems to be more brain fatigue (central fatigue). I think it is all related to the damage done at the time of the original viral infection and now we are having delayed post viral sequalae and the wearing out phenomenon we all know about. Research done by Dr. David Bodian (I may not have his name exactly correct) in the late 40's and early 50's on autopsies of fatal polio cases revealed considerable brain involvement in the original infection and not just limited to bulbar, but spinal as well.

Enough on this, but it is interesting to revisit the research done on the disease before Salk and Sabin.

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