

surgeries, or as sedatives and /or pain relieving drugs, examples: Codeine and Morphine.

- Produce central nervous system depression. Can produce physical dependency.
- Increase respiratory depression.
- May require increasingly larger doses to gain the same effect.
- May cause postural hypotension (fainting).

Things to consider:

- Can a pudendal, spinal or epidural anaesthetic be used instead of a general anaesthetic?
- Avoid unnecessary elective surgery. Appropriate use of analgesics helps to control pain.
- Avoid taking narcotics, try aspirin or NSAIDs.
- Protect your joints. Use a cane or other ambulatory aids. Wear your orthosis.
- Try hot or cold packs, taking a shower, a bath, going to a pool to relieve muscle and joint pains.
- Change your lifestyle; practise a work-rest routine.

Stimulants:

- Avoid amphetamines. Some anticholinesterase drugs, e.g. pyridostigmine (Mestinon, RX only) may influence fatigue level.
- Avoid over exertion, use a work-rest lifestyle.
- Anti-depressants, Anti-anxiety drugs: One third to one half normal dosages may be adequate. Many of these drugs

(benzodiazepines e.g. Rx only, Valium Librium, Lorazepam are also muscle relaxants, sedatives and may increase fatigue and decrease strength. Barbiturates may be used for sedative, hypnotic or anticonvulsant activities.

- Avoid drinks and food that may enhance effect, e.g. alcohol, coffee, especially at night and if you have respiratory muscle weakness.
- Seek counselling for feelings of depression
- Join a polio survivor's support group, become informed and involved.
- Seek out social contacts, go on outings, volunteer, play darts, play anything, get a hobby, find a distraction.

In conclusion

This is only a brief review. Drugs taken for cardiopulmonary and other problems may have important interactions with polio related symptoms.

Only you can identify yourself as a polio survivor to you doctor, dentist and pharmacist – ensure they know what drugs you are taking, and become familiar with potential side effects. 'Ask about medicines' campaign encourages you to ask your GP's surgery (or pharmacist) for a medication review.

Always remember, it is no solution to take medications and continue to abuse your joints and muscles; change your lifestyle and protect your joints and muscles FIRST.

**ALWAYS CONSULT YOUR DOCTOR
BEFORE TAKING OR CHANGING DRUGS**



Scottish Post Polio Network

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A Guide for Polio Survivors What you should know about your medications

Why should you be informed?

Medications (drugs) may be by prescription, (Rx), or Over-The-Counter (OTC). As a polio survivor you need to become an informed user of drugs because:

- The drug effect may enhance post-polio symptoms while influencing the primary condition. Fatigue, muscle weakness. Muscle irritability (cramps), ability to cough and clear secretions, anxiety feelings, may be increased so that your performance decreases.
- With increasing age individuals are more likely to be taking or be prescribed medications for a variety of conditions, such as hypertension, diabetes, arthritis, insomnia, indigestion, constipation....., the list can go on and on.

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Who is at greater risk?

- Individuals with respiratory muscle weakness or paralysis.
- Individuals with weakness of the muscles of swallowing.
- Individuals diagnosed with Post-Polio Sequelae (Post-Polio Syndrome).
- Older individuals (over 65 years).

You may have experienced a 'full recovery'. Grade 5, Manual Muscle Test of involved muscles and were unaware of any involvement of your respiratory muscles, however, research has shown that these so-called 'normal' muscles are not necessarily normal and may be supplied by only 60% of the usual number of spinal nerve cells.

What you may need to do

- Change your lifestyle before resorting to use of an OTC drug or requesting a prescription.
- Always inform your doctor(s), dentist and pharmacist about which drugs you are currently taking regularly, prescription and OTC drugs.
- Ask your doctor about potential side effects, particularly those that may increase or cause:

Fatigue - Respiratory **weakness**
Muscle weakness.

Dizziness and/or drowsiness which may impede your balance and cause fall.

Increase depression thus changing your perception of pain, making it seem worse.

Insomnia, sleeplessness – will increase fatigue.

Vaso-constriction – may increase cold intolerance

REMEMBER

- Taking fewer medications is better
- It is no solution to use drugs and continue to abuse your joints and overuse your muscles
- It is your responsibility to be informed about your medications so that you can monitor the side effects. You can now request a 'Medication Review' with your GP.
- When certain drugs are taken for a long time you can develop a tolerance so that larger and larger doses are needed.
- Physical dependency and addiction can develop from taking certain drugs, especially narcotic analgesics.

Drugs and their effects

Always consult your doctor before taking or changing medicines.

Alcohol is a drug. It may:

- Inhibit swallowing
- Decrease balance & cause falls
- Decrease muscle strength

Individuals with any respiratory weakness need to avoid alcohol, especially before bedtime.

Cough medicines & expectorants:

- May contain alcohol or a narcotic (e.g. codeine).

These suppress coughing or loosen secretions. They also cause drowsiness, decreased co-ordination and may give a feeling of chilliness.

Laxatives: *Before medications firstly change your diet and drink more fluids. Get more exercise if advised by your PPS doctor.*

- Bulk forming stool agents, always with fluids (e.g. bran, Fybogel, Isogel)
- Stool softeners, avoid long term use (e.g. Dioctyl capsules)
- Stimulant laxatives, occasional use only (e.g. Dulcolax & Ex-lax NOT recommended as treatment for constipation)
- Osmotic laxatives, occasional use only (e.g. Milk of Magnesia – Enemas only use under medical supervision).

Antihistamines, Allergy & Motion Sickness Drugs:

E.g. Triludan, Dramamine, Piriton. These cause drowsiness and can increase fatigue.

Analgesics:

These are the most abused class of drugs and long term use can cause addiction. There are two classes:

➤ Non-Narcotic Analgesics

Although some may be sold over-the-counter (OTC) they are real drugs, with potential side effects, interaction effects or dependency effects. Examples are: Paracetamol, which controls pain only, not inflammation. Non steroid anti-inflammatory drugs (NSAIDs) such as: (OTC) Aspirin, Advil or (RX only) medicines Orudis, Motrin, Indocin or Feldene. NSAIDs can control inflammation and pain but may cause dizziness, muscle weakness or drowsiness.

➤ Narcotic Analgesics

These may be used in dental surgery. other