



Frederick M. Maynard, MD

Ask Dr. Maynard

Send your questions for Dr. Maynard to info@post-polio.org.

See other questions at www.post-polio.org/edu/askdrmay.html.

Question: I am a 1949 paralytic polio survivor (at 10 months old). I have rheumatoid arthritis and most of the typical drugs to control pain and progression have frightening side effects. I do well on a modest dose of prednisone and have read in *Arthritis Today* about a time-released prednisone called Lodotra®. One of Lodotra's precautions, however, refers to patients who have had polio. Can you tell me why a polio survivor would be at risk for taking Lodotra? It sounds like a perfect solution for me otherwise.

Answer: I reviewed some of the internet information about Lodotra. I believe the precaution mentioned about poliomyelitis refers to an acute infection with the poliomyelitis virus, or after receiving the live polio vaccine. It is my opinion that your risk of side-effects from Lodotra would not be different from anyone else's, since your history of paralytic polio as a child was 50-plus years ago. Consider the pros and cons of Lodotra as an alternative to your current use of prednisone for control of your RA in consultation with your doctor, independent of your polio history.

Question: Do you have any advice about sciatica nerve pain? I have been in physical therapy three times a week for three weeks, with home exercises. It helps, but the pain is not gone yet, and my physical therapist gave me some bad news. My hyper-extended right leg has gone from -11 degrees to -13 degrees. I noticed I was not walking as well as I had been. I took off my Velcro knee brace several months ago because I was doing so well, but then noticed I was not walking as well as I used to, so now I am wearing my Velcro knee brace again. My other question is, how far back can a leg go before you can't walk on it? This is very discouraging.

Answer: First of all, one of the most downloaded files from PHI's website at www.post-polio.org/edu/pphnews/pph22-3p1-3.pdf is about sciatica problems. It sounds like wearing your Velcro brace is a good idea, at least as a strategy to prevent worsening. Don't worry too much about the exact angle, because one CAN still walk when it is hyperextended to 30-40 degrees or more, BUT it isn't good then and can cause lots of other problems, including knee pain. If you can keep at 15 degrees or less, you should be OK. Stick with the therapy if it is helping and don't be discouraged if pain is not all gone after three weeks. It may take a few months of home exercises after completing therapy before all sciatica is gone – hopefully enough that you can function.

Question: Are gabapentin or pregabalin effective medications for post-polio neurological damage, the type of damage that leads to leg and hand muscle cramps?

Answer: Gabapentin and pregabalin are only approved for control of seizures and fibromyalgia (in the case of pregabalin). There are no studies supporting their effectiveness for leg cramps in post-polio survivors or others. Gabapentin is the most widely prescribed and used off-label drug for chronic pain syndromes of all sorts. If these drugs are used for leg cramps, they should be evaluated carefully on an individual basis relative to their effectiveness and the optimal minimally effective dose. For post-polio survivors with leg cramps, a thorough history and exam should be done regarding the most likely cause(s) of the cramps. Tight muscles that can be treated by stretching exercises are the most common contributing factor, followed by overuse/misuse of the leg muscles. Metabolic imbalances of calcium and magnesium are also common. None of these common causes are likely to respond to treatment with gabapentin or pregabalin. ■