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Question: *Has there ever been a study of whether antidepressants help relieve muscular pain and fatigue? Is it a plausible treatment for people who have had polio?*

A: There have been studies showing reduction of fatigue and pain (not specifically muscular pain) among depressed patients treated with antidepressant medications, but none considered pain as a “primary treatment outcome.” Depressed mood was always the primary goal of treatment. Fatigue, pain, poor sleep, headache and other bodily symptoms are usually considered to be manifestations of the primary abnormal condition – depression.

I am not aware of any studies which specifically treated post-polio patients with antidepressant medication. I do know many physicians (including me) who have treated post-polio patients with antidepressant medications primarily for the purpose of helping them better cope with disabling pain and/or fatigue. Particularly when poor sleep and a general sense of hopelessness/despair about their condition are present, even if they don’t “feel depressed” themselves, a careful trial of treatment with an antidepressant medication can be worthwhile.

It is always best that these patients be evaluated and possibly treated by a clinical psychologist or other mental health professional, either in combination with medication or as an alternative. Cost and access to counseling are common barriers to this approach, as is the attitude of the patient toward mental health treatment. Support from family, friends, post-polio peer groups and spiritual counselors can be helpful. Several of my

patients experienced resolution of their PPS symptoms with this holistic approach, which usually also involves lifestyle changes.

Question: *I am a polio survivor with PPS. Recently I began to suffer severe knee instability, but a sports medicine specialist recommended against braces, saying they would inhibit the muscles from regenerating. It seems to me that polio-atrophied muscles will not regenerate anyway and that braces would at least help to prevent collapse. Your thoughts?*

A: If your knee instability is a result of polio-involved muscles around the knee weakening – especially the quadriceps muscle that extends the knee and must be sufficiently strong to prevent its buckling – then I totally disagree with the specialist who recommended against a brace.

You will need a brace to stabilize the knee joint and prevent its collapse during walking. There are several different brace designs that can be considered, in addition to a traditional “locked-knee” brace, and the optimal brace will depend on your overall strength, alignment issues in adjacent joints and your functional needs.

You are right that doing nothing and waiting for muscle strength to improve by regeneration does not make sense for a polio survivor. If your knee instability is a result of ligament looseness, bracing may still be needed if the quadriceps muscle was significantly affected by polio and is very weak and/or unable to be strengthened by exercise. Please see a physical medicine and rehabilitation specialist familiar with post-polio syndrome for a second opinion. ▲

SEND YOUR QUESTIONS
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