



Bruno “Bytes” – May, 2017

(Bits and Tidbits from the Post-Polio Coffee House)

Available through a “link” from www.postpolioinfo.com
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On the topic of Ibuprophen (5/15/2017)

Dr. Bruno’s Original Post: Be aware. Ibuprophen can cause heart risks...

Please talk to your doctor.

Pain Relievers Tied to Immediate Heart Risks

By NICHOLAS BAKALAR MAY 9, 2017



The pain relievers

known as nonsteroidal anti-inflammatory drugs, or NSAIDs, are known to carry heart risks. A new analysis found that those risks can arise within a week of starting the drugs.

Researchers did a systematic review of studies involving more than 446,000 people ages 40 to 79, of whom more than 61,000 had heart attacks. In those who used NSAIDs for one to seven days, the risk of heart attack increased 24 percent for celecoxib (Celebrex), 48 percent for ibuprofen (Advil, Motrin), 50 percent for diclofenac (Voltaren), and 53 percent for naproxen (Aleve). The increase for rofecoxib (Vioxx), which was taken off the market in 2004 because of its cardiovascular risks, was 58 percent.

The [study, in BMJ](#), found that the risk increases with higher doses and duration of treatment, but there was no significant increase in risk after one month of taking the drugs. The lead author, Michèle Bally, an epidemiologist at the University of Montreal Hospital, said that the absolute increase in risk is quite small, since the risk of heart attack for most people is small to begin with.

Still, she said, “I want people to have a conversation with their doctor. People are often not aware of their own baseline cardiovascular risk. You may want to stay with NSAIDs, or you may want to consider other treatments.” In any case, she added, “Read the label and use the lowest possible effective dose.”

From the New York Times

https://www.nytimes.com/2017/05/09/well/live/pain-relievers-tied-to-immediate-heart-risks.html?ref=todayspaper&_r=0

On the topic of how to exercise on our own (5/16/2017)

Original Post: I have recently had a number of falls and with help from physiotherapists, realize my left hip has gotten really weak. I found a Nintendo Wii with balance exercises – can I use one of these for rehab?

Dr. Bruno’s Response: Don’t start exercise on your own. Talk to your doctor about going to a physical therapist who can spot you so you don’t fall.

On the topic of which muscles were affected by Polio (5/17/2017)

Original Post: I went to see a doctor who is a physiatrist. I asked her if she knew anything about PPS. Her

answer was "YES". When she examined me, she asked why I told her that I had polio on left leg only. She explained that the polio affected both legs. I was surprised. I had never in my life been told that. She said the major damage was left with drop foot and needing brace, but the deformity of my right foot was typical of polio and I had weakness there too. You learn something new every day!

Dr. Bruno's Response: A doctor that understands PPS - Let's clone her! Every muscle in your body was affected by polio, especially if you had paralytic polio, (even if you had no symptoms).

On the topic of Polio Survivors "testing" the limits (5/21/2017)

Original Post: To explain my absence, I periodically send quote from [The Polio Paradox](#) this to my family...with the comment "I still choose to work".

"Sometimes our patients intentionally test their limits, to see whether they really need to take care of themselves, to prove that they really have PPS. Other times patients make a conscious choice to use their energy and risk increasing symptoms."

Dr. Bruno's Response: Sometimes it's actually not helpful for polio survivors to feel better because some go back to denying that they have PPS at all or that they are "cured." They once again do all the Type A things they'd done before and PPS symptoms return as they again ride the "post-polio roller coaster:" Overdoing, crashing, recovering and then overdoing again.

Sometimes our patients intentionally test their limits, to see whether they really need to take care of themselves, to prove that they really have PPS. Other times patients make a conscious choice to use their energy and risk increasing symptoms—and possibly sacrificing some neurons—to do something physically taxing. And that's their choice. After all, the fundamental tenet of The Post-Polio Institute program is for polio survivors to turn off their autopilot and decide for themselves what they're going to do with their increased energy, muscle strength, and remaining motor neurons. However, it's important to know that there is no "cure" for PPS, only symptom management.

But the post-polio roller coaster shows that for many, if not most, polio survivors, dealing with PPS will be the most difficult battle they will ever wage, even more difficult than fighting polio itself. Sadly, it is a battle that some polio survivors will not be able to join. In the early 1990s when PPS was "new," 12% of Post-Polio Institute patients left the program, overwhelmed by anxiety and guilt, the fear of looking disabled, and the fear of being abused as they were as children. But, we keep the door open, hoping they would return.

Unfortunately, only 10% of all patients who left treatment returned to The Post-Polio Institute, typically about four years later, and always in much worse shape than we first met them. Those who walked out rolled back in. Even more unfortunate, 80% of those who returned quit treatment again! It will be no surprise to you that these patients were 25% more Type A and 20% more sensitive to criticism and failure than patients who completed treatment.

Bottom line: Looking PPS in the face and changing your lifestyle ain't for sissies.

On the topic of "Polio Feet" (5/25/2017)

Original Post: I have problems with my feet. I first noticed that I was losing feeling on the top of the foot on my Polio leg. Now the other side is feeling numb as well. I hear people talking about "Polio Feet" but I am unsure what people mean by this.

Dr. Bruno's Response: You have "polio feet," feet and legs that are always cold and purplish. Your arteries and veins are "clear" and that's the problem: They are too "open" when you're warm.

Polio survivors have trouble with cold because the neurons in the brain and spinal cord that cause the veins to contract were killed by the poliovirus. You are unable to stop warm blood from pooling in the veins near the surface of the skin, causing the feet to look bright red and even swollen.

As the outside temperature drops, the cold causes your veins to constrict, prevents blood from flowing back to the heart and allows blood to pool. Your feet and lower legs look purple or even deep blue. This pooling allows the loss of heat from warm blood near the surface of the skin and causes your tissues to cool. Arteries, motor nerves and muscles lying just below the surface of the skin also cool. Warm blood can't get to your cold feet. Cold motor nerves conduct more slowly and may be less able to make cold muscles contract quickly and forcefully. Tendons and ligaments also get cold and become less elastic (like putting a rubber band in the freezer) making movement of weakened muscles more difficult. Our 1985 National Post-Polio Survey found that cold causes muscle weakness in 62% of polio survivors, muscle pain in 60%, and fatigue in 39%. And it takes hours under an electric blanket or a long, hot bath to warm cold legs and regain strength.

In our very first study of PPS, we found that polio survivors lost 75% of their strength when the temperature dropped from 85° to 65°F (29° to 18°C). We also found that polio survivors' motor nerves function as if it's 20°F colder than the actual air temperature. So, polio survivors should dress as if it's 20° colder than the air temperature. But, the trick is to stay warm from the get-go. You should dress right after showering when your skin is warm and red. Try heat-retaining sock liners or even long johns made of the woven, breathable plastic fiber polypropylene. Then put on warm socks or even battery-powered heater socks or ski-boot insoles. Also, keep your feet elevated as much as possible during the day.

Remember that changes in season are unusually difficult for polio survivors since your brain's "thermostat," the hypothalamus, was also damaged by the poliovirus and can't quite figure out whether it's warm or cool. Polio survivors report more muscle pain and fatigue during seasonal changes. Regardless of the season, whether you are being chilled by a Northeast wind in November, or by excessive air conditioning in August, dress in layers to control your body temperature, because your body can't. And don't wear skirts, dresses or shorts between Labor Day and Memorial Day.

[On the topic of "Sleep Studies and A-Fib"](#) (5/25/2017)

Dr. Bruno's Original Post: Here's one more reason Polio Survivors should have a sleep study.



Sleep Apnea May Increase Atrial Fibrillation Risk

Article ID: 674624
Released: 15-May-2017 1:05 PM EDT
Source Newsroom: American Thoracic Society (ATS)

Newswise — ATS 2017, WASHINGTON, DC— **Obstructive sleep apnea** (OSA) may increase the risk of developing atrial fibrillation (AF), according to new research presented at the ATS 2017 International Conference.

OSA (Obstructive Sleep Apnea) is characterized by repetitive episodes of shallow or paused breathing during sleep that lead to a drop in blood oxygen level and disrupted sleep. AF is one of the most common cardiac arrhythmias characterized by a rapid and irregular heart beat that can lead to stroke and related heart problems.

“There is strong biologic plausibility that obstructive sleep apnea may increase the risk of developing atrial fibrillation through a number of mechanisms,” said lead author Tetyana Kendzerska, MD, PhD, assistant professor of medicine at the University of Ottawa in Canada. “There is [emerging evidence](#) from animals and smaller studies in humans that OSA may increase the chances of developing AF through oxidative stress, increased sympathetic activity, metabolic abnormalities, endothelial dysfunction and cardiac stretch from intrathoracic pressure swings.”

Researchers in Canada reviewed the records of 8,256 adults (average age 47) referred with suspected OSA, but free of any physician-diagnosed heart rate abnormalities, including AF at baseline. Participants were followed for up to 13 years. During that time, 173 developed AF resulting in hospitalization.

Before controlling for established risk factors for AF, the researchers found that measures of OSA severity such as the number of times an individual partially or completely stopped breathing per hour of sleep and sleep time spent with oxygen saturation lower than normal (< 90 percent) were significant predictors of AF.

Those who developed AF were more likely to be older, current or former smokers and have a high level of comorbidities. After adjusting for these and other known risk factors, the authors found that oxygen desaturation in sleep, but not the number of times an individual stops breathing, remained a significant predictor of AF hospitalizations. They also found the association between oxygen desaturation and AF hospitalization was stronger in women than men.

“Other studies have shown that women with sleep apnea are at greater risk of cardiovascular consequences, including mortality,” said senior author Richard S. Leung, MD, PhD, assistant professor of medicine at the University of Toronto. “Greater endothelial dysfunction, higher propensity to develop pulmonary and systemic hypertension and impaired heart rate responses to autonomic challenges in women with OSA may explain these findings, but further studies are needed to confirm this finding and understand the potential mechanisms.”

In their primary analysis, the researchers did not include hypertension. “Hypertension may be the causal pathway between OSA and AF, so including it might have diminished the association between OSA and AF,” Dr. Kendzerska said. “However, in our secondary analysis, we did control for hypertension, and the association between oxygen desaturation and AF remained significant, suggesting that OSA can directly cause AF without the intermediate step of developing hypertension.”

Study limitations include not having data on adherence to [continuous positive air pressure](#) (CPAP) treatment for OSA and whether a participant’s hypertension was being treated or not. The authors are now analyzing data connecting OSA to emergency department visits for AF.

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<http://www.newswise.com/articles/view/674624/?sc=mwhn>

Additional Post: My undiagnosed Sleep Apnea caused me to have a triple coronary artery bypass operation. HAVE A SLEEP STUDY.....it could save your life. I have now lost almost 100 pounds. That has cut my Sleep Apnea down from stopping breathing 43 times an hour to only 9 times an hour (5 times/hr is the factor to diagnose Sleep Apnea).

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