

Flu, Fatigue and Post-Polio Syndrome

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<https://www.papolionetwork.org/demayo-articles.html>

Question:

I was diagnosed with the flu in early February. I had extreme fatigue for a full month. Yesterday, I spent a full day in the E.R.. Nothing except dehydration showed up on tests. Could this be post-polio syndrome fatigue, along with fatigue from flu and a secondary infection? How long will I have to deal with this ?

Answer:

To provide a specific clinical answer to the above, much further information would be needed, including information regarding age, prior diagnosis of post-polio syndrome, level of disability, medications, sleep patterns, and other diagnoses. The question does, however, provide the opportunity to talk about the issue of [fatigue](#) and [post-polio syndrome](#).

First, it is important once again to remember that the *diagnosis of post-polio syndrome is a diagnosis of exclusion*. Therefore, *all other* causes of symptoms such as fatigue, would need to be excluded before concluding the cause is post-polio syndrome. It is interesting that many patients and clinicians jump to the conclusion that post-polio syndrome is the cause of fatigue, when in fact this is one of the few causes of fatigue that has no specific treatment. As a rehabilitation physician, I am always focused on issues that we can do something about and pay less attention to the things that are not under our control. Therefore, I will use this opportunity to focus on some of the many causes of fatigue that are treatable.



Secondly, the word “fatigue” can be used in a variety of contexts. One can complain of physical fatigue, including a sense of exhaustion or feeling physically drained. Additionally, emotional fatigue can occur over time due to a variety of stressors and contribute to a feeling of being weary/worn out. Some individuals can also experience cognitive fatigue as the brain simply does not process information as efficiently over time. For purposes of this article we will lump these together, but when reporting symptoms to a clinician, it is sometimes important to be very specific.

Here is a partial list of some of the most common causes of fatigue:

- Insomnia (lack of restorative sleep). Lack of appropriate duration OR quality of sleep can lead to somnolence (an intense feeling of sleepiness). Chronic lack of restorative sleep can be a major contribution to physical, emotional and cognitive fatigue. Poor sleep habits, sleep apnea, restless leg syndrome, medications, pain, and other factors can compound this problem.
- Depression/anxiety/stress. These common causes of fatigue are often overlooked or unaddressed.
- Medications. Always check with your pharmacist regarding side effects of medications you are taking.
- Over activity or "Overdoing it". Does this sound like anyone you know? This is certainly not an uncommon issue in the polio population.
- Under activity and deconditioning. This is a problem that is not unusual for individuals who adhere strongly to the “conserve to preserve” * mentality. At the same time, it is also a problem for many individuals who regularly “overdo it” causing so much pain that they then need to “rest” for prolonged periods of time.



Continued

- Medical issues.
 - Infection - either bacterial or viral
 - Dehydration
 - Endocrine problems.
 - Thyroid disease.
 - Adrenal disease.
 - Diabetes.
 - Other
 - Anemia
 - Due to chronic blood loss/iron deficiency.
 - B12 deficiency, kidney disease and other causes.
 - Cardiac disease and congestive heart failure.
 - Pulmonary diseases.
 - Chronic Fatigue Syndrome.
 - Neurologic disease and autonomic dysfunction
 - Other
- Poor nutrition.
- Chronic pain



Management of fatigue often requires more than one approach since the above contributing factors rarely occur in isolation. For example, chronic pain can contribute to sleep problems and depression as well as poor nutrition. Subsequently these can worsen fatigue.

Some of the interventions most helpful for fatigue, that I would recommend for you to talk to your physician about include the following;

- Appropriate testing and management of underlying medical conditions.
- Appropriate goalsetting and pacing.
- Use of adaptive equipment, braces, mobility aids, or wheelchairs/scooters (when appropriate).
- Behavioral management and counseling.
- Physical Therapy and Occupational Therapy.
- Energy conservation techniques.
- Appropriate home exercise program.
- Aerobic
- Strengthening
- Flexibility
- Yoga or Tai Chi
(preferably with an instructor familiar with disabilities).
- Meditation or scripture
- Medication changes
- To remove medications that might be causing fatigue.
- Consider talking with your physician about any medication or supplements that might reduce fatigue.

A pessimist might see the interrelationship of multiple causes of fatigue as being problematic. At the same time optimists, including myself, will focus on the fact that any of the above interventions will have a “spillover effect” into other areas.



HOW OPTIMISM WORKS

(continued)

Addressing medical problems can significantly increase exercise tolerance and both lead to less fatigue over time. Physical exercise (as appropriate for your limitations), professional counsel and meditation can all have a profound effect on mood and emotional fatigue. As one factor improves there is a “snowball effect” on other areas.

In summary, I greatly appreciate the above question as a lead-in to even better questions -
“What would be causing fatigue other than post-polio syndrome?” and
“Where can we intervene to eventually improve disability?”

[Dr. William DeMayo, MD.](#)

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*Check out Dr. DeMayo’s article in our December, 2016 Newsletter:
[“Conserve to Preserve – What does it Mean?”](#)