Bruno "Bytes" – December, 2017

(Bits and Tidbits from the Post-Polio Coffee House)
Available through a "link" from www.postpolioinfo.com
(or) directly through http://www.papolionetwork.org/bruno-bytes.html

On the topic of Drug Interactions (12/1/2017)

Dr. Bruno's Original Post: This study describes what we've discussed about doctors and patients: NOT asking about drug sensitivity, side effects and INTERACTIONS:
"...only about ONE in THREE older Americans who take at least one prescription drug have talked to anyone about possible drug interactions in the past two years."
Please MAKE SURE that you doctor considers sensitivity, side effects and interactions BEFORE you take a new medication.
From the University of Michigan:

Lack of Communication Puts Older Adults at Risk of Clashes Between Their Medicines.

Many haven't talked to their doctors, pharmacists or nurses about drug interactions, U-M/AARP National Poll on Healthy Aging shows

Article ID: 685557
Released: 21-Nov-2017 7:05 AM EST
Source Newsroom: Michigan Medicine - University of Michigan

Newswise — ANN ARBOR, MI – Most older Americans take multiple medicines every day. But a new poll suggests they don't get – or seek – enough help to make sure those medicines actually mix safely.

That lack of communication could be putting older adults at risk of health problems from interactions between their drugs, and between their prescription drugs and other substances such as over-the-counter medicines, supplements, food and alcohol.

The new results, from the National Poll on Healthy Aging, show that only about one in three older Americans who take at least one prescription drug have talked to anyone about possible drug interactions in the past two years. Even among those taking six or more different medicines, only 44 percent had talked to someone about possible drug interactions.

The results come from a nationally representative sample of 1,690 Americans between the ages of 50 and 80. The poll was conducted by the University of Michigan Institute for Healthcare Policy and Innovation, and sponsored by AARP and Michigan Medicine, U-M's academic medical center.

Disjointed Sources of Care

Part of the reason for lack of communication about drug interactions may lie in how older Americans get their health care and their medicines. One in five poll respondents said they have used more than one pharmacy in the past two years, including both retail and mail-order pharmacies. Three in five see multiple doctors for their care.
And even though 63 percent said their doctor and pharmacist are equally responsible for spotting and talking about possible drug interactions, only 36 percent said their pharmacist definitely knew about all the medications they're taking when they fill a prescription.

"Interactions between drugs, and other substances, can put older people at a real risk of everything from low blood sugar to kidney damage and accidents caused by sleepiness," says Preeti Malani, M.D., the director of the poll and a professor of internal medicine at the U-M Medical School."At the very least, a drug interaction could keep their medicine from absorbing properly," she adds. "It's important for anyone who takes medications to talk with a health care professional about these possibilities."

Malani notes that although 90 percent of poll respondents said they were confident that they knew how to avoid drug interactions, only 21 percent were very confident. Given the wide range of prescription and over-the-counter drugs on the market, and the number of drugs that interact with supplements, alcohol and certain foods, Malani says it's hard for even medical professionals to catch all potential interactions. Newer medical computer systems that flag patients' records for potential interactions automatically, based on the names of their drugs, are helping, Malani says.

Also helpful is Medicare coverage for prescription drug reviews, called Medication Therapy Management, for people who take medicines for multiple chronic conditions. But not all medical computer systems talk to one another, and an MTM must be approved by the patient's Medicare prescription drug benefit provider. "Even with trackers and systems in place, patients need to

be open with their providers and tell them all the medications and supplements they're taking, including herbal remedies," says Alison Bryant, Ph.D., senior vice president of research for AARP. "It's especially important for older adults to be vigilant about this because they tend to take multiple medications."

AARP has put together a free online drug interaction tracker that can identify potential risks. It's available at http://healthtools.aarp.org/drug-interactions, but should be used in conjunction with a patient's conversations with their health care providers and pharmacists.

Recommendations for Patients and Providers

Malani and her colleagues say that it is up to patients, pharmacists and doctors alike to reduce drug interaction risks. Patients should write down the names and dosages of their prescription medicines, and of any supplements and over-the-counter drugs they take, and bring it all to their doctors' appointments or pharmacies, she says. It is also important to be truthful about alcohol consumption when asked, since alcohol use can affect many medications. And patients shouldn't just stop taking a medicine if they think they're experiencing a side effect – they should also call their doctor's office or speak with a pharmacist first.

Meanwhile, health care providers should ask patients more about what medicines and supplements they take, and counsel patients at risk of side effects using language they can understand.

The poll results are based on answers from those who said they took at least one prescription drug, among a nationally representative sample of about 2,000 people ages 50 to 80. The poll respondents answered a wide range of questions online. Questions were written, and data interpreted and compiled, by the IHPI team. Laptops and Internet access were provided to poll respondents who did not already have it.

A full report of the findings and methodology is available at www.healthyagingpoll.org.
http://www.newswise.com/articles/view/685557/?sc=mwhn

On the topic of Traveling with a Disability (12/2/2017)

Dr. Bruno's Original Post: Holiday (or anytime) travel doesn't have to be "Handicapped".

Tips for a Safe, Enjoyable Holiday Trip for Families with Disabilities

Article ID: 686023
Released: 30-Nov-2017 7:05 PM EST
Source Newsroom: Houston Methodist

Newswise — The holiday season is filled with travel as many families drive or fly to spend time with loved ones, but traveling with a disability can create unique challenges for some families.

John Quinn was diagnosed with amyotrophic lateral sclerosis, better known as ALS, in May 2016. Since then, he's taken many vacations with his family, including separate trips with each of his three kids and traveled abroad with his wife. Along the way, he's learned several "hacks" to ease the travel process. "Because our extended family lives in Houston, travelling for the holidays is easier for us," Quinn said. "But now that I'm primarily in a wheelchair, I make sure to bring my ramp so that I can get in to their house."

Karen Toennis, R.N., B.S.N., ALS clinic coordinator at Houston Methodist, has been planning disability-friendly trips since 1993. "My husband was diagnosed with ALS in 1993, and my son suffered a brain injury in 2013," Toennis said. "Our family has never let a physical disability get in the way of our holiday plans."

Quinn and Toennis recommend these four tips to help families with disabilities enjoy their holiday travels safely.

1) Plan, plan, plan – Begin planning at least a month in advance. Analyze your daily routine for supplies and equipment you will need to add to your packing list and then pack extra of everything in case you experience travel delays or lost luggage. "I always tell people to prepare and pack for the worst-case scenario," Toennis said. "For example, prepare a medical information sheet that stays with you in the event your caregiver cannot provide information."

The medical information sheet should include a copy of your driver's license or passport on one side. The other side should include all medical information a health care provider might need including your conditions, a list of medications, past surgeries, involvement in any research studies, contact information for your primary care physician, all specialists, any research study contacts, etc. Toennis recommends making two copies – one that stays with your loved one at all times and another in the luggage.

2) Be specific when booking lodging – If you plan to stay at a hotel for the holidays, skip the central reservation line and call the hotel directly to ask for a room that complies with ADA regulations. Toennis has learned that staff answering central reservation lines may not be familiar with room specifications, such as bed and shower configurations, at the hotel you are interested in. A few days before your trip, call the hotel to again confirm that the right room is reserved for your stay. If you plan to stay in a rental home, Quinn recommends calling the owner to ensure the space will meet your family's needs.

3) Talk to your family – When staying with family, call ahead to make sure the room set aside for the person with a disability will not add extra stress. Talk openly with your family on what you can and cannot do. Toennis recommends incorporating rest breaks where you can put your feet up and wearing compression socks throughout the day to avoid developing deep venous thrombosis (DVT). DVT is a condition where a blood clot forms in the vascular system and blocks the flow of blood to an organ like the heart, lungs or brain, which can cause damage to that organ.

4) Communicate at the airport – Call ahead to make sure the airline is aware of what accommodations you will need for the trip and be clear on what you can and cannot do to avoid travelling stress. While most domestic flights will use the jetway to board and exit the plane, a jetway might not be used at some international destinations. Quinn recommends telling the airline or flight attendants before takeoff if you will not be able to use stairs upon arrival.

"I've experienced so much the world has to offer since my ALS diagnosis," Quinn said. "My family has learned that physical limitations do not have to disrupt our holidays. In fact, I'm travelling with my extended family – 17 people in all – to Costa Rica to ring in 2018."
For more information about Houston Methodist, visit houstonmethodist.org.
http://www.newswise.com/articles/view/686023/?sc=mwhn

On the topic of Undaignosed Polio and PPS (12/14/2017)

Original Post: I went to a Polio symposium years ago and the speaker spoke of many polio cases which were never diagnosed. This could mean that there are many people out there who are suffering from PPS and it's being diagnosed as something else. What is your opinion on the number of undiagnosed cases.
Dr. Bruno's Response: We went through the Mayo Clinic data base to find "missing" polio survivors. Besides paralytic and "non-paralytic" polio, there was an undiagnosed group having had mild symptoms called "polio suspects." It may be possible to estimate the number of living Americans who had undiagnosed polio and thereby estimate the total number of polio survivors who had CNS (central nervous system) damage and therefore are at risk for PPS today.

On the topic of the Polio Virus being discovered in Australia (12/15/2017)

Dr. Bruno's Original Post: WE MUST KEEP VACCINATING AGAINST POLIO! "The last case of polio was in 2007 in a traveler who acquired the infection in Pakistan..."and then flew to Australia!

Polio Virus Discovered at Melbourne Sewerage Plant

The polio virus has been detected in Melbourne's sewerage system, prompting health authorities to issue a warning about the importance of vaccinations. The childhood disease once killed or paralyzed thousands of young people each year, but a global effort to eradicate the virus has all but wiped it out.

On Friday, Victoria's acting chief health officer Dr Brett Sutton announced polio had been detected in tiny concentrations as part of routine testing of pre-treated sewerage at the Western Treatment Plant in Melbourne. However he said the discovery did not necessarily mean someone had polio.

Dr Sutton said it was more likely that the polio virus came from a person who had received live polio vaccine when travelling or living overseas, and had continued to excrete it since arriving in Victoria. Oral polio vaccines — administered in some countries — contain a weakened live virus and work by activating the immune response in the body, but have not been used in Australia for more than a decade.

In areas where there is poor sanitation, there is a risk people can acquire polio through the excreted vaccine. An inactivate polio vaccine is used in Australia, which means it cannot multiply in a person, is not found in the bowel or sewage and cannot cause polio disease.

Dr Sutton said there was an extremely low risk that anyone in Victoria would have become infected as a result of the virus detected in sewerage. "Firstly, polio virus usually doesn't cause illness even when infection occurs. Secondly, this polio virus was found at concentrations that do not cause infection. Finally, Australia has very high immunization coverage and excellent sanitation infrastructure that prevents people being exposed to sewage," Dr Sutton said. "There are currently no cases of polio in Australia. The last case of polio was in 2007 in a traveler who acquired the infection in Pakistan. Victoria hasn't had a locally acquired case since the 1970s."

Worldwide, polio cases have decreased by more than 99 per cent since 1988 – from more than 350,000 to just 37 reported cases in 2016. Countries where the virus persists include Pakistan, Afghanistan and Nigeria. Some older Australians, aged in their fifties or above, still live with disability as a result of contacting polio as children. Polio survivors are said to be Australia's largest physical disability group.

The rate of polio vaccination in Victoria is now above 95 per cent for children aged five years or older. The National Immunization Program (Australia) provides a free polio vaccine at two, four and six months of age. A booster dose is provided at 4 years of age. Also, from July 2017 everyone up to 19 years, refugees and humanitarian entrants have been eligible to receive three doses of polio vaccine as part of catch-up arrangements.

Dr Sutton said this high level of immunization made any risk of polio occurring in Victoria extremely low, but the positive test was a reminder for people to make sure their immunizations were up to date.

Further information on polio can be found on Victoria's Better Health site.
http://www.theage.com.au/victoria/polio-virus-discovered-at-melbourne-sewerage-plant-20171215-h058n8.html

On the topic of Hip Repair vs Replacement (12/16/2017)

Dr. Bruno's Original Post: Hip Repair, NOT Replacement. This is something to ask your doctor about:

New Procedure Helps Patients Avoid Hip Replacement, Repair Joint Damage

Newswise — COLUMBUS, Ohio – Doctors at The Ohio State University Wexner Medical Center are using a procedure called Subchondroplasty to give patients with damaged hips more treatment options and ultimately avoid replacement surgery.

"We want to preserve the native hip whenever possible because once you have a hip replacement, there's no going back," said Dr. Kelton Vasileff, an orthopedic surgeon at Ohio State Wexner Medical Center. "We're able to use a bone-hardening procedure that's traditionally been used in knee surgery to help repair a patient's own hip joint." During the procedure, a bone substitute material is injected into a small hole in the joint, filling any voids or lesions in the bone. Over the few years following surgery, a patient's body replaces the bone-hardening material with their own healthy bone, leading to what Vasileff hopes are permanent repairs. "In the past, a replacement would be the only long-term option for a lot of patients, but this procedure allows me to add support to the bone, making more damage-reversing surgeries possible," said Vasileff, who specializes in hip preservation surgery.

Each year, more than 300,000 Americans receive a hip replacement. This major surgery requires months of physical rehabilitation, and there's no guarantee the implant will last forever, especially in younger patients.

"There's potentially a finite lifespan to some of these implants, as they are typically metal or ceramic on plastic articulations," Vasileff said. "Problems with implants down the road could mean more surgery for these patients, and that's always more difficult than doing it for the first time."

Subchondroplasty is also much less invasive than a total hip replacement, which allows patients to get back on their feet sooner. Vasileff uses it in conjunction with other treatments to help patients preserve their native hip joint for as long as possible. "There's not a lot of procedures out there that help to regenerate the bone quite like Subchondroplasty does, so this helps to fill a gap in our treatment options for patients who have cartilage damage, labral tears or advanced degenerative changes in their hips," Vasileff said.

Experts at Ohio State Wexner Medical Center say Subchondroplasty is also helpful for pregnant women who often suffer from temporary osteoporosis during their third trimester of pregnancy or after delivery. Without it, they're often forced to use to crutches for months.

http://www.newswise.com/articles/view/686928/?sc=mwhn

Video to accompany this article from the Ohio State University: http://osuwmc.multimedia-newsroom.com/index.php/2017/12/18/procedure-helps-patients-avoid-hip-replacements-repair-joint-damage/

On the topic of Feeling as Though we "Disappear" (12/16/2017)

Dr. Bruno's Original Post:
https://www.nytimes.com/2017/12/16/opinion/sunday/are-you-old-infirm-then-kindly-disappear.html

Nancy Root, 82, has Post-Polio Syndrome, which forces her to use a wheelchair.

On the topic about Reading Materials For and About Polio Survivors (12/21/2017)

Dr. Bruno's Original Post: DOWNLOAD E-BOOKS at http://www.postpolioinfo.com/ by and for Polio Survivors and support the International Centre for Polio Education:

Polio Survivors Handbook
Life Skills for Polios: A light-hearted handbook
How to STOP Being Vampire Bait
A BALANCED WAY OF LIVING
Hot Water, Orange Juice 'n' Kids/
Square Pegs, Round Holes 'n' Pigeonholes
Secrets
Crocodile Tears

On the topic of the "Good" Knee Giving Out (12/22/2017)

Original Post: I had polio at the age of 2yrs. For many years, my good knee has suddenly started "giving way". It is not painful but very distressing for me and anyone who witnesses this happening. It has worsened in the last months.
Additional Post: Once the "giving way" falls start, it's time to just save what is left of that leg ability to use for transfers (very short walking) and not rely on it for regular (past) walking. Be very very good to your knees.
Additional Post: I have had 4 falls the past week, caused by my "good" leg giving out. My "good" leg is just getting weaker and weaker. They want to do strength training.

Dr. Bruno's Response: It often surprised Post-Polio Institute patients that I was never surprised when they reported that their "good leg" or "unaffected limb" was getting weaker. As Dr. David Bodian taught us from his research in the 1940s, there is no such thing as an unaffected muscle in a polio survivor. There are just greater and lesser affected muscles based on how many motor neurons turning that muscle on were killed were damaged. There also aren't types of polio: paralytic vs non-paralytic or bulbar and spinal. Every polio survivor had neurons killed in the "bulb" of the brain, the bottom part of the brain stem. In terms of paralytic and non-paralytic, there are not two groups but a continuum from those who had fewer (less than 60%) of motor neurons damaged (the "non-paralytic"polio survivors) and those who had more than 60% damage (the paralytic polio survivors).

So a "good knee" suddenly giving way is most likely a symptom of overuse of the reduced number of remaining, poliovirus-damaged neurons, overuse caused by those neurons taking up the slack for a more affected leg or arm. This is why polio survivors should never do exercises to strengthen their weakening, but "good," limb.

Like the song says, if your leg is getting weaker and your knee has started giving way,
"Sit down you're rockin' the boat"

Additional Bruno "Bytes" are available for you to share by going to:
http://www.papolionetwork.org/bruno-bytes.html
Scroll down the page (through the Current Month posts).
Previous months are located there, and are available by "clicking" on them, in easily printable PDF format
Would you like to see Dr. Bruno in "action"? The video from his 2015 Conference is now available.
Looking for a particular topic? Check out the Bruno Bytes "Index by Subject"