

# POLIO DEJA VIEW

Central Virginia Post-Polio Support Group

February - March 2007

Visit our website at [www.cvppsg.org](http://www.cvppsg.org)

*Carol T. Ranelli, Editor*

## February<sup>3rd</sup> Meeting

2:00 pm at Children's Hospital, 2924 Brook Road, Richmond

Dr. Henry Holland will lead a brief discussion on **S.A.D. (Seasonal Affective Disorder)** and how the winter months can affect PPSers.

We will then have a **Brown Bag Auction** to benefit the social committee and help offset costs of our upcoming Retreat and social events.

Please bring an item (white elephant, gag-gift or otherwise) in a brown bag with a short clue about the contents attached. Our favorite auctioneer, Dave VanAken, will preside. This is always a lot of fun for those attending!

## March 3rd Meeting

2:00 pm at Children's Hospital, 2924 Brook Road, Richmond

After many years and many requests, we will again break into groups according to the age that you had polio and have small group discussions of memories, experiences and challenges within each age category. We tried this several years ago and people still talk about how much they got by sharing their experiences with others.

While the PPSers are doing this, Dave VanAken will lead a Partners Discussion Group in another room. We try to have these twice a year and it gives the PPSer Partners a chance to share their experiences and challenges.

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Future Meeting: On April 7<sup>th</sup>, we will have Jenny Aveson, a CVS Pharmacist, speak and answer questions from the group. If you have any questions or concerns about prescription or over the counter medications, please be sure to attend.

## **Aging and PPS**

Yesterday I went to a swim meet. The meet was between the women's team of Randolph Macon College in Ashland, Virginia, and the women's team from Greensboro College in Greensboro, North Carolina. The meet was in Ashland and my son is the coach of the Randolph Macon team. The women on both teams were in the prime of life and in excellent physical condition. Sitting on one side of the pool were many of the parents of the young women in the meet. The parents were mostly in their forties and fifties. One could easily distinguish the difference between the swimmers and their parents' generation because of the evidence of aging. In general the older generation had graying hair, weighed more, moved slower and did not exhibit fair smooth skin. This older generation was experiencing normal aging. How does one distinguish between normal aging and the symptoms of Post Polio Syndrome (PPS)?

We know that the damage done by the polio virus involved the central nervous system (the brain and spinal cord). Among many of us some motor neurons were destroyed or damaged. Others of us "recovered" and were seemingly unaffected by the polio virus. For several decades we functioned in a stable life style until the symptoms of PPS hit some of us. How much of what hit us was simple aging and what impact does PPS have on aging?

Almost ten years ago I mailed out a rather thorough questionnaire to our membership. This questionnaire covered many aspects of our individual journeys with polio and our recent experiences with PPS.

Sixty one people completed and returned the questionnaires. The average age of the responders was 59 years old. 70% were married and 80% had at least one child. 50% had completed a college education. 90% reported new motor weakness; 80% reported new pain and 72% reported cognitive or brain fatigue. None of these new symptoms were caused by aging alone.

Now we are a decade older and our average age is approaching seventy. We are experiencing some of the usual problems of aging. To varying degrees our cardiovascular systems have aged. Most of us are taking medication for hypertension or diuretics to reduce fluid retention or medicine to lower cholesterol. Our central nervous system may also show the signs of aging. Our memories for the details of recent events may not be as sharp, but we can remember the distant past with ease. This is one reason why grandparents are so good at telling stories of the past to grandkids.

Muscles also weaken some with aging. It takes more energy for a seventy year old to get off the floor than someone half that age. Some degree of bone softening occurs with aging and hip fractures are not uncommon among older people. The genitourinary system can show signs of aging. Our bladders are not as elastic and we may often have to treat constipation.

Our respiratory systems usually experience a gradual diminishing of vital capacity as we age. We can get winded more easily. Older people often encounter interrupted sleep, often to get up during the night to go to the bathroom. It may be more necessary to take a daytime nap in order to get adequate rest.

Aging may or may not impact on PPS. Aging can gradually affect us in the ways previously described. Thus, if our muscles are weakening and our skeletal system is softening as we age, PPS can be impacted by these factors. Not everyone ages at the same rate. Genetics and life style factors, unrelated to PPS, can be important factors in life expectancy. Smoking is an example of a major life style choice that can impact adversely on the cardiovascular and respiratory systems.

All of us should maintain regular visits with our primary care physicians in an effort to prevent and treat the disorders that can accompany aging. We should be more familiar with the problems brought on by PPS. Look around at your able bodied peers and it is usually easy to distinguish what aging is doing to them and what aging along with PPS is doing to us. Whatever your age, good medical care, reading and learning about your own situation is good advice.

The women of Randolph Macon College won the swim meet and a pool record in the 100 meter butterfly was accomplished by one of the Yellow Jackets. Oh, the joy of youth

Then, sing ye Birds, sing, sing a joyous song!  
And let the young Lambs bound  
As to the tabor's sound!  
We in thought will join your throng,  
Ye that pipe and ye that play,  
Ye that through your hearts to day  
Feel the gladness of the May!  
What though the radiance which was once so bright  
Be now for ever taken from my sight,  
Though nothing can bring back the hour  
Of splendour in the grass, of glory in the flower;  
We will grieve not, rather find  
Strength in what remains behind,  
In the primal sympathy  
Which having been must ever be,  
In the soothing thoughts that spring  
Out of human suffering,  
In the faith that looks through death,  
In years that bring the philosophic mind.\*

\*from William Wordsworth's Ode to Intimations of Immortality from Recollections of Early Childhood

## **Aging and PPS**

Systems of the body

Central Nervous System (brain, cranial nerves, spinal cord, autonomic system)

PPS – motor weakness, pain, fatigue

Neuromuscular system (motor nerves, muscles and skeleton)

PPS – muscles atrophy and motor neuron weaken, spinal curvature, joint damage)

Cardiovascular system (heart and peripheral vascular system – arteries and veins)

PPS-

Respiratory system

PPS - breathing

Gastrointestinal system (stomach, intestine, colon, liver)

PPS - swallowing

Genito urinary (reproductive organs and urological organs, kidney, ureters, bladder, uterus, ovaries, fallopian tubes, urethra, testes, prostate gland).

Skin

## HAND WASHING: AN IMPORTANT PREVENTIVE HEALTH HABIT

Although the washing of hands seems like a little thing, it can have a powerful impact on managing the spread of infectious disease. According to the [Centers of Disease Control and Prevention](#) (CDC), hand washing is considered the *single most important* means of preventing the spread of infection.

Everyday we come into contact with germs from a variety of sources-direct contact with people, contaminated surfaces, food, animals, and animal waste. When we don't wash our hands or wash them properly, we greatly increase the risk of spreading germs to other people, as well as to ourselves by touching our eyes, mouth, and nose. One of the most common ways to catch a cold or the flu is by rubbing the nose and eyes with hands that have been contaminated. Beyond these common illnesses, poor hand hygiene can be a contributor to potentially serious illnesses such as hepatitis, meningitis, infectious diarrhea, and severe acute respiratory syndrome (SARS).

Inadequate hand hygiene also contributes to food-related illnesses such as salmonella and Escherichia coli (E. coli.). According to the [U.S. Food and Drug Administration](#) and the CDC, transmission of pathogenic bacteria, viruses, and parasites from raw food or from ill people to food by way of improperly washed hands, continues to be one of several major factors in the spread of food-borne illnesses. Reportedly, 76 million Americans contract a food-borne illness each year, and of these, about 5,000 die as a result of their illness. Others experience nausea, vomiting, and diarrhea.

It is important to wash your hands *often*, particularly anytime you think you have exposed them to bacteria or viruses. The CDC recommends washing of hands:

- Before preparing or eating food.
- After going to the bathroom.
- After changing diapers or cleaning up a child who has gone to the bathroom.
- Before and after tending to someone who is sick.
- After blowing your nose, coughing, or sneezing.
- After handling an animal or animal waste.
- After handling garbage.
- Before and after treating a cut or wound.

Equally important as when to wash your hands, is how to wash your hands. The CDC offers these guidelines for washing with soap and water:

- Wet your hands with clean running water and apply soap. Use warm water if it is available.
- Rub hands together to make lather and scrub all surfaces.
- Continue rubbing hands for 20 seconds.
- Rinse hands well under running water.
- Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet.

For those times soap and water is not easily accessible, keep an alcohol-based hand sanitizer handy-car, purse, briefcase, desk, especially if you spend a great deal of time in public areas, e.g. trains, buses, subways.

- Apply product to the palm of one hand.
- Rub hands together.
- Rub the product over all surfaces of hands and fingers until hands are dry.

If you take a moment to think about all the things you touch each day and how many people may have touched them before you, you might want to consider heading straight to the sink to wash your hands! Hand washing is a simple act that doesn't take much time or effort and it is one of the most important steps we can take in keeping ourselves-and others-healthy.

*Submitted by Joe Thomas, Safety Officer for Tompkins Construction*

## **Heart Health: What You Need to Know**

Although heart disease is sometimes thought of as a "man's disease, it is the leading cause of death for both women and men in the United States, with women comprising 51 percent of the total heart disease deaths.

While heart disease is the number one killer of women, only 13 percent of women in a 2003 survey by the Centers for Disease Control were aware that this is their greatest health problem. Here, the term "heart disease" refers to the broadest category of "diseases of the heart," which includes acute rheumatic fever, chronic rheumatic heart disease, hypertensive heart disease, coronary heart disease, pulmonary heart disease, congestive heart failure, and any other heart condition or disease.

Studies among people with heart disease have shown that lowering high blood cholesterol and high blood pressure can reduce the risk of dying of heart disease, having a nonfatal heart attack, and needing bypass surgery or angioplasty.

Studies among people without heart disease have shown that lowering high blood cholesterol and high blood pressure can reduce the risk of developing heart disease.

## **Facts About Women and Heart Disease**

Heart disease is often perceived as an “older woman’s disease,” and it is the leading cause of death among women age 65 and older. However, heart disease is the third leading cause of death among women age 25-44 years of age and the second leading cause of death among women aged 45-64 years. Additionally, in 2002, death rates for heart disease were higher among black women than among white women.

There is a range of risk for heart disease depending on family and personal health history and the treatment recommendations from a physician will depend on a woman’s level of risk. Regardless of the risk level, these life style modifications are recommended for all women:

- Cigarette smoking cessation
- 30 minutes physical activity most days
- Heart healthy diet with weight maintenance / reduction.
- Evaluation and treatment of depression

## **Facts About Heart Failure**

■ Heart failure is a condition where the heart cannot pump enough blood and oxygen to meet the needs of other body organs. Heart failure does not mean that the heart has stopped, but that it cannot pump blood the way that it should.

■ Heart failure is a serious condition. There is no cure for heart failure at this time. Once diagnosed, medicines are needed for the rest of the person’s life.

■ The risk of death within five years of being diagnosed with heart failure is more than 50 percent. About 80 percent of men and 70 percent of women with heart failure under the age of 65 die within eight years.

■ People with heart failure are at increased risk for sudden cardiac death.

*Source:* Center for Disease Control

## **Women Experience Different Symptoms from Men**

Heart attack symptoms in women are often more subtle than those experienced by men. Women are more likely to experience the following symptoms during heart attacks:

- Fatigue
- Anxiety
- Sleep disturbance
- Stomach complaints

Unfortunately, these symptoms are not generally associated with an AMI (acute myocardial infarction). Even members of the medical profession sometimes fail to link these symptoms with heart problems. It is not unusual for a woman’s heart attack to be dismissed as anxiety.

Although considered a classic heart attack symptom, chest pain is not commonly experienced by women. Results from a survey of 515 women published in the American Heart Association’s journal *Circulation*, revealed some interesting statistics: more than 70 percent of women

experienced no chest pain prior to the attack, and as many as 43 percent of women reported no chest pain symptoms during the attack.

Further, women who do experience chest pain may describe the pain as "sharp," rather than "crushing." This description does not match the popular (and traditional medical) perception of heart attack symptoms, and may be misdiagnosed.

Additionally, in the days before the attack, 95 percent of women surveyed reported unusual symptoms; the most common being fatigue, anxiety, and sleep disturbances. This list presents some of the common symptoms experienced by women both prior to and during a heart attack. These symptoms are important to consider in addition to chest pain, since in some women they may be the only symptoms present.

#### Symptoms Before an Attack

Fatigue (71 percent)

Sleep disturbances (48 percent)

Shortness of breath (42 percent)

Indigestion (39 percent)

Anxiety (35 percent)

#### Symptoms During an Attack

Shortness of breath (58 percent)

Weakness (55 percent)

Fatigue (43 percent)

"Cold sweat" (39 percent)

Dizziness (39 percent)

*Source:* NCERx

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