

Medications

- **Medication often has potential side-effects that may need to be monitored**
- **Polio survivors may be more sensitive to some side-effects of medication due to changes in nerve structure and muscle tissue**
- **Discuss with your general practitioner any noticeable new weakness resulting from the medication, or other areas of concern**

Medication is a substance used to treat disease or illness. Medication can effect polio survivors in different ways. This may be due to individual variables such as age, gender or body weight. However, it may be specifically related to having had polio. You should discuss with your general practitioner:

- before taking medication: possible side-effects
- while taking medication: monitor effects/changes
- stopping/changing medication

Medication affects the body as it is transported into muscles. Polio survivors may have fewer active nerve cells (motor neurons), less muscle tissue, and other physiological changes. This can impact the transport and effectiveness of medication.

Common medications referred to in this fact sheet are listed along with known side-effects.

This does not mean that polio survivors will have all, or any, of these effects.

You should mention your history of polio to your general practitioner and ask if any side-effects of medication may be more common.

Often, it is a case of finding the right balance between disease risk, dosage and overall health.

- Some medications work by changing how our nervous system functions. As polio survivors often have reduced motor neurons throughout the body, the effect of this type of medication can be different to those who have not had polio. This may involve careful management of dosage to make sure they have the right effect.
- There may also be short-term effects with certain medication. For example, medications that change fluid levels in the body (e.g. diuretics) can contribute to fatigue. The body may adjust to how medication works and find a balance.



Common Medications

- **Anaesthetics** to prevent pain during surgical procedures: (see [Anaesthesia fact sheet](#))
- **Antidepressants** for mood modification: may cause muscle weakness
- **Anti-inflammatories** (NSAIDs) to relieve pain, reduce redness and swelling (inflammation): over time, can cause gastrointestinal problems, and may also increase the risk of heart attack and stroke
- **Bisphosphonates** to help prevent and treat bone loss for people with osteopenia and osteoporosis: may cause fatigue and bone or joint pain
- **Calcium-channel blockers** for high blood pressure (e.g. Amlodipine, Felodipine, Verapamil): may cause increased muscle pain
- **Chemotherapy** to treat cancer: may cause muscle weakness and neuropathy
- **Heart medication** for arrhythmia (e.g. Amiodarone) and high blood pressure (e.g. non-selective beta-blockers): can be associated with muscle weakness
- **Opioid analgesics** for acute pain (e.g. codeine, morphine, oxycodone): can cause sedation, dizziness, nausea, constipation and respiratory depression; also known to cause physical dependence
- **Sleeping pills** for insomnia (e.g. benzodiazepine): may cause drowsiness (*the following day*), light-headedness, memory loss and poor concentration; could increase risk of falls
- **Statins** (cholesterol lowering medication): may cause muscle weakness and cramps

Is There A Medication To Treat Post-Polio Symptoms?

There is no known medication that specifically addresses the Late Effects of Polio or Post-Polio Syndrome. Some medications may help to relieve symptoms such as pain. A range of [medications have been trialled to relieve post-polio symptoms](#) (mainly pain and fatigue). These trials have not been conclusive and further research is required. Examples of the medications trialled include:

- intravenous immunoglobulin (Ivlg)
- Modafinil (or Provigil)
- Anticholinesterase (or pyridostigmine)

While there is no proven treatment or medication for Late Effects of Polio, there are still options to help manage some of the symptoms polio survivors experience.

Many polio survivors have found beneficial non-medicinal strategies to manage muscle pain, or by using particular medication to manage days where pain does flare-up. It is important to work with your general practitioner or Rehabilitation Physician to manage your symptoms.

More Information

- See your **General Practitioner or Rehabilitation Physician**
- The **NPS MedicineWise** website has information on medication and their side-effects

Thank you Dr Steve de Graaff for reviewing this fact sheet.

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