

Pretty much every arachnoiditis sufferer will have experienced a 'flare up' at some time or another.

Whilst the majority of us tend to 'plateau out' over time, i.e. become more or less stable, with only gradual or no decline, there is often some degree of fluctuation of symptoms within that overall picture, and in most people, intercurrent episodes of exacerbation, in which there is a great upsurge in the severity of symptoms.

These episodes may last from days to weeks, and are usually triggered by some sort of physical (and sometimes emotional) stress: such as a viral illness e.g. 'flu, overdoing physical exercise etc.

'Flare-ups' are in essence the same sort of occurrence as the periodic exacerbations seen in many autoimmune conditions such as lupus or rheumatoid arthritis, and, indeed, the neurological condition which has some features in common with arachnoiditis: multiple sclerosis.

These episodes are most unpleasant, as well as being dispiriting and worrying.

As a general rule, once the symptoms subside, the usual level of pain and functional impairment resumes (this could be termed 'remission').

However, occasionally, there is a failure to regain this level of remission, and if episodes are frequent, there may be an apparent decline, with each subsequent 'flare up', or relapse, leaving the sufferer gradually more impaired.

A rather different picture may infrequently be seen in folk who are stable, but experience an event such as a fall, or a minor car accident, and who subsequently deteriorate (in a minority of cases, this may be a rapid and steep decline), without regaining lost ground.

Flare-ups can make life even more difficult than normal; generally though, they are self-limiting. Sometimes, however, it is important to remember that not ALL symptoms can be attributed to arachnoiditis.

Any consistently worsened or escalating symptom or indeed any persistent new symptom should be medically assessed to exclude conditions which are treatable.

Usually, though, it is a matter of riding the storm and waiting for it to blow itself out.

If possible, avoid the following:

- Staying in bed all the time
- Withdrawing from all activity: as we've seen, inactivity can lead to further problems, not least of which is feeling down because of all the things we can't do. Note that rheumatoid arthritis patients are encouraged to perform what is known as 'range of movement' exercises even in joints which are acutely inflamed; this is to maintain mobility; the same principle applies to people with arachnoiditis.
- Rushing off to the doctor: for most of the generalised symptoms of a flare-up, there is little a doctor can offer, except fairly standard advice;
- Reaching for medication; beware increasing doses 'as required'; if you need frequent higher doses than normal, consult your GP. Taking more medication than usual can lead to feeling sedated and perhaps confused; sometimes it is possible to take a dose having forgotten that you have already taken one; it is best to put out your day's tablets in a safe place or get a family member/friend to give them to you to avoid errors.