

Tackling fatigue always sounds easy but is a matter for a total change in the way in which we go about our daily routines.

Basically, we need to pace ourselves, instigate energy-saving measures, delegate tasks where appropriate, conserve energy for some chores but also some pleasurable activities.

Adaptive equipment can be very useful, and a variety of simple strategies can reduce the strain of household tasks. Good planning is essential! Most of this is common sense (which, of course, can be remarkably uncommon!)

Fatigue that attacks without warning can occur in conditions that are similar to arachnoiditis, including MS.

Severe fatigue which is not amenable to lifestyle changes is sometimes treated with medication in MS patients (amantadine +/- pemoline) but these are often only effective for a few months and do carry significant side effects; some sources suggest that the antidepressant Prozac is helpful for its alerting properties, but in some people it can cause irritability and agitation.

It is best to avoid the temptation of using a lot of caffeine in coffee to counter fatigue. It can put a lot of strain on the nervous system and make matters worse.

Some 'alternative health' sources suggest that fatigue at certain times of the day implies adrenal gland exhaustion, brought about by chronic over-stimulation due to the continual physical stress occasioned by chronic illness.

This has some merits as an explanation. These sources also suggest avoiding all caffeine if

possible, as they regard it as a significant perpetuating factor in ongoing fatigue.

Similarly, one must also avoid use of medication to assist sleep. Most of these preparations are benzodiazepines, a drug type which includes Halcion, Valium, Temazepam etc. (Zolpidem is a similar drug).

These are highly addictive and furthermore, the body habituates extremely rapidly to them and the standard dose may become ineffective; it is therefore necessary to increase the dose for the required effect.

Some of these preparations can cause a 'hangover' effect in the morning, as can other medication commonly used in arachnoiditis: especially antidepressants such as Amitriptyline.

Of course, combinations of medication, common in arachnoiditis, can act synergistically to cause quite significant problems, either with sedation or impairment of cognitive (thinking) function.

So, one must remember that medication is an important factor in fatigue.

One final suggestion: avoid **Butfirst Syndrome!** (getting repeatedly sidetracked from the task at hand... as in: "I'm going to do the laundry, oh, there's the newspaper, so I'll just read that, but first I'll feed the goldfish...etc. etc.!!)

INACTIVITY

A brief but important note: prolonged inactivity is highly detrimental to us and can lead not only to increasing deconditioning of muscles and loss of mobility as a result, but also to a phenomenon called deep pain of inactivity.

This was recently described by researchers who found that deep sensory receptors in muscle and bone become activated by inactivity and that deep spontaneous pain, especially on waking in the morning.

Patients have described this pain as deep, itching and intolerable. Apparently, in the group studied, 79% of patients experienced this type of pain compared with 63% who had pain with activity.

With increasing inactivity such as use of a wheelchair, this deep pain arouses patients 2 and a half times more frequently than ambulatory patients. Intermittent walking can reduce the incidence of this deep pain.

SPECIFIC PROBLEMS:

There is not room in a general article for much detail on isolated problems, but mention must be made of:

1. Foot drop: weakness in the calf and foot can lead to inability to pull the foot upwards when walking; hence it may be dragged
2. Hyperextension at the hip: as a consequence of foot drop, there may be a tendency to swing the leg out at the hip in order for the foot to clear the ground. Commonly, this can lead to sore, swollen knees.

Abnormal gaits such as these can of course be major contributory factors in the various general musculoskeletal problems described in this article. Further details of these and other specific problems are to be found in other articles available on this site.

Below are 4 conditions which are sometimes seen in association with arachnoiditis; a number of arachniacs are diagnosed with these conditions and many more are investigated thoroughly because the patients are presenting with symptoms and signs that are suggestive of these disorders.

Full details on these and other similar conditions are not given in order not to render this article too lengthy!