# **Post-Polio Syndrome and Polio Survivor Biographies** Marlin Amy Halder, Tracy Wunderlich-Barillas PhD, Lucas Nelson, Tracey Taylor, PhD.

# Introduction

- Prior to the development of vaccines in 1954 and 1960, polio virus infected over 55,000 children per year in the United States; approximately 21,000 of those infections lead to paralysis<sup>1</sup>.
- 30-40 years following recovery from polio virus infection, many survivors suffer from post-polio syndrome (PPS) – a new weakening in muscles that were previously affected by polio, as well as in muscles that were not originally affected<sup>2</sup>.
- There are no studies to the authors' knowledge that explore the combination of polio experience and PPS, major experiences that polio survivors share in terms of **life history**, and how they managed to deal with certain disruptions in their lives, such as being taken away from school and separation from family.

# Aims and Objectives

The objective of this mixed-method study is to explore the intersection of quality of life and life course theory as it relates to a sample of polio survivors in the United States by working with the Southeast Michigan Post-Polio Support Group.

# Methods

- 3 Focus Groups & 6 One-on-One Interviews
- Open-Ended Questions & T/F Quality-of-Life Surveys
- Developed a script for questions and used rev.com for transcription following analysis by at least 2 research personnel
- Approved by OU IRB: 1400610-1



## Results



Fig 1: Sample of the quality-of-life questionnaire (a) and openended interview questions used for focus groups and individual interviews (b)

Table 2: A sample of recurrent themes with frequencies from each interview highlighting quotes of polio survivors interviewed

### Theme

Stigma

Attempts at Retur "Normal Life" w Assistance Isolation & Lone

Optimism & Socia

Struggles Breedin Determination

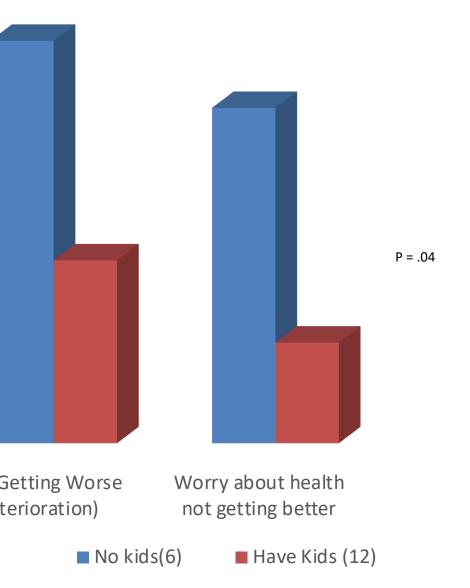


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	TRUE		Table 1:			
ecause I cannot do as much as I want	$\bigcirc$	$\bigcirc$	Characteristics of		100	
	$\bigcirc$	$\bigcirc$	Survivors Intervi	ewed	90	
ondition will deteriorate		$\bigcirc$	(N=18)		80	
have to ask other people to do things for me	$\bigcirc$	$\bigcirc$	Current Age		70	
s as they do not understand my condition	$\bigcirc$	$\bigcirc$	(Average)	71	60	
	$\bigcirc$	$\bigcirc$	Age of polio	-	50	
have taken over the things I used to do	$\bigcirc$	$\bigcirc$	diagnosis	5	40	
ometimes makes me angry	$\bigcirc$	$\bigcirc$	Biologiclal		30 20	
	$\bigcirc$	$\bigcirc$	Sex		10	
I am letting people down	$\sim$	$\sim$	Male	2	0	
t have the energy to talk to anyone	$\bigcirc$	$\bigcirc$	Female	16		Polio Gettir
stions Have						(deterior
se describe for me your earliest memories of ing with polio?			Children			
perience post-polio symptoms? Can you describe how this life at the time?			Yes	12		Fig 2:
			No	6		Having
you know now, what advice could you give to HCPs when			College			being f
			Graduate			will der
ould you give to other patients who might be experiencing			Yes	8		Having worry
for the first time?			No	10		$(\mathbf{P} = 0)$
of the quality of life quantic praise						

	Description/Representative Quotes
	"Even long after we had polio and we were, you know, fine, people said 'Oh, your house because that's a polio house." I remember our neighbor had a S 'Oh, you can't go on it because you had polio and we might get it."
arning to with Physical	Most participants missed school for several months while they recovered. Aft "healed," their return to school emphasized their disabilities. This is especially to climb stairs as well as those who had to attend gym classes.
eliness	"The [hospital] had to have their own spinal tap, [my second one of the day]. me down there. They put me in a room with an iron lung, a small room. There iron lung and they shut the door because I was crying so much. And I just, I is horror."
cial Support	When asked the titles of their hypothetical autobiographies, one participant re Springboard, Not a Dead-End Street" because "my life would not have been polio."
ng	"We attended regular school. It was initially recommended that we attend han said there was nothing wrong with our minds, so off to regular school we we

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aving children was associated with ng fearful that patient's condition deteriorate (P = 0.0427).

wing children was associated with orry of not being able to get better = 0.0430).

kids can't come play at Slip 'n Slide and he said

fter being told they were y true for those who had

...so a few more men held ere was just a bed and the mean, I remember that

responded with "Polio as a as rich and full without

andicapped school. [Mom] ent. We did just fine."

### Conclusions

**Qualitative**: Major themes highlighted in Table 2 shows that chronic illness has major implications in one's life and physicians need to be aware of them when treating patients

Quantitative: The significance of having kids with worrying less about health conditions deteriorating or health not getting better shows that support systems plays a big role in health outcomes on patients living with chronic conditions

### Discussion

The long-term goal is **to illuminate physicians** and society about caring for polio survivors as well as individuals living with **other chronic illnes**s/**disease** physicians may not be always familiar with.

Additional projects could include interviewing the physician that most of the survivors follow up with

Regardless of patient's condition, it is important to have good listening skills and patients tend to remember those physicians who are willing to educate themselves and learn from their patients.

### References

- 1. CDC Global Health: Polio. Centers for Disease Control and Prevention.
- 2. Baj A, Colombo M, Headley JL, McFarlane JR, Liethof M-A, Toniolo A. Post-poliomyelitis syndrome as a possible viral disease. Int J Infect Dis. 2015;35:107-116.

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