

Nutrition and Post-Polio

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SEVENTH INTERNATIONAL
POST-POLIO
AND
**INDEPENDENT
LIVING
CONFERENCE**
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This is the story of my personal journey to learn more about nutrition. The path I followed and what I discovered along the way are specific to my body, my nutritional needs, and my disability. Some of the principles I learned may apply to others, but the particulars relate only to me. I would no more recommend you follow my specific diet than I would urge you to take someone else's medication. If you want to change your eating habits, please do it under the guidance of a licensed nutritionist. That's what I did.

As it turned out, the nutritionist I worked with had a special interest in chronic disease, although she was unfamiliar with post-polio syndrome. Before going to her, I held what I considered was a traditional but "enlightened" view of nutrition. In other words, I was

eating the kind of diet typically recommended in the medical literature and by the experts for a 61-year-old male with my medical history. What I quickly discovered is that "enlightened" is not always smart.

When I was in residency training many years ago, I attended a lecture by an eminent nutritionist who said males should restrict their intake of "visible" eggs to one or two a month; so I reduced mine to maybe half a dozen a year. A short time later, I heard another well-known nutritionist say he was starting his newborn son on 2% milk; I switched that night from whole milk (3%) to low fat (2%), and over the years limited my intake to what I used with cereal.

Then there was the issue of girth control. In the interest of watching my weight, I tried to avoid snacks and sweets, except on special occasions. Fortunately, I don't have a very sweet tooth, so this adjustment was not all that difficult.

And so it went. Over the years, I cut out greasy foods, then lightly fried foods, and finally even lean, red meat. By the time I saw the nutritionist for my first appointment in February 1996, my diet consisted, more or less, of the following: for breakfast, one to two large glasses of orange juice, a bowl of raisin bran with milk and one banana; for lunch, a large tossed salad with low calorie dressing, a half-pint of lowfat yogurt and fresh fruit; and for supper, typically fish or chicken (with occasional red meat), vegetables, potato or pasta, and a salad.

I also drank a soft drink mid-morning and mid-afternoon most days and had a nightcap at bedtime, most evenings.

Sounds pretty healthy, right? That's what I thought, too, especially when I considered that my cholesterol was normal, my weight was essentially the same as when I graduated from college, and people in the cafeteria line never tired of saying, "Wow, that's a healthy lunch!"

Well, my nutritionist didn't agree. When I returned after the first week with a diary of everything I had eaten and the amounts, her comment was, "This is incredible," and she didn't mean it as a compliment.

As it turned out, she thought almost everything I was doing was wrong. The bananas and orange juice were "empty" calories, the soft drinks were a sugar fix, and my lunch was skimpy at best. In short, I was on a starvation diet, in her opinion, which she calculated at 1300-1500 calories per day.

Well, if that were true, I asked, why wasn't I losing weight? Her explanation was that the body makes certain metabolic adjustments to accommodate different caloric intakes.

But it wasn't the caloric intake that bothered her so much. My biggest sin was the small amount of protein I was eating (about 5-6 ounces per day). "No wonder you're tired and weak. Anybody would be on that diet," she said. I, of course, thought instantly to myself, "Is this the cause of post-polio syndrome? Are we all just eating the wrong diet?"

The short answer is "no." But it's clear that a sensible diet can make you feel much better, as I was to find out fairly soon.

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FINDING NUTRITIONAL ADVICE ...

The main goals of my new nutritional plan were to increase the amount of protein, increase the number of calories, avoid the empty calories of orange juice and soft drinks, and finally, cut back on that nightcap.

While all of this was going on, I spent a fair amount of time at the library reviewing what's known about protein metabolism and what would be particularly relevant for polio survivors. Here's some of what I learned.

First, proteins are in all human cells. In fact, they form the basic building blocks for each cell, its metabolism, and life itself.

Second, proteins are made from amino acids, and new proteins are being made (synthesized) and broken down (degraded) each day. This protein turnover applies to muscle cells, as well, which are constantly synthesizing new protein every day. Some of this new protein comes from what we eat and some comes from "re-built" protein using amino acids already in the body.

The third thing I learned, and most important for persons with post-polio syndrome, the largest "consumer" of protein in the body is muscle.

All of this means that for the muscles to have a fighting chance to maintain or increase their strength, there has to be a generous amount of protein in the diet. We are not carnivores by chance.

Knowing this, I changed my views on meat and other protein in a jiffy. At the same time, I relaxed my attitude about calories, as well. In summary, I experienced a "nutritional makeover."

It has been almost a full year since my dietary epiphany. I now eat lean meat regularly, along with nuts, fish, eggs, oatmeal, and anything else with protein. I don't eat

fruit for snacks as much, and most days, instead of a soft drink, I drink a home brew fortified with a protein supplement.

The results? My daily intake of protein has more than doubled to at least 12 ounces per day and my total calories are now somewhere between 1800-2000 per day. My weight is essentially unchanged. The best part is that my "good" arm, which used to be tired all the time, feels stronger, gets less fatigued at the end of the day, and seems to recover faster when it gets overworked.

Is this a "cure-all?" Absolutely not. I estimate my improvement in the 2-5% range, but it hasn't impacted all of my symptoms. I still get intense fatigue in the afternoon. My tank of gas is totally depleted by the end of the week. I'm still searching for new ways to pace myself to conserve what energy I have. Is my new diet healthier living through healthier eating? I believe so. Will it work for others? I don't know. What I have learned for sure, is that sensible eating under the guidance of an experienced nutritionist, is good advice for everyone. ■

The Certification Board for Nutrition Specialists certifies advanced degree nutritionists. For a listing of certified nutritionists in your state, write: Certification Board for Nutrition Specialists, Hospital for Joint Diseases, 301 East 17th Street, New York, NY (New York) 10003.

The American Board of Nutrition (ABN) establishes standards in the field of clinical and human nutrition. A Specialist in Human Nutrition has an educational background in a biological science and has earned a PhD or equivalent. A Specialist in Clinical Nutrition has an MD or DO degree and is licensed to practice medicine. Both have passed an examination given by the Directors of the ABN.

A registered dietitian (RD) has completed a minimum of four years of education and training in dietetics or a related area and has passed a credentialing examination.

The National Center for Nutrition and Dietetics (NCND) provides direct access to food and nutrition information. Call 800/366-1655 (10:00 a.m. - 5:00 p.m. EST) to receive a referral to an RD. Call 900/CALL-AN-RD (900/225-5267) for personalized answers to food and nutrition questions from registered dietitians. Calls are \$1.95 for the first minute and \$.95 for each additional minute. Additional information may be found at the web site of The American Dietetic Association (ADA) Foundation (www.eatright.org).

A Guide to Daily Food Choices FROM THE U.S. DEPARTMENT OF AGRICULTURE

FOOD GROUP	A SERVING IS ...	NO. SERVINGS
<i>Milk, yogurt, & cheese group</i>	1 cup milk, 1/2 cup ice cream, 1 cup yogurt, 1 1/2 oz. cheese (1 1/2 to 2 slices)	2-3
<i>Meat, poultry, fish, dry beans, eggs, & nuts group</i>	2-3 oz. cooked, lean meat, 1 egg, 2 tbsp. peanut butter	2-3
<i>Vegetable group</i>	3/4 cup juice, 1 potato, 1/2 cup raw or cooked vegetables	3-5
<i>Fruit group</i>	3/4 cup juice, 1 medium fruit	2-4
<i>Bread, cereal, rice, & pasta group</i>	1 slice bread, 1/2 bagel or hamburger bun, 1/2 cup pasta or rice or cooked cereal	6-11