

Orthostatic intolerance

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The condition that forced Yellow Wiggle Greg Page to retire at 34 also affects 500,000 Americans

By WENDI WINTERS, For The Capital

Late November, preschoolers and their parents around the world were saddened to hear one of their idols - the Yellow Wiggle - had a chronic medical condition and couldn't perform anymore.

The condition - orthostatic intolerance - forced Australian native Greg Page to pass his familiar yellow jersey over to his long-time stand-in Sam Moran.

Although they may fly under the cultural radar of many adults, the four Wiggles have entertained youngsters in Australia since 1991 and in the U.S. since their first sold-out concert tour in 1999. The group also has a popular TV show seen around the world. Mr. Page was one of the founding members.

"This emotional decision was one which was very difficult, as I have dedicated almost half my life to the Wiggles, and with a question mark over my health, I feel that this is the right decision," he said in a statement on the Wiggles Web site at the time he announced his retirement.

Mr. Page, 34, is one of over 30,000 people in Australia suffering from orthostatic intolerance. In the U.S., the number is 500,000 or more, according to the National Dysautonomia Research Foundation. It often affects people under the age of 35, affecting more women than men.

"Orthostatic intolerance, or OT, is much more common than people think," says Dr. Peter C. Rowe, of Chronic Fatigue Clinic at Johns Hopkins Children's Center I Baltimore. "It's an epidemic, mostly because diagnosis has improved. For most people, it's treatable. People don't have to put up with it."

He pointed out in the 1950s and 1960s, vasovagal fainting was thought to be psychosomatic - physical symptoms caused or exacerbated by psychological factors. Its victims were primarily women, and doctors dismissively noted mental stress would make symptoms worse.

When tilt table tests were introduced, people began to realize OT was a serious problem. OT's victims were no longer derided as being responsible for causing their illness. Orthostatic intolerance was more than just a stress disorder.

"Stress can play a role in OT, but it doesn't have to," says Dr. Rowe.

A tilt table test is pretty much what it sounds like. In a hospital setting, a patient is strapped to a flat table-like contraption with a footrest and draped in wires and electrodes. The patient's pulse, heart rate and other factors are monitored when the patient is fully horizontal and continues to be monitored as the patient is tilted to a standing position. The monitoring equipment is looking for signs of nausea, lightheadedness, lack of focus and fainting.

The test measures whether a patient has orthostatic syncope - he passes out, falls or drops to the floor - or pre-syncope, he feels faint but doesn't pass out.

Because blood tends to pool in our limbs while standing, "we are all at risk of fainting if we stand long enough, but some people have a lower tolerance for standing."

When a normal person stands up, the heart will normally beat faster to pump the blood through the limbs and counteract the pull of gravity. A person with Postural OT Syndrome may post a standing heart rate where the heart rate plummets 30 or more beats per minute. They'll become lightheaded, have trouble concentrating and feel tired, he says.

Activities limited

The riskiest time of the day for OT victims, Dr. Rowe adds, is when they get out of bed in the morning.

"They can't do a lot of activities we take for granted, like standing in line, teaching a class, taking a shower or fixing dinner," he says.

He points out researchers are noting a high rate of OT in patients who have chronic fatigue syndrome. They are still trying to connect the dots between the two conditions.

"If symptoms start to interfere with what you're doing in life, go see your regular doctor," he says. "Most of the symptoms go away in a couple of seconds, but if you are losing consciousness with any frequency, you need to see if it is a symptom of OT or a more serious condition like a heart rhythm disturbance, heart disease or an undiagnosed epileptic seizure.

For some with orthostatic intolerance, a slight change in their diet can offer relief. Dr. Rowe says increasing fluid and salt intake has been shown to help some victims.

"The reduction in salt, which is a good idea for most people, may push OT symptomatic people into having symptoms of OT," says Dr. Rowe.

Dr. Louis Kofi Essandoh, director of Cardiac Consultants, LLC, in the Sajak Pavilion, affiliated with Anne Arundel Medical Center, and an assistant professor of medicine at Johns Hopkins, likes to "look at things teleologically, studying the process of evolution, where it all starts. When you walk on all fours, you're not as affected by gravity. Once you're erect, you need a way to get blood all the way up to your brain."

As humans evolved, the body developed mechanisms to protect the brain, he said. The arterial system is one of the marvels of the human system. When a person stands up, within 8 seconds the small arteries constrict and construct the blood flow, pushing it up. Everything is designed to help the process along. O.T. occurs when the mechanism fails."

'It is going haywire'

Primary OT, he said, is a diagnosis when doctors "have no idea what caused the mechanism to fail. When it is secondary O.T., we have an idea how to treat it."

"When a pregnant woman has secondary OT, the eventual 'cure' is the delivery of the baby," he says. "Astronauts are in danger of getting OT due to weightlessness in space. They are trained to do special exercises and, when they return to Earth, they are not allowed to stand up or move around until they become properly acclimated. Military recruits have to be taught to 'twitch' their calves and leg muscles while standing at attention, to propel blood back into their system."

When a person has orthostatic intolerance, their body is doing the opposite of what it should.

"It is going haywire," says Dr. Essandoh. "The heart rate plummets instead of going up."

In Mr. Page's case, the condition is chronic and severe, raising havoc with his walking, balance, speech and coordination. He sometimes faints when standing up, and warm rooms or hot weather can trigger a fainting spell, fatigue, nausea or other problems. Several times on tour he'd feel faint performing under the hot lights, run backstage and pass out as his Mr. Moran rushed to take over his role.

Treatment options

Fortunately, doctors have a few treatment options.

"You fix the underlying problems if you can," Dr. Essandoh says. "If you can't, you try other things. Intravenous fluids. A high salt diet. You give them salt to help them retain water via increased salt consumption. Mineral corticoids - steroids - increase blood volume by making the body hold onto water and not excrete it. Some people are mineral corticoid-deficient, a product made by the body's own adrenal medulla gland."

Sometimes just a change in clothing can help. Or in this case, the addition of hose.

"Lots of patients who benefit greatly from just wearing support hose," says Dr. Essandoh. "The hose gets the blood from the veins to the central system. They work! They squeeze the pooling blood back toward the heart."

And while the condition itself isn't fatal, people suffering from orthostatic intolerance do need to be careful to avoid serious injury.

"Most people don't die from this. It's just a nuisance. If they die, it's because of an injury that occurred while they fainted," says Dr. Essandoh.

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