

FREQUENTLY ASKED QUESTIONS NEUROPATHY



WHAT IS NEUROPATHY?

The nerves are responsible for transmitting messages from the brain and spinal cord to the rest of the body and vice versa. Motor nerves send impulses from the brain and spinal cord to all of the muscles in the body. This permits people to do activities like walking, catching a baseball, or moving the fingers to pick something up. Motor nerve damage can lead to muscle weakness, difficulty walking or moving the arms, cramps, and spasms. Sensory nerves send messages in the other direction- from the skin back to the spinal cord and the brain. Special sensors in the skin and deep inside the body help people identify if an object is sharp, rough, or smooth, if it is hot or cold, or if a body part is still or in motion. Autonomic nerves control involuntary or semi-voluntary functions, such as heart rate, blood pressure, digestion, and sweating. When the autonomic nerves are damaged, a person's heart may beat faster or slower. He or she may get dizzy when standing up, sweat excessively, or have difficulty sweating at all.

When you have neuropathy (*neuro* – nerve, *pathy* – damage), it is a disease or dysfunction involving one or more of these nerves, typically causing classic symptoms of nerve damage such as numbness or weakness.

WHAT ARE THE SYMPTOMS OF NEUROPATHY?

Depending on the type of nerve involved, symptoms may vary.

If sensory nerves (nerves that transmit signals of sensation from the skin to the brain) are involved, then symptoms may be a numb sensation, a sensation of wearing an invisible “glove” or “sock”, burning, stabbing or sharp sensation, which could be constant or periodic. There could also be a symptom of hypersensitivity wherein a simple touch may be painful for the patient. If the motor nerves (nerves that transmit signals from the brain to the muscle) are involved, then the symptoms could be mostly weakness of the affected limb. This will lead to difficulties in gripping objects, lifting the hand, wearing footwear or even walking/getting out of bed. If the autonomic nerves (nerves that transmit signals from the brain to the internal organs) are involved, then there could be abnormalities in heart rate, blood pressure, digestion or sweating, depending on the organ involved. If the neuropathy is confined to a single nerve – this is called a mononeuropathy - which is usually from trauma, injury or local compression or prolonged pressure. If the neuropathy spans different segments (multi-focal) or several nerves – this is called a diffuse neuropathy which is usually from several systemic diseases.

WHAT ARE THE CAUSES OF NEUROPATHY?

As mentioned, a mononeuropathy maybe from trauma, injury or local compression. For diffuse neuropathy, several systemic diseases such as diabetes mellitus, chronic alcoholism, kidney failure, poor nutrition or several exposures to toxic substances can be the etiology.

HOW IS A NEUROPATHY DIAGNOSED AND TREATED?

A doctor will want to examine you as well as interview your history and possible family background, or any travel or exposure. Physical examinations to conduct motor and sensory testing are routinely performed. A diagnostic test called nerve conduction study/electromyography is also done for an objective evaluation.

WHEN DO YOU NEED TO CONSULT A NEUROLOGIST?

It is important to see a neurologist especially if the symptoms mentioned above are being experienced for the first time (without any known previous risk factor), if the symptoms are progressing and getting worse, or if you feel that the symptoms are becoming unbearable and disrupts physical activity or normal functioning. Your neurologist can assess and provide the necessary therapeutic interventions to address your symptoms.

If you have the risk factors mentioned above, then your neurologist may call in a team of endocrinologists, nephrologists or toxicologists to help address the underlying cause of your symptoms.