Neuropathy Self-Assessment

10/26/15
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Axelacare
Overview

– Basic review of neuropathy, symptoms, and causes
– Benefits of doing a self-assessment
– Tools to self-assess your progress
– Complete a self-assessment
Causes of Neuropathy – how did I get this?

- **1/3 Pre-Diabetes/Diabetes and Impaired Glucose Tolerance**
  More than 50% of individuals with diabetes will have mild to severe forms of neuropathy.
  - Severity is related to how long nerves are exposed to hyperglycemia.
- **1/3 Idiopathic Neuropathy**
- **1/3 Known Causes**
  - Inflammatory
    - Auto-immune – GBS, CIDP, Vasculitis, Sarcoidosis
    - Infectious – Lyme Disease, HIV, Hepatitis B&C
  - Hereditary (Charcot-Marie-Tooth type 1 and type 2)
  - Metabolic – Kidney failure, Sjogren’s, MMN, POEMS
  - Toxins – chemotherapy or alcohol
  - Vitamin deficiency (B-12, D, Thiamine, E)
  - Underactive thyroid gland
  - Compression – Trauma, Tumor, Carpal Tunnel
Knowing Neuropathy – Define it

Nervous System
- Central
- Peripheral
Knowing Neuropathy – Define it

Nervous System
- Central
- Peripheral

Neuro=nerve
“pathy”=sickness
Types of Peripheral Nerves

**Motor nerves** — from spinal cord to muscle allow brain to stimulate muscle contraction

**Sensory nerves** — from sensory organs to spinal cord
  - Small fiber convey pain, temperature
  - Large fiber convey vibration, position, balance

**Autonomic nerves** — control blood pressure, sweating, bladder function, heart rate, digestion, etc. All the things the body does automatically
Symptoms – Do I have Neuropathy?

Where
• Feet, legs
• Hands, arms
• Internal organs

What
• Numbness
• Weakness, imbalance or foot drop
• Pain
  – Burning or Tingling
  – Ants crawling
  – Extreme sensitivity
• Bowel, bladder or digestive problems
Symptoms — Why Are Mine Different Than Yours?

- **Motor Neuropathy** results in:
  - Weakness
  - Cramping and muscle twitch
  - Muscle loss
  - Bone degeneration
  - Loss of ankle reflexes
  - Changes in skin, hair, and nails

- **Sensory Neuropathy** results in impaired sense of:
  - Vibration
  - Light touch discrimination
  - Limb position
  - Temperature
  - Pain - Hypo or hyper sensitivity

- **Autonomic Neuropathy** results in:
  - Burning pain
  - Digestive problems
  - Impaired breathing
  - Difficulty swallowing
  - Inability to sweat
  - Loss of bowel and/or bladder control
  - Loss of blood pressure control
Measuring and Monitoring Your Symptoms

Why is it Important?

Engaging in your healthcare  ➔ Leads to improved overall health

- The more involved you are with your health care, the better care you get
  (Source: adapted from AARP and You: Beyond 50.09 Patient survey published in AARP Magazine. Study population 50+ with at least one chronic condition)

- One study observed that those with higher activation levels were active in partnership building with clinicians, seeking and displaying competence, and directing treatment
  (Source: Summary on the Evidence on Performance of the Patient Activation Measure, May 2012, NHS Kidney Care)

- Need to know if treatments are working or need to be modified
- Improve quality of life and detect small changes before they progress to big ones
- Provide information for your doctor visits. MD’s only have 15 minutes or less in the room with you –Make the time count!
- What we do at Axelacare – Care Exchange® Collect data using physical measurements and surveys to measure disability and quality of life. Data is shared in collaboration with your physician to determine your progress and optimize treatment with Immune therapy. In addition it establishes baseline and trending information to compare changes in conditions.

- Who is in charge of your healthcare?
# Measuring Symptoms

<table>
<thead>
<tr>
<th>Test</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Assessment Questionnaire</td>
<td>Symptoms, type and level of pain, duration, treatments</td>
</tr>
<tr>
<td>Grip Test</td>
<td>Weakness, numbness, pain</td>
</tr>
<tr>
<td>Get up and Go Test, Standing Balance</td>
<td>Weakness, Balance, pain</td>
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<tr>
<td>Patient Activation Measure</td>
<td>Level of involvement in healthcare</td>
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</tbody>
</table>
PAM® Survey
Patient activation measure

* 13 item survey tool used to measure one’s engagement in their health care. To be done quarterly or semi-annually thereafter to determine changes in score.

* Goal is to provide individual support by identifying one’s knowledge, skills, confidence, and behaviors in managing their healthcare.

* To help ensure that the support group is offering services that positively impacts one’s role in managing their peripheral neuropathy.
# Patient Self-Assessment of Neuropathy Symptoms

## Name

<table>
<thead>
<tr>
<th>Race:</th>
<th>D.O.B.</th>
<th>Sex: M F</th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>Date when first noticed symptoms?</td>
<td>Marital Status:</td>
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<tr>
<td>Hispanic or Latino</td>
<td></td>
<td>○ Married</td>
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<td>Black or African American</td>
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<td>○ Single</td>
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<td>Native American or American Indian</td>
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<td>Asian / Pacific Islander</td>
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<td>Other</td>
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Circle the cause: Auto-immune/CIDP | Compression | Diabetic | Idiopathic | Inherited/CMT | Toxic/Chemotherapy | Other |

## Current Treatments

<table>
<thead>
<tr>
<th>Dosage</th>
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<tbody>
<tr>
<td>○ None</td>
</tr>
<tr>
<td>○ Lyrica (Pregabalin)</td>
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<tr>
<td>○ Neurontin (Gabapentin)</td>
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<tr>
<td>○ Cymbalta (Duloxetine)</td>
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<td>○ Elavil (Amitriptyline)</td>
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<td>○ Lidoderm patch (Lidocaine)</td>
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<td>○ Capsaicin (Zostrix)</td>
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<td>○ Hydrocodone, Oxycodeone</td>
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<td>○ Ultram (Tramadol)</td>
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<td>○ Advil (Ibuprofen)</td>
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<td>○ Tylenol (acetaminophen)</td>
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<td>○ IVIG</td>
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<td>○ Steroids</td>
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<td>○ TENS</td>
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<td>○ Spinal Cord Stimulator</td>
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<td>○ Multivitamin</td>
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<td>○ Vitamin B12</td>
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<tr>
<td>○ Metanx</td>
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<tr>
<td>○ Alpha Lipoic Acid</td>
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<tr>
<td>○ Vitamin D</td>
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<tr>
<td>○ Orthotics, braces</td>
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<td>○ Cane, assisted walking device</td>
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<tr>
<td>○ Massage</td>
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<tr>
<td>○ Acupuncture</td>
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<tr>
<td>○ Exercise/Balance/Strength work</td>
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<tr>
<td>○ Other</td>
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</tbody>
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## Indicate on these drawings the types of symptoms and body areas where you are experiencing them:

- X = burning pain
- A = aching pain
- N = numbness
- W = weakness
- T = tingling
- O = other

## What type of medical providers do you currently see?

- ○ Neurologist
- ○ Podiatrist
- ○ Pain management physician
- ○ Primary care physician
- ○ Acupuncturist
- ○ Endocrinologist
- ○ Other

Rate the severity of your symptoms on an average day (circle #)

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<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<th>10</th>
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<tbody>
<tr>
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<td>Severe</td>
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<td>Intolerable</td>
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Which is true for your condition? (check one)

- ○ It is getting better
- ○ It is staying the same
- ○ It is getting worse over time
Measuring upper and lower strength

**Upper strength**
(Jamar or Camry) Grip strength Tools to measure isometric grip force using a *Dynamometer*

* Just squeeze on command, release grip and record measurement

**Lower strength:**
Timed Get Up and Go Test (3 meters)
1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn
4. Walk back to the chair at your normal pace
5. Sit down again

* Scoring: *A score of 14 seconds or more has been shown to indicate a high risk of falls*
Measuring Symptoms

How We Do It

- Process – once each quarter for 1 year, data kept for patient to view
- Privacy Policy, Informed Consent
- RN helps measure
Questions?