

ADHESIVE ARACHNOIDITIS (AA) Bulletin 44 January 2021

TRY A MONTHLY SHOT FOR AA

In reviewing many dozens of AA cases in the past year, these two discoveries stand out:

- 1. Persons with AA who complain about deterioration do not usually take a corticosteroid or ketorolac.
- 2. Periodic (1 to 2 times a month) injections of a corticosteroid at the local doctor's office is becoming very popular.

This bulletin is to encourage a monthly or bimonthly injection. Many primary care physicians and NP's are reluctant to prescribe either of the two oral corticosteroids that are effective in AA – methylprednisolone (Medrol®) and dexamethasone.

What almost all the MD's and NP's will do, however, is provide a monthly or bimonthly injection in their office or teach the patient or family to give it.

The injection contains: methylprednisolone or dexamethasone mixed with ketorolac and/or B-12.

If you are not taking an oral corticosteroid or ketorolac, ask your MD, DO, or NP to start you on a monthly or bimonthly injection.





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