This is a question that sufferers raise on a regular basis, and is an issue of major concern to them.

One must first bear in mind that occult or ?silent' arachnoiditis (without symptoms) may be present quite commonly in anyone who has experienced an event that can precipitate the pathological disease process, whether mechanical (surgery, trauma), chemical (injection) or infective (meningitis).

There is, however, no actual data for the incidence of this silent type, and we are as yet unsure of the number of people walking around unaware of the hidden "Sword of Damocles" hanging over them.

One of the important questions is what turns the silent type of arachnoiditis into symptomatic adhesive arachnoiditis.

Is it simply the degree of severity of the disease itself?

As we have seen, this is not an easy question to answer. The syndrome of adhesive arachnoiditis may arise after a trigger event, often invasive, such as spinal surgery.

This then would constitute a progression from silent arachnoiditis to symptomatic adhesive arachnoiditis. The exact level at which symptoms ?kick in' is unclear.

Having examined the wide variety of problems involved in the adhesive arachnoiditis **syndrome** , it is clear that there is more involved than simply arachnoiditis, the pathological disease process: we are dealing with a complex set of interacting problems.

It may be helpful to consider the syndrome as an arrangement of dominoes on their edges side by side.

The disease process is the end domino and once that is given an impetus to topple, by a precipitating event, there will be an ongoing wave of dominoes falling, the number and speed depending on the strength of the original impetus, and by how closely aligned the dominoes were.

The individual dominoes represent different aspects of the syndrome, such as musculoskeletal problems, autonomic effects etc., which arise secondary to the arachnoiditis disease process.

In the absence of further exacerbating events, which, as we have seen, may provoke a more marked progression of symptoms due directly to the disease process, there are a number of ways in which the syndrome appears to progress:

1. the underlying spinal condition may progress (e.g. degenerative disc disease)

2. musculoskeletal symptoms may increase over time, particularly if there is disuse atrophy and loss of mobility

3. chronic pain affects the levels of stress hormones and the autonomic nervous system

4. centralisation of pain.

These aspects of the condition are explained in further detail below in the Symptoms section.

The individuals who seem to far worst are those who:

- mobilise in a limited way
- require high levels of analgesic medication

This may of course reflect either

(a) an initial severe level of the disease or

(b) misguided attempts to reduce the risk of further damage.

In the latter case, patients make the apparently rational assumption that pain=damage and that if exercise causes pain, that must mean more damage is being done.

This is not in fact the case. Potentially, lack of exercise is far more likely to cause increasing problems such as disuse atrophy (muscle wasting) etc. than a sensible low key exercise regime.

Immobility carries a number of health risks of itself, including reduced cardiac fitness, weight gain, osteoporosis etc.

In addition, many people end up in the overactivity/under activity cycle: overdoing things then suffering from increased pain and being unable to do any exercise for a while.

The importance of recognising this cycle and its impact upon quality of life is substantial if the disability cycle is to be broken.

However, as central pain is often a feature of the adhesive arachnoiditis syndrome, a careful and balanced approach based upon good pain control must be adopted.

In summary, in the majority of cases of arachnoiditis the disease process remains a hidden entity.

In a minority, symptomatic adhesive arachnoiditis develops.

Within that population, a further small number may develop progressive arachnoiditis (and even complications such as syringomyelia) usually as a result of a precipitating event.

The syndrome, however, arising mostly due to secondary effects, may tend to be progressive over time, but this does NOT necessarily reflect a progression of the arachnoiditis disease process itself.

Patients may well need reassurance of this, especially when there are new symptoms such as in the upper body.

However, sustained exacerbation or spread of symptoms should be investigated to exclude the possibility of complications or a treatable spinal problem, such as a disc fragment.