

Physical difficulties after encephalitis

By Alina Ellerington, Encephalitis International, and reviewed by Dr Rajish Shil, MBBS, MRCP (London), NIHR Academic Clinical Fellow in Neurology Liverpool, UK

Fatigue

Fatigue is a common symptom and one of the most disabling after-effects of encephalitis. Fatigue is closely linked to sleep disturbance and other consequences such as cognitive, emotional, and behavioural difficulties. Fatigue may occur due to a direct result of injury to the brain or may be caused by the increased 'neurological effort' required to compensate for lost skills and abilities following encephalitis.

Fatigue after an acquired brain injury (ABI), which can be a result of encephalitis, is different to fatigue due to other causes in that:

- It has a sudden onset post brain injury.
- It is intense.
- It has more than one component, including cognitive, physical, and emotional aspects.
- It can only be ameliorated by mental rest and/or sleep.

Even activities which are relaxing such as reading a book or watching television can be tiring for a person who experiences neurological fatigue following ABI. Fatigue can have a huge negative impact on overall quality of life and tends to exacerbate other problems. It can result in anxiety, depression, guilt, and anger. In addition, it can make difficult returning to work/education and participating at social activities. For detailed information on how to manage fatigue after encephalitis please refer to our [Managing fatigue after encephalitis](#) factsheet.

Headaches and pain

Headaches/pain can follow encephalitis. We don't know for sure why it happens. Headache, for example, may happen due to stress, when the person tries to do too much, or may be a sign of anxiety. Cognitive and behavioural functioning of an individual are influenced by pain. Pain is also associated with depression. A referral to a neurologist or a pain clinic may be beneficial.

Seizures/Epilepsy

Seizures are common during the initial stages of encephalitis, when people are typically quite unwell in hospital. Seizures may also occur at a later stage, well after the acute illness is over. This is because encephalitis may leave the brain cells more likely to produce the bursts of abnormal synchronized activity which causes seizures. When seizures occur in the absence of a precipitating factor (such as the acute infection), they are known as 'unprovoked seizures.' Epilepsy is defined as a tendency to experience recurrent unprovoked seizures.

Many patients who go on to develop epilepsy after encephalitis will have had seizures during their acute illness and then continue to have unprovoked seizures after they have recovered. However, others may not have had seizures at all during the acute illness or may have had some seizures, which have settled, but then go on to have unprovoked seizures (epilepsy) at a later stage after encephalitis. Although this happens mostly within the first year or two after encephalitis, seizures may begin much later in some people. For more information on seizures and epilepsy please read our factsheet [Seizures and encephalitis](#).

Difficulties with movement, balance, and coordination

Problems with mobility and balance can occur following encephalitis due to paralysis and weakness in limbs, dizziness and/or vestibular problems. Difficulties with movement can also be related to 'apraxia', which involves problems with translating 'intention' into effective 'action' (people understand what they are asked to do and want to do it but cannot do it). People may also appear to be clumsy or unstable on their feet. Referral to an appropriate specialist (occupational therapist, physiotherapist, ear, nose and throat specialist, neurologist) may be necessary.

Problems with speech and swallowing

Difficulties with speech production (dysarthria) may be caused by damage to the muscles involved in speech. Speech may appear to be unusual, including sounding 'slurred' or 'slow'. Furthermore, anomia, also known as anomia, affects the ability to recall words and names. Although considered a mild problem, anomia can be very challenging for the patient, as it can make social situations involving conversations embarrassing and difficult. It can also give a deceiving impression of the patient's mental ability, as they are aware of what/who they are talking about, but simply cannot find the words.

It is also possible for the muscles involved in swallowing to be affected following brain injury (dysphagia). For some people this is associated with an increased risk of choking. Referral to a speech and language therapist may be useful.

Incontinence

Incontinence to urine and/or stool can happen following encephalitis for a variety of reasons and can have a significant impact on social life. Referral to a continence service/specialist may be helpful.

Sensory problems

Sensory problems following encephalitis are many and varied which includes but not limited to difficulties with perception of vision (colour, shape, size, depth, distance), auditory information (sound), smell (anosmia which is partial or total loss of smell), taste and touch (relating to pain, pressure, and temperature). People may also experience 'pins and needles' sensation of the limbs, and difficulty distinguishing between 'hot' and 'cold'. Depending on the type of the difficulty, your general practitioner/physician may refer you to a specialist.

Fifth Sense (www.fifthsense.org.uk), a UK charity, provides support and advice to people affected by smell and taste-related disorders.

Hormonal imbalance

Mood swings, depression and impulsivity can sometimes be a symptom of hormonal imbalance rather than emotional and behavioural problems. This is because a brain injury may cause damage to structures in the brain that regulate hormones. There are many symptoms that might be experienced by changes in hormone levels, and each is caused by a change in the hormone being produced by the pituitary gland in the brain. Some of the symptoms include but not limited to are depression, sexual difficulties, headaches, fatigue, visual disturbance, weight gain, muscle weaknesses, reduced body hair, changes in skin texture, mood swings, and difficulty regulating body temperature. An endocrinologist is the appropriate specialist to help you manage these difficulties.

FS019V5 Physical difficulties after encephalitis

Date created: 01/06/2015; Date updated: 12/03/2024; Review date: 12/03/2027

Disclaimer: We try to ensure that the information is easy to understand, accurate and up-to-date as possible. If you would like more information on the source material and references the author used to write this document please contact the Encephalitis Society. None of the authors of the above document has declared any conflict of interest, which may arise from being named as an author of this document.

Support our information

With our support, no one has to face encephalitis alone. Our advice and information is available free of charge to everyone affected but we are truly grateful when supporters feel able to contribute a little to the cost of these resources. Please make a donation today by visiting www.encephalitis.info/donate or text the word DOCTOR to 70085 to donate £5.

Thank you!

Encephalitis International, 32 Castlegate, Malton, North Yorkshire, YO17 7DT, UK

Administration: +44 (0) 1653 692583 **Support:** +44 (0) 1653 699599

Email: mail@encephalitis.info **Website:** www.encephalitis.info

Encephalitis International is the operating name of the Encephalitis Support Group.

Registered Charity England and Wales No: 1087843; Registered Charity in Scotland No: SC048210

Charitable Company registered in England and Wales No: 04189027