

1. Analysis of common causes

1. Poor circulation (most common)

Cause: Muscle weakness leads to reduced venous return, and long-term sitting/lying down causes blood to stagnate.

Manifestations: symmetrical swelling of the feet/hands, depression after compression (pitting edema), worsening in the afternoon.

2. Hypoproteinemia (malnutrition)

Cause: Dysphagia leading to inadequate protein intake, or increased metabolic consumption of ALS.

Manifestations: Generalized edema (including face, extremities), may be accompanied by weight loss.

3. Drug side effects

Possible medications: certain anticonvulsants (such as baclofen), hormonal or nonsteroidal anti-inflammatory drugs (NSAIDs).

Manifestations: New edema after medication, which can be relieved by stopping the drug.

4. Deep vein thrombosis (DVT, urgent treatment) is required!)

Risk factors: long-term bed rest, reduced limb activity.

Manifestations: Swelling, redness, and pain in one leg, possibly accompanied by fever.

Emergency treatment: seek medical attention immediately, and ultrasound examination to rule out thrombosis.

5. Heart or kidney problems

Heart failure: dyspnea + lower extremity edema (worsening at night).

Abnormal kidney function: decreased urine output + general swelling.

Need to be examined by a doctor: BNP, creatinine, urine protein, etc.

2. Home care and mitigation methods

1. Improves blood circulation

Elevate the limbs: Elevate your feet (above heart level) while sitting/lying down, several times a day for 15-30 minutes.

Passive exercise: Family members help move the joint (such as ankle pump exercise) to promote venous return.

Compression stockings/gloves: Medical compression stockings (15-20mmHg) can reduce lower extremity edema (avoid overtightening affecting the skin).

2. Adjust your diet

Salt restriction: Reduce high-salt foods (such as pickled foods, processed foods) to avoid water retention.

Protein supplementation: Dysphagia patients can choose protein powder, whey protein or homogenized meal (gastrostomy nutritional support if necessary).

3. Medication management

Diuretics (eg, furosemide): Use only after evaluation by a physician to avoid electrolyte disturbances.

Adjust existing medications: If you suspect that the medication is causing edema, consult your doctor about reducing or changing the dosage.

4. Skin care

Prevent pressure ulcers: The skin at the edema site is fragile, avoid friction, and keep it clean and dry.

Monitor for infection: such as skin redness and ulceration, and treat it promptly (antibiotic ointment or seek medical attention).

3. When do you need to seek medical attention?

1. Unilateral limb swelling + pain → Screening for deep vein thrombosis (DVT).

2. Systemic edema + shortness of breath/oliguria → Check heart/kidney function.

3. Skin ulceration or infection → Wound care or antibiotic treatment is required.

4. Key points:

Most edema can be improved with repositioning + activity, but serious causes (eg, thrombosis, heart failure) should be ruled out. If the swelling continues to worsen or is accompanied by other symptoms (such as dyspnea), medical evaluation should be done as soon as possible.