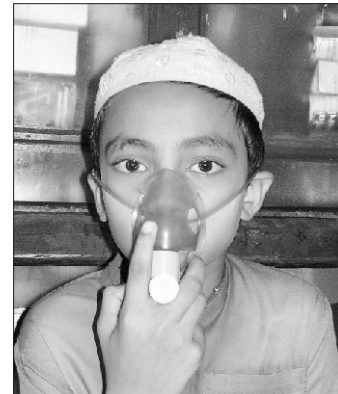
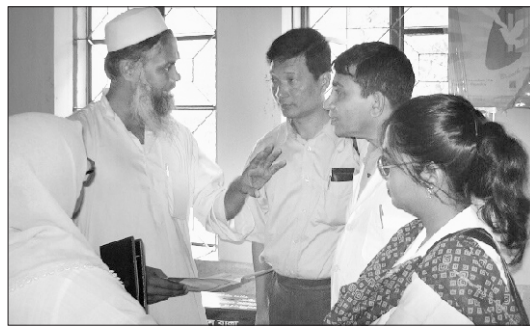
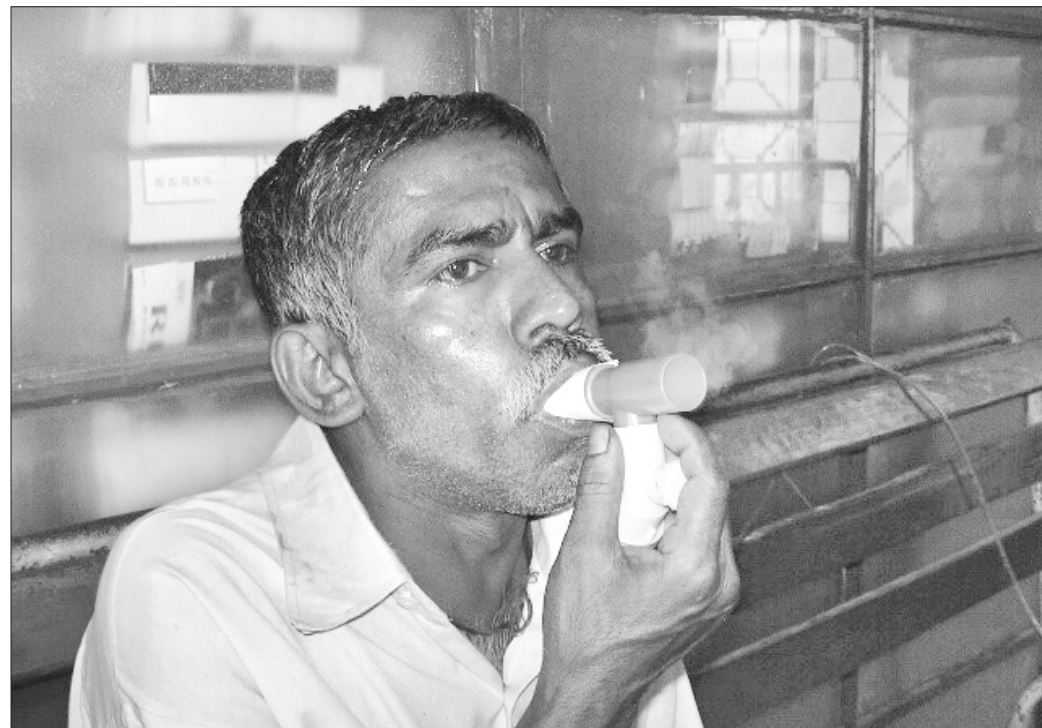


WORLD ASTHMA DAY 2003 BEING OBSERVED ON MAY 6-7

150 million people around the globe suffer from asthma



STAR HEALTH DESK

World Asthma Day 2003, sponsored by the Global Initiative for Asthma (GINA), endorsed by WHO is being held on May 6, 2003 as a partnership between healthcare groups and asthma educators to raise awareness about asthma and improve asthma care throughout the world. On the day starting on May 6 the Asthma Association of Bangladesh is organising a grand union of more than 450 doctors from across the country where several scientific sessions on latest management of asthma and associated chest diseases would be discussed. Health Minister Dr Khandaker Mosharaf Hossain would be present as the chief guest while State Minister for Health M Amanullah, Health Secretary M Fazlur Rahman, President of Bangladesh Medical Association (BMA) Prof M A Hadi and Secretary General of BMA Dr A Z M Zahid Hossain would be present as special guests.

President of asthma Association Prof Md Falauzzaman Khan, General Secretary of the association Dr Rashidul Hasan would be delivering opening speech.

The global burden of asthma

It is now clear that asthma is a global health problem that cannot be ignored. The World Health Organization estimated in 2001 that 150 million people around the globe suffer from asthma and over 260,000 died of the disease that year. Asthma is a public health problem for both developed and developing countries. It occurs in all age groups. However, asthma often develops during childhood. Indeed, asthma is the chronic disease most commonly causing absence from school.

Moreover, the prevalence of asthma is increasing throughout the world including in Bangladesh. It is estimated that there are about 70 lakh asthma patients in the country including four lakh children. Less than five per cent of the total number of patients seek proper treatment although in terms of treatment there is only one centre for asthma treatment in the country at the Institute of Chest Diseases Hospital in Mahakhali in the city.

Asthma symptoms vary from day to day, from week to week, and over months. The severity of asthma also varies from individual to individual. Some patients experience occasional symptoms (for example, after strenuous exercise), others have symptoms that interfere somewhat with daily life, and still others have a very severe, relentless disease that almost excludes them from normal school and work activities.

The causes of asthma attacks, however, are better understood today. People with asthma have chronic inflammation in their lungs, and airways that narrow

more easily than those of people without asthma in response to a variety of factors. The factors that can set off an asthma attack include inhaled allergens (such as dust mites, pollen, and cat and dog allergens), tobacco smoke, air pollution, exercise, strong emotional expressions (such as crying or laughing hard), chemical irritants, and certain drugs (aspirin and beta-blockers). Each person with asthma reacts to a different set of factors, and identification of these factors and how to avoid them is a major step for each individual in learning how to control their disease.

Asthma symptoms can vary. You may find that you start to cough or wheeze, get short of breath, or have a tight feeling in your chest. Despite what many people think, wheezing does not always occur. In fact, coughing is the most common asthma symptom.

Measuring condition of asthma

A careful medical history, a physical examination, and tests of lung function provide the information needed to diagnose asthma. Measurement of lung function is useful both for diagnosis of asthma and to monitor the course of the disease. Such tests include **spirometry**, which provides an assessment of airflow limitation, and peak flow, which measures the maximum speed at which air can flow out of the lungs.

Currently there is no cure for asthma, but there are some very safe and effective asthma treatments available that can help to control your symptoms. There are two main kinds of asthma treatment that your doctor may prescribe for you. They are called relievers and preventers.

Everyone with asthma should have a reliever inhaler. Relievers are treatments taken to relieve asthma symptoms. They quickly relax the muscles surrounding the narrowed airways (within 5-10 minutes), making it easier to breathe again.

If you need to use your reliever inhaler more than once in any day, or more than 3-4 times a week, you will need an additional preventer treatment to keep your asthma symptoms under control. This is because relievers do not reduce the inflammation and swelling in the airways.

Reliever treatments are very safe and effective and have few side effects. Sometimes, high doses of reliever treatment can slightly increase your heartbeat or give you mild muscle shakes. These effects are harmless and generally wear off after a short period of time. It is not possible to overdose on reliever treatment.

Preventers help to control swelling and inflammation in the airways. They also stop the airways from being so sensitive to

asthma triggers. The protective effect of preventer treatments builds up over a period of time, so it is important that you take them every day, even if you are feeling well.

If you take your preventer treatment regularly (as prescribed by your doctor), you will improve your long-term chances of controlling your asthma and reduce the likelihood of permanently damaging your airways.

Preventer treatments usually contain corticosteroids (a copy of the steroids produced naturally in our bodies) in low doses. These steroids are very safe, not addictive and are completely different to the anabolic steroids used by body builders and ath-

letes. The protective effect of preventer treatments builds up over a period of time, so it is important that you take them every day, even if you are feeling well.

Combination therapy: a recent advancement in asthma management

Asthma is a two component disease. So effective treatment must address both components. Current treatment guidelines recommend regular anti-inflammatory therapy at an early stage to control any form of symptoms. Clinical studies evaluating the combined use of inhaled corticosteroids with salmeterol a long acting bronchodilator (air passages in

breathed in through a mask or mouthpiece) are the only solution to worsening asthma symptoms. Nebulisers are mainly used for the emergency treatment of asthma in hospital.

Diagnosis

Proper diagnosis and management of childhood asthma requires a physician who recognises the unique characteristics of childhood asthma. To make a diagnosis, a physician will consider:

- λ the child's family history of asthma and allergies as well as personal medical history, which is often given by the parent rather than the child;
- λ allergens and irritants to which the child is exposed;
- λ frequency and severity of symptoms;
- λ other factors such as respiratory infections, which may be considered as explanations for wheezing;

- λ λ are objective measurements of breathing, usually through use of a machine called a spirometer.
- λ More subtle signs of asthma, such as chest tightness, are often not identified as such by children, because they are so used to living with it. Often, recurrent or constant coughing spells may be the only observable symptom in young children. Up to 80 per cent of children with asthma globally develop symptoms before age five. Thus, a child's physician must rely heavily on parents' observations to determine the signs of asthma and make a proper diagnosis.

Some children wheeze from respiratory infections, which they may outgrow. Differentiating between these infections and asthma may involve having an experienced physician observe the child over the first few years of life to determine whether episodes of wheezing persist or resolve in a few years. Persistence of wheezing may indicate asthma, which should be treated as soon as possible to avoid future complications and long-term effects.

Asthma may also be triggered by a family history of allergy and the child's exposure to allergens any substance that can trigger an allergy. Common allergens include dust mite and cockroach droppings, animal dander (dead skin flakes), pollens and moulds.

Clear your home of asthma triggers

Below are some asthma triggers found in homes and what you can do to reduce you and your child's exposure to them.

Secondhand Smoke:

- λ Asthma can be triggered by the smoke from the burning end of a cigarette, pipe, or cigar and the smoke breathed out by a smoker.
- λ Choose not to smoke in your home or car and do not allow

others to do so either.

λ Dust Mites:

- λ Dust mites are too small to be seen but are found in every home.
- λ Dust mites live in mattresses, pillows, carpets, fabric-covered furniture, bedcovers, clothes, and stuffed toys.
- λ Wash sheets and blankets once a week in hot water.
- λ Choose washable stuffed toys, wash them often in hot water, and dry thoroughly. Keep stuffed toys off beds.
- λ Cover mattresses and pillows in dust-proof (allergen-impermeable) zippered covers.
- λ Pets
- λ Your pet's skin flakes, urine, and saliva can be asthma triggers.
- λ Consider keeping pets outdoors or even finding a new home for your pets, if necessary.
- λ Keep pets out of the bedroom and other sleeping areas at all times, and keep the door closed.
- λ Keep pets away from fabric-covered furniture, carpets, and stuffed toys.
- λ Moulds
- λ Moulds grow on damp materials. The key to mould control is moisture control.
- λ If mould is a problem in your home, clean up the mold and get rid of excess water or moisture.
- λ Lowering the moisture also helps reduce other triggers, such as dust mites and cockroaches.
- λ Wash mould off hard surfaces and dry completely. Absorbent materials, such as ceiling tiles and carpet, with mould may need to be replaced.
- λ Use exhaust fans or open windows in kitchens and bathrooms when showering, cooking, or using the dishwasher.
- λ Vent clothes dryers to the outside.
- λ Pests
- λ Droppings or body parts of pests such as cockroaches or rodents can be asthma triggers.
- λ Do not leave food or garbage out.
- λ Store food in airtight containers.
- λ Clean all food crumbs or spilled liquids right away.
- λ Try using poison baits, boric acid (for cockroaches), or traps first before using pesticidal sprays.
- λ Also... house dust may contain asthma triggers. Remove dust often with a damp cloth, and vacuum carpet and fabric-covered furniture to reduce dust build-up. Allergic people should leave the area being vacuumed. Using vacuums with high efficiency filters or central vacuums may be helpful.

What is asthma?

Asthma is a condition that affects the airways the small tubes that carry air in and out of the lungs. If you have asthma your airways are almost always sensitive and inflamed. When you come in contact with something you are allergic to, or something that irritates your airways (a trigger), your airways will become narrower, making it harder to breathe. The muscles around the walls of your airways tighten. The lining of the airways becomes inflamed and starts to swell and often sticky mucus or phlegm is produced. This will lead to you experiencing asthma symptoms or breathlessness.

The latest management of asthma

Recently a modern management of asthma is introduced in the world through combination therapy. A formulation of a controller and potent preventer, offers significant efficacy and control of asthma. It treats the underlying disease and reduces and controls the symptoms. Combination inhalers are useful because they help to get your treatment straight to the airways where it is needed.

Many people still believe that Nebulisers (a machine which creates a mist of treatment,

the lungs) have shown more effective in providing overall improvement in pulmonary (lung) function and symptom control than high dose of inhaled corti-costeroids.

Tips to remember for childhood asthma

Asthma is the most common serious chronic disease of childhood, affecting nearly four million children in Bangladesh. Characterised by coughing, chest tightness, shortness of breath and wheezing, asthma is the cause of physician visits and hospitalisations each year. In infants and children, asthma may appear as cough, rapid or noisy breathing in and out, or

50,000 new asthma patients each year

Dust mite responsible for 80% of asthma attack in Bangladeshi patients

NAIMUL HAQ

The Star Health spoke to Associate Prof Md Ali Hossain, a senior chest specialist who is also the vice president of the Asthma Association of Bangladesh. He spoke about the asthma situation in the country and explained how serious it is getting.

He said, "Every year approxi-

mately 50,000 new asthma patients are added to the existing burden of about 70 lakh asthma patients in the country and dust mite, a micro-organism lying in the air, is responsible for majority of asthma attack in Bangladeshi patients who are between the age group of 15 and 35 years."

"Dust mite triggers narrowing of the windpipe passage in over 80 per cent of the asthma

patients and if untreated it can get acute. But it is not the only allergen. There are millions of other allergens which also triggers asthma."

Dr Hossain said, "Currently there is only one centre in the country for management of asthma patients at the Institute of Chest Diseases Hospital in Mahakhali. This was set up jointly in partnership with the government and the Asthma

Association of Bangladesh. Although there is no specific hospital where asthma patients can go for treatment in Bangladesh but the government has been very kind to provide manpower and expensive steroid support which mostly poor patients benefit. But despite that it is not sufficient to provide help to all the 100 to 150 patients who come to the centre everyday on average."

As a step forward the association has taken up a commendable initiative training general physicians on how to manage an asthma patients. A total of 25 general physicians including fifteen from the private sector are trained extensively on case management every quarter and most of the doctors come for a five day training from districts and this has been going on since last years.

SEXUALLY TRANSMITTED INFECTION

What is Sexually Transmitted disease (STD)

STDs are infections people contract through sex or intimate skin-to-skin contact with someone who's infected. Some STDs are caused by bacteria and can be cured with antibiotics, and viruses cause others. Viral STDs are hard to cure - the symptoms, such as sores or warts, can be treated, but the virus remains in the person's body and can cause those symptoms to flare up again at any time.

'STD', 'VD', 'a dose of something', they all mean the same thing - that a man has had unsafe sex and ended up with a sexually transmitted infection. Practising safe sex with condoms protects against these infections and the hassle and risks they bring.

Transmission

As the name indicates, STDs are usually spread through sexual contact, including vaginal, anal, and oral sex. The viruses or bacteria that cause STDs travel from person to person in semen, vaginal fluids, or blood. Some STDs enter the body through tiny cuts or tears in the mouth, anus, or genitals. Others flourish in the mucous membranes of the genitals or the delicate skin around the rectum and genitals.

Diseases that are spread through blood like HIV and hepatitis B may also be transmitted via needles shared by intravenous-drug users. Contrary to what some teens think, you do not have to have sexual intercourse to become infected with an STD. Someone can contract herpes or genital warts simply through skin-to-skin contact with an infected area or sore. And babies can get STDs from their mothers, either while in the uterus (syphilis and HIV can be transmitted through the placenta and infect the fetus) or during birth (gonorrhoea, chlamydia, genital herpes, and hepatitis B can be passed from mother to child during delivery).

Diseases

Chlamydia is one of the most common bacterial STDs and affects about three million people a year in the United States alone but in Bangladesh according to a survey STDs is quite high among the commercial sex workers and intravenous drug users. The highest rates of infection are among girls ages 15 to 19. Chlamydia infections usually cause abnormal discharge from the genitals and burning while urinating, but in some cases, no symptoms may be present. In women, untreated chlamydia sometimes progresses to pelvic inflammatory disease (PID), which can cause infertility.

Trichomoniasis is a parasitic infection of the genitals that can produce a foul-smelling vaginal discharge and genital pain in women.

Syphilis is an infection that can spread from the genitals throughout the body. One of the earliest signs of syphilis is a sore (chancere) on the genitals or mouth. Fever, sore throats, headaches or joint pain often follows this.

Pubic lice are an invasion of small parasites that causes redness and itching around the genitals.

Gonorrhoea is a bacterial infection that can produce a greenish or yellowish discharge from the genitals, a burning sensation when urinating, fever, and abnormal vaginal bleeding and pelvic pain in women. Gonorrhoea can become a systemic (spread throughout the body) infection, causing fever, skin lesions, and joint infection or arthritis.

Genital herpes (herpes simplex virus or HSV) is a viral infection that causes outbreaks of painful sores or blisters on the genitals, buttocks, thighs, or mouth. There are actually two types of herpes. In HSV-1, the sores usually start on the mouth but can spread to the genitals. HSV-2 is usually the cause of genital infections.

Genital warts (human papilloma virus or HPV) are like warts elsewhere on the body - a virus causes them. There are numerous strains of HPV, all of which can cause itchy bumps in or around the genitals or anus. It's believed that some forms of HPV put women at greater risk for cervical cancer.

Hepatitis B is a viral infection that primarily affects the liver. Hepatitis B symptoms include severe fatigue, nausea, loss of appetite, vomiting, abdominal tenderness, and jaundice (yellow skin).

Human Immunodeficiency virus (HIV) is the virus that causes AIDS (acquired immunodeficiency syndrome). HIV infects and destroys, lymphocytes a type of white blood cell involved in the body's immune (infection-fighting) response to invading germs.

The HIV virus attacks specific lymphocytes called **T helper cells** (CD4 cells, also known as T-cells), taking over the machinery of these cells to make more copies of itself. This process begins to destroy the specific (CD4) cells. Over time, the total number of CD4 cells in the body drops, lowering the body's resistance to invading germs and disease.

Symptoms can take years to develop and include frequent infections, fever, night sweats, swollen glands, and fatigue. Eventually, AIDS is fatal and leads to death from any secondary infection.

Prevention

The only sure way to remain STD-free is to not have sex or intimate physical contact with anyone. Teens who are sexually active, however, can minimise the danger by avoiding high-risk behaviors like unprotected sex, intravenous drug use and multiple sexual partners.

Any teen who is having sex should always use a latex condom (check the expiration date on the package), preferably accompanied by a spermicidal foam, cream, or jelly.

While the jelly has been shown to reduce the risk of contracting gonorrhoea and chlamydia, it is important to note that jelly does not protect against AIDS. Waiting to become sexually active also reduces adolescents' risk of contracting a STD.

The older teens are less likely they are to choose high-risk partners (people who have had unprotected sex or lots of sexual experience themselves) or have many partners overall. A mutually monogamous relationship and regular medical checkups, even when there are no signs of infection are also crucial.

Females need to be especially vigilant about preventing STDs because many diseases can cause permanent damage to their babies, including infertility. Because sex during menstruation may increase the chances of transmitting or contracting HIV, it may be safer for women to wait until their periods are over to have sex. And douching should be avoided because it kills natural bacteria in the vagina that help protect against diseases.