



Bronchiolitis: A common respiratory illness in children in winter

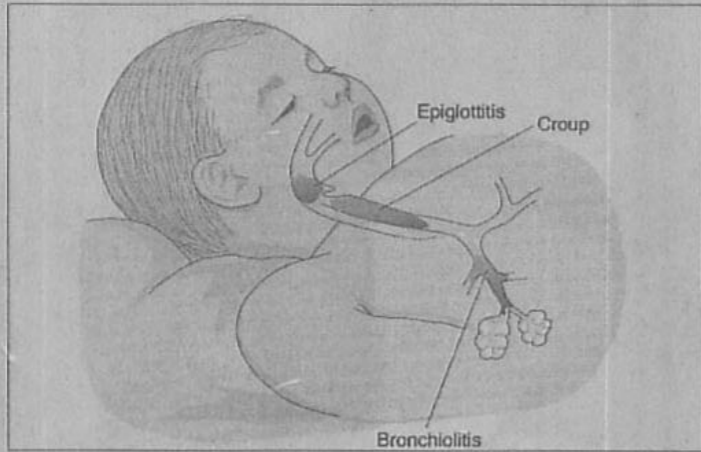
DR M KARIM KHAN

A common viral, acute onset, self limited inflammation of the lowest respiratory tract (bronchioles) mostly caused by Respiratory Syncytial virus (RSV). It occurs in children below 2 years, particularly between 2-6 months. A large number of children are affected by bronchiolitis every year in our country and mistakenly they are treated as pneumonia or asthma.

Bronchiolitis is a very common problem and admission due to bronchiolitis is maximum in many paediatric wards. Bronchiolitis affects young children particularly in winter and some times in rainy seasons. It sometimes occurs in epidemic. There are epidemics in Bangladeshi children in the year 2001-2002 and again in 2003-2004.

Risk factors

- 1) Age: Mostly 2-6 months.
- 2) Sex: Males are more affected.
- 3) Season: Winter
- 4) Prematurity: Prematures are more prone to develop Bronchiolitis.
- 5) Lower socio-economic condition: Rates of hospitalisation with bronchiolitis are more common in case of lower socio-economic states.



- 6) Non breast feeding.
- 7) Crowded environment.
- 8) Passive smoking.
- 9) Wood burning stove.

Incubation period and spread

Incubation period is 2 to 7 days. It is a contagious disease. The germs can spread in tiny drops of fluid from an infected person's nose and mouth. These may become air borne when the person sneezes, coughs or laughs and they may also end up on things the person has touched, such as used tissues or toys.

Sign-symptoms

Initial signs and symptoms are

usually done if necessary. RSV antibody may be done also.

Treatment

The treatment of bronchiolitis depends on the severity of the condition. In mild cases plenty of fluid to be given orally to avoid dehydration. Nebulised salbutamol may help temporarily. Steroids and antibiotics are of no value. But to prevent secondary infection an antibiotic like Erythromycin, Amoxicillin or Cephradine may be given orally.

If there is severe respiratory distress, feeding problem and cyanosis (bluish discoloration of the peripheral skin and mucous membranes, symptom of lack of oxygen in the blood) occur, then patient to be admitted to hospital for Oxygen therapy and IV (intravenous) fluid. Please take care of obstructed nose which may aggravate the condition.

Prevention

For prevention hand washing before and after handling the affected child, breast feeding, avoidance of passive smoking and avoidance of crowds are important.

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First Aid

Electrical shock

The danger from an electrical shock depends on how high the voltage is, how the current traveled through the body, the person's overall health, and how quickly the person is treated.

Transfer the patient immediately if any of these signs or symptoms occur

- Cardiac arrest
- Heart rhythm problems (arrhythmias)
- Respiratory failure
- Muscle pain and contractions
- Seizures
- Numbness and tingling
- Unconsciousness

While waiting for medical help, follow these steps:

1. Look first: Don't touch. The person may still be in contact with the electrical source. Touching the person may pass the current through you.
2. Turn off the source of electricity if possible: If not, move the source away from you and the affected person, using a nonconducting object made of cardboard, plastic or wood.
3. Check for signs of circulation (breathing, coughing or movement): If absent, begin cardiopulmonary resuscitation (CPR) immediately.
4. Prevent shock: Lay the person down and, if possible, position the head slightly lower than the trunk, with the legs elevated.

Caution

- Don't touch the person with your bare hands if he or she is still in contact with the electrical current.
- Don't get near high-voltage wires until the power is turned off. Stay at least 20 feet away much further if wires are jumping and sparking.
- Don't move a person with an electrical injury unless the person is in immediate danger.



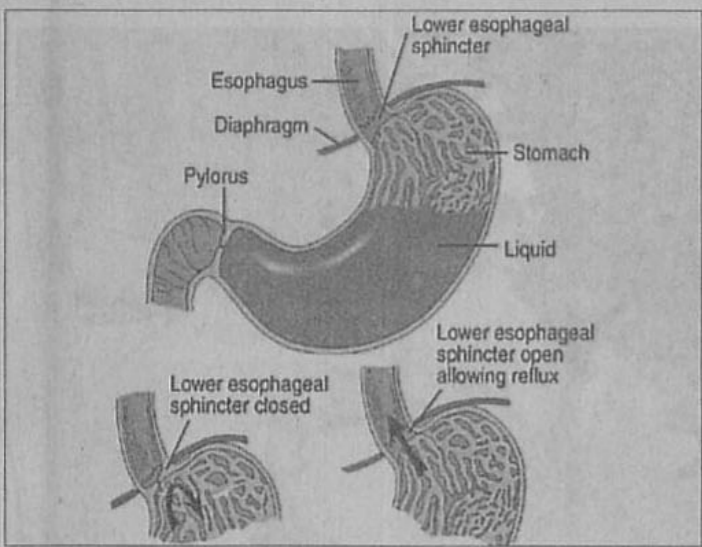
Tips on peptic ulcer disease

1. Ulcers are "sores" that frequently affect the stomach and the first part of the small intestine (duodenum).
2. Bacterial infection is the most common cause of duodenal ulcers.
3. Stomach ulcers are often a side effect of pain killers and anti-inflammatory drugs.
4. Alcohol ingestion, cigarette smoking, and emotional stress may also influence the development of an ulcer or interfere with its healing.
5. Upper abdominal pain is the most common symptom of ulcers, but many ulcers cause no symptoms at all.
6. Ulcers may hemorrhage (bleeding) into the gastrointestinal tract; this results in the passage of black ("tarry") stool.

Very serious ulcer disease may also cause a blockage between the stomach and small intestine and this complication results in persistent vomiting. Severe pain results from the most urgent complication of ulcers - peritonitis (inflammation of the membrane which lines the abdominal cavity and covers the organs in it) caused by a tear through the wall of the stomach or duodenum.

7. Almost all ulcers can be treated successfully, usually without surgery. Many ulcers can be prevented.

8. Ulcer treatments include antibiotics, agents that neutralize gastric acid or reduce its secretion, and drugs that strengthen the resistance of the stomach and duodenum.



New hope for thalassaemia is far away from us

DR ABDUR RAHIM ROBIN

The long waited once daily oral iron chelator Exjade, (also known as ICL670), has received US FDA approval on last November. Iron chelator is a type of drug that excretes iron from body. This is a milestone for thalassaemia patients. Individuals with thalassaemia require lifelong blood transfusions as often as every two weeks. These transfusions result in a deadly accumulation of excess iron in the body which causes severe damage to various organs that may result in heart and liver failure leading to fatality.

The method of removing this dangerous excess iron was through subcutaneous infusion of the iron chelator desferioxamine. Patients are required to stick a needle in themselves and infuse desferioxamine slowly into their bodies for up to 12 hours, almost every night. This burdensome process has proven to have a pronounced negative impact on the effectiveness of the drug, resulting in increased life-threatening complications.

Exjade is an easy to administer novel oral iron chelator. Exjade is taken once daily, after dispersing tablets in a glass of water or orange juice (100-200 ml). Exjade was developed to extend the benefits of iron chelation to a greater number of patients receiving blood transfusions and

to address the needs of thousands of adult and pediatric patients who have been using inconvenient and painful desferioxamine.

When Exjade will be available for use?

Exjade was granted fast-track status in the US and Switzerland for priority approval. The fast-track designation is generally reserved for drugs intended for the treatment of a serious or life-threatening condition that demonstrate the potential to address unmet medical needs for that condition. It is currently available in USA, Switzerland, Kuwait and will shortly be approved in EU and many other countries.

It may be available in Bangladesh after the registration of the drug by Drug Administration that may take as long as one to two years. The Government and Health Ministry should give special priority to approve this drug quickly like many other countries.

The drug is extremely expensive and the government supplies it free of cost to the patients in approved countries. Novartis has planned to offer a special low price to the developing countries. In Bangladesh the special low price must be affordable to the patients. If patients are unable to buy, the situation will be different though we have a good iron chelator like Exjade in the market. There is tax exemp-

tion on live saving drugs, cardiovascular, anti-tubercular, anti-malarial and cancer chemotherapy drugs in our country. Considering the life long burden of the treatment cost, "iron chelator" should also be included in the exempted category.

Availability other Iron Chelators in Bangladesh

It is matter of regret that Desferal (Desferioxamine) by Novartis, the ideal drug for thalassaemia is not available in Bangladesh for long time. Despite repeated request from the thalassaemia patients, their families and organizations working for thalassaemia, the company took no initiative to supply the drug which is lifesaving for the patients. They denied to sale the drug (desferioxamine) due to poor business feasibility and availability of the same in the market at a cheap rate smuggled from unknown source. These Desferal available in the market are not working properly leading the patients to more sufferings. So many patients buy the original Desferal from Novartis India, which ideally they supposed to get from Novartis here. Novartis should reconsider to bring Desferal till Exjade is available in the market.

The alternative iron chelator Deferiprone (Kelfer) is available at Dhaka for quite some time in some limited locations. Kelfer is available at Bangladesh Thalassaemia Foundation and

Bangladesh Thalassaemia Society.

It has some side effects such as nausea, joint pain, neutropenia (condition where there are fewer neutrophils than normal in the blood). So patients require regular blood count monitoring.

Recent studies indicate that deferiprone can play a crucial role in reducing cardiac iron stores, an important consideration for a population like ours in which the leading cause of death is cardiac-related, usually in the second or third decade of life. The current recommendation is combination therapy with desferioxamine and deferiprone, which has superior result then using either of the drugs alone.

Conclusion

The availability of an oral chelator can make a meaningful difference in both the quality and quantity of life for the patients. We hope that approval of Exjade is a beginning, not an end. Each thalassaemia patient has his or her own specific needs. To meet those needs, doctors have available several chelating options, so that treatment can be tailored in the most effective way possible.

Exjade (Desferioxamine), the breakthrough once-daily iron chelator by Novartis was presented before the thalassaemia community at 10th International Conference on Thalassaemia and Hemoglobinopathies during 7-10 January 2006 in Dubai, UAE. Dr Md Abdur Rahim (0171160824), who joined the conference is Secretary of Bangladesh Thalassaemia Foundation.

Positive thinking: A skill for stress relief

STAR HEALTH DESK

Is your glass half-empty or half-full? How you answer this age-old question may reflect your outlook on life and whether you are optimistic or pessimistic.

In fact, studies show that these personality traits optimism and pessimism can affect how well you live and even how long you live.

Need an attitude adjustment? Find out how to reduce your stress by halting negative thoughts and practicing positive self-talk.

Be positive: Live longer, live healthier

Self-talk is the endless stream of thoughts that run through your head every day. These automatic thoughts can be positive or negative. If the thoughts that run through your head are mostly negative, your outlook on life is likely pessimistic. If your thoughts are mostly positive, you are likely an optimist.

Some of your self-talk comes from logic and reason. Other self-talk may arise from misconceptions that you create because of lack of information.

Researchers continue to explore the effects of optimism on health. The health benefits optimism may provide are:

- Decreased stress
- Greater resistance to catching the common cold
- A sense of well-being and improved health
- Reduced risk of coronary artery disease
- Breathing easier if you have chronic obstructive lung disease, such as emphysema
- Improved coping ability for women with high-risk pregnancies
- Living longer
- Better coping skills

How to put a positive spin on negative thoughts

Self-talk - the inner monologue sometimes referred to as automatic thinking can be positive or negative. When the theme of your self-talk is mostly negative, your own misperceptions, lack of information and distorted ideas have overpowered your capacity for logic and reason. But if you weed out misconceptions and irrational thinking and challenge them with rational, positive thoughts, your self-talk will gradually become realistic and self-affirming.

Some common forms of irrational thinking are:

Filtering: You magnify the negative aspects of a situation and filter out all of the positive ones. For example, you had a great day at work. You completed your tasks ahead of time and were complimented for doing a speedy and thorough job. But you forgot one minor step. That evening, you focus only on your oversight and forget about the compliments you received.

Personalising: When something bad occurs, you automatically blame yourself. For example, you hear that an evening out with friends is canceled and you assume that the change in plans is because no one wanted to be around you.

Catastrophising: You automatically anticipate the worst. You refuse to go out with friends for fear that you will make a fool of yourself. Or one change in your daily routine leads you to think the day will be a disaster.

Polarising: You see things only as either good or bad, or black and white. There is no middle ground. You feel that you have to be perfect or you are a total failure.

You can learn to turn negative thoughts into positive ones. The process is simple, but it takes time and practice.

Throughout the day, stop and evaluate what you are thinking. If you find that your thoughts are negative, try to find a way to put a positive spin on them.

Start by following one simple rule: Don't say anything to yourself that you would not say to anyone else.

Examples of typical negative self-talk and how you might apply a positive twist are included in the table.

Practice makes perfect

If you tend to have a negative outlook, don't expect to become an optimist overnight. But eventually your self-talk will automatically contain less self-criticism and more self-affirmation.

Practicing positive self-talk will improve your outlook. When your state of mind is generally optimistic, you're able to handle everyday stress in a realistic and constructive way. That ability may contribute to the widely observed health benefits of being an optimist.

Negative self-talk	Positive spin
I've never done it before	It's an opportunity to learn something new
It's too complicated	Let's look at it from a different angle
I don't have the resources.	Necessity is the mother of invention
There's not enough time.	Let's re-evaluate some priorities
There's no way it will work.	I can try to make it work.
I don't have the expertise.	I'll find people who can help me
It's good enough.	There's always room for improvement
It's too radical a change.	Let's take a chance.
No one bothers to communicate with me	I'll see if I can open the channels of communication
I'm not going to get any better at this	I'll give it one more try
I'm never going to learn how to manage my stress	I'm going to try to learn how to manage my stress

Clarification of the news on 'Doctor's negligence costs a youth's life' published in The Daily Star on December 23, 2005

I am a doctor and in-charge of the previous NHN Saleha Memorial (Diabetic) Centre (presently Gulshan Health Care Centre), an enterprise of the Diabetic Association of Bangladesh. Our centre is widely known as only an out-patient and diagnostic centre, and not as a 'clinic' as the news put it. We never promoted our centre as our emergency management centre. Even then when the patient, Mr SM Abi (aged 27 years) was brought by his parents

at about 1.30 pm on 22.11.2005 with an acute pain in upper mid-abdomen and precordium, we tried to do our best within all the limitations which we have.

I took personally the history of patient and examined pulse, BP, abdomen, lungs and heart. Everything was normal. Immediately I gave him an omeprazole capsule and advised ECG. As because patient's parents were known to me for long time. I was by the side of the patient when ECG being done.

When ECG stretching was coming out of ECG machine I found there is some abnormality in ECG. Immediately I sprayed GTN under the tongue of the patient.

After few minutes the patient became a right. I told the patient's father that, this might be a case of ischemic heart disease. For proper diagnosis, patient should go for blood test CKMB right now and ETT one or 2 days later. Accordingly an appointment was made in our Executive Centre at Kalabagan. It

to be mentioned here that when ETT appointment was done patient was a right.

After giving blood sample for CKMB test patient developed same pain again. I rushed to the patient and saw patient was lying on the sofa. Immediately I sprayed GTN under the tongue of patient and told his parents this might be a case of unstable angina, so urgent hospitalisation is needed. I mentioned the name of the nearest cardiac centres like Cardihope, Sikder Cardiac

Centre. But patient's parents requested me to refer him to National Heart Foundation.

I ordered our attendant to bring tablet Aspiring, Nitroglycerine from nearest drug store. When tablets reached to me I, myself put the medicine inside the mouth of the patient.

At that moment Mr Abi's parents were puzzled and they became sick. They told me, "I do not understand what can I do. I cannot do anything at this

moment. Let me give some time to call my relatives and let him allow to stay here for some time."

By in the mean time the patient became a right and I again examined the patient's pulse, BP, lungs and I found everything was normal and there was no sweating. After that I came to my room to visit another patient. After visiting the patient when I came out of my room to visit Mr Abi again, I came to know that they took him to hospital.

After 12 days Mr Abi's father came to me and gave me very unfortunate news of his son's death. Doctor of National Heart Foundation declared him dead. After that, I visited Mr Abi's parents house and met his father, mother and his relatives. What happened to Mr Abi was shocking to his parents and being a doctor to me also. But I don't understand how and when I neglected the patient?
-- DR M A MOBIN TALUKDER

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