



DR RUBAIUL MURSHED

All health information to keep you up to date

Sugar is not always sweet

Too much sugar in the diet can make you put on weight and it is not good for health. Some people may stand quite large amounts without noticeable immediate ill effects; but the enduring liabilities of consuming sugar are such that it is better to reduce sugar consumption to a minimum amount.

Sugar is more precisely known as sucrose. It is a refined carbohydrate and found in a number of fruits. Most sucrose consumed in our country comes from cane sugar. Although there are a number of clinical situations in which sucrose is of value; but as a food, sugar has come in for substantial criticism from doctors. In fact, there are some vitamins and minerals present in the original cane sugar plant; but the raw materials of sugar-cane are washed with water, and the sugar extracted by first crushing and chopping and with lot of processing before crystallising. Unfortunately the final form of sugar is almost devoid of vitamins and minerals.

Sugar has been used as a thin paste applied to the area to treat infected wounds and ulcers. As well, chronically ill patients can be maintained for months or years on carefully planned management of intravenous feeding, which

usually include glucose derived from sucrose, amino acids, fatty acids, vitamins and minerals.

Sugar is very easy to eat in large amounts. Some consider sugar as 'empty calories'. Because, sweet foodstuff available these days in the market are packed with calories which provide energy and nothing else. These calories simply transform into fat and can fabricate fatness. It is interesting to know that men consume more sugar than women, and the highest consumption is amongst teenagers. The following conditions can be strongly linked with significant sucrose consumption.

- Hypertension or high blood pressure
- Diabetes mellitus (adult)
- Indigestion, Irritable bowel syndrome
- Hyperacidity, reflux
- Tooth decay
- Diarrhoea may be caused by sucrose intolerance (soft drinks)
- Increased susceptibility to infection
- Gallstones
- Hyperactivity in children
- Seborrhic dermatitis, acne
- Allergies

Treatment recommendations for rheumatoid arthritis

PROF DR MD AMJAD HOSSAIN

Today, we are blessed with a deeper understanding of the pathogenesis and characteristics of Rheumatoid Arthritis (RA) and the availability of safe and effective medications that can alter the natural history of RA and improve function.

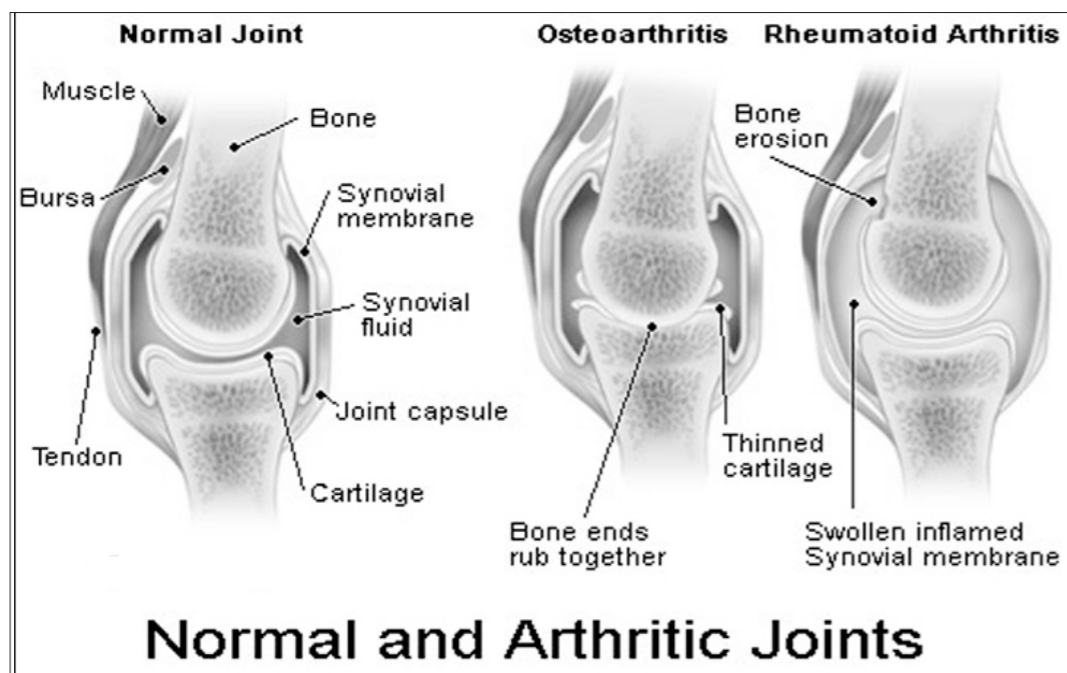
Rheumatoid arthritis is eminently controllable and the aim with the therapies is to remain "no evidence of the diseases" that means no signs of redness, warmth, swelling or tenderness and normal function.

General treatment recommendation

There are some important general guidelines regarding the modern treatment of RA.

a) Early treatment with disease-modifying drugs is mandatory in order to prevent joint damage and dysfunction (i.e. within the first 2-3 months after the disease onset). Treatment will continue for at least 5 years and possibly lifelong.

b) Once the treatment is started, close observation of the clinical response to the initial regimen is necessary. This should include a combination of clinical, laboratory and functional assessments. Less than a 75 percent improvement within the first 1-2 months of the therapy onset



Normal and Arthritic Joints

requires that the treatment protocol be reassessed and modified.

c) The treatment regimen should be specifically crafted to be equally aggressive to that of the state of inflammation in the patient. Because the illness may change its personality and presentation, close clinical observation is important.

d) Combinations of an NSAID (Non Steroidal Anti-Inflammatory Drugs) and one or more disease modifying drug are commonly

employed and are both effective and safe.

e) Short courses of prednisone (i.e. 20 mg on day one with a taper by 5 mg/day over four days) may be used to re-set the inflammatory thermostat in patients who have significant inflammation and its attendant functional limitation. The use of chronic steroids should be avoided, if possible.

f) Physical and occupational therapy should be and important component of every regimen.

g) Patient education is mandatory for the patient and their families.

Specific treatment recommendations

The treatment should match the tempo, activity, aggressiveness and personality of the RA inflammation. Quantization of the clinical outcome is mandatory. The formula that defines the type of therapy includes the following clinical information.

1. The patient's function: Are they working optimally either inside or outside of the house? If they are working, how limited are they and is their work threatened? If they have stopped working, was it due to their RA? Specific functional scales such as the health assessment questionnaire can be followed serially as an early warning sign to limitation in function. The patient can also measure function in the simple manner: ten is the worst you can be, zero is normal function. Where were you before you started the treatment regimen and where are you now?

2. The level of joint inflammation as defined by the number of swollen and tender joints.

3. The level of fatigue using the same 0-10 scale.

4. The ESR (Erythrocytes Sedimentation Rate) and the level of anemia.

5. The development of joint deformities or erosions.

6. The presence and extent of extra articular manifestations (i.e. nodules, lung disease, eye inflammation).

Medications in the RA

The following medications are prescribed for the treatment of RA. However, there are detailed specific guideline for the administration of these drugs that are not mentioned here. Patients must use these drugs following the prescription of the orthopaedic

physicians. The drugs are Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), corticosteroids, disease-modifying Anti-Rheumatic Drugs (DMARDs) etc.

Long term management issues

The long term management issues cover surgery of hand and wrist, shoulder, elbow; total hip replacement; surgery of knee like arthroscopic surgery, total knee replacement; ankle and foot surgery.

The importance of treatment

If RA is not treated quickly, as many as 80 percent of the patients will develop erosions in their joints in the first 2 years after RA begins.

If left untreated, over 50 percent of patients have to stop work within 5-10 years of the onset of RA. Active and persistent joint inflammation begets joint damage and functional limitation.

With new medication and a proactive approach to early therapy, development of erosions, joint deformities and functional limitation and loss of work are avoidable.

The writer is the Professor and Head of Department of Orthopaedics of Dhaka Medical College Hospital, Dhaka.

Did You Know

Counseling better than drug treatment for insomnia

Cognitive behavioral therapy (CBT), a counseling method that emphasizes the role of thinking and behavior modification, is more effective than zopiclone for the short- and long-term treatment of chronic insomnia in older adults, according to a new report. In fact, the study found that zopiclone was no more effective for insomnia than placebo was (a sugar pill).

Zopiclone is a central nervous system (CNS) depressant. To prevent excessive drowsiness while using zopiclone, other CNS depressants, such as alcohol, should be avoided. Side effects that may particularly affect the elderly are confusion, unsteadiness and poor coordination.

Several studies have suggested that psychological and pharmacological interventions can improve insomnia, yet few studies have actually compared the two, Dr Borge Sivertsen, from the University of Bergen in Norway, and colleagues note.

As reported in the Journal of the American Medical Association, the researchers assessed sleep outcomes in 46 insomnia patients, at least 55 years of age, who were randomly assigned to CBT, zopiclone or a placebo. The subjects were treated for 6 weeks and were followed for up to 6 months.

The features of CBT, which was conducted in weekly 50-minute sessions, included education about lifestyle fac-

tors that influence sleep, such as the importance of maintaining a strict sleep schedule and using the bedroom only when sleepy. The subjects were also taught to recognise and correct sleep misconceptions and how to perform progressive relaxation techniques.

After CBT, the percentage of time in bed actually spent sleeping, also referred to as sleep efficiency, increased from 81.4 percent at the beginning of the study to 90.1 percent at 6-month follow-up. By contrast, with zopiclone treatment, sleep efficiency actually worsened slightly, dropping from 82.3 percent to 81.9 percent.

Patients treated with CBT spent more time in the deepest stages of sleep and less time awake at night compared with patients in the zopiclone and placebo groups.

For most outcomes, zopiclone did no better than placebo, the authors point out.

These results suggest that CBT is superior to zopiclone for treating chronic insomnia in older adults, the authors conclude. They also suggest that future studies should try to identify the factors in the CBT regimen that produce the best results and if CBT sessions need to be repeated to maintain the improvements.

Source: Journal of the American Medical Association

Facts about pleural effusion

DR MD HABIBE MILLAT

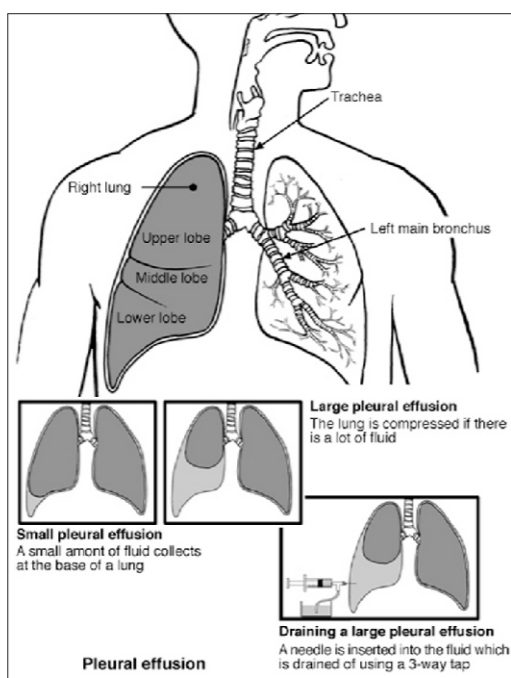
A pleural effusion is a collection of fluid between a lung and the chest wall. The pleura is the thin membrane that covers the lungs. There is normally a tiny amount of fluid between the two layers of pleura. This acts like lubricating oil between the lungs and the chest wall as they move when you breathe. An effusion develops when this fluid builds up and separates the lung from the chest wall.

A pleural effusion is a complication of a variety of conditions. These include pneumonia, tuberculosis, other lung infections, and tumours (cancers), some arthritic conditions, heart failure cirrhosis of the liver, and some kidney diseases.

You may feel some chest pain but a pleural effusion is often painless. The amount of fluid varies. As the effusion becomes larger, it presses on the lung which cannot expand fully when you breathe. You may then become breathless. Other symptoms include cough, chest pain and fever.

A chest x-ray confirms a pleural effusion. If the cause of the effusion is known then no further tests may be needed. However, sometimes a pleural effusion is the first sign of an underlying condition. Further tests may then be advised to find the cause of the effusion. These may include lung tests and taking a sample of the fluid for laboratory tests and pleura to examine in the laboratory.

A large pleural effusion which makes you breathless can be drained. This is usually done by



inserting a needle or tube through the chest wall. A major part of treatment is usually directed to the underlying cause of the effusion.

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HEALTH FITNESS TIPS

Glucose control exercise

STAR HEALTH DESK

Sometimes, it may seem easier to pop a pill or even take a shot than to put on your walking shoes and hit the trail. But the truth is that exercise, in combination with a healthy diet, is one of the best things you can do to take care of yourself if you have diabetes.

Why exercise?

- Exercise burns calories, which will help you lose weight or maintain a healthy weight.
- Regular exercise can help your body respond to insulin and is known to be effective in managing blood glucose. Exercise can lower blood glucose and possibly reduce the amount of medication you need to treat diabetes, or even eliminate the need for medication.
- Exercise can improve your circulation, especially in your arms and legs, where people with diabetes can have problems.
- Exercise can help reduce your cholesterol and high blood pressure. High cholesterol and high blood pressure can lead to a heart attack or stroke.
- Exercise helps reduce stress, which can raise your glucose level.
- It can lower your risk for heart disease; reduce your cholesterol levels and your blood pressure.

In some people, exercise combined with a meal plan, can control Type 2 Diabetes without the need for medications.

How to start exercising

If you are out of shape or have

recently been diagnosed as having diabetes, see a doctor before you begin an exercise programme. The doctor can tell you about the kinds of exercise that are good for you depending on how well your diabetes is controlled and any complications or other conditions you may have. Here are some tips for starting:

- If you are planning to walk or jog, be sure your shoes fit well and are designed for the activity you have in mind. Be alert for blisters. Wear new shoes for a bit each day until they are comfortable and not as likely to cause blisters. Remember always wear socks.
- Start slowly with a low-impact exercise such as walking, swimming, or biking.
- Build up the time you spend exercising gradually. If you have to, start with five minutes and add a bit of time each day.
- Avoid lifting very heavy weights as a precaution against sudden high blood pressure.
- If you have foot problems, consider swimming or biking, which is easier on the feet than jogging.
- Stretch for five minutes before and after your workout regardless of how intense you plan to exercise.

How often should you exercise?

Try to exercise at the same time every day for the same duration. This will help control your blood sugar. Exercise at least three times a week for about 30 to 45 minutes.

What about food and insulin?

If you plan to exercise more than an hour after eating, it is a good idea to have a snack. Generally, it is good to have a high-carbohydrate snack such as six ounces of fruit juice or half of plain bagels.

If you are doing heavy exercise such as aerobics, running or handball, you may need to eat a bit more such as a half of a meat sandwich and a cup of milk.

If you have not eaten for over an hour or if your blood sugar is less than 100 to 120, eat or drink something like an apple or a glass of milk before you exercise. Carry a snack with you in case of low blood sugar.

If you use insulin, exercise after eating, not before. Test your blood sugar before, during and after exercising. Don't exercise when your blood sugar is more than 240.

If you are not an insulin user, test your blood sugar before and after exercising if you take pills for diabetes.

When is exercise a problem?

If your blood sugar level is over 300 mg/dl, if you are sick, short of breath, have ketones in your urine or are experiencing any tingling, pain or numbness in your legs, don't exercise. Also if your medication is peaking, it is better not to exercise.

Your Doctor

Dear Doctor,
I have been suffering from chronic gastric ulcer for the last 12 years. Following the advice of gastroenterologist I have done endoscopy, conoscopy, CBC, IgG. H. Pylori was found as a causative agent of my problem.

Doctor prescribed Clarithromycin+Amoxicillin+Omeprazole 20mg BD.

I am taking Omeprazole 20mg BD for many years. I don't take anything that is sweet or sour, nor do I take meat, milk and dairy products.

But till now I have been suffering from the same problem. There is no improvement.

Are there any side effects of long term use of PPI? Is my problem not curable? Please, give me a suggestion.

Regards
A K Sarker

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Sir Salimullah Medical College and Mitford Hospital, Dhaka

On coming issue "Your Doctor" will respond to problems of Orthopaedics. Send your questions to Your Doctor, Star Health, The Daily Star, 19, Karwan Bazar, Dhaka 1215 or e-mail your problem to starhealth@thedailystar.net



Health News

postgraduate diploma in neurology from Institute of Neurology, London, UK.

He was trained in neuromedicine and medicine at Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka, Holy Family Red Crescent Medical College Hospital, Dhaka.

Dr Mannan was also trained in neurosurgery at Mount Elizabeth Hospital, Singapore and got a fellowship from Singapore National Neuroscience Institute in Epilepsy.

He has also been working as a consultant neurologist at Neurology Foundation Hospital in the capital.

Dr Mannan graduated from Budapest Medical University, Hungary and achieved