



PROTECTION AGAINST COMMON GERMS

Fear the phone, not the doorknob

REUTERS, Washington

Worried about colds, flu and other germs? Go ahead and touch those doorknobs and elevator buttons, but watch out for the telephone, fresh laundry and sinks, a top expert advises.

And while you should always wash your hands before making a meal, many people do not realise that they should do so afterwards also, says Charles Gerba, a microbiologist and clean water expert at the University of Arizona.

"Most of the common infections - colds, flu, diarrhea - you get environmentally transmitted either in the air or on surfaces you touch. I think people underestimate surfaces," Gerba said. And when they are cautious, they are usually cautious about the wrong things. Germs do not stick where people believe they will.

"Doorknobs are usually on the low side," said Gerba, who has conducted dozens of surveys of bacteria and viruses in workplaces and homes. "I guess

they are not moist. Never fear a doorknob."

Keyboards and telephones - especially when they are shared - are among the most germ-laden places in a home or office, Gerba said.

Lunch counter for germs
"Keyboards are a lunch counter for germs," Gerba said. "We turn them over in a lot of studies and we are amazed at what comes out of a keyboard."

In fact, the average desk harbors 400 times more bacteria than the average toilet seat, says Gerba, whose latest survey focuses on the germiest professions.

"Nobody cleans the desktop, usually, until they stick to it," he says.

Perhaps not surprisingly, teachers have the highest exposure to bacteria and viruses, Gerba has found. Accountants, bankers and doctors also tend to have microbe-laden offices, while lawyers came out surprisingly clean in the germ-count stakes.

JOINT COMMISSION INTERNATIONAL (JCI) ACCREDITATION

Conference on hospital management called attention to JCI accreditation

TAREQ SALAHUDDIN, Back from Singapore

In response to growing interest in accreditation and quality improvement worldwide, the Joint Commission International (JCI) accreditation standards are based on international consensus standards and set uniform, achievable expectations for structures, processes and outcomes for hospitals. The accreditation process is designed to accommodate specific legal, religious and cultural factors within a country.

JCI accreditation can help international health care organisations, public health agencies, health ministries and others to evaluate, improve and demonstrate the quality of patient care in their nations. It is considered as the gold standard of world-class healthcare facilities - like the ISO certification for industries.

JCI offers six accreditation and certification programs. The sectors include 1. International Standards for Hospitals; 2. International Standards for the Care Continuum; 3. International Standards for Medical Transport Organizations; 4. International Ambulatory Care Standards; 5. International Disease or Condition-Specific Care Standards.



PHOTO: TAREQ SALAHUDDIN

Seminar on Joint Commission International Accreditation Essentials during the 'Hospital Management Asia 2006' conference in Singapore on August 28, 2006.

To ensure their international applicability, Joint Commission standards were developed by a 16-member international task force, representing seven major world regions: Western Europe; the Middle East; Latin and Central America; Asia and the Pacific Rim; North America; Central and Eastern Europe; and Africa.

People from Bangladesh go to India, Thailand and Singapore to seek better treatment facilities. There are several public and private hospitals which has earned JCI accreditation. In India, Apollo Hospital, Chennai; Apollo Hospital, Hyderabad; Indraprastha Apollo Hospital,

New Delhi; Shroff Eye Hospital, Mumbai; Wockhardt Hospital, Mumbai are JCI accredited. In Thailand only the Bumrungrad International Hospital, Bangkok is JCI accredited.

Singapore's several public and private hospitals have already earned JCI accreditation. The JCI accredited hospitals in Singapore are Alexandra Hospital; Changi General Hospital; Gleneagles Hospital; Institute of Mental Health; Woodbridge Hospital; Johns Hopkins Singapore International Medical Centre; KK Women's and Children's Hospital; Mount Elizabeth Hospital; National Heart Centre of Singa-

pore; National University Hospital; Singapore General Hospital; Tan Tock Seng Hospital. Singapore has a plan to make all their hospitals JCI accredited within few years to ensure world-standard healthcare service in all hospitals and establish Singapore as a medical hub in the world. This is one of the reasons why Singapore is growing fast in healthcare services.

Recently 'Hospital Management Asia 2006' conference was held in Singapore. It was the premier learning conference for hospital management. The main conference included latest healthcare technologies at the Hospital Trends Expo, several workshops and plenary sessions on healthcare management, expert presenters from the US, Europe and Asia, meeting of minds - facilitated sessions to match participants with shared interests and the CEO management forum.

To ensure up to the mark healthcare services to the patients, JCI accreditation is a must now-a-days. If several hospitals of our country are benchmarked with JCI accreditation, they can certainly prevent patients from going abroad providing the service at home. It can also promote health tourism of the country and bring back hope and dignity of the local healthcare providers.

WOMEN'S HEALTH

Diabetic women need fracture prevention strategy

After 22 years of following women with type 1 or 2 diabetes, researchers detected a statistically significant increased risk of hip fracture, highlighting the need for prevention efforts in population.

"Increased risk of fracture has not traditionally been considered a consequence of diabetes mellitus," Dr Mohsen Janghorbani from Isfahan University of Medical Sciences in Iran noted.

"However, this study, as well as several other observational studies, has demonstrated that individuals with type 1 and type 2 diabetes are at increased risk of hip fracture and fall, despite higher weight than nondiabetic control individuals," the researcher added.

The findings are based on data from 109,983 women aged 34 to 59 years in 1980 who were followed through 2002. As participants in the Nurses' Health Study, the women were asked about their history and treatment of diabetes and other potential risk factors for hip fracture.

During the study period, 1,398 women (1.2 percent) fractured a hip, Janghorbani and colleagues at Harvard University, Boston, noted.

Compared with nondiabetic women, after factoring in the effects of age, the risk of fracture was seven times higher in women with type 1 diabetes and

almost twice as high in those with type 2 diabetes, the researchers reported.

After further adjusting the data for the effects of weight, smoking, physical activity, menopausal status, postmenopausal hormone use, and daily intake of calcium, vitamin D, and protein, the risk of hip fracture was more than six times higher women with type 1 diabetes and more than two-times higher in women with type 2 diabetes.

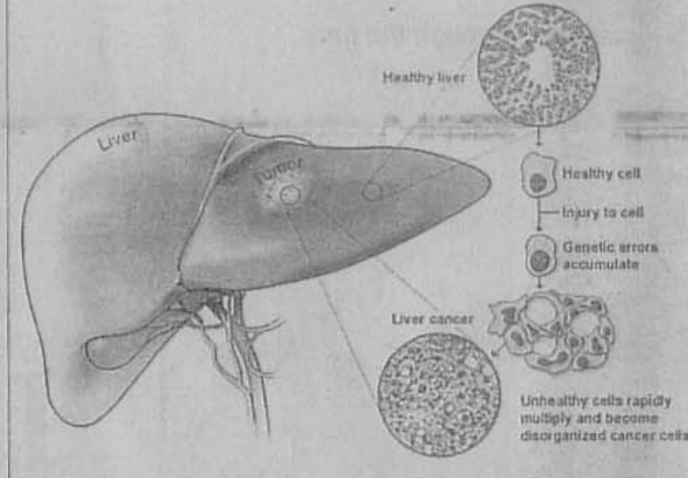
The mechanisms involved in these negative effects on fracture risk in diabetes are not entirely clear, the investigators note. The risk of hip fracture increased with longer duration of type 2 diabetes; having type 2 diabetes for 12 or more years was associated with a three-times higher risk of hip fracture, compared with no diabetes.

The risk of hip fracture also increased with insulin treatment. This may indicate a more severe disease process, the team notes, rather than being a direct contributor to hip fracture. On the other hand, insulin may exert negative effects on the bones. The role of insulin in fracture risk is uncertain, they add, and requires more study.

Overall, "the results of this study highlight the need for fracture and fall prevention strategies in patients with diabetes," Janghorbani concluded.

Source: Diabetes Care

Genetic mutation and cancer development



BASIC FACTS: PREVENTION

Can cancer be prevented?

All cancers caused by cigarette smoking and heavy use of alcohol could be prevented completely.

Certain cancers are related to infectious exposures, e.g., hepatitis B virus (HBV), human papillomavirus (HPV), human immunodeficiency virus (HIV), helicobacter, and others, and could be prevented through behavioral changes, vaccines, or antibiotics.

Regular screening examinations by a healthcare professional can result in the detection of cancers of the breast, colon, rectum, cervix, prostate, testis, oral cavity, and

skin at earlier stages, when treatment is more likely to be successful.

Self-examinations for cancers of the breast and skin may also result in detection of tumors at earlier stages. Cancers that can be detected by screening account for about half of all new cancer cases.

The 5-year relative survival rate for these cancers is about 82 percent. If all of these cancers were diagnosed at a localised stage through regular cancer screenings, 5-year survival would increase to 95 percent.

Book Review

PATHOLOGY TESTS

STAR HEALTH DESK

Recently 'Pathology Tests' - a book containing the principles, methods, interpretation of commonly performed laboratory tests and associated clinical conditions has been published, says a press release.

The authors of the book are Prof Dr Md Tahminur Rahman (Sajal), Head of Pathology Department of Ibrahim Medical College, Dhaka and Prof Dr Hosne Ara Tahmin (Charu), Additional Director General of Health Service (Admin), DGHS and Ex-Principal of Dhaka Medical College Hospital.

Doctors, medical students, paramedics, nurses and general public will be able to gather more extensive knowledge regarding commonly performed

laboratory tests, proper sampling, quality assurance, proper disposal of medical waste, patient rights and responsibilities and so on from the book.

The book is very reader-friendly and it easily describes about important general procedures in pathological tests. The book gives an overview on common diseases, clinical condition and related pathological tests of hematology, immunology and serology, microbiology, histology and cytopathology, biochemistry, some special molecular techniques and some special tests.

Anyone can get the basic idea about the commonly used laboratory procedures in our daily clinical practice. It will help to make their conception clear about their own health concern.

Health Tips

Antibiotics not advised initially for treating runny nose

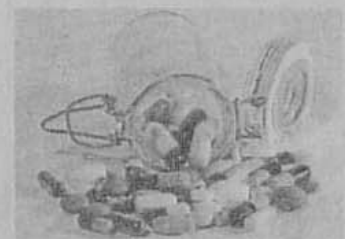
Children suffering from common cold and persistent runny nose should not be treated initially with antibiotics, researchers said.

They suggested antibiotics, which can sometimes cause side effects such as vomiting, diarrhoea and abdominal pain, should only be prescribed if the youngsters do not improve.

"Most patients will get better without antibiotics," Bruce Arroll of the University of Auckland in New Zealand said.

The overuse of antibiotics has led to concerns about the emergence of resistant to the most powerful antibiotics.

Arroll and his colleague Tim Kenealy reviewed seven studies that looked at the effectiveness or harm of treating acute purulent rhinitis, a runny nose with a colored discharge, with antibiotics. Although the drugs are probably effective for the problem, they



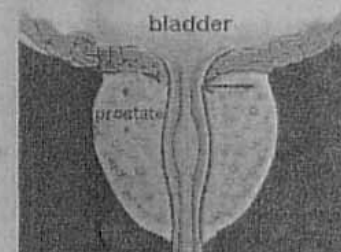
found that for each patient that will benefit from the drugs six others will not.

"Our summation would be to suggest initial management by non-antibiotic treatments or 'watchful waiting' and that antibiotics should be used only when symptoms have persisted for long enough to concern parents or patients," they said.

The researchers said their findings support current "no antibiotic as first line" advice.

Source: British Medical Journal

Lean body mass protects against prostate cancer



They examined the effects of weight, height, body mass index, and lean body mass, which they thought might be more relevant than body mass index to the risk of prostate cancer and aggressiveness of the disease.

The researchers found that the higher the lean body mass, the lower the risk of prostate cancer, especially in men with more aggressive disease or who were older when their cancer was diagnosed. They also observed a similar, though weaker, inverse pattern for weight, but found no associations between risk of prostate cancer and body mass index or height.

The investigators suspect that the inverse associations between higher lean body mass and prostate cancer risk may reflect the potentially protective effect of high levels of the male hormone androgen in patients with high lean body mass on the development and progression of prostate cancer.

Source: Journal of Urology

INTRAVASCULAR ULTRASOUND (IVUS)

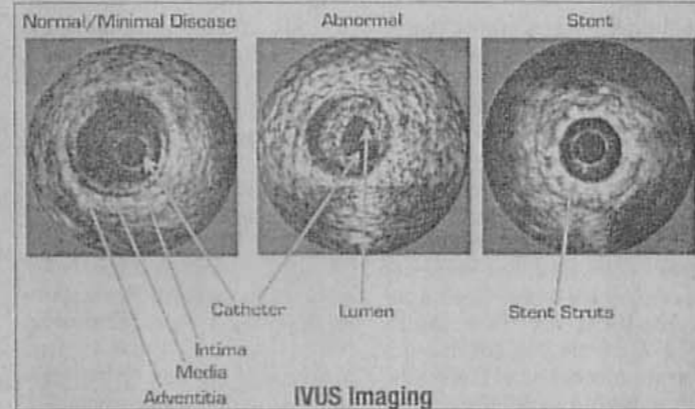
New imaging method to evaluate coronary arteries more accurately

DR S M MUSTAFA ZAMAN

The international gold standard technique for the detection and evaluation of coronary artery disease is contrast angiography. In recent years a number of limitations of this technique have become apparent; these include the two-dimensional nature of the images, the absence of information about the blood vessel wall, insensitivity to substantial plaque burden in outwardly remodeled vessels and inability to detect vessel wall disruption during angioplasty. To overcome these limitations, intravascular ultrasound (IVUS) was developed.

It is a medical imaging methodology using (a) specially designed long thin complex manufactured catheters attached to (b) computerised ultrasound equipment. It enables applying ultrasound technology to see from inside blood vessels out through the surrounding blood column, visualise the inner wall of blood vessels and especially the anatomy of the walls of blood vessels in living individuals, while awake and without pain.

In clinical practice IVUS is most often used as an adjunct to balloon angioplasty to detect



dissection, stent underdeployment, stent thrombosis and to predict restenosis risk in developed countries. It is also used as an accessory to diagnostic angiography to evaluate lesions of uncertain severity (especially in the left main coronary artery) and to detect disease which is not visible on an angiogram (as in the case of transplant coronary artery disease). The technique is similar to balloon angioplasty - a 6 to 8 French access sheath and guiding catheter are used through which a conventional angioplasty guidewire is passed to the distal part of the artery under scrutiny.

Arguably the most valuable use of IVUS has been in research

to better understand the behavior of the atherosclerosis process in living people. Based on the angiographic view and long popular medical beliefs, it had long been assumed that areas of high grade narrowing of the opening within the coronary arteries, visible by angiography, were the likely points at which most heart attacks would occur.

However, IVUS enables more accurately visualising not only the lumen of the coronary arteries but also the atheroma "hidden" within the wall. IVUS has thus enabled advances providing a more thorough perspective and better understanding.

In the early 1990s, IVUS research on the re-stenosis problem after angioplasty lead to

recognition that most of the re-stenosis problem, as visualised by an angiography examination was not true re-stenosis. Instead it was simply a remodeling of atheromatous plaque, still protruding into the lumen of the artery after angioplasty completion; the stenosis only appearing to be reduced because radiocontrast agent was now flowing around some of the plaque. The radiocontrast flow around the plaque creates a more open, wider radiocontrast shadow width on the angiographic image, despite persistent narrowing of the lumen by the plaque within. This recognition promoted more frequent use of stents to hold the plaque out of the lumen.

In developed countries, interventional cardiologists hardly think an angioplasty without IVUS. Some conscious patients (who can afford) are going abroad for angioplasty since there is no facility of IVUS in the country. So the widely used imaging technique should also be introduced in our country as soon as possible to assure quality service in coronary artery diseases.

The writer is an Assistant Professor of Cardiology of Bangladesh Sheikh Mujib Medical University.

Your Doctor



Dr Afzalur Rahman
Associate Professor
Department of Cardiology
National Institute of
Cardiovascular Diseases (NICVD)

Dear Doctor
I am 47 years old, I have gout and recently I felt discomfort in my chest. When I consulted a doctor, he suggested some tests to find abnormalities of heart.

Is there any relation between gout and heart diseases? Is gout a risk factor for heart disease? Please explain.
Regards--
Jesmin Mymensing

Answer:
It is true that elevated uric acid levels may increase the risk of heart attack. Gout is a painful

form of arthritis that occurs when too much uric acid accumulates in a joint and causes inflammation. A growing body of evidence suggests that both high blood levels of uric acid and gout increase the risk of heart disease, including heart attack.

One study of nearly 13,000 men, published in the journal "Arthritis & Rheumatism" in August 2006, compared the heart attack rates of men who had gout with men who did not. Results showed that 10 percent of men in the gout group had heart attacks, compared with 8 percent in the gout-free group - a small but

important difference over a seven-year period. However, more research is needed to confirm this finding.

If you have elevated blood levels of uric acid, your doctor may recommend screening for other heart disease risk factors as well as strategies for reducing those risk factors. Your doctor may also suggest steps for lowering your uric acid levels, including dietary changes and medication.

Now you need to modify your lifestyle to avoid the risk factors of heart diseases and gout.

Send your health related queries to Your Doctor, Star Health, The Daily Star, 19, Karwan Bazar, Dhaka 1215 or e-mail your problem to starhealth@thedailystar.net