

Facts about extensively drug resistant TB

What is XDR-TB?

XDR-TB is the abbreviation for extensively* drug resistant tuberculosis (TB). One in three people in the world is infected with dormant TB germs or bacteria. Only when the bacteria become active do people start falling sick with TB. They become active as a result of anything that can reduce the person's immunity, such as HIV, age, or some medical conditions.

TB can usually be treated with a course of four standard, or first-line, anti-TB drugs. If these drugs are misused or mismanaged, then multi-drug resistant TB (MDR-TB) can develop. This takes longer to treat, with second-line drugs, which are more expensive and have more side effects.

XDR-TB can develop when these second-line drugs are also misused or mismanaged, and therefore also become ineffective. Because patients with XDR-TB are resistant to first- and second-line drugs, XDR-TB seriously limits treatment options. Therefore it is vital that TB control is managed properly.

What is MDR-TB?

MDR-TB or multidrug-resistant TB is a specific form of drug-resistant TB. This is when the TB bacteria are resistant to at least isoniazid and rifampicin, the two most powerful anti-TB drugs. XDR-TB is resistance to at least three of the six classes of available second-line drugs, in addition to MDR-TB.

How do you get XDR-TB?

People who are sick with TB in the lungs (the commonest site affected) are often infectious and can spread the disease by coughing, or sneezing, or simply talking, as this propels TB bacteria into the air. A person needs only to breathe in a small number of these germs to be infected. Sometimes the bacteria are already drug resistant if they come from a person who already has drug-resistant TB. There is a second way to develop MDR-TB or XDR-TB, and that is when a patient's own TB develops resistance. This can occur when anti-TB drugs are misused or mismanaged.

How easily is XDR-TB spread?

There is almost no difference between the speed of transmission of XDR-TB and any other forms of TB. The spread of TB bacteria depends on factors such as the number and concentration of contagious people in any one place together with the presence of

percent of people infected with TB bacteria never get the disease of TB. This applies to XDR-TB as well as to ordinary TB. People with HIV infection, however, in close contact with a TB patient, are more likely to catch TB and fall ill. The TB patients whom they meet should be encouraged to follow good cough hygiene, for example, covering their mouths with a handkerchief when they cough, or even, in the early stages of treatment, using a surgical mask, especially in closed environments with poor ventilation. The risk of getting infected with TB is very low outside in the open. Overall, the chances of being infected with XDR-TB are even lower than with 'ordinary' TB because cases of XDR-TB are still very rare.

How can a person who already has 'ordinary' i.e. drug-sensitive TB, avoid getting XDR-TB?

The most important thing is for a patient to continue taking all their treatment exactly as it is prescribed. No doses should be missed, but this is especially important if the course of treatment is meant to be taken every other day - so-called 'intermittent treatment'. Above all, the treatment should be taken right through to the end. If a patient finds that side effects are a problem, then they should quickly discuss this with their clinicians, because often there is a very simple solution. If they need to go away for any reason, patients should make sure they have enough tablets with them for the duration of the trip.

What should be done if a person has been in contact with a known or suspect case of XDR-TB?

Anyone who has been in contact with someone known, or suspected to have XDR-TB, should consult their doctor, or a local TB clinic, and be screened to see if they have TB. This is most important if the person has any symptoms of TB.

If they have a cough, they will be asked to provide a sample of sputum which will be tested to see if there is any evidence of TB. Several other tests will be performed in the clinic including a skin test and a chest radiograph. If TB is found then treatment will be started with the drugs to which the person's TB is most likely to respond. If there is any evidence of infection with TB bacteria, but without disease, then preventive treatment may be given or, the



people with a higher risk of being infected (such as those with HIV/AIDS). The risk of becoming infected goes up the longer the time that a previously uninfected person spends in the same room as the contagious case. The risk of spread increases where there is a high concentration of TB bacteria, such as can occur in closed environments like overcrowded houses, hospitals or prisons. The risk will be further increased if ventilation is poor. The risk of spread will be reduced and eventually eliminated if contagious patients are receiving proper treatment.

Can XDR-TB be cured or treated?

Yes, in some cases. Several countries, with good TB control programmes, have shown that cure is possible for up to 50-60 percent of affected people. But successful outcomes also depend greatly on the extent of the drug resistance, severity of the disease and whether the patient's immune system is compromised.

It is vital that clinicians caring for TB patients are aware of the possibility of drug resistance and have access to laboratories that can provide early and accurate diagnosis so that effective treatment is provided straight away.

How can a person avoid catching XDR-TB?

The majority of healthy people with normal immunity may never catch TB, unless they are heavily exposed to contagious cases who are not treated or who have been on treatment for less than about one week. Even then, 90

Source: WHO Stop TB Department

Be aware of stupefying agents at Eid journey

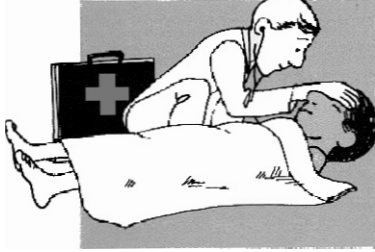
MD RAJIB HOSSAIN

In an Eid journey, businessman Ahmed Karim (not a real name) started his journey by launch from Sadarghat to Barishal. In the launch, he met an unknown person. Mr Karim was impressed by the person's conversation. After some time, the person offered him drinks. Being impressed, Mr Karim could not help taking the drink and after that he lost his consciousness. When he woke up, he found himself in a hospital and understood that he had lost everything he bought for Eid. This is a commonplace scenario of our country during Eid journey.

Before Eid, a group of muggers and hijackers become specially active. They make people stupid by offering them food containing stupefying agents. Among the stupefying agents datura seeds ("The Angel's Trumpet" or "Trumpet Lilies") is the most common. It has a profound impact on the psyche, sometimes with long lasting effects. Everybody should get alert during journey and no one should take any kind of food



Datura is one of the commonly used stupefying agents. Be aware of datura poisoning at Eid journey.



or drink from unknown person. Most commonly, datura seed are used by mixing with drink like tea, coffee, coconut water and other soft drinks. Datura produces the following symptoms. It may help people to identify and quick recovery of the victims.

Symptoms

- Symptoms appear 20 to 30 minutes after ingestion of datura. Datura is bitter in taste. After swallowing, person feels dryness in mouth, difficulty in swallowing and speech.
- Face becomes flushed and skin is dried.
- Vomiting and pain in the abdomen is also common.

- Pupils (central opening in the eye, through which light enters) are dilated and vision becomes blurred and person feels the problem of double vision.
- Pulse is rapid and respiration becomes very quick.
- Person also suffers from restlessness, confusion, talkativeness, convulsion, delirium and sometimes hallucination.

At first 2 hours, person feels excitement and the next hour depression occurs and he or she may go to deep sleep, coma, and respiratory depression. In few cases datura can lead to fatality.

Management

In most cases, patients recover

within 24 hours with left over symptoms like dry skin, mental confusion, and dilated pupil. If anyone notices these symptoms s/he should be hospitalised immediately as early as possible.

In cases of poisoning one should induce vomiting and bowel evacuation as a first aid measure. Initial management of the patient include emesis (bringing up vomit into the mouth) induced by medicine. Emesis may help to remove undigested poison (datura seed). Then in hospital, stomach wash is done. There are also some specific antidotes (drug or substance which counteract the action of poison) and symptomatic treatment.

People face various problems in hospitalisation from remote places. But simple awareness can help us getting rid of these kind of problems.

By taking little precaution, we can make our journey free from these shorts of troubles.



Strong community-based nutrition counselling is necessary

The 2004 baseline survey of the Bangladesh National Nutrition Programme examined nutritional status, knowledge and practices of unmarried adolescent girls (aged 13-19) living in rural Bangladesh.

Adolescents were of poor nutritional status; 9% were severely thin and 16% were moderately thin.

More than half did not know the names of energy-dense and protein-rich foods. Most (65%) reported understanding of the need to take extra nutrients during adolescence to attain potential growth.

On average adolescent girls ate 4.7 servings of protein rich and 3.3 servings of fat rich foods in the preceding week. Adolescents in the highest asset quintile (a proxy for economic condition) were 54% more likely to have had fish or meat and 91% more likely to have had egg or milk in the preceding week than those in the lowest asset quintile.

Strong community-based nutrition counselling backed by basic services may improve adolescent nutrition knowledge and practices and address under nutrition 'carried-over' from childhood.

Community Action Box may help to prevent drug abuse

MD SAZZAD HOSSAIN

Bangladesh is rapidly advancing towards the epidemic situation of drug addiction and HIV/AIDS. Approximately 7.5 million people is considered to be seriously drug addicted.

No drug is produce in Bangladesh but the domestic drug abusers are expending about 6000 cr. taka for drug and the amount is increasing day by day. Drug addiction has serious consequences in our community.

The main risk period of drug abuse is during major transitions in children's lives. The first big transition for children is when they enter secondary school. This time they gather experience of smoking.

On the basis of a survey report on 100 addicted patient in Life and Light Hospital, 87 percent started smoking while they were in their school and they have learned this from their school friends.

Tobacco addiction is the gateway of drug addiction. Later, in the college life they face new experiences and new challenges. At this stage they are likely to encounter drug abuse for the first time.

At the same time they may be exposed to greater availability for drugs, drug abusers and people involved in drug syndicate. On the other hand children's earliest interaction also may occur within their family.

When the young adults enter the workforce and get marry, they again confront of new challenges and stress that may place them at the risk for drug abuse.

But we have to save our inno-

cent children from the horror of drug addiction at any costs.

A community based prevention programme known as "Community Action Box" may be organised consisting of various potential persons of the society so that they can start with an assessment of drug abuse and related problems. The result of the assessments can be used to raise community awareness and guide the community leaders and law enforcement authorities to action over the most required formalities relevant to the need of the community.

The Action Box may also be used as a warehouse of knowledge from which the victim may express their problems and get feedback to access meaningful components regarding their problems and solutions.

Here parents can work with others in the community to increase awareness and performance in their parental skill to gird their children against drug addiction and drug abuse.

Teachers can work with others in their schools or other social system to review the problems and increase children's social and academic skills enhancing peer relationships, self-control, social behavior and drug offer refusal skill.

The Community Action Box can be structured by the help of information technology to connect with each other.

The writer works at Life and Light Hospital and is a lecturer of Dhanmondi College, Dhaka.

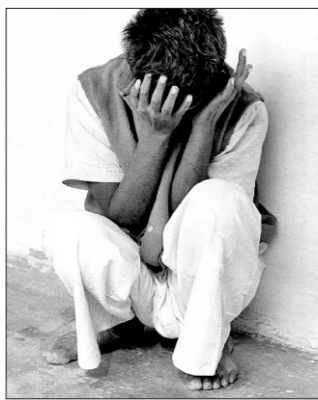
Experts want to rename schizophrenia

REUTERS, London

Mental health experts called for the term schizophrenia to be dropped, saying it has no scientific validity, is imprecise and stigmatising.

"It is a harmful concept," said Professor Marius Romme, a visiting professor of social psychiatry at the University of Central England in Birmingham. He added that symptoms such as delusions, hearing voices and hallucinations are not the results of the illness but may be reactions to traumatic and troubling events in life.

Speaking at a news conference, Richard Bentall, a professor of clinical psychology at the University of Manchester, said the concept of schizophrenia is scientifically meaningless. "It groups



together a whole range of different problems under one label - the assumption is that all of these people with all of these different problems have the same brain disease," he added.

Treatments such as atypical

antipsychotic drugs focus on eliminating the symptoms. But the drugs can cause side effects such as weight gain, an increased risk of diabetes and sexual dysfunction.

Paul Hammersley of the University of Manchester who recently helped launch The Campaign for the Abolition of the Schizophrenia Label (CASL), said there is no agreement on the cause of the illness or its treatment. CASL argues that the term schizophrenia is extremely damaging to those to whom it is applied and implies unpredictability, being dangerous, unable to cope and someone in need of life-long treatment.

"It is like cancelling someone's life," said Hammersley. "We generally believe this word has to go." Other psychiatrists agree that schizophrenia is an unsatisfac-

tory term that conveys bizarreness but they are concerned that discarding the term could lead to problems classifying patients with psychosis.

"If we don't have some way of distinguishing between patients, then those with bipolar disorder or obsessional disorder would be mixed up with those currently diagnosed as having schizophrenia and might receive treatments wholly inappropriate for them," said Robin Murray, a professor of psychiatry at the Institute of Psychiatry in London. He suggested replacing the term schizophrenia with the label **dopamine dysregulation disorder**, which he said more accurately reflects what is happening in the brain of someone who is psychotic.

How to prevent congenital anomaly of your child

DR M KARIM KHAN

Congenital disorders are defined as those disease that are substantially determined before or at birth and which are in principle recognisable in early life. Some disorders are obvious at birth like cleft lip and palate; some are obvious in early life like congenital heart diseases. Some internal defects which are not lethal may go unnoticed. Most of the congenital metabolic disorders are late diagnosed.

Some defects are major which may require early surgical intervention, some are minor that have

no functional implications like skin tag in front of the ear.

Most common congenital defects are of cardiovascular and nervous system.

Environmental factors include intrauterine infections e.g. rubella (German measles), cytomegalo virus infection, toxoplasmosis, syphilis etc.

Drugs like thalidomide, stibesterol, anticonvulsant, alcohol etc. diabetes mellitus, folic acid deficiency can cause congenital malformation.

Pregnancy brings enormous joy in a family. But if a baby is born with some congenital anomalies,

the joy turns into grief.

During pregnancy abide by the following things

1. Avoid all drugs in pregnancy without doctor's advice.
2. Avoid X-ray/other radiation.
3. No smoking (passive/ active).
4. No Alcohol.
5. Avoid anxiety and tension.
6. Avoid sedation.
7. Avoid negative thinking.
8. Avoid pregnancy after 40 years of age.
9. Avoid repeated pregnancy.

If you can follow the above instructions, complications of pregnancy may be reduced to



some extent.

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Health concern of women after menopause

DR SURAIYA RAHMAN

One of the major physiological events in a women's life is menopause. Cessation of menses, which usually occurs between the ages of 45 and 55 years, is universal and unavoidable. Menopause marks not only the end of the fertile period, but also the beginning of a new era in which changes in metabolism and psyche may become prominent.

A few years ago, the International Menopause Society (IMS) with support of WHO, designated October 18 as World Menopause Day. The celebration of this day around the world symbolise a unity among women sharing the same experience of menopause.



The IMS (International Menopause Society) and CAMS (Council of the Associated Menopause Society) have urged the National organisations to

utilise this day for increasing public awareness and knowledge of adult women's health in general and of menopause and menopause management in particular. Our recently established Bangladesh menopause society, after being affiliated with the IMS and CAMS have become committed in doing our best for this important issue, which has been perceived so far only as the tip of an iceberg problem.

The population of the world is increasing everyday. Consequently and the population of women who are of post-menopausal age is also growing throughout the world. Population data of the USA and other countries indicate that most women will live approximately one third of their life span after the menopause.

Approximately half of the population of our country is women. Women of age group 46 and over are 3-5 percent, i.e. approximately 28-30 lac. Longevity of elderly women are increasing in recent years. Average life span for elderly women is 62 years now, which is likely to increase.

If a good number of population is going to live one third of their life span in menopause, we need to do something for them. Education and awareness may help to make this neglected part of their life meaningful and worth-living. The support of the health and social welfare department of the government along with NGOs are mandatory in this regard.

Over years, the issue of women's health has been

viewed rather narrowly. Women's health was focused almost entirely on the reproductive aspect. But now we need to focus on the emergence of a new problem - increased longevity which means menopause related and more old age related problem and diseases of women. We have to look forward to many unanswered questions related to menopause management. Those questions are -

- 1) What is menopause and how does estrogen loss affect the body as women age in our culture and race?
- 2) What is the approximate number of menopausal women in the country today?
- 3) What is the approximate

number of women with osteoporosis (bone decay) and other major menopausal related problems in our country?

4) What will be the approximate cost of treating osteoporosis?

5) How effectively can we advocate the preventive aspects i.e. maintaining healthy life style and dietary habits in general?

6) How to set up specialised treatment facilities in hospitals/clinics for those who need it.

BMS has set up two clinics to deal with the postmenopausal women - HFRCH and Gulshan Group Clinic respectively.

Brig Gen (Retd) Dr Suraiya Rahman is the Secretary General of Bangladesh Menopause Society.