

AIDS epidemic continues to grow



MD RAJIB HOSSAIN

In just 25 years, HIV has spread relentlessly from a few widely scattered hot spots to virtually every country in the world, infecting 65 million people and killing 25 million.

The fight against AIDS, put into

the spotlight on World AIDS Day (1st December), has been identified by world leaders as one of the most urgent issues of national and international development. The global AIDS epidemic continues to grow and there is concerning evidence that some countries are seeing resurgence in new HIV infection rates which were previously stable or declining.

However, declines in infection rates are also being observed in some countries, as well as positive trends in young people's sexual behaviours.

According to the latest figures published in the UNAIDS/WHO 2006 AIDS Epidemic Update, an estimated 39.5 million people are living with HIV/AIDS.

High-risk sex lives

Infection rates of the HIV are on the rise particularly among sex

workers and injecting drug users. Many men are intentionally risking their lives by refusing to wear condoms during sex. While rates of HIV due to other factors like high prevalence in the neighbouring countries, frequent migration of people, lack of awareness of HIV infection, lack of voluntary blood donors and among those who receives blood from professional blood donor and homosexual are also encountered in our country.

Kalam (not a real name), first started having sex with commercial sex workers when he was 20. Two years ago, at the age of 22, he found himself a HIV positive.

He started having unprotected sex when he came to Dhaka from Rajbari as a salesman. He admitted that despite knowing about HIV/AIDS and the importance of

condoms, he took risks by not using a barrier method. "I heard through radio and TV a lot regarding the importance of using condom during sex to get protected against HIV/AIDS", said Kalam. "One day I realised that due to this high risk behaviour, I may get infected soon". But it was too late for Kalam and he already got infected by HIV.

There are lots of cases like Kalam who is getting infected despite the burning awareness issues touching them.

A report recently revealed that a total of 109 persons out of 240 diagnosed with AIDS have so far died while 874 persons have been found HIV/AIDS positive since the disease was first detected in Bangladesh.

HIV prevention works but

needs to be focused and sustained

Somewhere HIV prevention programmes are not reaching the people most at risk of infection, such as young people, women and girls, men who have sex with men, sex workers and their clients, injecting drug users, and ethnic and cultural minorities.

Making positive trends in young people's sexual behaviours like increased use of condoms, delay of sexual debut and fewer sexual partners can boost the prevention of AIDS.

It is imperative to continue to increase investment in both HIV prevention and treatment services to reduce unnecessary deaths and illness from this disease. The AIDS epidemic update and HIV surveillance throughout the country is necessary to find out people at highest risk.

An infected person is a source of infection. We need to ensure that the infection does not spread from this source, in order to stop the internal transmission. The infected person should be educated on how to take care of himself/herself. But these people unfortunately are not getting any treatment, proper food, or a place to stay. We need to give attention to this matter.

Knowing AIDS epidemic and understanding the drivers of the epidemic such as inequality between men and women and homophobia is absolutely fundamental to the long term response to AIDS. Action must not only be increased dramatically, but must also be strategic, focused and sustainable to ensure that the money reaches those who need it most.

MANAGEMENT & PREVENTION OF CARDIAC DISEASES Cardiac congress focussed on challenges for developing countries

TAREQ SALAHUDDIN

National Heart Foundation of Bangladesh (NHFB) organised a two-day long International Cardiac Congress on "Management and Prevention of Cardiovascular Diseases: Challenges for Developing Countries" in a local hotel in the city.

Justice Chowdhury ATM Masud, President of NHFB, National Professor Brig (Rtd) Abdul Malik, Secretary General of NHFB, Prof R K Khandaker, Vice President of NHFB, eminent cardiologists from home and abroad were present in the inaugural session.

Cardiovascular diseases are prevalent throughout the world and emerging a serious health problem in developing countries like ours. If effective preventive and control measures are not taken in time, the disease will assume an epidemic form within few next years.

In a latest survey, in Bangladesh, it was observed that 15-20 percent of adult population had got hypertension, 10 percent had coronary / ischemic heart diseases, 1.3 per thousand had got rheumatic heart diseases and 8 per thousand new born had got congenital heart diseases.

In a conversation, National Professor Brig (Rtd) Abdul Malik, who is also the President of NHFB expressed, "The existing facilities to prevent and control of cardiovascular diseases available in the country from the government and non-governmental organisations are not enough to meet the increasing demand of 140 million people." As the investigations and treatment procedures of cardiovascular diseases are costly, we should pay due importance on



Inaugural session of the International Congress

prevention. "More facilities should be created for modern investigation and treatment outside Dhaka at district and divisional headquarters level", he added.

Specialist cardiologists from Indonesia, Malaysia, Singapore and the USA attended to present scientific papers in the congress. They presented papers about the latest updates on arrhythmia (variation in the rhythm of the heart-beat), coronary interventions, cardiothoracic surgery and anaesthesia, hypertension, epidemiology and prevention and video demonstration of cath-lab procedures in the two-day long international congress. They revealed many emerging techniques in the management of cardiovascular diseases to improve the life standard of the patients that could even prevent sudden death.

Dr Teo Wee Siong of Mount Elizabeth Hospital and National Heart Centre of Singapore described an emerging and innovative technique — Cardiac resynchronisation therapy (CRT). He explains that heart failure

results in severe symptoms and poor quality of life, often associated with a high risk for sudden cardiac death. Medical treatments have shown significant improvement in survival but a significant proportion of these patients remain symptomatic and is still at risk for sudden death. The implantable cardioverter defibrillator (ICD) improves survival in patients.

A significant proportion of patients with heart failure have impaired atrioventricular synchrony resulting in further impairment of cardiac output. Cardiac resynchronisation therapy (CRT) with bi-ventricular pacing improves potential cardiac performance. This can allow heart to recover resulting in reverse remodeling of the heart and improvement in heart function. The CRT+ICD is the most effective in improving symptoms and preventing sudden death.

Speakers in the congress discussed such latest advancements and challenges for the management of cardiac problems in developing countries.

Symptoms of AIDS in children

DR M KARIM KHAN

"1st December is observed 'Worlds AIDS Day' and this year the slogan of the day was 'Stop AIDS. Keep the promise'."

AIDS is yet an incurable disease and it means lots of sufferings and premature death. There is no vaccine and specific treatment available for to cure the disease. So prevention is the only way to avoid AIDS.

As per statistics, so far there are 386 millions people living with HIV/AIDS in the world. In Asia 83 millions are living with HIV/AIDS and among them 180 thousands are children. In Bangladesh number of reported cases are 874 and 109 are already expired.

AIDS stands for acquired immuno-deficiency syndrome caused by human immuno deficiency virus (HIV) type 1 and type 2. The predominant cells are affected CD4 and T lymphocyte which are responsible for body immunity. Depletion of CD4 cells produce immune deficiency. When there is less internal protection, there is more chance of infection by different types of organism, which we call opportunistic infections.

Infants gets infection from infected mother during pregnancy and delivery, through breast milk and through infected blood transfusion. At adolescence they get infected sexually and intravenous drug addiction.

Presentation of the disease in children are variable and it occurs



when multiple systems of the body are involved. WHO criteria for diagnosis of AIDS in children in developing countries are as follows:

Major criteria:

1. Weight loss or abnormally slow growth.
2. Chronic diarrhea for more than one month.
3. Prolonged or intermittent fever for more than one month.

Minor criteria:

1. Generalised lymphadenopathy.
 2. Oropharyngeal candidiasis.
 3. Recurrent common bacterial infections.
 4. Persistent cough for more than one month.
 5. Generalised dermatitis.
 6. Confirmed HIV infection in the mother.
- Existence of 2 major and 2 minor criteria in the absence of other causes of immuno-

deficiency is diagnostic for AIDS in children.

Children having HIV/AIDS are prone to develop opportunistic infections like oral thrush, skin disease, diarrhoea, pneumonia, tuberculosis, Kala-azar etc. and they do not respond to usual therapy.

For successful management multi-disciplinary approach is essential.

As it is a killer disease and brings enormous sufferings, we have to protect it by any means. Through proper education we have to make awareness and that is the most important step for prevention.

So protect yourself against HIV/AIDS and thus protect your family and the Nation.

The writer is an Associate Professor Department of Pediatrics of Community Based Medical College, Mymensingh.



Your Doctor



Dr Md Shah Alam
Associate Professor
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Orthopaedics

Dear doctor,
I have been suffering from pain in both my heels for several years. I have been jogging in the mornings on a hard surface

wearing a simple canvas shoe for a long time..

I took medication and physiotherapy but all efforts have gone in vain. Last time the doctor hinted that I may need injections.

Is there any complication or risk for this prolonged pain? Can it turn into a deadly cancer? Please advise me.

Regards
Md Zahurul Islam Khan
Pantech786@yahoo.com

Answer:
You have been suffering from chronic heel pain as mentioned. I would like to assure you first that chronic heel pain never turns into cancer. There are very little complications of this problem. Rarely it may turn into osteoarthritis and most the common consequence is chronic pain in the feet.

The most common cause of heel pain is plantar fasciitis (inflammation of the plantar fascia — a broad band of fibrous tissue which runs along the bottom surface of the foot, from the heel to the toes) and heel spur. This condition can be very painful and cause considerable amount of suffering.

Long standing inflammation causes the deposition of calcium at the point where the plantar fascia inserts into the heel. This result in the appearance of a sharp thorn like heel spurs on x-ray. Symptoms include a dull ache which is felt most of the time with episodes of a sharp pain in the center of the heel or on the inside margin of the heel.

Often the pain is worse on first rising in the morning and after rest and is aggravated by prolonged weight bearing and thin soled shoes. Excess body weight is also an important cause of heel pain. Therefore it should be checked.

Treatment of heel pain depends entirely upon the cause of the problem. Therefore, it is of utmost importance to understand the cause of your symptoms before embarking on a treatment programme.

Most patients with plantar fasciitis respond to non-surgical treatment (it includes exercise and stretches, applying ice packs, shoe inserts and orthotic devices, anti-inflammatory medication, corticosteroid injection etc.) while a small percentage of patients may require surgery.

Your physician will determine which



Dr Faruq Ahmed
Head of the Department
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Gastroenterology

Dear doctor,
Whenever I walk speedily I find block of gas in my throat which comes out afterward. I regularly

take Proceptin-20 (Omeprazole 20 gm) capsule and Defflux tab Domperidon 10 mg) to get rid of gas, but still if I eat in the night, I feel heartburn in the mid night for which I cannot sleep.

Kindly advise me.
Regards
Shahana Ali
Dhaka
Shahana.A.Ali@gsk.com

Answer:
Usually we take three major types of food (carbohydrates, fats and proteins). During digestion, digestive enzymes break the chemical bonds of these complex food and little amount of gas is produced.

Among food items, carbohydrates are the most effective gas producers. About 50 percent people do not completely break down carbohydrates and intestinal bacteria act on them to produce gas. This is the mechanism of production of gas.

Before going to describe the management of your problem, I need to know your age, body weight, blood pressure and blood sugar level. But

you did not mention these things.

There may be two possible causes which are either cardiac or gastrointestinal problem. In order to differentiate this and for appropriate diagnosis, you need to perform some laboratory investigations like ECG, ultrasonography, endoscopy of gastrointestinal tract.

Evaluating the reports of the investigations, physician will give you a proper treatment guideline.

You can continue the drugs you are taking now for 4 to 8 weeks. If you have sleep disturbances, you may take anxiolytic drug (tablet Bromazepam) for the same duration as well.

It is strongly recommended that you consult with a physician before start any medication.

There are also some ways to reduce gas formation. Eat slowly and thoroughly chew the food, sip rather than gulp liquids, minimise fizzy beverages, avoid milk and dairy products, rich food, chewing gum. Using ginger may also help you in these regards.

Did You Know



Driving is challenging for Parkinson's patients

Evidence continues to mount that people who suffer from Parkinson's disease may have trouble driving safely, particularly when faced with everyday distractions like talking to a passenger or on a cell phone.

"Multitasking such as cell phone or passenger conversation puts drivers with Parkinson's disease at higher risk of driving errors than controls," Dr Ergin Y CU of the University of Iowa and the VA Medical Center in Iowa City told.

CU and colleagues assessed the effects of these common distractions on driving performance in 71 drivers with mild to moderate Parkinson's disease and 147 drivers of similar age with no neurological disorders. Drivers with Parkinson's disease made more "at-fault safety errors" than controls during both baseline driving tests and driving while distracted tests.

When distracted, 28 percent of Parkinson's disease patients made more driving safety mistakes than they did when they were not distracted. In contrast, 16 percent of healthy controls made excess driving errors while distracted.

During distracted driving, drivers with Parkinson's disease drove at slower speeds and were less able to control

their speed and steering compared to controls.

Performing poorly on tests of memory, balance, vision and cognitive flexibility (the ability to switch attention between competing tasks) as well as daytime sleepiness predicted worsening driving performance due to distraction.

"Cognition and vision appear to be more predictive of driving ability than motor problems such as tremors," CU said. "In our test battery, cognitive flexibility to switch attention between competing tasks was most important predictor of safety errors due to distraction."

This latest findings support a previous study, the investigator conducted, which showed that people with Parkinson's disease have difficulty spotting traffic signs and roadside landmarks while driving, and are more likely to make safety errors on the road.

"Clearly, Parkinson's disease can affect the ability to drive, and that effect grows as the disease progresses," CU said. "People with Parkinson's disease should be aware of this potential decline in driving ability and their family and friends should also monitor it and then recheck periodically."

Source: Neurology



Aching back? Sitting up straight may be why

REUTERS HEALTH, New York

"Sit up straight — you'll hurt your back," Mom always said. It turns out Mom was wrong, according to a new study that found sitting in an upright 90-degree position places more strain on the back than sitting in a slightly reclined 135-degree position.

"Everybody knows that if you sit for long periods you have back pain," Dr Waseem Amir Bashir, a radiologist from the University of Alberta Hospital in Canada told.

To search for the optimal back-friendly sitting position, Bashir and colleagues used a "positional" MRI scanner to study 22 healthy adults with no history of back pain or back surgery as they sat in three different positions: a slouching position in which the body is hunched forward, like over a keyboard; an upright straight-back position with legs at 90-degrees and knees and hips at the same level; and a "relaxed" 135-degree tilt back position. "In this position, the legs are lower than the hips and the back is slightly forward with a normal curvature which provides lumbar support," Bashir explained.

"We found that the reclined 135-degree position is the ideal sitting position because it actually is similar to a neu-

tral relaxed lying down position," Bashir told.

Potentially harmful spinal disk movement was most pronounced with the 90-degree sitting position; it was least pronounced with the 135-degree relaxed position, indicating that less strain is placed on the spine and associated muscles and tendons in this position.

"With the 90-degree sitting position, your back goes completely straight and you're actually straining your back against gravity," Bashir noted.

As expected, "the bending forward or slouching position is the worst sitting position for your back," he said.

So for desk-bound workers who want to protect their backs or relieve their aching back, Bashir and colleagues advise finding a chair that allows one to sit at a 135-degree angle.

"This may be all that is necessary to prevent back pain, rather than trying to cure pain that has occurred over the long term due to bad postures," Bashir said. Providing this type of chair is likely to be cost-effective for employers, given that back pain is the most common cause of work-related disability and a leading contributor to job-related absenteeism.