

World Heart Day 2020

Use your heart to beat CVD

PROFESSOR DR S M MUSTAFA ZAMAN

In May 2012, world leaders committed to reducing global mortality from non-communicable diseases (NCDs) by 25% by 2025. Cardiovascular disease (CVD) is accountable for nearly half of all NCD deaths making it the world's number one killer. World Heart Day is, therefore, the perfect platform for the CVD community to unite in the fight against CVD and reduce the global disease burden. World Heart Day is celebrated every year on 29 September.

World Heart Day informs people around the globe that CVD, including heart disease and stroke, is the world's leading cause of death claiming 17.9 million lives each year, and highlights the actions that individuals can take to prevent and control CVD. It aims to drive action to educate people that by controlling risk factors such as tobacco use, unhealthy diet and physical inactivity, at least 80% of premature deaths from heart disease and stroke could be avoided.

World Heart Day is a global campaign during which individuals, families, communities, and governments around the world participate in activities to take charge of their heart health and that of others. It



unites people from all countries and backgrounds in the fight against the CVD burden and inspires and drives international action to encourage heart-healthy living across the world.

We are living in unprecedented times. The COVID-19 pandemic has shone a spotlight on the healthcare profession, national healthcare systems and our individual responsibilities – for our own health and the vulnerable in society. We do not know what course the pandemic will take in the future but we do know that taking care of our hearts right now is more important than ever.

Cardiovascular disease (CVD) is the number one cause of death on the planet. It has many causes: from smoking, diabetes, high blood pressure and obesity, to air pollution, and rare and neglected conditions such as Chagas Disease and cardiac amyloidosis.

In the time of COVID-19, CVD patients are faced with a double-edged threat. Not only are they more at risk of developing severe forms of the virus, but they may also be afraid to seek ongoing care for their hearts.

Your heart is about using your head to understand what it takes to live a heart-healthy life and to act on that knowledge,

changing your behaviour for a better quality of life now and in the future.

It is about your influence as an individual to set an example for your loved ones. As a healthcare professional to help your patients make positive changes for their heart health. As an employer to invest in the heart health of your employees. As a government to implement policies and initiatives that will lead to better societal heart health, such as sugar taxes, smoking bans and reducing air pollution.

Your heart is about compassion to look beyond the self and act in ways that support

the most vulnerable in society; those with underlying heart-related conditions that may put them at greater risk in the time of COVID-19.

Use heart to make better choices: We can all look after our hearts and help to prevent CVD by eating a healthy diet, saying no to tobacco, sticking to safe alcohol guidelines and getting plenty of exercise – setting an example for our children and loved ones.

Use heart to listen to your heart: If you have an underlying health condition, such as heart disease, heart failure, diabetes, high blood pressure or obesity, do not let COVID-19 stop you from attending your regular check-ups.

Use heart for society, your loved ones and you: Individuals, communities and businesses have responded to the pandemic in incredible ways, supporting each other, the healthcare profession and the vulnerable in society. It is about making better choices at every level – from the personal and our day-to-day choices, to the world's governments and population-wide policy choices.

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DIABETES CARE



Improved knowledge and disease management required for diabetes

The results of the CAPTURE study were announced recently, a global non-interventional study to uncover the prevalence of cardiovascular disease and risk and its management in people living with type 2 diabetes. The study, the first of its kind and involving nearly 10,000 participants from 13 countries across five continents, showed that 1 in 3 people with type 2 diabetes have established cardiovascular disease, and 9 in 10 of these had atherosclerotic cardiovascular disease.

Atherosclerotic cardiovascular disease is caused by the build-up of fats, cholesterol and other substances in and on the artery walls, which narrows the vessels and results in reduced blood flow, potentially leading to events like heart attack and stroke.

It is critical that cardiovascular disease is prioritised as a key factor in the management of type 2 diabetes. People with type 2 diabetes need to be more aware of their risk factors and physicians need to be actively screening for them. The risks can be addressed through treatments with proven cardiovascular benefits, as recommended by various treatment guidelines.

For the first time, information on cardiovascular disease in type 2 diabetes has been gathered from both primary and secondary care settings, also reflecting that a significant proportion of people with type 2 diabetes are being treated by primary care physicians in conjunction with diabetes specialists.

Cardiovascular disease is the leading cause of disability and death among people with type 2 diabetes. Until recently, the importance of this link between type 2 diabetes and cardiovascular disease was not fully recognised on a global scale. With an increased understanding of the disease and its management, healthcare professionals will have a greater knowledge of the most appropriate way to manage this disease and improve patient outcomes.

HEALTH bulletin



Only a few developed antibodies in the first wave of COVID-19

The first cross-sectional, nation-wide analysis of more than 28,000 patients on dialysis in the United States found that fewer than 10% of adults had COVID-19 antibodies as of July 2020 and fewer than 10% were diagnosed.

Published recently in The Lancet, the new study also shows higher COVID-19 infection rates among ethnic minorities and people living in lower-income, high density, urban areas – underling the need for COVID-19 public health efforts that prioritise these populations to prevent general community spread.

The study demonstrates an urgent need for public health efforts dedicated to controlling COVID-19 to continue, with more attention paid to some of the highest risk communities the researchers identified: low-income neighbourhoods and densely populated metropolitan areas.

Despite high rates of COVID-19 in the United States, the number of people with antibodies is still low and the population has not come close to achieving herd immunity. Until an effective vaccine is approved, it is important to make sure more vulnerable populations are reached with prevention measures.

Promoting Community Clinic services during COVID-19

DR ABDULLAHEL AMAAN AND DR KHAINOOR ZAHAN

The Government of Bangladesh launched the community clinic project to set up almost 18,000 clinics with an ambition of providing healthcare services to approximately 6,000 marginalised people through each community clinic at the grassroots level. Honourable Prime Minister of Bangladesh Sheikh Hasina inaugurated the first community clinic in Gopalganj district on April 26, 2000.

Along with primary healthcare services, 30 essentials types of medicines, free of cost, are being successfully provided from 13,861 community clinics to date. Since 2009, over one billion rural people visited the community clinics, including more than 85,000 normal deliveries being conducted there.

Among the service recipients, over 23.2 million urgent and complicated patients were referred to higher facilities for better management. Moreover, Community Support Groups (CSGs) involving the beneficiaries have been encouraged to be established so that they can own this public-private partnership and make it successful.

In the weeks immediately after the pandemic spread in the country, and subsequent gross restriction of movement was imposed, the marginalised communities were at a risk of facing reduced access to all sorts of care, including healthcare. Among the vulnerable

groups, especially health services for pregnant women and newborns has been at great risk.

In such a catastrophic situation, healthcare providers in the community clinics, namely, Community Health Care Providers (CHCPs) had continued their healthcare service, as well as, reporting their higher authorities regularly, with courage and dedication.

As a result, the number of patients has substantially been increased at the community clinics than previously. A recent study finding states that 98.4% of community clinics were reporting regularly to their higher authorities.

With the relentless effort of the government and development partners, the antenatal care coverage, attending a delivery by skilled birth attendants (SBAs) and delivery at a facility has been remarkably

increased. This positive vibe is at risk of deceleration in the current COVID-19 pandemic.

Efforts from the mass media and the developing partners should be focused and enhanced in ensuring successfully functioning community clinics nationwide, so that the steady acceleration in the remarkable achievements do not get halted. Let us all work together hand in hand to the way of achieving the targeted indicators of Sustainable Development Goals (SDGs) and prove the success of Bangladesh to the world.

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Do not let parents become patients

The outbreak of COVID-19 has made Bangladesh stand in front of the mirror and see its fragile unethical health care system. Non-communicable diseases (NCDs) are advancing their claws like the speed of light – pulling the mortality up to the highest among those with NCD co-morbidities during the pandemic.

Due to the ignorance in clinical management; risk communication management; and the health care services of NCDs, the situation is becoming progressively worse, especially of the parents living with NCDs who are observed to be vulnerable to the coronavirus and are not conscious of the measures that should be taken during the pandemic to control the deteriorating physical condition.

Hence in the Global NCDs Action Week, Bangladesh Non-Communicable Diseases Forum (BNCDF) and Eminence organised a day-long virtual event on NCDs recently to ensure accountability of different stakeholders, spread awareness in people, and encourage the young generation to contribute their part for the parents living with NCDs.

Meanwhile, to improve quality treatment, care, and support services for people living with NCDs during the COVID-19 pandemic, Bangladesh Non-Communicable Diseases Forum is implementing a series of virtual policy dialogues and discussion on NCDs with health care professionals and stakeholders to share their viewpoint to prevent the huge upcoming burden on health care service in Bangladesh.

/StarHealthBD



Rumors and Misconceptions Unveiled

Can COVID – 19 be transmitted in areas with hot and humid climates?

- The COVID- 19 virus can be transmitted in any climate, including areas with hot and humid weather.

The best and most effective way to protect yourself against COVID-19 is by maintaining physical distance of at least 1 metre from others and frequently cleaning your hands with alcohol-based hand rub or washing them with soap and water.

By doing this you eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth and nose.

Can cold weather kill the new corona virus?

- There is no reason to believe that cold weather can kill the new corona virus or other diseases.

The normal human body temperature remains around 36.5 to 37 °C, regardless of the external temperature or weather.

Public awareness by:



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