

Year	Fatal	Serious	Simple	Total
1996	2041	2508	793	5342
1997	3162	3787	1289	8238
1998	3085	2823	1174	7082

Fatal ..... 49.13 percent  
 Serious ..... 44.12 percent  
 Simple ..... 15.75 percent

## Poor infrastructure despite increasing RTA

DR MD AMJAD HOSSAIN

Road traffic injuries are a deadly scourge, taking the lives of 1.2 million men, women and children around the world each year. Hundreds of thousands more are injured on our roads, some of whom become permanently disabled. The vast majority of these occur in developing countries like ours, among pedestrians, cyclists, motorcyclists and users of public transport, many of whom would never be able to afford a private motor vehicle.

Road traffic injuries are the leading cause of death by injury and the 9th leading cause of all deaths worldwide. The theme of the World Health Day 2004 was 'Road safety is no accident' considering its significance.

In our country the prevalence of road traffic accident is increasing alarmingly. The fatality rate is 70/10000 registered motor vehicles. It is 25 times higher than any industrialised country.

### Factors responsible for RTA

There are several factors responsible for the growing RTA problem in our country. Among them poor road user behaviour, ineffective law enforcement, lack of proper education and training, lack of public awareness, inadequate design of highway, low standard of vehicle are important. Pedestrian vehicle conflict contributes 60 percent of total RTA. Rapid expansion of road sector, increasing number of vehicle along with inadequate footpath, over-

bridges, underpass and zebra-crossing also contribute to increase the prevalence.

### Simple injuries (15.75 percent) that could be managed without significant expertise

- Ankle sprain
- Simple fracture
- Soft tissue injury
- Mild traumatic effusion of joint
- Closed fracture of clavicle
- Closed fracture of long bones particularly in children
- Traumatic rib fracture.

For example simple breathing exercise and assurance can manage traumatic rib fracture. Seriously injured cases (44.12 percent) needs expertise and sometimes multidisciplinary approach.

### Cause of high mortality and morbidity of RTA

- Lack of proper transport facility from the site of accident including triage.
- Inadequate hospital facilities.
- Emergency management infrastructures are yet to develop.
- ATLS (Advanced Trauma Life Support) course not yet introduced in our emergencies.

### What could be done for accident prevention and management of trauma?

- Enforcement strategies
- Accident analysis should be introduced.



### A recent comparative study of injured patients (Jan. 2001-Apr-2001)

Dhaka Medical College Hospital (DMCH)	
RTA	33.95 percent
Violence	25.26 percent
Accidental injury	13.37 percent
Fall	5.22 percent
Burn	15 percent
Cut injury	4 percent
Electric shock	2.4 percent
Machinery injury	2.27 percent
Others	0.8 percent

National Institute of Traumatology and Orthopaedic Rehabilitation (NITOR)	
RTA	32.91 percent
Violence	19.70 percent
Fall from height (Vehicle included)	43.68 percent
Machinery injury	2.14 percent
Others	1.67 percent

Study of Dr Nazmul Kabir Qureshi

- Road safety should be introduced in school curriculum.
- Presence of highway code/driving manual.
- Adequate On-road examination system should be available.
- To train doctors about rta victim management
- To improve the emergency treatment and hospital care.
- Medical professional actively promote road safety and help to identify the true incidence of RTA casualties.
- Training program (ATLS) to be introduced in the medical colleges.
- Proposal for trauma centre
- Design and establish primary trauma center along the major-high ways.
- Design and establish secondary trauma center in medical colleges.
- Design and establish central trauma centre in the capital city.
- Above all multidisciplinary approach should be applied in managing the trauma victims.

### Hospital data

- Major hospitals required collecting and maintaining RTA casualty list.
- Design & implement publicity campaign using mass media.
- Regular medical seminar for focusing on road safety issues.
- WHO can do more on this issue in different medical institution.

### Transport time of casualties need to be minimised

- Transport of RTA casualties on ambulance services by Govt

and non-govt institutions should be increased.

- Design and implement of "Golden Hour" Publicity.
- Implementation of first aid & emergency communication facilities at road side.
- Fuel station can be used as primary first aids center & also to communicate with advanced centers.

### Recommendation

Multidisciplinary approach facilities should be present at least 10 hospitals in and around Dhaka City for primary management of RTA victims --

- Dhaka Medical College & Hospital
- SSMC & Medford Hospital
- Shahid Sarwardy Hospital
- National Medical College Hospital
- Matuail Child Hospital (ICMH)
- Shikdar Woman's Medical College & Hospital
- Enam Medical College Hospital, Saver
- Moulana Bhashani Medical College, Uttara
- Chest Disease Hospital, Mohakhali
- Narayngonj Sadar Hospital

Bangladesh is a country of over population, low literacy rate, poor socio-economic condition and with so many unsolved problems in high ways and society. But simultaneously we should draw our attention to solve the emerging problem that cost about 2505 million per year.

Professor Dr Md Amjad Hossain is the Head of Orthopaedic surgery department of Dhaka Medical College Hospital

### HEALTH TIP

### Cold sore comfort

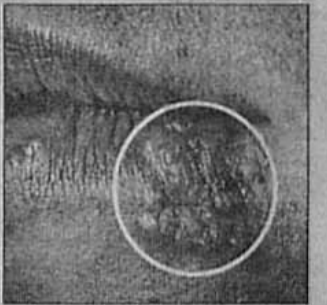
Cold sores or fever blisters are more than unsightly -- they are often painful. They usually clear up in seven to 10 days, but until then there are steps you can take to feel better.

There are some offers to manage it:

- Apply ice for 5-10 minutes to reduce the pain.
- Apply some topical agents prescribed by your doctor.
- Use moisturisers to hasten healing.
- Take a pain reliever.
- Be cautious.

Cold sores may be due to herpes simplex virus and may be contagious.

If the pain prevents you from eating or drinking or if you have severe or frequently recurring sores, see your doctor.



## Sex life can improve when obese men lose weight

Exercise and weight loss may improve sexual function in obese men, researchers in Italy reported.

In a new study of more than 100 obese men with erectile dysfunction, nearly a third regained normal sexual function after participating in an intensive weight loss programme.

"Weight loss can have a positive effect on the sexual health of an obese man who has erectile dysfunction," Dr Christopher S Saigal of the University of California at Los Angeles said.

Saigal noted "weight loss is a goal for all of our obese patients," because it can improve many health indicators, such as blood pressure and cholesterol levels. But for patients, these benefits of weight loss are often "intangible," Saigal said.

Weight loss can provide tangible benefits to obese men.

"If you lose the weight, you may regain sexual function," Saigal said. "That's a carrot for an obese individual."

But, Saigal pointed out, "This study does come with a caveat." The participants did not have high blood pressure, diabetes or other health problems that may make weight loss less effective for improving erectile dysfunction, he said.

In the 2-year study, a team led by Dr. Katherine Esposito of the Second University of Naples followed 110 obese men with erectile dysfunction.

Half of the men were randomly assigned to participate in an intensive weight-loss programme that included individualised advice on boosting exercise and improving diet. The other half received general information about healthy eating and exercise, but did not receive any individualised guidance.

By the end of the study, men in the intensive group achieved significant weight loss, along with improvements in several health indicators, such as blood pressure and cholesterol levels.

What is more, 17 men (31 percent) in the intensive group regained sexual function by the end of the study, compared with just 3 men in the other group.

"Our data demonstrate that lifestyle changes, including a reduced calorie diet and increased exercise, improve erectile dysfunction in obese men," Esposito and her colleagues conclude.

"Interventions focused on modifiable health behaviors may represent a safe strategy to improve erectile function and reduce cardiovascular risk in obese patients," the authors stated.

Saigal agreed that weight loss is "a great first-line therapy" for erectile dysfunction. Losing weight will not hurt patients, he said, and if it does not improve erectile dysfunction, there are several drugs on the market that may help.

Source: Journal of the American Medical Association, June, 2004

## What may causes blood in urine?

**Q:** At a recent physical exam, my doctor told me that I have a small amount of blood in my urine, and he wants to do further testing. What could cause this?

**A:** When red blood cells are detected in the urine but urine does not appear red from blood, doctors refer to this as microscopic hematuria. This condition has many causes, including:

- Urinary tract infection (cystitis)
- Bladder inflammation
- Kidney stones
- Prostate gland enlargement (benign prostatic hyperplasia) in men
- Cancer of the prostate, bladder or kidney
- Kidney disease

Further tests are needed to determine the cause of blood in the urine. These tests may include:

- Additional urine tests to confirm the presence of blood and

to check for protein, bacteria or cancer cells

- Blood tests to evaluate kidney function and diagnose medical conditions that can cause blood in the urine
- Kidney X-ray

- Ultrasound, computerised tomography (CT) scan or magnetic resonance imaging (MRI) of the kidneys and lower urinary tract
- Cystoscopy, a procedure in which a narrow tube (cystoscope) is inserted through the urethra and into the bladder, which allows your doctor to visually inspect your urethra and bladder

Sometimes, the cause of blood in the urine cannot be determined. In this case, your doctor may recommend future urine tests to see if the condition persists. If you notice blood in your urine, tell your doctor.

Source: <http://www.mayoclinic.com>

## Facts about acute gouty arthritis

Acute gouty arthritis is the attack of a metabolic disease marked by uric acid deposits in the joints. The disorder causes painful arthritis, especially in the joints of the feet and legs.

### Causes, incidence and risk factors

Gout is caused by a defect in metabolism that results in an overproduction of uric acid or a reduced ability of the kidney to eliminate uric acid. The exact cause of the metabolic defect is unknown. The condition may also develop in people with diabetes, obesity, sickle cell anemia and kidney disease or it may follow drug therapy that interferes with uric acid excretion.

Gout has 4 stages: asymptomatic (without symptoms), acute, intercritical and chronic. In acute gouty arthritis, symptoms develop suddenly and usually involve only one or a few joints. The pain frequently starts during the night and is often described as throbbing, crushing or excruciating. The joint appears infected with signs of warmth, redness, and tenderness. The attacks of

painful joints may subside in several days, but may recur at irregular intervals. Subsequent attacks usually have a longer duration. Some people may progress to chronic gouty arthritis, while others may have no further attacks.

Risk is increased in males, postmenopausal women, and people with kidney disease, diabetes, sickle cell anemia, or obesity.

### Symptoms

- Begins suddenly
- Affects one or more joints (hip pain, knee pain, ankle pain, foot pain, shoulder pain, elbow pain, wrist pain, hand pain, or pain in other joints)
- The great toe, knee, or ankle joints are most often affected
- Joint swelling of the affected joints
- Stiffness of the joint
- The joint may be warm and red
- Fever may be present
- Skin lump which may drain chalky material

### Signs and tests

Physical examination of the joints

- Shows acute arthritis.
- Synovial fluid analysis shows uric acid crystals.
- Uric acid (blood test) may be elevated.
- Joint X-rays may be normal.

The following tests might also be helpful:

- Uric acid - urine
- Synovial biopsy
- Blood differential

### Treatment

The objectives of treatment are mainly to stop the pain and inflammation associated with the initial attack, and to prevent future attacks.

### Medications

The principle of medication includes to reduce the pain, swelling and inflammation associated with acute gout attacks. The pain often subsides within 12 hours of starting treatment, and is completely relieved in 48 hours.

The medication works by decreasing the inflammation caused by uric acid crystals within the joint. However, it does not decrease the uric acid levels in the bloodstream.

Medications must be prescribed by a registered physician. Increased fluid intake prevents the formation of kidney stones. Sometimes, a diet low in purines is prescribed.

### Expectations (prognosis)

Adequate treatment of acute attacks allows people to live a normal life. The acute form of the disease may progress to chronic disease. Since uric acid is normally eliminated by the kidneys, chronic gout may lead to formation of uric acid kidney stones (renal calculi).

### Complications

- Side effects of medications
- Chronic gouty arthritis
- Kidney stones
- Kidney dysfunction

### Prevention

The disorder itself may not be preventable, although some precipitating factors may include trauma, alcohol consumption, and dietary purines. Medications may reduce attacks in a person with gout.

Source: <http://health.yahoo.com>

## FIGHT AGAINST EARLY MARRIAGE

MOHAMMAD ALAUDDIN

Like many other pathfinders innovative in the past, Pathfinder International has started a project to prevent early marriage of young girls in five Upazilas of Kishoreganj district. The project started in July last year for three years. The project has three objectives: 1) to provide direct support to selected 4,092 young girls from poorer families to transit to secondary schools, 2) to promote the social and health benefits of girls' education, delayed marriage and childbearing and 3) provide professional job training as paramedics for 60 poor girls who have completed Class X.

While primary school enrollment in Bangladesh has increased dramatically since the

1980s, the transition of girls into secondary school still lags behind that of boys, particularly in rural areas and among low-income groups. The project seeks to address this imbalance in five upazilas that have the unfortunate distinction of the highest dropout rates for girls in the country. The goal of the project, on the one hand, is to prevent dropout and bridge over girls of poor families from primary to secondary school and on the other, impact their age at marriage, fertility and mortality through education intervention. It is very encouraging to note that the project in its first year has been very successful in preventing dropout and 900 girls were supported for admission to class VI in 88 secondary schools.

Only rural primary schools

were eligible for the project 274 schools meet the criteria.

The poorest 10-15 percent of the girls of class III to class V were selected for support. The profiles of the selected 4,092 families are that 10 percent do not own homestead land and 50 percent do not have any agricultural land. Those families that reported to have small land, their average sizes are 6 decimal and 44 decimal, for homestead and agriculture, respectively. Almost all of them have only one sleeping room for a family of six members.

Direct support to the girls includes basic necessities for going to school - school dress, sandal shoe, pens, pencil, sharpener, eraser, and school notebooks.

As a way to distribute the educational supplies and publicly promote the project's aims,



Child marriage violates rights

the project holds advocacy meetings with teachers, community and religious leaders, and parents. At these events, which are attended by thousands of community members and covered by the national press, speakers promote the government's initiative to increase girls' access to education and to encourage delayed marriage until 18.

The recently held meeting at Tarail Upazila Parisad is one of the series of 43 such meetings chaired by Upazila Nirbahi Officer. At this meeting 135 of classes III to VI from Taljanga Union received educational supplies from The Hon' able Education Minister, Dr. Osman Faruk was the Chief Guest at the occasion. The Education Minister, his wife Rana Faruk, Deputy Com-

missioner and Police Superintendent of Kishoreganj district, local leaders, school teachers spoke on the occasion and encouraged the girls to continue in school and urged the parents not to marry off their daughters at early age. The speakers emphasised that a social movement is needed to fight against early marriage and dowry, and create a peaceful social condition wherein girls and their parents shall not feel constrained in any way in pursuing schooling.

Swanivar Bangladesh is implementing the project. The Chairman of Swanivar Bangladesh, Mr. SM Al-Husainy who was formerly chairman of Public Service Commission and secretary of the government of Bangladesh by way welcoming the guests narrated Swanivar Ban-

gladesh's various development program to reduce poverty, promote education and literacy and improve women's status in the country including Kishoreganj. The Country Representative of the Pathfinder International, Dr. Alauddin briefly explained the goals and objectives of the project.

The audience was overwhelmed to know that the fund for the educational supplies for the poor girls came from an anonymous donor; all the speakers highly praised this effort and urged the donor for continuation and increased coverage of the project.

Like Pathfinder we all should fight against early marriage in our society as it brings lots of complications in different stages of life.