

Long computer use may be linked to eye disease

Hours in front of a computer screen may increase the risk of glaucoma in people who are myopic or short-sighted, Japanese scientists said on Tuesday.



Glaucoma, which is caused by damage to the optic nerve, results in blind spots or visual impairments that can rob people of their sight.

Smoking and high blood pressure are potential risk factors but Japanese researchers believe excessive computer use may also play a role in short-sighted people.

"Myopic workers with a history of long-term computer using might have an increased risk of visual field abnormalities, possibly related to glaucoma," Dr Masayuki Tatemichi, of the Toho University School of Medicine in Tokyo, said in a report in the British Journal of Ophthalmology.

The researchers studied about 10,000 workers in Japan who were chosen for testing as part of a routine medical check-up. They also completed a questionnaire about how much time they spent using a computer and any eye problems. The average age of the participants was 43.

About 5 percent of the workers in the study had

visual field problems. A further test revealed about a third of them had suspected glaucoma. The scientists said there appeared to be a link between glaucoma and heavy computer use in the short-sighted.

"They believe the optic nerve in short-sighted people may be more vulnerable to computer stress than in normal eyes. "Computer stress is reaching higher levels than have ever been experienced before. In the next decade, therefore, it might be important for public health professionals to show more concern about myopia and visual field abnormalities in heavy computer users," the scientists added.

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

Facts about proper antenatal care

TAREQ SALAHUDDIN

Bangladesh, a country with annual birth of close to 4 million, still has a very high maternal mortality rate estimated at 3.2 to 4 per 1000 live births. Eighty percent of the maternal deaths happen at home as because more than 90 per cent of deliveries occur at home attended by traditional birth attendants (75.6 percent) and relatives (10.8 percent). Deliveries by a medical trained person are 11.6 percent, i.e. 6.5 percent doctors and 5.3 percent by nurse-midwives/Family Welfare Visitors/others. 47.5 percent of pregnant women avail one or more antenatal care check. The infant mortality rate is 66.7 per 1000 live births, with the neonatal mortality rate also 42 per 1000 live births.

Antenatal care is the most important thing to reduce maternal morbidity as well as mortality during and immediately after delivery in our country.

What is antenatal care and what are the objectives
Antenatal care is the care of the

woman during pregnancy. During the antenatal period the coming baby is a part of the mother and the mother and the baby are considered as one unit. So it provides both the care of the mother and the fetus (coming child).

It has some important objects like--

- To promote, protect and maintain the health of the mother during pregnancy
- Detecting high-risk cases and giving them social attention
- Avoiding complication by early detection
- Removing anxiety and dread associated with delivery
- To reduce maternal and infant mortality and morbidity
- To teach the mother elements of child care, nutrition, personal hygiene and environmental sanitation
- To sensitise the mother to the need for family planning including advice to cases seeking medical termination of pregnancy

Importance of antenatal care
Antenatal care bears significant

importance to bring to positive health to mothers as well as to coming children. It prevents high-risk pregnancy. Antenatal care provides vaccination against maternal tetanus. Maternal safety in childbirth is ensured and maternal mortality and morbidity can be minimised.

Antenatal care is also important for the coming babies as fetal well being is assessed by it. Fetal malformation is minimised. Chance of birth asphyxia (breathlessness) is reduced. As high risk babies are identified, safety to fetus is enhanced and perinatal mortality and morbidity are reduced to minimum.

Correct number of antenatal visits
Standard:

- Every 4 weeks up to 32 weeks
- Every 2 weeks from 32 - 36 weeks
- Once a week from 36 - 40 weeks
- Total 14 visits.

- Intermediate:**
- 1st visit before 12 weeks
 - 2nd visit during 20 - 22 weeks
 - 3rd visit during 28 - 32 weeks
 - 4th visit during 34 - 36 weeks

- 5th visit during 38 weeks to full term
- Total 5 visits.

- Minimum:**
- 1st visit during 4 - 12 weeks
 - 2nd visit during 24 - 26 weeks
 - 3rd visit during 36 - 38 weeks
 - Total 3 visits.

What are the components of antenatal clinic?

Antenatal visits: Antenatal visits mean antenatal contacts between the patient and doctors. When the first report of the mother is sent to the clinic, her name should be registered. Ideally the mother should attend the antenatal clinic once a month during first 7 months; twice a month during the next month; and thereafter once a week, if everything is normal.

Antenatal advice: A major component of antenatal care is antenatal advice. The mother is more receptive to advice to concerning herself and her baby at this time than at other times. At this time, the mother is advised about her diet, personal hygiene, radiation, warning signs and childcare.



Specific health protection: The mother should be protected against the diseases or disorders like anaemia, other nutritional defects, toxemias of pregnancy (e.g. eclampsia), tetanus, syphilis, rubella, Rh status, HIV infection, antenatal genetic screening etc.

Mental preparation: It is as important as physical preparation. Sufficient time and opportunity must be given to the expectant mothers to have a free and frank talk on all aspects of pregnancy and delivery.

Family planning: The mother psychologically more respective to advice on family planning than at other times. Educational and motivational efforts must be initiated during the antenatal period.

Paediatric component: It is suggested that a paediatrician should be in attendance at all antenatal clinics to pay attention.

So we all should pay attention to proper antenatal care in order to reduce maternal and child mortality and morbidity.

Heart patients often stop their medication



You have survived a heart attack and made it out of the hospital. Would not you stick to the medication you have been prescribed? A surprising number of people do not, apparently.

As many as 20 percent of patients hospitalised with a heart attack or heart-related chest pains stop taking prescribed medication within six months, researchers report in the American Journal of Medicine.

"We need to understand why patients are stopping their medications," lead investigator Dr. Kim A. Eagle expressed.

Numerous clinical trials have shown that drugs such as aspirin, beta-blockers,

cholesterol-lowering "statins" and angiotensin-converting enzyme (ACE) inhibitors can prevent a second heart attack or recurrence of serious episodes of angina.

These particular therapies are known to prolong life in appropriate candidates, so stopping them without a sound medical reason can be detrimental to patient outcomes.

To investigate patients' adherence to their treatment regimen, Eagle and colleagues studied 21,408 patients discharged from 104 institutions after a heart attack or severe angina. Details were available for 13,830 patients from 5 to 12 months after discharge.

By six months, 8 percent of those prescribed aspirin had discontinued treatment; 12 percent of the patients prescribed beta-blockers had stopped; 13 percent of those on statin drugs quit therapy; and 20 percent of patients prescribed ACE inhibitors stopped taking them.

Younger patients were more likely to stick to aspirin and beta-blocker therapy than older patients. Care by a cardiologist also improved compliance with aspirin therapy. Being male and previously having had heart failure increased ACE inhibitor adherence, the team found.

Source: American Journal of Medicine, July 15, 2004

Diabetes management in overweight patients

STAR HEALTH DESK

'Orlistat (Xenical) can be used as an adjuvant therapy along with other oral diabetic medicines in managing glycaemic control (lowering blood glucose level), lipid profiles and blood pressure in obese or overweight Type 2 Diabetic patients. -- was stated by the speakers in a 'Roche Symposium' held in December 9, 2004 jointly organised by the 'Diabetic association of Bangladesh and Bangladesh Endocrine Society' attended by over five hundred (500) renowned doctors around the country, at the Bangladesh Institute of Health Sciences (BIHS) Ground, Darussalam, Mirpur, Dhaka.

The safety of a drug is determined by several authentic clinical trials conducted in advanced countries. The FDA (American Food & Drug Administration) and the European Commission have already approved the extension to the prescribing label for Xenical (trade name of Orlistat manufactured by Roche pharmaceutical company) in diabetic patients. Doctors working around the world depend on those clinical data although the physical condition, dietary habit, genetic-predisposition, life-style and environmental conditions are different in different countries.

In Bangladesh, a first ever clinical trial of Orlistat (Xenical) a non-systemic weight reducing

agent was conducted with Bangladeshi overweight diabetic patients, at the BIRDEM hospital under direct supervision of the Department of Endocrinology.

The objective of the trial was to find out whether Orlistat (Xenical) can reduce weight and need of oral hypoglycemic agents (used to treat diabetic patients) and improve glycaemic status, lipid disorders and blood pressure in Bangladeshi obese Type 2 Diabetic subjects or not as claimed by several large-scale international clinical trials like XENDOS. The local (Bangladeshi) trial shows positive results in all parameters evaluated.

Dr. Faruque Pathan, the chief investigator of the local trial, stated that the positive role of Orlistat (Xenical) in the management of type 2 diabetes for IGT patients is well established by several international clinical trials like XENDOS and the result of the local (Bangladeshi) trial also revealed the same for the Bangladeshi people.

Professor A R Khan, the chairperson mentioned that the local trial proves that as an adjuvant therapy Orlistat (Xenical) has beneficial role in the management of glycaemic control, lipid profiles and blood pressure in obese Type 2 Diabetic patients. He also added that the international and local studies represent an important step forward in the evolution of diabetes prevention and management in overweight patients.

Study reveals that pregnancy ultrasounds do not harm the baby

Having several ultrasounds during pregnancy does not harm the unborn baby or restrict the child's growth or development early in life, Australian scientists said Friday.

An ultrasound scan is a non-invasive procedure done routinely during pregnancy to assess the size, growth, health and gestational age of the fetus.

Earlier research had suggested that having several ultrasounds could increase right-handedness and affect the growth of the fetus, but Professor John Newnham, of King Edward Memorial Hospital in Subiaco, Australia, said the children grow and develop normally.

"Exposure to multiple prenatal ultrasound examinations from 18 weeks' gestation onwards might be associated with a small effect on fetal growth but is followed in childhood by growth and measures of developmental outcome similar to children who had received a single prenatal scan," he said in a report in The Lancet medical journal.

Newnham and his team studied the progress of about 2,700 children. Half had been exposed to repeated ultrasounds before birth. None had any congenital abnormalities.

The researchers assessed the growth and development of the children up to eight years old. At one year, both groups of children were similar in size. By the end of the study, there was no difference between the two groups in their results of standard speech, language, behavior or neurological tests.

"Our results also provide reassurance that multiple prenatal ultrasound scans are not followed by smaller body size in infancy or childhood," Newnham added.

Despite their reassuring results, Newnham and his colleagues said more research is needed.

"In view of the widespread and liberal use of this technology, we are responsible for ensuring the safety of its use," he added.

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

Manage allergic rhinitis in winter

STAR HEALTH DESK

Allergic rhinitis is an inflammation of the nasal mucosa (lining epithelium) which is triggered by an allergic reaction. The inflammation is caused by an excessive degranulation of mast cells (one sort of immune cell). When exposed to allergens, the IgE (one kind of immunoglobulin responsible for immune system) covered mast cells degranulate releasing inflammatory mediators which results in a local inflammatory reaction.

Inciting factors

The triggers responsible for allergic rhinitis may be classified as either seasonal or perennial. Seasonal allergens are for the most part found outdoors. Common seasonal allergens include tree, grass and weed pollens, and airborne molds. As one would suspect, these allergens depend very much on the geographic area. Perennial allergens tend to be found indoors and include among others things, dust mites and animal dander (especially from cats).

Signs and symptoms

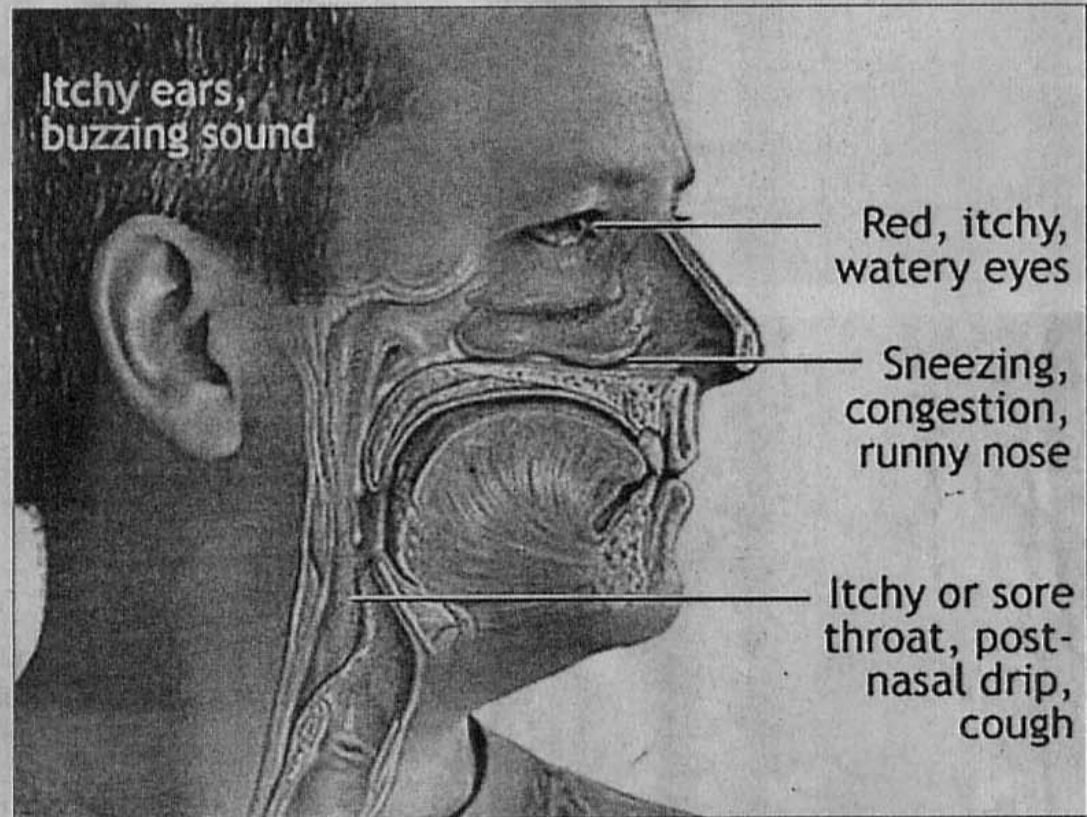
People suffering from allergic rhinitis usually complain of itchy eyes, nose and palate, watery rhinorrhea, nasal obstruction, sneezing attacks that are often violent and prolonged, conjunctival irritation and lacrimation. They often have edematous nasal mucosa which is classically pale or violet in colour and excessive clear mucus within

the nose which often contains large numbers of eosinophils. Children may have a nasal skin crease as a result of chronically trying open their nasal airway, the "allergic salute".

Management

The first step in managing a patient with allergic rhinitis is to educate them about the importance of avoiding allergen contact. Even the best medical therapies are ineffective in the face of a high allergen load.

- Antihistamines are very effective in acute episodes. Generally, the non-sedative antihistamines are preferred to sedative ones.
- Topical vasoconstrictors i.e. decongestants may be added to the antihistamines for temporary relief but their use should be limited to less than 5 days to minimize the risk of developing rebound nasal congestion.
- When antihistamines and decongestants are insufficient or patients require daily medications, topical steroids should be considered. In general, they are very effective. Patients starting topical steroids should be taught that it takes three or four days before they will see any beneficial effects.
- For severe cases, desensitisation therapy has also been shown to be effective.
- Surgery has a role for patients who have either septal deviations or large turbinates and chronic rhinitis.



Nail the pain

If you bash your fingers with a hammer or slam it in a car door, plunge it in ice water for a minute. Then hold it over your head while pinching the wounded fingertip. After another minute, dunk it back into the ice water. Repeat this routine about 10 times. It will stop the throbbing pain and save your fingernail from blackening and falling off.

