

How to reduce childhood mortality

Child mortality rates have decreased in recent years, however rates are still much too high. Among child deaths, those that occur during the first month represent an increasing proportion as child health interventions have been more effective for older infants and children above age one year. Currently more than 70 per cent of all infant deaths are occurring in the first 28 days of life. Thus, if we are to improve overall infant mortality, we will have to learn how to reduce the deaths in this age group.

Early deaths are often associated with unsafe delivery practices and specific care practices need to be introduced and adopted. Among interventions introduced, the one with most impact has been immunisation of mothers with tetanus vaccine to prevent neonatal tetanus, but additional research is needed to save newborn lives.

Acute infectious diseases continue to cause many infant and child deaths, and many of these can be easily treated or prevented. Diarrhoea, pneumonia and malnutrition are major causes of morbidity and mortality.

New problems are being recognised as increasingly



important, such as drowning which is now a leading cause of death among 1-4 year old children in Bangladesh. Child development is another emerging area as the focus shifts from mere

child survival to the development of these children to their full potential through appropriate caring practices.

Many neonatal deaths can be prevented if proper care is given

in a timely manner. Neonatal deaths are largely due to infections, asphyxia, birth trauma, and improper care of the newborn. Community based strategies can reduce the risk of infection,

asphyxia and birth trauma, and improve newborn care. With training, community workers can recognise and manage neonatal infections and begin early treatment. Mothers and caretakers can be trained to improve routine newborn care, such as feeding the baby and keeping it warm. Linkages with safe-motherhood interventions can prevent asphyxia and birth trauma.

Furthermore, treatment of children with common acute life-threatening illnesses can be improved. The prototype of this category of illness is acute diarrhoea, but other acute illnesses should be included like pneumonia, dengue, malaria, typhoid and severe malnutrition. Very low cost treatment can save the life of a patient with diarrhoea who would otherwise have died.

There is increasing interest and experience with improving child development through child caring, stimulation and nutritional interventions.

Based on continuing challenges, opportunities, and relative strengths, ICDDR,B has identified the following priorities for improving child health.

1. Sustain surveillance for

2. Test strategies to reduce neonatal mortality through community-based strategies to improve routine and sick newborn care.
3. Conduct research to improve management of children with common acute life-threatening illnesses, strengthen and evaluate integrated management strategies, and develop the health systems for delivering and scaling up these strategies. Foremost on the agenda is the scaling up of zinc therapy in diarrhoea.
4. Continue to improve clinical treatments for common childhood illnesses by testing improved ORS solutions, anti-secretory drugs, antibiotics and new treatments for pneumonia.
5. Strengthen child health and development interventions through research on effective child caring, stimulation and health-seeking practices in the homes.

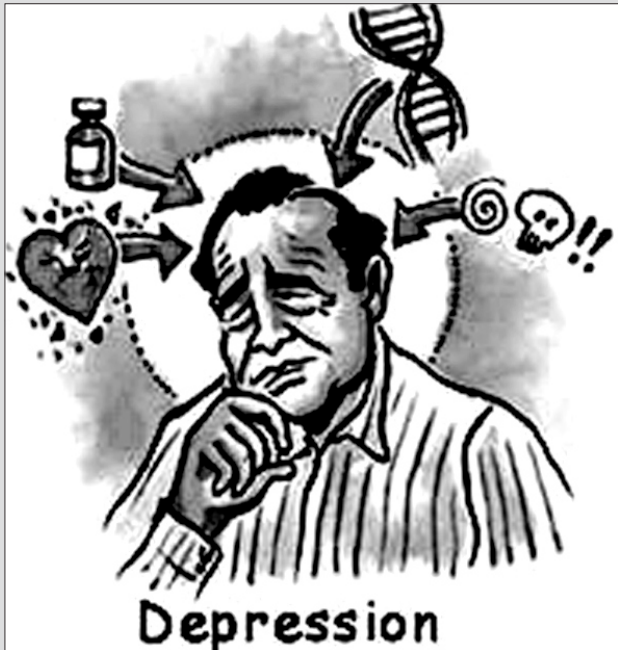
Source: ICDDR,B

Did you know?

Essential facts about tuberculosis

- λ Tuberculosis is a preventable disease
 - λ Tuberculosis is a airborne infection
 - λ Tuberculosis can be fully treated with antibiotic tablets
 - λ It is not difficult to diagnosis tuberculosis
 - λ The incidence of tuberculosis in the world has recently started going up, this is related to the AIDS epidemic
 - λ Tuberculosis effects the lungs commonly
- If you have a cough that hangs on and does not go away or if you have a combination of the following symptoms mentioned below, you require to go for a check up:
- λ Fever
 - λ Weight loss
 - λ Night sweats
 - λ Constant tiredness
 - λ Loss of appetite
 - λ Glands felt in the neck

Mental illness under-treated globally



Mental disorders from severe depression to uncontrolled anger are surprisingly common around the world, and most of the worst cases are not being treated, researchers reported.

The biggest concerted study of global mental illness shows that rates vary greatly - with 4.3 percent of people living in Shanghai showing symptoms of mental disorders in the past year, compared to 26 percent in the United States.

Even if people are not concealing their histories of mental illness -- which many undoubtedly are -- the problem is enormous, said Ronald Kessler of Harvard Medical School in Boston, who led the World Health Organisation study.

His team's study shows that many people with severe mental disorders are getting no treatment at all, while many others with only mild problems are being treated.

"It is clear from these results that there is undertreatment of serious disorders," Kessler told.

More than 60 percent of people who had serious mental disorders had been treated in Spain and France, and about 50 percent in Belgium the United States, Netherlands and Germany.

But fewer than 20 percent of patients with serious mental illness in Colombia, Mexico, Ukraine and Lebanon had been treated.

In the United States, more rich, suburban patients are being treated for mild mental illnesses than are poor people with serious mental illness, Kessler said.

And 35 percent of Spaniards with mild mental disorders reported getting treatment and more than 25 percent in Belgium, Germany and the Netherlands.

Kessler's team includes 100 experts aided by 3,000 interviewers, who are surveying more than 60,000 adults in 14 countries. They include psychiatrists trained to find concealed symptoms of mental illness.

People in some countries were much more likely to report mental disorders such as obsessive compulsive disorder, bulimia, or post traumatic stress disorder, Kessler said.

"We always find rates are highest in the United States. Whether that is true or whether people are more willing to admit it in the United States we don't know," Kessler said.

Those interviewed in Japan reported a 5 percent rate of anxiety disorders, for instance, and in China less than 4 percent. This compares to more than 18 percent in the United States.

But Kessler said reported rates in Japan and China were "implausibly low," as Japan has the world's highest use of anti-anxiety drugs called benzodiazepines and China has the world's highest rate of suicide.

Source: Journal of the American Medical Association

Total hip replacement is available at home now-a-days

STAR HEALTH DESK

It was indeed a milestone in the history of Total Hip Replacement (THR) surgery in our country when local surgeons successfully restored mobility of patients suffering from degenerative diseases of hip joints.

Professor Dr M Amjad Hossain, Head of the Department of Orthopedics and Trauma Surgery of Dhaka Medical College Hospital (DMCH) assisted by his experienced team conducted several surgeries at DMCH and some private setups recently.

The patients were suffering from osteoarthritis of hip joints, rheumatoid arthritis, avascular necrosis of head of

the thigh bone (femur), traumatic cause such as fracture neck femur.

The complex operations were done without any financial benefit in a bid to prevent patients from going abroad for treatment.

In the painstaking endeavor, Dr Amjad's team successfully removed the diseased part of patient's hip joint then putting the implant in the joint cavity.

Earlier, his team studied the patients for six months. During operation they found extensive damage in the hip bone which was made acceptable for insertion of an artificial device called acetabular cup and filed up with bone cement.

'My team consisting of Dr Md Hasan

Masud, Dr Parvez Ahsan and Dr Israr Kamal performed a very excellent job while Dr Samshuddin co-ordinated me in all my works, said beaming Dr Amjad.

Before the operations, Dr Amjad held brainstorming sessions with his teammates.

'Our mission was to reduce patient's pain, increase their mobility and correcting their deformity to improve the quality of life' said Dr Amjad in an interview to Star Health who until now has performed more than 30 THR surgeries during his career.

Dr Amjad disclosed that before the operations, his patients came for consultation with complaints of intolerable pain, stiffness, deformity and inability to do

Now better facilities available at home for patients suffering from degenerative diseases of hip joints

normal work.

'Within seven days of operation, most of the patients begin to walk. It takes three months to cure completely', said Dr Amjad.

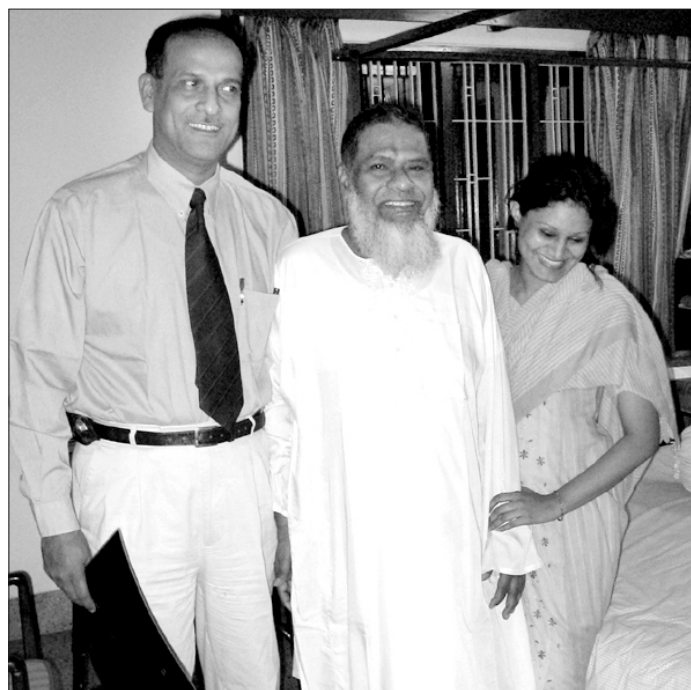
Sir John Chamley of the United Kingdom (UK) is the father of THR arthroplasty. He performed the first THR in 1960. Dr Amjad informed that the cost of operation is high depending upon the types of prosthesis. 'We used sophisticated DePuy Prosthesis manufactured by Johnson & Johnson

Company of the United States of America (USA). Local distributor for DePuy Prosthesis, UniHealth Limited supplied each one at a cost of Tk 70,000. In India, the cost of that operation is Tk 3 lakh while in Singapore it is Tk 5 lakh' revealed Dr Amjad. 'Duration of each operation was two to three hours which needed sophisticated equipment and lot of expertise' he said.

'Through the surgeries, I saved valuable foreign revenue',

he asserted. 'Moreover the patients received proper follow-up service here which they lack in India, because an additional amount of money is required to travel to India several times just after operation', he further added.

'Dr Amjad is a visionary', said his teammates. One of his teammates, Dr Masud expressed that Dr Amjad's techniques hold hope for patients who need total joint replacement surgery.



Prof Dr Amjad Hossain reviews progress of one of his patients, Obaidul Huq, a businessman in Jessore, after six weeks of Total Hip Replacement (THR) surgery. Patient's daughter Dr Tanjima is also seen with them.

MOVE FOR HEALTH

Available experience and scientific evidence show that the regular practice of appropriate physical activity and sports provides people, both male and female, of all ages and conditions - including disabilities - with a wide range of physical, social and mental health benefits.

It interacts positively with strategies to improve diet, discourage the use of tobacco, alcohol and drugs, helps reduce violence, enhances functional capacity and promotes social interaction and integration. Physical activity also has economic benefits especially in terms of reduced health care costs, increased productivity, healthier physical and social environments.

Despite its multiple benefits, at least 60 per cent of the population fails to achieve the minimum recommendation of 30 minutes moderate intensity physical activity daily. More activity may be required for weight control. Physical activity declines with age, falling off from adolescence. Physical activity and physical education is declining in schools. Inactivity is generally higher among girls and women. It is also spreading in low income urban communities.

This is in part due to the lack of

physical activity in leisure time as well as in major life settings (workplace, schools, community, home); It is also the result of people spending higher amounts of time in sedentary behaviors such as watching television, using computers and excessive use of "passive" modes of transport.

Opportunities for people to be physically active exist or can be created in the major domains of everyday life such as at work, in transport, during domestic duties and in leisure time. Appropriate actions need therefore to be taken in order to ensure that the various environments - physical, social, cultural, economic, political, psychological - in which people live encourage and enable all population groups to become and remain physically active throughout life.

Benefits of physical activity

The health benefits of regular physical activity are many. At least 30 minutes of moderate physical activity, for example brisk walking, is enough to

bring many of these effects. However, by increasing the level of activity, the benefits will also increase. Regular physical activity--



- λ reduces the risk of dying prematurely
- λ reduces the risk of dying from heart disease or stroke, which are responsible for one-third of all deaths
- λ reduces the risk of developing heart disease or colon cancer by up to 50 per cent
- λ reduces the risk of developing type II diabetes 50 per cent
- λ helps to prevent / reduce hypertension, which affects one-fifth of the world's adult population
- λ helps to prevent / reduce osteoporosis, reducing the risk of hip fracture by up to 50 per cent in women
- λ reduces the risk of developing lower back pain
- λ promotes psychological well-being, reduces stress, anxiety and feelings of depression and loneliness
- λ helps prevent or control risky behaviours, especially among children and young people, like tobacco, alcohol or other substance use, unhealthy diet or violence
- λ helps control weight and lower the risk of becoming obese by 50 per cent compared

to people with sedentary lifestyles

- λ helps build and maintain healthy bones, muscles, and joints and makes people with chronic, disabling conditions improve their stamina
- λ can help in the management of painful conditions, like back pain or knee pain

We all know that physical activity -- taking a walk, riding a bike, dancing or playing -- simply makes you feel better. But regular physical activity brings about many other benefits.

It not only has the potential to improve and maintain good health, but it can also bring with it important social and economic benefits.

Regular physical activity benefits communities and economies in terms of reduced health care costs, increased productivity, better performing schools, lower worker absenteeism and turnover, increased productivity and increased participation in sports and recreational activities.

Promoting physical activity can be a highly cost-effective and sustainable public health intervention.

Source: WHO

Health tips

Vitamin E risk



We need Vitamin E for healthy skin and to boost immunity. But taking too much of the vitamin may be dangerous, say doctors at John Hopkins.

Researchers led by epidemiologist Edgar Miller reviewed 19 studies and found the risk of death increased by 5 per cent when people took more than 400 IU of vitamin E daily.

Many people take 400 to

800 IU of E every day to prevent or treat heart disease, Alzheimer's and other conditions. E is safe in low doses, so your best bet may be a multivitamin, which typically contains 30 to 60 IU of E. Most of us get another 10 to 15 IU from foods such as nuts, seeds, wheat germ and green leafy vegetables.

Source: Reader's Digest, March 2005