Star health

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The cancer most women suffer in silence

Awareness can protect women from breast cancer

STAR HEALTH DESK

Mousumi (not a real name) kept finding excuses for not going to see a doctor. What began as rash on the skin of the breast eventually progressed to a lump in the breast.

"I was confident there was nothing to worry about" she explained. But as weeks passed, the 45-year-old from Rajshahi suffered due to pain around the lump in the breast. Finally after a few months, she went to a specialist who advised her to go to Dhaka Ahsania Mission Cancer Hospital and Detection Centre at Mirpur in the capital for a mammogram and relevant tests for diagnosis. After the tests, she was diagnosed with breast cancer.

"I felt shy to discuss my problem with my family members." She got admitted to the hospital where she had to undergo surgery to remove one of her breasts.

However, tests found that the tumor was small and removal was complete. There was no trace of any other malignant cells. "I now realise that I am a lucky person because my marriage did not break and my husband is a considerate man who took all possible care" said Moushumi.

It is a common phenomenon that many marriages end because of breast cancer of women.

More than 215,000 women are diagnosed each year with breast cancer. Yet, detected early enough, it is one of the most curable forms of cancer. The Detection Centre of Dhaka Ahsania Mission Cancer Hospital is equipped with very powerful and most modern mammogram, ultrasonogram, X-ray machine, surgical equipments and chemotherapy treatment facilities.

Breast cancer is a growth of abnormal cells, usually within the ducts of the breast. Removing this growth early on is a safe and simple procedure. The tragedy is that women in our conservative society often waste time and wait for months together. They delay seeking help out of embarrassment, shyness, financial problems or fear of end in their marriage. Many women are not aware enough about the danger of the disease.

According to the Director of the Hospital, Dr M A Hai, the number of women suffering from breast cancer in Baqngladesh is quite high. He said a total of 2,820 cancer patients were treated in the hospital from July 2001 to June 2005 of whom 50 per cent were women and 309 of them suffered from breast cancer.

He said, regular screening should be offered to all patients with first-degree relatives like mother, daughter or sister with breast cancer.

"It is important to go for a check-up if a close relative had breast cancer" Dr Hai suggested. He further said that the family lifestyle may contribute to a decreased risk of breast cancer.

Dr Hai has suggested for consultation with doctors if any of the following symptoms persist for two weeks or more.

λ Rash on the skin of the breast, areola or nipple that makes it appear scaly, red or swollen
λ Ridges, pitting or dimpling of the breast
λ Fluid from nipples (discharge), specially containing blood
λ A lump or thickening in the breast
λ A lump in the underarm area
λ Nipple tenderness
λ A change in the size or shape of the breast
λ A nipple turned inward into the breast

To reduce the risk of breast cancer, women should do the following:

λ Eating foods high in fiber and low in fat
λ Eating plenty of fruits and vegetables
λ Maintaining a healthy weight
λ Incorporating physical activity into one's daily life
λ Limiting alcohol consumption
λ Consulting a physician regarding alternatives to taking estrogen or other hormones
λ Avoiding exposure to pesticides

Dhaka Ahsania Mission has announced that the organisation will launch a month-long campaign in October to create awareness about breast cancer and cervical cancer.

President and Chief Executive of Dhaka Ahsania Mission, Kazi Rafiqul Alam stressed on the need for a greater media role to create awareness about the deadly disease among women, especially educated women. "There is a 90 per cent chance of survival if breast cancer is detected at the initial stage," he said adding, "I know many elderly women who are still leading healthy lives following detection of cancer at the primary stage and treatment at Mirpur detection centre."

He advises self-examination of breasts once a month from the age of 20, once every three years between 20-40 and once every year from the age of 40. He also suggested a mammography once at the ages between 35 to 39 years, at an interval of one or two years in between 40-49 years and every year from 50 years.

The DAM president disclosed that as many as 3,000 women have been treated recently at various health camps conducted by his organisation at Narsingdi and Mirpur in the capital, while many at-risk women were treated at a nominal rate at its detection centre.

Walk-in medical care; an approach to health for all

DR MINATI ADHIKARY

There is no doubt that people want easy access to the appropriate health service in a location which is easy to reach and at times that suit all groups of the diverse population. This is a big challenge but already significant strides have been made towards improved access through Walk-in primary care centers in developed countries.

Walk-in centers are a facility that is physically separate from a hospital, has extended hours of service, and which accepts patients without an appointment or a referral developing better access to high quality clinical services.

They are a feature of many health care systems, particularly the United States, Australia, and Canada. Walk-in centers originated in the United States as free standing emergency departments, by providing a non appointment service. They evolved into "urgent care centers" in the 1980s, with a greater primary care role in emergency care. These centers crossed into Canada in 1979.

There are two main types of service in Canada. A Walk-in center has extended opening hours and little connection to local doctors. The second model is the "after hours" service [similar to general practice cooperatives in Britain] with link to family practices.

A comprehensive health care service is provided through these Walk-in centers; reproductive health care, child health care, mental health care, geriatric health care etc.

Walk-in primary care clinics in Canada can provide an extended range of investigations and treatments. Some also include pharmacies, social services, physiotherapy, secondary care services, and commercial services such as tanning saloons.

Continuity of health care is one of the main concerns with Walk-in centers. Another important concern about Walk-in centers is that they increase medical demand. In Bell's study of Walk-in primary care centers, in Canada, consumers satisfaction was high, with 78% of users saying they were satisfied and would visit Walk-in primary care center again. Rizos et al in USA found that 83% of users were satisfied with the activities of Walk-in primary care centers, specially the working women who were able to get health care after working hours with out any appointment with a doctor. An economic study in Canada using routine billing data [Ontario Health Insurance Plan] shows that Walk-in centers account for 3% of total[including emergency department] first patient contact costs.

The future of Walk-in primary care centers in developed countries seems assured. Though a possible change to Canadian primary health care with the introduction of 'rostering'[a modified capitation payment system with a twenty four hour commitment] may exist the walk-in clinics will run with full force, stated Hutchison, Department of Primary Care and Population. The Canadian college of family physicians and provincial colleges of physicians and surgeons [which have a role similar to general medical council] acknowledge that these centers are "hero to stay".

One Canadian centre owner says that walk-in clinics "will have to incorporate a strong family medicine component. It will be an exception … that survives strictly as an episodic care centre". However in Toronto, several walk-in centers have gone out of business "through overly aggressive expansions". Nevertheless, it seems certain that the growing strength of walk-in clinics "will inevitably challenge all doctors to meet the demand for a more convenient service".

In the context of various weaknesses, shortfalls, and anomalies observed during the implementation of the Fourth Socioeconomic Development Plan, a five year Health and Population Sector Program [HPSP], covering the period July 1998-june 2003, was formulated in consultation with the development patterns and stakeholders to reform the health and population sectors and provide a package of essential health care services to the people of Bangladesh through community clinic [CC], an one-stop mall like Walk-in centers in the United States, Australia, and Canada.

First community clinic in Bangladesh was opened on 26th April, 2000, at Gimadanga of Tungipara. A scheme of construction of 18000 community clinic at a ratio of 1CC per 6000 population was taken and about 500 CC were established till 2002. 1 health assistant and 1 family welfare assistant were appointed at each CC to provide primary health care. A package of services was provided through these clinics including treatment of common diseases like helminthiasis, diarrhea, common cold etc, maternal and child health care, immunisation of infants and mothers of reproductive age group, prevention and control of diarrhoea, service for pregnant mothers [antenatal care, safe delivery by trained health personnel, post natal care, encouraging breast feeding, Tetanus Toxoid vaccination], distribution of family planning equipments [condom, pill], and advice regarding this, advice on treatment on diseases, health education, and emergency service [minor injury]. The referral system was community clinicUnion Health and Family Well-fare CentreThaana Health and Family Well-fare ComplexDistrict hospitalsSuper-specialized hospitals. But the activities of community clinics came to an end by 2002.

The Programme Implementation Paper was initially estimated at around US$ 3 billion for the duration of HPSP. This figure was later on fixed at US$ 2.1 billion, but the spending stood at US$ 1.6 billion till June 2002. As the life of HPSP came to an end by June 2003 the government has decided to launch a new project--Health Nutrition and Population Sector Program [HNPSP] of three year duration. But since the Project Concept Paper and Project Implementation Paper have not been completed, the launching of HNPSP is likely to be delayed. According to the public health experts the existing program has yielded hardly any palpable result and hence the decision to introduce a new program without the full implementation of the existing one does not seem to be logical.

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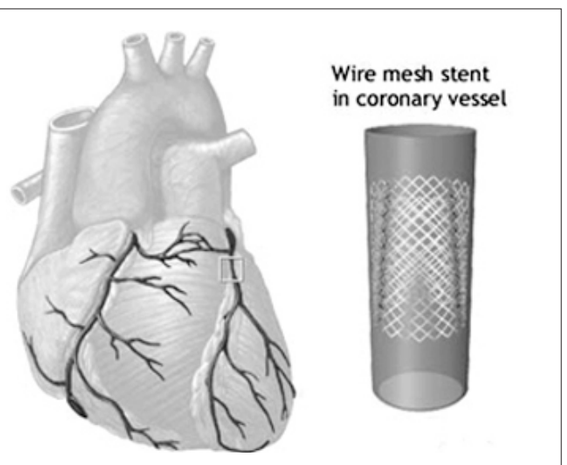
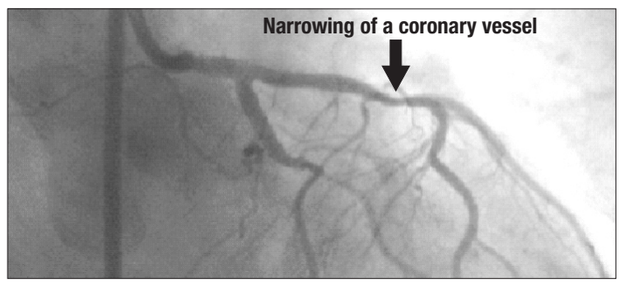
STENT THROMBOSIS

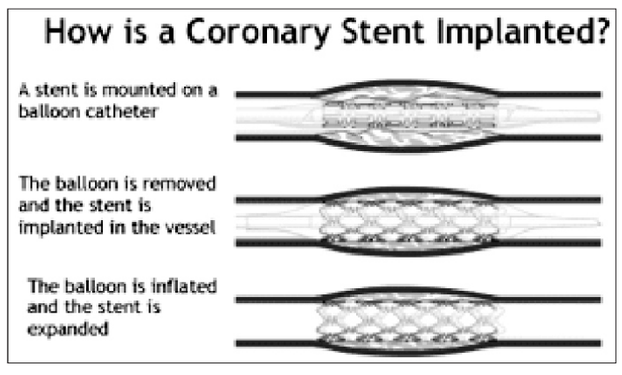
Biochemical profile can help to find out the underlying cause



An intraluminal coronary artery stent is a small, self-expanding, stainless steel mesh tube that is placed within a coronary artery to keep the vessel open. It may be used during a coronary artery bypass graft surgery to keep the grafted vessel open, after ballon angioplasty to prevent reclosure of the vessel, or during other heart surgeries.

"Stent thrombosis is not a rare incidence, but thrombosis due to high fibrinogen level is a bit rare. So doctors should explore this biochemical profile if the cause of stent thrombosis seems to be idiopathic. There is nothing to be discouraged about the implantation of stents. -- Dr Afzalur Rahman"





TAREQ SALAHUDDIN

Mr Jahurul Islam (53), a non-smoker, normotensive (with normal blood pressure level), non-diabetic person had mild increased level of lipid profile. Suddenly he developed angina (pain in the chest caused by inadequate supply of blood to the heart muscles) which began to increase gradually. He had no family history of heart diseases. With the history of chest pain he got admitted into NICVD (National Institute of Cardiovascular Diseases) and was diagnosed with mild heart attack (Myocardial infarction).

After coronary angiogram, it was seen that a branch of his left coronary artery (LAD) had narrowing (stenosis) with 85 per cent blockage. Then a stent was placed in the artery, which is the conventional treatment for this sort of patients. A stent is a small, lattice-shaped, metal tube that is inserted permanently into an artery. The stent helps hold open an artery so that blood can flow through it.

Following the intervention, the patient was shifted to CCU, but after one hour he developed severe chest pain. Immediately another check angiogram was done and the doctors found that the stent again got blockage due to thrombosis (blood clotting *or* blocking of an artery *or* vein by a mass of coagulated blood). At this condition doctors were bound to remove the stent. After successful removal of the stent the patient felt better and after few days he was discharged from the hospital.

Surprisingly the patient got admitted to NICVD once more with the same complaint after 2-3 weeks of discharge. This time doctors found block in the same artery. The doctors were puzzled with repeated stent thrombosis since the patient had nothing significant with the relevant investigations.

Dr Afzalur Rahman, an interventional cardiologist at NICVD took the case with his own interest to explore the underlying cause for the repeated thrombosis. He advised various investigations to find out the actual cause. Finally the fibrinogen (a clotting factor in blood plasma which produces fibrin when activated by thrombin) level of the patient was found significantly high (840mg/dl) which was the actual cause behind the events.

Dr Afzal said that stent thrombosis is not a rare incidence, but thrombosis due to high fibrinogen level is a bit rare. So doctors should explore this biochemical profile if the cause of stent thrombosis seems to be idiopathic.

Besides Dr Afzal empasised that there is nothing to be discouraged about the implantation of stents. He advised that the patients who have drug-eluting stent implanted, should take the prescribed medications regularly following the implantation. This is very important to maintain the patent of stents.

KEEP ON WALKING

Fewer than 5000 steps a day is considered sedentary/low active

Between 5000 and 7499 steps a day ranks as typical daily activity

Between 7500 and 9999 steps a day places you as someone who is somewhat active

10,000 or more steps a day classes your level as active

More than 12,500 steps a day is on par for the highly active

A healthy weight a healthy shape

PROF SALMA HALAI BADRUDDIN

On a recent visit to Bangladesh I noticed the numerous Fitness Centers, Gyms, Slimming Centers and I thought to myself "surely there could not be much of a clientele for these establishments." My image of Bengalis is of small built slim people. I was stationed in Chittagong for over a month and being used to regular exercise in a fitness club.

I was pleasantly surprised by the high tech equipment at the club and the services offered. I discovered that most of the women spend 2-3 hours exercising at the club. I asked myself "how can these ladies still be so over weight after exercising so much!" But after having a few dinners and teas in well-to-do Bengali homes I realised that it would not be difficult to put on weight if economic constraint is not a restraining factor. At meal times most well to do Bengali families will sit down to a meal comprising of 3-5 dishes -- a dal, a vegetable or two, a meat and of course a fish dish. Then there is the 'nashta' at tea time which often comprises of at least one fried snack and one bakery item. Dinner time in these household was generally late and the table at dinner was even more loaded than lunch time. Then an hour or less of chit chat or TV watching and off to bed on a full stomach!

The theme for the World Heart Day being celebrated on 25 September is "A Healthy Weight A Healthy Shape". Why the emphasis on weight and shape? Because it is recognised that excess weight especially if it is carried around the waist is a major risk factor for hypertension, diabetes, heart diseases and stroke. South Asians have been reported to have a higher prevalence of these diseases than other ethnic groups and WHO has suggested lower cutoffs for BMI (Body Mass Index) and waist circumference for Asians than the internationally accepted cut-offs since they exhibit increased risk of these chronic diseases at lower BMIs.

Body Mass Index (BMI) = Weight in Kg/Height in Meters^2

Asians with a BMI of more than 23 are considered overweight and those with a BMI greater than 25 are considered obese and at increased risk of hypertension, diabetes and cardiovascular diseases. (International cut-offs are 25 and 30 for overweight and obese respectively).

An easy indicator of cardiovascular risk is abdominal obesity, which can be measured by waist circumference. We also should know, understand and watch closely our blood pressure and cholesterol level. Men with waist sizes above 90 cm (35 inches) and women above 78 cm (31 inches) are considered at significant risk of developing heart disease and stroke regardless of whether they are considered overweight or obese according to BMI. International cut-offs for waist measurements are 94 cms (37 inches) and 80 cms (32 inches) for males and females respectively.

Remember that the best time to start your weight management programme is when you are within the normal weight range. It is much easier to maintain the normal weight than to lose weight. However if you are already overweight, make a life long commitment to sensible eating and physical activity patterns including:

λ Eating a healthy and balanced diet which contains plenty of fruit and vegetables, whole grain products, low-fat and fat-free products, moderate amounts of unsaturated oils such as sunflower, corn, rape-seed and olive oil, lean meat, fish and pulses.
λ Taking more physical exercise: for adults at least 30 minutes of brisk walking a day will help reduce risk
λ Stopping smoking and avoiding smoky environments

You can expect major health benefits come in as little as six weeks after adopting a healthy life style and achieving a Healthy Weight and A Healthy Shape.

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