

Waist and hips best heart attack checks for obese

Measuring the ratio between waist and hip sizes is the best way of checking for the risk of heart attack in the obese, a global study showed.

After studying over 27,000 people in 52 countries, researchers said the waist-to-hip ratio was a far more effective way of measuring heart attack risk than the traditional body mass index (BMI) method.

"Substantial reassessment is needed of the importance of obesity for cardiovascular disease in most regions of the world," said Professor Salim Yusuf, from McMaster University in Ontario, Canada.

Obesity already affects more than 300 million people worldwide.

Currently it is calculated with the BMI -- dividing weight in kilograms by height in meters squared. A BMI of more than 25 is overweight. Above 30 is considered obese.

But the latest study, concluded that the waist-to-hip ratio was a much better heart attack calculator than BMI.

"The standard method by which we have been measuring obesity is obsolete and should be replaced by the waist-to-hip ratio," Yusuf told.

Fat deposited on the stomach or abdomen -- the classic beer gut -- is more dangerous than extra pounds on the thighs because the fat cells around the waist pump out chemicals that can damage the

insulin system, raising the risk of diabetes and heart disease.

"A larger waist is bad for you, larger hips are good for you, Yusuf said. "What matters is where your fat is and how big your muscles are."

And now the problem could be far worse than health experts feared.

The study said that if the risk of heart attack in the obese is redefined using the waist-to-hip ratio, the proportion of people in danger would increase threefold.

"The global burden of obesity has been substantially underestimated by the reliance on BMI in previous studies," Yusuf's team concluded.

Obesity has become a major medical headache worldwide with its prevalence highest in developed countries like the United States and lowest in Asian countries.

The new study argued that was not the case.

If the waist-to-hip ratio were used to calculate who among the obese was at risk of having a heart attack, then the proportion would increase substantially in the Middle East, South Asia and Southeast Asia, the study found.

"Most of us think of obesity as a problem of rich and western industrialized countries. But our data shows that it also affects low and middle income countries especially people living in cities," Yusuf said.

SOURCE: The Lancet

Self care to your dry skin

TAREQ SALAHUDDIN

Ordinary dry skin (xerosis) usually is not serious, but it can be uncomfortable and unsightly, turning plump cells into shriveled ones and creating fine lines and wrinkles long before you are due. More serious dry skin conditions, such as the inherited group of disorders called ichthyosis, can sometimes be disfiguring and may cause psychological distress to people living with them.

Fortunately, most dry skin results from environmental factors that can be wholly or partially controlled. These include exposure to hot or cold weather with low humidity levels and to wind, long-term use of air conditioning or central heating, excessive bathing, especially tub baths, and the use of strong soaps or detergents. Metabolic changes that occur with normal aging or with certain medical conditions also can affect the moisture content of your skin.

Chronic or severe dry skin problems may require a dermatologist's advice. But you can do a lot on your own to improve your skin, including drinking more water, showering less, and above all, moisturising.

Signs and symptoms

Dry skin can be a temporary problem -- one you experience only in winter. And although skin is often driest on the arms, lower legs and the sides of the abdomen, this pattern can vary considerably from person to person. More signs and symptoms of dry skin depend on age, health status, locale, the amount of time spent outdoors, and the cause of the problem.

If you have dry skin due to environmental factors or normal aging, you are likely to experience one or more of the following:

- A feeling of tightness or tautness, especially after showering, bathing or swimming
- A loss of plumpness your skin appears shrunken or dehydrated
- Skin that feels and looks rough rather than smooth
- Itching (pruritus) that sometimes may be intense
- Slight to severe flaking or scaling
- Fine lines or cracks
- Severe redness
- Deep fissures that may bleed

Risk factors

Dry skin is a nearly universal problem, but certain factors make you more likely to develop tight-

ness, flakiness and fine lines. These factors include age, sun exposure, diabetes, winter weather, hot baths and showers, smoking,

When to seek medical advice

Most cases of dry skin respond well to self-care measures. See your doctor if:

- Your skin does not improve in spite of your best efforts
- Dryness and itching keep you from sleeping
- You have open sores or an infection from scratching
- You have large areas of scaling or peeling skin

Complications



Dry skin that is not cared for can lead to eczema, folliculitis, cellulitis etc.

These complications are most likely to occur when your skin's normal protective mechanisms are severely compromised.

Treatment

In most cases, dry skin problems respond well to self-care measures. If you have more serious diseases such as ichthyosis or psoriasis, your doctor may prescribe prescription creams and ointments or other treatments in addition to home care.

Self-care

Although it may not be possible to achieve flawless skin, the following measures can help keep your skin moist and healthy:

Wash 'n' go: For most people, a once-daily bath or shower is enough to maintain good hygiene. If your skin is very dry, bathing every other day may

be best. Keep in mind that the longer you are in water, the more protective oils you lose.

Avoid harsh, drying soaps: If you have dry skin, it is best to use cleansing creams or gentle skin cleansers and bath or shower gels with added moisturisers. Avoid deodorant and antibacterial detergents, which are especially harsh.

Don't scrub, rub or soak in the tub: It is best to use your hands or a cleansing sponge on your face instead of a washcloth. Although a cloth can help remove (exfoliate) dead cells, it may be too irritating for very dry skin. After washing, pat or blot your skin until it is just barely dry, then moisturise immediately to help trap water in the surface cells.

Moisturise: Moisturisers hold water. They also act as a temporary barrier, allowing damaged surface cells time to repair themselves. Many moisturisers contain some combination of humectants and emollients, as well as other ingredients:

Humectants: These are substances such as urea and glycerin that attract water when you apply them to your skin.

Emollients: These fill in the spaces between the cells in the stratum corneum, helping replace lipids and thus smoothing and lubricating rough skin. Emollients are water-in-oil emulsions, which means that a small amount of water is dissolved in an occlusive oil, such as petrolatum, mineral oil or natural plant oils. If you have mature or very dry skin, your best choice may be a water-in-oil moisturizer, which will be tend to be heavier and richer than other moisturisers.

Vitamin A: Retinol and retinyl palmitate are forms of vitamin A that may be converted in the skin into retinoic acid.

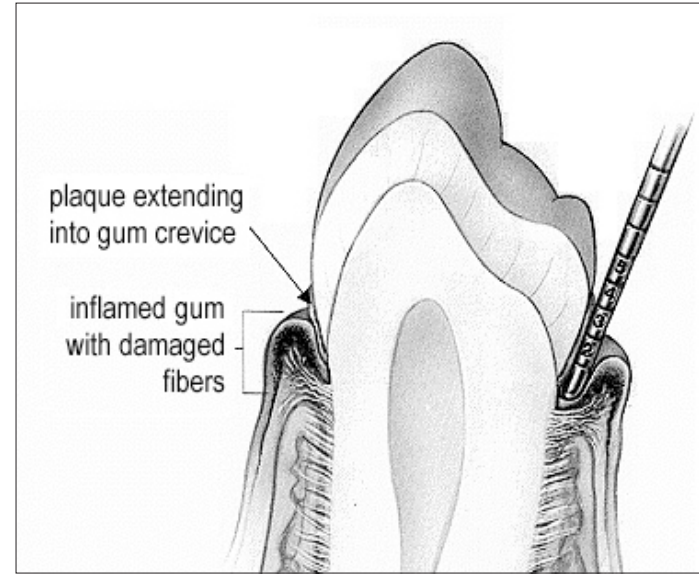
Alpha hydroxy acids: These encourage skin cells to exfoliate properly and have proved effective in treating some forms of ichthyosis.

Antioxidants: Vitamins such as C and E can help protect and repair skin exposed to pollutants and UV rays.

Keep in mind that many of these ingredients can be drying and irritating to your skin, and you may want to talk to your dermatologist before trying products that contain them.

Many moisturisers also contain sunscreen, hydrating your skin and protecting it from UVA and UVB radiation in one easy step.

Save your teeth by avoiding gum disease



DR MD MOKERROM HASAN

Gingivitis is an inflammation or infection of the gums and bone that support the teeth. It is caused by bacteria in plaque. It is the most common infection of the gum.

Causes of gum disease

The most important cause of gum disease is plaque. Plaque is the sticky colorless film of food particles and bacteria that constantly forms on the teeth after food intake. If it is not cleaned properly, it becomes hardened and forms tartar. This tartar at the gum line acts as the harbor of bacteria and causes gum infection or gingivitis which in advanced stage causes periodontitis (infection of the area around the teeth membrane leading to discharge of pus, and resulting in the teeth falling out if untreated). The staging is like this-

Healthy gum -> Gingivitis -> Periodontitis -> Advanced -> periodontitis -> Loosening and shading of teeth.

Symptoms

- Patients usually suffers from-
- Red, puffy gums
 - Gums that bleed during brushing or flossing
 - Persistent bad breath or bad taste in your mouth
 - Changes in the way your teeth fit together when you bite
 - Teeth that have shifted or loosened
 - Pus coming from between the teeth and gum
 - Gum tenderness or pain
 - Teeth that look longer because the gums have receded
 - Gums that have separated from the teeth.

Treatments

Treatments vary according to the severity or staging of the disease. It may be as follows-

Plaque removal: Brushing, flossing and professional cleaning help remove the plaque that causes gum disease.

Scaling: Plaque and tartar are scrapped off the tooth crown and roots.

Root planning: The rough surfaces of the root become smooth allowing the gum to heal. The procedure may take several appoint-

ments.

Flap surgery: The gum is lifted from the tooth and bone so infection can be removed. The infected bone may also be reshaped. After surgery the gum is repositioned and sutured to hold it in place until it heals. It is done in periodontitis stage.

Regeneration: In advanced periodontitis cases the loosened teeth can be hardened by partial regeneration technique by special membrane.

How can one reduce his changes of getting gum disease?

- Clean plaque: Develop good oral hygiene habits. Clean plaque from the teeth and gum line by brushing daily with fluoridated toothpaste. To remove plaque from above and below the gum line and from between teeth, floss daily or use interdental brushes.
- Schedule regular check ups so that dental surgeons can check for early signs of gum disease. Dental surgeon will also remove plaque and tartar.
- Eat right: The proper nutrients can help to maintain healthy gums and bones and fight infection. Starchy and sugar foods increase plaque build up.
- Avoid cigarettes and other forms of tobacco.
- Avoid grinding or clenching the teeth as pressure on the bone and fibers that support teeth can make existing gum disease worse.
- Some disease like diabetes, pregnancy and some medications such as birth control pills, anti-hypertensive, antidepressants and anti-epileptic drugs may contribute to gum disease. So ask the dental surgeons about the medical conditions or the medication that you are taking.

Recurrence

Since gum disease is caused by bacteria, so the risk of the disease returning will greatly reduce if regular checkup by the dental surgeon and meticulous home care is practiced.

The writer is a Dental and Maxillofacial Surgeon.

Mainstreaming ageing in health systems

SYED MASUD AHMED

In the history of Bangladesh, she has faced a daunting challenge of improving the health of its people with limited resources available and made remarkable progress. In the last three decades, life expectancy has increased by 15 years, the total fertility rate (TFR) has declined by more than half and the infant mortality rate (IMR) has fallen by almost half. The current demographic situation in Bangladesh is characterised by gradual ageing of the population, thanks to the successes of targeted public health interventions (such as family planning, EPI, Oral rehydration therapy etc.) and modest economic growth since independence.

According to the 2001 census, 6.2% of the population was more than 60 years, the absolute number being above 4.5 million. Approximately 80,000 new elderly people are added to this cohort every year. The projected increase in elderly population in Bangladesh during 1990-2025 (17 million+) will be much faster (219%) than that of European countries such as Sweden (33%), UK (45%) or Germany (66%). The country will have much less time to deal with its consequences. Despite steady growth in the elderly population, there have been little efforts by the policy makers at addressing how they can be accommodated as productive members of the society.

In low-income countries like Bangladesh, older persons are often characterised as frail, dependent and unproductive. Experiences of special events in later life such as sudden drops in income and reduced socioeconomic opportunities increase the probability of economic deprivation and social isolation of elderly persons. Increasing landlessness, rural to urban migration and changing lifestyles with small family norms is eroding the traditional family

support system for the elderly. Poverty and social exclusion are the greatest threats to their well-being.

The vulnerability of elderly people is also reflected in a higher burden of ill health and disability. Though the poor elderly experience high levels of sickness, yet their use of health services is below average. There are many potential barriers for older persons to access health services in countries like Bangladesh. These include financial barriers, physical barriers related to problems of mobility and geographical location of the health facilities. Infrastructural barriers (lack of services for the group at

received little attention from primary health care services with the exception of the reproductive health of women. The issue of health of the elderly people rarely appears on the public health agenda except some fragmented efforts undertaken in the voluntary and non-governmental sectors. However, empirical evidence shows that well targeted PHC interventions have considerable potential to prevent ill-health and consequently improve the quality of life of elderly people in any country. As well as improving the well-being of the elderly people through health promotion and education, effective

improving PHC for older persons in rural communities. Active participation of the family and the community and using existing PHC facilities are two main features of this operation research project named "Primary Healthcare In Later Life: Improving services in Bangladesh and Vietnam" (PHILL). The project was implemented during October 2002 to September 2005 by the BRAC Research and Evaluation Division in Bangladesh and by the Health Strategy and Policy Institute (HSPI) of the Vietnamese Government.

Findings from the PHILL research intervention show that elderly health issues can be addressed through existing PHC infrastructure, by appropriately sensitising the family and the community, and training healthcare providers and the care-givers on common elderly health, nutritional and emotional problems. The self-help groups of the elderly organised through this research project demonstrate another innovative approach to organise the elderly in taking care of themselves and their peers, besides providing a forum for recreation and leisure time.

This and other issues related to ageing in low-income countries will be discussed by researchers, academicians, policy makers and programme implementers from home and abroad in an "International Conference on Mainstreaming Ageing in Health Systems and Rural Development" to be held from 28-30 November in Hotel Sheraton, Dhaka. It is expected that the conference will deliberate on how the elderly issue can be integrated in the mainstream development agenda and come up with guidelines and recommendations for policy making and action.

The writer is an official at Research and Evaluation Department of BRAC.

There are many potential barriers for older persons to access health services in our country. Elderly women are especially disadvantaged due to their marginal position in the society. In Bangladesh, adult health has received little attention from primary health care services. But findings from the research intervention show that elderly health issues can be addressed through existing PHC infrastructure

Primary Health Care/ PHC level), attitudinal problems of the health care providers and care-givers (ill health at old age is taken for granted and attracts less priority in family), and informational barriers (availability of services) due to high level of illiteracy among the elderly which also contribute to the problem. Elderly women are especially disadvantaged due to their marginal position in the society. They lack possession of and control over economic resources and endure more disease burden than their male counterparts.

Research institutions in two Asian (Bangladesh and Vietnam) and two European countries (Sweden and UK) have joined forces in an European Commission funded project to test the effectiveness of low-cost, preventive and health promotion interventions, in

PHC could reduce the burden of health services at the secondary and tertiary levels. Of particular importance are relationships between PHC and informal support for the elderly, creating opportunities to bridge the gap between formal service provision and informal caring within households.

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Training on speech for the handicapped will be held in the capital

Specialised ENT doctors from the United Kingdom (UK) will train the patients on speech by artificial electronic larynx who have lost their ability of speech due to operation in the larynx (hollow organ in the throat holding the vocal cords) from the 28th instant at the National Centre for Hearing and Speech for Children (NCHSC) of Society for Assistance to Hearing Impaired Children (SAHIC) at Mohakhali in the capital -- says a press release.

The training will be held from 8:30 am to 2:30 pm in the specialised ENT hospital of SAHIC (adjacent to ICDDR,B and BCPS) totally free of cost. The interested candidates are

requested to contact the hospital within the 28th instant.

"The machine is first of its kind to be practiced in our country. Patients will be able to use the highly expensive ultramodern machine free of charges," Dr M Abdullah, Head of the ENT Department of Sir Salimullah Medical College and Mitford Hospital told Star Health in a telephone interview. He also informed that they are trying to get more electronic larynx with the aid of the charity organisations to serve the handicapped people who have lost their ability to talk due to different operations in the throat.

Coffee in pregnancy may be risky

Women who drink eight or more cups of coffee daily while pregnant are at risk for spontaneous abortion and stillbirth, Danish researchers report. In their study, they found that fetal death was twice as likely among heavy coffee drinkers relative to pregnant women who did not drink coffee.

Adjusting for other risk factors weakened the association somewhat, but heavy coffee drinkers remained at 59 percent greater risk of fetal death, Dr. Bodil Hammer Bech of the University of Aarhus and colleagues report.

Women who drank four to seven cups daily had a 33 percent increased risk of fetal death.

"Due to our findings and previous studies we think it is reasonable to apply the precaution principle and advise pregnant women to abstain from drinking more than 3 cups of coffee per day," Bech expressed. Denmark currently has an official policy warning women to restrict their coffee intake to three cups or less daily.

While a number of studies have linked coffee drinking to undesirable pregnancy outcomes, and there are plausible physiological mechanisms by which caffeine might harm a fetus, the risks of coffee drinking in pregnancy have been questioned, Bech and colleagues explain.

To investigate, they surveyed 88,482 women enrolled in the Danish National Birth Cohort,

among whom there were 1,102 fetal deaths. The women were interviewed about coffee intake and potentially confounding factors, such as alcohol consumption and smoking, at approximately 16 weeks' gestation.

Among the women, 55.4 percent reported drinking no coffee during pregnancy, while 31.4 percent drank one-half to three cups daily. Thirteen percent of the women drank more than three cups of coffee daily, while 3.4 percent drank eight or more cups a day.

After adjustment, the researchers found, women who drank one-half to three cups a day had a 3 percent increased risk of fetal death; those who consumed four to seven cups had a 33 percent increased risk; and those who drank eight or more cups had a 59 percent greater risk of fetal death. The association was strongest for fetal deaths after 20 weeks gestation.

The researchers found no link between tea or cola consumption and fetal death, suggesting that caffeine may not be the exposure of interest. "Coffee contains a number of chemical compounds," Bech noted. "Further studies should try to disentangle a caffeine effect from a non-caffeine effect."

SOURCE: American Journal of Epidemiology

Angry? Take it indoors!

REUTERS, Beijing

A Chinese university has set up a special "anger management" room for students to let off steam, apparently to avoid students taking to the streets in protest or taking their own lives.

Southwest Jiaotong University, in Chengdu in southwestern Sichuan province, has fitted a room out with sandbags lining the walls waiting to be pummelled by students venting their frustrations, the China Daily said.

"Students have flocked to the room since it opened eight days ago and hundreds more have booked in, presumably in anticipation of upcoming bouts of fury," the newspaper said.

Ning Weiwei, a professor of psychology at the college, said the room was a good way for students to deal with failing to find a job or being jilted by a mate. "We want to help students let out their intense animosity or hostility without storing up such hatred," he said.

Chinese students, for centuries influenced by Confucianism and submissive to authority, became increasingly assertive in the early 1990s. But there have been no large-scale student protests since the 1989 army

crackdown on the Tiananmen pro-democracy demonstrations.

China is obsessed with keeping a lid on unrest, with the ranks of unemployed graduates a growing threat.

In recent years, some professors and students have broken free of the strict ideology of the Communist Party thanks in part to the influx of Western culture and economic reforms. The Internet has become a popular outlet for students to vent their frustrations.

Many students have killed themselves in recent years because of problems ranging from academic pressure to emotional problems.

Experts say the anger management room is a quick fix, failing to address the root problems of a student's unease.

"Using it to help students with mental problems is totally senseless," said Chen Xin, a psychologist with the Institute of Sociology under the Chinese Academy of Social Sciences.

"China's elite education system and rapid economic development have misled young students" who lacked the tolerance long espoused by traditional Chinese philosophy, he said.