Star health

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The danger signs of pneumonia

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In the winter, pneumonia is a common problem of children in our country. Very often parent do not know what to do and they even cannot understand what are the danger signs.

There are several stages of acute respiratory distress syndrome. If the parents are aware of the primary management, it is easier to save the valuable lives of the children. In this article we will know the management guideline of acute respiratory distress syndrome (ARDS).

ARDS may be caused by viral, bacterial or fungal infections. At first, assessment of the distressed child is essential. The parents should observe the following points:

Look and listen

- Cough and its duration
- Fever and its duration
- Feeding behaviour of the child
- Is there any convulsion
- Count the breaths in one minute
- Look for chest indrawing
- Look if the child abnormally sleepy or difficult to wake
- Look and listen for stridor (sharp high sound made when air passes an obstruction in the larynx i.e. throat) and wheeze (whistling noise in the bronchi)
- Look for severe malnutrition
- Low body temperature

Danger signs

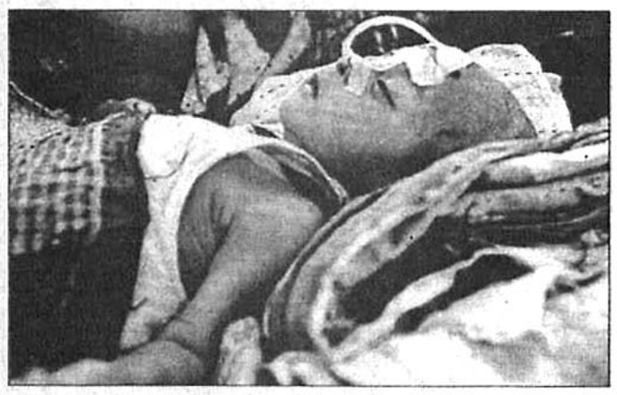
There are some danger signs of acute respiratory distress syndrome. They vary with the age of a child.

For age 2 months to 5 years:

- Not able to drink
- Convulsion
- Abnormally sleepy or difficult to wake
- Stridor in a calm child
- Severe malnutrition

For age less than 2 months:

- Stopped feeding well
- Convulsion
- Abnormally sleepy or difficult to wake
- Stridor in a calm child
- Wheeze



Classification of ARI	2 months to 5 years	Less than 2 months
Very severe disease	Danger signs present, central cyanosis & not able to drink	
Severe pneumonia	No danger sign Chest indrawing	Severe chest indrawing &/or fast breathing (60 beats/min)
Pneumonia	No danger sign No chest indrawing Only fast breathing (40 beats/min)	
No pneumonia	No sign of pneumonia Cough and cold	

- Fever or low body temperature (less than 35.5°C)

Treatment plan

If you observe any of the danger signs, do not neglect the condition which may deteriorate soon. Bring your child urgently to a hospital.

You can start treatment of fever immediately by paracetamol syrup. Antibiotic therapy needs to be started immediately; but do not start an antibiotic without consulting with a paediatrician. Sometimes people start antibiotic simply asking the compounder of a pharmacy which is very dangerous. If your child develops hypersensitivity against an antibiotic, it might be difficult to manager later. So be careful.

Advice to mother for home care

Feed the child:

- Feed the child during illness
- Increase feeding after illness
- Clear the nose if it interferes feeding

Increase fluid intake:

- Offer the child extra fluid to drink
- Increase brastfeeding

Sooth the throat and relieve cough:

Do it with a safer remedy like honey or lemon juice. Give the child extra vitamin C.

Treatment of fever:

- If fever is high (more than 39°C), give paracetamol
- If the fever is not high (38°C - 39°C), give more fluid to the child
- If fever persists for more than five days, bring the child to hospital for assessment

Treatment of wheeze and antibiotic therapy

Follow the advice of the doctor.

Referral knowledge is mandatory for parents:

Bring the child again to hospital when–

- Breathing becomes fast
- Breathing becomes difficult
- Not able to drink
- Child becomes sick
- Bring the child for assessment after 2 days although the condition improves

RECIPE MAKEOVERS

5 ways to create healthy recipes

1. Reduce the amount of fat, sugar and sodium

With most recipes, you can reduce the amount of fat, sugar and sodium without losing the flavor. By cutting fat and sugar, you also cut calories. How much can you leave out without affecting the flavor and consistency of the food? Apply the following general guidelines:

Fat: For baked goods, use half the butter, shortening or oil and replace the other half with unsweetened applesauce, mashed banana or prune puree. You can also use commercially prepared fruit-based fat replacers found in the baking aisle of your local grocery store.

Sugar: Reduce the amount of sugar by one-third to one-half. When you use less sugar, add spices such as cinnamon, cloves, allspice and nutmeg or flavorings such as vanilla extract or almond flavoring to enhance the sweetness of the food.

Sodium: Reduce salt by one-half in baked goods that do not require yeast. For foods that require yeast, do not reduce the amount of salt, which is necessary for leavening. Without salt, the foods may become dense and flat. For most main dishes, salads, soups and other foods, however, you can reduce the salt by one-half or eliminate it completely.

Other ingredients may contain sugar, fat and sodium, and you can decrease them as well. For example, if the recipe calls for 1 cup shredded cheddar cheese, use 1/2 cup instead. Or use less soy sauce than is indicated to decrease the amount of sodium in the food.

2. Make a healthy substitution

Healthy substitutions not only reduce the amount of fat, calories and sodium in your recipes, but also can boost the nutritional content. For example, use whole-wheat pasta in place of enriched pasta. You will triple the fiber and reduce the number of calories. Prepare a dessert with fat-free milk instead of whole milk to save 63 calories and almost 8 grams of fat per cup.

3. Delete an ingredient

In some recipes, you can delete an ingredient altogether; likely candidates include items you add out of habit or for appearance, such as frosting, coconut or nuts, which are high in fat and calories. Other possibilities include optional condiments, such as pickles, olives, butter, mayonnaise, syrup, jelly and mustard, which can have large amounts of sodium, sugar, fat and calories.

4. Change the method of preparation

Healthy cooking techniques — such as braising, broiling, grilling and steaming — can capture the flavor and nutrients of your food without adding excessive amounts of fat, oil or sodium. If your recipe calls for frying the ingredients in oil or butter, try baking, broiling or poaching the food instead. If the directions say to baste the meat or vegetables in oil or drippings, use fruit juice, vegetable juice or fat-free vegetable broth instead. Using nonstick pans or spraying pans with nonstick cooking spray will further reduce the amount of fat and calories added to your meals.

5. Change the portion size

No matter how much you reduce, switch or omit ingredients, some recipes may still be high in sugar, fat or salt. In these cases, reduce the amount of that food you eat. Smaller portions have less fat, calories and sodium and allow you to eat a wider variety of foods during a meal. Eating a variety of foods will ensure that you get all the energy, protein, vitamins, minerals and fiber you need.

Putting it all together

As you look over your recipe, decide what to change and how to change it. Make notes of any alterations, so you can refer to them the next time you prepare the food. You may have to make the recipe a few times, adjusting your alterations, before you get the results you want. But finding the right combination of ingredients — for the desired taste, consistency and nutrients — is well worth the trouble.

FITNESS TIPS

Get stronger, leaner and healthier

STAR HEALTH DESK

You know exercise is good for you. You look for ways to incorporate physical activity into your daily routine, and you set aside time for longer workouts at least a few times a week. But if your aerobic workouts are not balanced by a proper dose of strength training, you are missing out on a key component of overall health and fitness.

Despite its reputation as a "guy" or "jock" thing, strength training is important for everyone. With a regular strength training programme, you can reduce your body fat, increase your lean muscle mass and burn calories more efficiently.

Use it or lose it

Muscle mass naturally diminishes with age. If you do not do anything to replace the muscle you lose, you will increase fat. But strength training can help you preserve and enhance your muscle mass — at any age. Strength training also helps you:

Develop strong bones: By stressing your bones, strength training increases bone density and reduces the risk of osteoporosis. If you already have osteoporosis, strength training can lessen its impact.

Control your body fat: As you lose muscle, your body burns calories less efficiently — which can result in weight gain. The more toned your muscles, the easier it is to control your weight.

Reduce your risk of injury: Building muscle protects your joints from injury. It also helps you maintain flexibility and balance — and remain independent as you age.

Boost your stamina: As you grow stronger, you will not fatigue as easily.

Improve your sense of well-being: Strength training can boost your self-confidence, improve your body image and reduce the risk of depression.

Get a better night's sleep: People who strength train regularly are less likely to struggle with insomnia.

Consider the options

Most fitness centers offer various resistance machines, free weights and other tools for strength training. But you do not need to invest in a membership or an expensive home gym to reap the benefits of strength training. Hand-held weights or homemade weights — such as plastic soft drink bottles filled with water or sand — may work just as well.

Resistance bands are another inexpensive option. These elastic-like cords, tubes or bands offer weight-like resistance when you pull on them. They are available in different tensions to fit a range of abilities. Of course, your own body weight counts, too. Try push-ups, pull-ups, abdominal crunches and leg squats.

Getting started

When you have your doctor's OK to begin a strength training program, start slowly. Warm up with five to 10 minutes of stretching or gentle aerobic activity, such as brisk walking. Then choose a weight or resistance level heavy enough to tire your muscles after about 12 repetitions.

To give your muscles time to recover, rest one full day between exercising each specific muscle group. When you can easily do 12 or more repetitions of a certain exercise, increase the weight or resistance. Remember to stop if you feel pain. Although mild muscle soreness is normal, sharp pain and sore or swollen joints are signs that you have overdone it.

When to expect results

You do not need to spend hours a day lifting weights to benefit from strength training. Two to three strength training sessions a week lasting just 20 to 30 minutes are sufficient for most people. You may enjoy noticeable improvements in your strength and stamina in just a few weeks. With regular strength training, you can increase your strength 50 percent or more within six months — even if you are not in shape when you begin.

Strength training can do wonders for your physical and emotional well-being. Make it part of your quest for better health.

Diabetes drug may cut heart risks also

A diabetes drug may protect patients against thickening of the artery walls, a precursor to heart attacks, according to a study published in the Journal of the American Medical Association.

Thickening of the carotid arteries, which are located in the neck and deliver blood to the brain, is a risk factor for heart attacks and other cardiovascular problems. Cholesterol and fat can build up in the inner lining of arteries, forming plaque and causing them to narrow.

Patients with type 2 diabetes taking the older generic drug, glimepiride, saw their artery thickness rise by .012 millimeters after 72 weeks on the drug, while those on pioglitazone saw their artery wall thickness drop by .001 millimeters.

People with diabetes are at greater risk than the general population for developing this buildup, known as atherosclerosis.

"We are measuring the earliest stages of atherosclerosis – this is the best marker for future heart attack and stroke," said Dr Theodore Mazzone, the lead researcher and chief of endocrinology at the University of Illinois at Chicago's College of Medicine.

Pioglitazone also significantly boosted levels of high density lipoprotein, or HDL, a beneficial type of cholesterol in the blood, the study said.

The vast majority of diabetics have type 2 diabetes, in which the body cannot make enough of hormone insulin or cannot use it effectively.

An artery wall.

Source: Journal of the American Medical Association

Your Doctor

Dr Faruq Ahmed
Head, Dpt of Gastroenterology
Sir Salimullah Medical College (SSMC) and Mitford Hospital

Dear doctor
I am 23 years old. I am currently a university student. I have been suffering from stomach problem for last 3 years.
I feel that my stomach never gets empty. I go to toilet 3 or more times but I have never felt easy to defecate. Sometimes I feel some other problems also. That is my head remains hot and there is a sense of pain.
Whenever I feel my stomach empty I feel well. I have consulted with a doctor and he advised me to take some medicine. But it became ineffective upon me. Now I am helpless. Due to this problem, I am neither active in my class nor I can enjoy with my friends. Kindly advise me.
Regards
Suhel
Shamimabad, Bagbary, Sylhet.

Answer:

Possibly you have been suffering from Irritable Bowel Syndrome (IBS) according to your statement. But for confirmation, you have to do some investigations.

Irritable bowel syndrome is characterised by a group of symptoms in which abdominal pain or discomfort is associated with a change in bowel pattern, such as loose or more frequent bowel movements, diarrhoea, and/or constipation. But it does not permanently harm the intestines and does not lead to a serious disease, such as cancer. Most people can control their symptoms with diet, stress management and prescribed medications. Some people may be unable to work, attend social events or even travel short distances like you.

You need not to get worried as many options are available to treat the disease. Before the management of your problem, you have to do an endoscopy, total blood count, ultrasonogram, colonoscopy and routine examination of stool depending upon the nature of your problem. A gastroenterologist can give you the best treatments available for the particular symptoms and encourage you to manage stress and make changes to your diet.

So you should consult a gastroenterologist immediately. Take fiber supplements for constipation. Avoid using laxatives too much. They may weaken your intestines and make you dependent on them. Eat a varied healthy diet and avoid foods high in fat and drink plenty of water. Try eating 6 small meals a day rather than 3 larger ones and try to reduce your stress.

An antispasmodic is commonly prescribed, which helps to control colon muscle spasms and reduce abdominal pain. Tranquilizer drugs may also help you to relieve your symptoms. But it is strongly recommended to consult a gastroenterologist.

Dr Ahmedul Kabir
Registrar, Medicine
SSMC and Mitford Hospital

Dear Doctor
I am 72 years old and my mouth remains dry all the time. What may cause this? How can I get rid of this problem.
Regards
Redwanul Hoque
Munshigonj

Answer:

Dry mouth is common among older adults. Mouth dryness may be due to the effects of aging. As you get older, your salivary glands may secrete less saliva. Thirst and your perception of thirst also may change. Thirst receptors in your brain become less responsive to your body's need for fluids. For this reason, older adults are at increased risk of dehydration.

A common, reversible cause of dry mouth is a side effect of different medication. Many medication can cause dry mouth, including antihistamines, antidepressants, high blood pressure medication, drugs for urinary incontinence.

Consult a physician about the possibilities that medications you take may cause mouth dryness. Rarely, certain autoimmune disorders, such as Sjogren's syndrome, may cause dry mouth.

Methods to reduce mouth dryness include sucking on sugar-free lozenges, which can stimulate production of saliva. Signs and symptoms of inadequate fluid intake include less frequent urination and dizziness on standing or changing from lying to sitting.

This may occur if your thirst mechanism is not adequately reflecting your fluid needs. Your doctor may recommend a specific plan for fluid intake.

Send health related queries (either in English or Bangla) to Your Doctor, Star Health, The Daily Star, 19, Karwan Bazar, Dhaka 1215 or e-mail your problem to starhealth@thedailystar.net

Did You Know ?

REUTERS PHOTO

A new study shows that using smaller bowls and spoons may curb the amount of food eaten.

Plate size influences portion size

Want to lose weight? Try eating off smaller plates. A new study shows that using smaller bowls and spoons may curb the amount of food eaten.

"People could try using the size of their bowls and possibly serving spoons to help them better control how much they consume," write researchers in the American Journal of Preventive Medicine. "Those interested in losing weight should use smaller bowls and spoons, while those needing to gain weight – such as the undernourished or aged – could be encouraged to use larger ones," add Dr Brian Wansink, of Cornell University, and colleagues.

In a prior study, researchers found that teenagers poured 77 percent less juice into tall narrow glasses than they did into short wide glasses. Similarly, in another study, Philadelphia bartenders were found to pour less liquor into "highball" glasses than they did into tumblers.

These studies suggest that individuals may adjust their serving portions depending on the size of their bowls or spoons. To investigate, Wansink and his team conducted a study of 85 nutrition experts, including faculty, staff, and graduate students, from a large midwestern university, who attended an ice cream social.

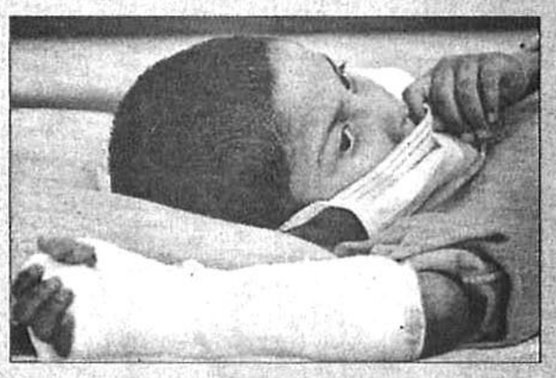
They were randomly given a 17 ounce or 34 ounce bowl along with a 2 ounce or 3 ounce ice cream scoop and allowed to serve themselves ice cream. Afterwards, their ice cream was weighed while they completed a short survey about how much ice cream they thought they had served themselves and how the size of their bowl and spoon differed from what they normally used.

Study participants who received the larger bowls unknowingly served themselves 31 percent more ice cream than did those with smaller bowls. Ice cream servings also increased by 14.5 percent among those with larger serving spoons, regardless of the size of the bowl. And nearly all of the adults (82 of 85) ate all of their ice cream. Altogether, those with large bowls and large serving spoons served themselves – and ate – nearly 57 percent more ice cream than those with smaller bowls and spoons, the team reports.

"What is critical to note, however, is that people – even these nutrition experts – are generally unaware of having served themselves more," write the authors.

"The fact that even they end up being tripped up by these cues just helps to show how ubiquitous and how subversive these illusions can be," Wansink said. Based on the findings, "obese patients may want to use smaller bowls and spoons at home to reduce overconsumption," according to Wansink and his colleagues. Among undernourished individuals, on the other hand, "larger bowls and spoons would encourage more food intake than the smaller bowls and spoons that are often provided," they conclude.

Source: American Journal of Preventive Medicine, September 2006.



A child suffering from bacterial meningitis recovers at a hospital. Doctors can follow a set of guidelines to identify sick children who might have a deadly form of meningitis, sparing young patients days in the hospital, researchers said.

Guidelines help diagnose severe meningitis

REUTERS, *Chicago*

Doctors can follow a set of guidelines to identify sick children who might have a deadly form of meningitis, sparing young patients days in the hospital, researchers said.

Meningitis produces swelling of the membranes surrounding the brain and spinal cord. The bacterial form that occurs in one in 25 cases can produce a more severe illness than the viral form.

Doctors often cannot determine which type of meningitis a patient has until a bacterial culture is produced in the laboratory – requiring up to a three-day wait. Just in case, most patients are admitted to the hospital and treated with powerful antibiotics.

But guidelines developed four years ago and recently tested in a trial of 3,300 patients aged 29 days to 19 years correctly classified all but two patients, both of whom were younger than 2 months and more difficult to diagnose, according to the study published in this week's issue of the Journal of the American Medical Association.

The criteria include routine tests of blood and fluids and a checklist, including whether the child has had seizures since falling ill.

"The ability to identify those children who are at very low risk of bacterial meningitis and can be considered for management on an outpatient basis will avoid unnecessary hospitalisation and aggressive antibiotic therapy," said study author Dr Nathan Kuppermann of the University of California-Davis Medical Center.

A vaccine to combat bacterial meningitis has been recommended in the United States for at-risk children younger than 2 since 2000, reducing the incidence of the disease, the report said.

"The finding is important because it gives emergency room physicians nationwide a tool to guide their decision-making when caring for children with suspected meningitis, a serious and potentially life-threatening infection," said study co-author Lise Nigrovic of Children's Hospital Boston.