

WORLD HEALTH DAY 2007

Invest in health, build a safer future

STAR HEALTH DESK

World Health Day (April 7) marks the founding of the World Health Organisation (WHO). It is an occasion to raise awareness of key global health issues. This year's theme is International health security. The aim is to urge governments, organisations and businesses to "invest in health, build a safer future".

Emerging and epidemic-prone diseases and outbreaks, such as avian flu, SARS as well as the continuing spread of HIV/AIDS, humanitarian emergencies, and other acute health threats can all be defined as public health emergencies. International health security is the first line of defence against health shocks that can devastate people, societies and economies worldwide.

Implementation of the International Health Regulations (IHR) from June 2007 will help to build and strengthen mechanisms for outbreak alert and response at national and international levels, and contribute to making the world more secure.

The 2007 World Health Day slogan 'Invest in health, build a safer future' addresses one of the most vital concerns of our times. Globalisation, rapid travel and trade make it much easier for new and existing diseases to leap over national borders and threaten our collective security. Current avian influenza outbreak and SARS in 2003 spread from one country and region to the next. HIV/AIDS is also racing across nations, adversely impacting their economies and threatening their stability. New diseases have appeared



and old ones have re-emerged as epidemic/pandemic prone diseases to present an acute threat to life. Climate change, natural disasters, chemical and nuclear accidents and bioterrorism also hold the potential to threaten international public health security.

When health emergencies give rise to global concerns, an effective response requires international coordination as has been seen post tsunami and the SARS outbreak. The World Health Day slogan highlights the crucial need to invest in human resources and strengthen health systems to enable the international community to effectively meet the public health risks and challenges. WHO is assisting countries to do this through a series of interrelated measures. For example, the revised and broadened Interna-

tional Health Regulations (2005) which will come into force in June 2007 will provide an important instrument to protect countries from global health destabilisation. Under this international agreement, WHO Member States are obliged to prevent and control the spread of disease inside and outside their borders. They are required to maintain core surveillance and response capacities to detect, assess, notify and report public health events to WHO and to respond to public health risks and public health emergencies.

Governments, international organisations, business and civil society will need to focus on the health challenges ahead and work collectively to meet them. To tackle health threats investments are required at many levels. Collaboration between countries to improve preparedness and

response, information sharing, strengthening of public health systems and surveillance require attention and money.

To see agreed goals translate into real results, investments big and small have to be made in human health. Sometimes, all it takes is distribution of mosquito nets (US\$ 10) to reduce the spread of malaria or as little as US 10 cents to ensure clean drinking water solutions that can last a family one entire month. Efforts to highlight the health benefit of washing hands to prevent diarrhoea are as critical as programmes that call for vast resources. Every country and every community must invest in health and build capacity to prevent new and existing threats.

WHO with its partner governments and stakeholders is work-



ing to strengthen health systems by integrating primary health care services. Public health initiatives which work to protect a population from falling prey to ill health are important considering the fact that in many countries 40 percent of deaths from illness can be prevented. Yet, investment in public health remains low.

However, this huge task cannot be tackled by the health sector alone. Foreign policy makers, finance strategists and other organs of governments need to bring health on their agenda. This shared effort can go a long way in realising the WHO objective of "the attainment by all peoples of the highest possible level of health". Let us work together to translate goals into tangible results.

Don't forget to vaccinate your child today

In an effort to eradicate the re-emergence of polio, 2nd round of the 15th National Immunization Day (NID) will be observed today to immunise 24 million children under the age of 5 in the country. To stop the transmission of polio virus, the challenge is to reach the unreached. Let's work together to bring every child under 5 under NID coverage and boost the effort to prevent the re-emergence of the polio.

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Passive smoking linked with TB risk in children

A study conducted in South Africa suggests there is an association between passive smoking and increased risk of Mycobacterium tuberculosis infection in children living in a home with a tuberculosis patient.

"Tuberculosis and smoking are both significant public health problems," Dr Saskia den Boon, of KNCV Tuberculosis Foundation, The Hague, Netherlands, and colleagues write in the April issue of Pediatrics. The possible association between passive smoking and TB infection in children "is a cause of great concern, considering the high prevalence of smoking and tuberculosis in most developing countries."

The team conducted a community survey that included 15 percent of the addresses in two adjacent low- to middle-income suburbs in Cape Town. All children younger than 15 years of age and their adult household members

living at the addresses were included in the study.

All of the children received a tuberculin skin test, with M. tuberculosis infection defined as a reaction of at least 10 mm. The team defined passive smoking as living in a home with at least one adult who smoked for at least 1 year.

A total of 1344 children were included in the analysis. Of these, 432 (32 percent) had a positive tuberculin skin test and 1170 (87 percent) were classified as passive smokers.

The rate of positive tuberculin skin tests was 34 percent in children with a smoker in the home compared with 21 percent in those who were not passive smokers. The difference was not statistically significant.

However, there was a significant association between passive smoking and a positive tuberculin skin test in the 172 households that had with a patient with tuberculo-

sis. Children living in these conditions were nearly five-times as likely to test positive.

"Passive smoking might affect the immune system of the child, thus increasing the risk of getting infected," den Boon and colleagues suggest. Tobacco smoke exposure alters cell function, such as lowering the rate of clearance of inhaled substances and abnormal permeability of cells and blood vessels.

The investigators note that "in many developing countries with a high burden of tuberculosis, the prevalence of smoking is rapidly increasing, especially among women." The proportion of women who smoke is particularly worrisome, they add, "because they expose their children to tobacco smoke."

Source: Pediatrics, April 2007

Dementia patients dying early on sedatives: study

REUTERS, London

Alzheimer's patients prescribed antipsychotic drugs as sedatives are dying early because of the treatment, British researchers said.

Although so-called neuroleptic drugs were originally developed for schizophrenia, they are frequently also used on an "off-label" basis to calm difficult or aggressive dementia patients.

A five-year investigation found that the drugs, when given to Alzheimer's sufferers, were linked to a significant increase in long-term mortality — with patients on the medicines dying an average six months earlier than those given placebo.

Researchers led by Professor Clive Ballard of King's College London also found neuroleptics were associated with a significant



Dementia? Depression? Or just an old man?

deterioration in verbal fluency and cognitive function.

Ballard, who has criticised the use of such drugs in dementia

patients in the past, said the latest study showed there was no benefit in giving neuroleptics to people with mild Alzheimer's.

For people with more severe behavioral problems, doctors had to balance potential benefits against the increased mortality, he added.

Up to 45 percent of people with Alzheimer's in nursing homes are prescribed neuroleptics as sedatives, according to the Alzheimer's Research Trust, which funded the study.

Ballard's colleague Professor Robin Jacoby of Oxford University said the causative link between neuroleptics and early death was unclear but past studies had implicated the drugs in adverse cerebrovascular events, such as mini-strokes.

The study involved 165 patients with Alzheimer's who were analysed between 2001 and 2006.

INTERVIEW

Cardiac problems often need exploring the underlying causes to be diagnosed

TAREQ SALAHUDDIN

Exchange of views and idea certainly help increasing knowledge, skill and experience. Every year lots of foreign doctors, who have esteemed credentials in their respective fields, visit our country to attend seminars in response to the invitations of our medical community. Although new medical institutions are being formed in our country, the demand for specialised advice from foreign doctors who deal with the latest technology and updated medical knowledge will never dissipate.

Tareq Salahuddin, of The Daily Star talked to Dr Alfred Cheng, Consultant Interventional Cardiologist of Mount Elizabeth Hospital, Singapore about different aspects of cardiology.

Dr Alfred Cheng participated in a seminar recently on the occasion of Medical Exposition in Bangladesh this year. In a brief interview session following the seminar, he shared about the state-of-the-art technology available in Singapore and some recent advancements made by them.

Coronary heart disease is a major killer worldwide. This is highest in the developing countries, and is rapidly catching up. The sedentary lifestyle of our population is contributing to become more prone to cardiovascular risks. People more or less know about the risk factors and preventive ways. But the preventive strategies do not come into practice in their daily lives.

Dr Alfred Cheng pointed out some specific issues in his interview that should be brought into focus. One of these points is the presentation of cardiovascular diseases.

The presentation of cardiac problems may vary from person to person depending upon the severity of disease. Some people may simply present with angina pectoris (pain in the chest caused by inadequate supply of blood to the heart muscles, following exercise or eating, because of narrowing of the arteries) while some others may come with severe pain of myocardial infarction better known as MI. Again the angina can be stable or unstable.

Some diseases like diabetes



Dr Alfred Cheng

help cardiovascular problems to be disguised due to peripheral neuropathy. This is why often the diabetics do not complain about cardiovascular problems very often until it comes to a terminal condition. This sort of people should go under regular screening to explore the underlying causes or factors to check their health status.

ECG (Electro Cardiogram) is often considered as a first line of investigation to explore cardiac problems. But sometimes an ECG

may not predict the actual problems for many reasons. People should go through some other tests like ETT (Exercise Tolerance Test) or stress test, angiogram, heart scan and so on. They should consider the contributing risk factors for cardiovascular diseases that run in their life. If they are associated with these risk factors like obesity, hypertension, family history, diabetes, alcohol, smoking, sedentary lifestyle, emotional stress — they should explore all the tests to find out the real culprit.

Another important issue associated with cardiovascular disease is cholesterol. High risk people for cardiac diseases are advised not to take rich foods. But avoiding rich foods is not the only way to prevent developing cholesterol since 25% cholesterol comes from the diet while the remaining 75% comes from the synthetic source that human body produces. So a vegetarian may also develop cholesterol without having rich foods. Besides, high cholesterol is also associated with some diseases like diabetes, obesity, chronic kidney failure, and

hypothyroidism.

This is why people should check their cholesterol status in blood routinely although they may think that they are free from the risk. In these cases, they should take lipid lowering drugs to control the problem.

To prevent cardiovascular risks, people should adopt some measures like lifestyle modifications, reduction of body weight, increase physical activity, and moderate consumption of alcohol, sodium (table salt), saturated fat and cholesterol. They should also maintain adequate intake of dietary of vegetables, calcium, magnesium and avoid tobacco.

When all preventive measures fail, there are therapeutic approaches like PTCA (percutaneous transluminal coronary angioplasty), CABG (coronary artery bypass graft) and so on. The developed world is continuing research on the application of stem cell to treat cardiac problems.

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Promoting health and safety in work environment



In the 4th National Furniture Fair 2007, an exceptional stall entitled Better Business showcased how to improve the working conditions in workplace and encouraged to create safe and healthy environment apart from selling furniture in the city. The stall was an initiative of KATALYST. A mascot, named "Rustom" (in the picture) was the main attraction of the stall. Rustom showed the way to create safe working environment for workers and owners.

Your Doctor

Dr Faruq Ahmed
Head of the Department of Gastroenterology
Chittagong Medical College

Dear doctor
I have been suffering from severe pain at the top of my belly for 4 months. Pain starts at the top of my abdomen and gradually travels right around to my back. I have consulted with a gastroenterologist and he diagnosed it as reflux esophagitis.

After having an endoscopy, it is found that I have a hiatus hernia. I am currently taking

drug Zoton every day but I still experience the pain. Sometimes pain is so severe that I can not sleep at all. This is really stressing me out, as I find no relief at the moment.

What can I do to get rid of this problem? Please suggest me.

Regards
Abu Raihan Ahmed
Mirpur 10, Dhaka

Answer:
I hope, it has been explained to you that a hiatus hernia allows the acid contents of the stomach to reflux into the lower part of your oesophagus. The oesophagus is not designed to resist stomach acid and so it gets burnt and inflamed by it which gives the typical heartburn. This pain can also radiate to the back, as in your case.

Zoton is meant to reduce the acid production in the stomach. Drugs like Esomeprazole also lessen acid production but act more effectively and prevent as much reflux occurring. But you should consult with a gastroenterologist before taking this drug.

There are also some simple measures that you can do. Stop smoking if you are a smoker. This can help you immensely.

Sleep with as many pillows as you can so you are propped up. This can also help reduce reflux of acid at night. You could also prop up the head of your bed. Avoid bending more and heavy lifting which increase the pressure in your stomach and make reflux more.

Eat small meals and do not eat a large meal late in the evening. If you are overweight try to lose some extra pounds.

If you do all these things and are still not getting relief, you should consult a physician.

There are other medications available that may help prevent reflux, which help prevent basal acid secretion.

Surgical treatment is a bit controversial. There are operations now that can be done by keyhole surgery to improve the valve action at the junction of stomach and oesophagus; but it should be done by a competent surgeon.

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