

Asthma epidemic kills silently

Md RAJIB HOSSAIN

Eighteen years ago, Sadia Kamal's first son developed asthma as in 3 years old. She and her husband felt pretty much blindsided that time. They were shocked when the same thing happened to their second son, at the same age. The disease turned out to be tenacious, and for years both boys needed inhalers or a nebuliser several times a day to prevent asthma attacks that could keep them up half the night, coughing and wheezing.

Both had eczema too, and the kind of food allergies — to nuts, peanuts and beef — that led to fatal reactions. "What caused all this? My husband and I were mystified, because neither of us had asthma or life-threatening allergies, nor did our parents or siblings. We thought it was persistent disease and my sons had to fight asthma life long. But we were lucky that we could manage their asthma with drugs and proper counselling given by our physi-

cian. Now my sons have adrenaline kits to treat a severe reaction along with inhaler. They carry it around the way they are supposed to, even in our neighbour's house. Gradually, my sons' asthma diminished. Both became normal and cross-country runners in high school. Now, as they have gone on to college and the disease is rarely a problem. But it was a worry that hung us over for a long time," said Sadia.

Asthma (chronic disease of the lungs and airways) seems to have been caught on a rising tide that is not fully understood. Worldwide, the disease is increasing by and by. The problem is especially severe in developing countries like Bangladesh, which are least able to provide the long-term intensive treatment that asthma requires.

According to the first National Asthma Prevalence Study (NAPS) in Bangladesh, 7 million of our people are suffering from asthma. Among them 4 million are children. Statistics suggest that asthma affects 5 people in every 100 and the prevalence of asthma is higher specially in children.



Asthma is the most common chronic disease of childhood and is the third-leading cause of hospitalisation among children under the age 15. Yet asthma is not properly emphasised in children in our country.

Asthma is characterised by attacks of breathlessness, tight

chest, wheezing and coughing which are caused by the airways becoming narrowed and inflamed. Some people may have these symptoms all of the time and others may be normal between attacks. Understanding asthma's risk factors, symptoms and triggers can help determine if you are

at risk and should be evaluated by a physician. You should make an effort to avoid the common triggers of asthma to help prevent onset of the condition. If you are not at risk but experience even mild symptoms, consult with a physician.

Prevention & management

Chief of asthma center of National Chest Disease Hospital, Professor Dr Rashedul Hasan stressed on prevention and early intervention to combat asthma. "The first step in good asthma control is identification of triggers and risk factors. Some people are affected by environmental antigens or irritants such as pollen, dust or perfume. Others seem to be symptomatic only after a cold or other infection.

More severe or persistent symptoms are typically treated with long-term control medications. These are inhaled or oral medicines taken daily that control inflammation and help prevent symptoms before they are triggered.

A common mistake in asthma treatment is to discontinue control medicines too quickly, allowing the

inflammation to flare up. Medicines can definitely be adjusted according to symptoms, but talk to your doctor to formulate a plan together. In order to lessen the intensity of asthma, awareness building is most important," he added.

A significant number of deaths by asthma can be prevented by modern management which obviously includes patient education. Education about asthma leads to prevention and reduces the number of hospitalisation and emergency events, according to Sakib Lohani, convenor of Club Excel, an organisation providing information and counselling for the asthma patients. This organisation has been publishing bi-monthly newsletters for asthma patients to boost up educational programme on asthma.

Asthma left untreated can have serious consequences. With early intervention and proper treatment, you can breathe freely and lead an active life.

INTERVIEW

Women should get vaccinated to prevent cervical cancer

STAR HEALTH REPORT

Cancer is a yet a disease which is considered as one of the deadliest medical condition. Recent developments in cancer care have provided some options to the patients to get recover under some special condition, specially if it is detected and intervened early.

Dr Steven J. Tucker, an eminent oncologist (cancer specialist) and the Director of the Prostate & Genitourinary Oncology

ments in cancer treatment?

Now a days, we suggest targeted cancer therapy. This therapy has very little adverse effects and destroys cancer cells more precisely. As a result, healthy tissues are not damaged. Intensity-modulated radiation therapy (IMRT), an advanced form of three-dimensional conformal radiotherapy, Cyber knife image guided radiation therapy, low dose therapy, combined PET and CT scan, Tono therapy — all these advancements help in targeted therapy.

long time.

How can we improve cancer treatment in our country?

First step is to improve quality manpower — not only doctors, but also qualified nurses and other health professionals. It badly needs the set up of sophisticated and well-equipped cancer care centers.

Both public and private sectors should come forward in this regard. The existing cancer treatment centers need to be improved also. Most of the patients stop their treatment due to financial problem.

In west clinic, we have some advancements than other center. Here patients need not be hospitalised. Patients spend less time here and can take all services under one roof in the same day. If they need surgery, we do it in any hospital upon patients' choice. So the total cost gets smaller significantly.

Bangladesh needs resources and assurance to utilise it properly. Treatment strategy is continuously changing and upgraded in course of time. So it also needs to improve its diagnostic arena like conventional and molecular imaging. The earlier the patients are diagnosed, the better the treatment outcome is. The cost effective ways are prevention and early diagnosis. The policy makers and all the doctors should give emphasis upon this.

Have you any plan to boost out cancer facilities?

First line strategy to prevent cervical cancer is to get vaccinated against HPV (Human papilloma Virus) under age of 26 for women. Those who cannot afford the vaccine or over 26 years age, should do their pap smear every year routinely. This screening method is most important for all women. Because it helps in early detection as well as to facilitate high cure rate. If abnormal pap smear is found, we can go for biopsy. If the patients are treated properly, they can survive

To mark World Day for Safety and Health at Work, Better Business — an organisation works on occupational safety issues organised a mobile fair highlighting the importance of occupational safety at micro and small entrepreneur level in the old part of Dhaka city. Main purpose of the fair is to build awareness at SME level on how it could bring financial benefits for both worker as well as the owners.

PREVENTION OF ROAD TRAFFIC INJURIES

Road safety week underscores a major public health issue

DR M MOSTAFA ZAMAN

Every day as many as 140,000 people are injured on the world's roads. More than 3000 die and some 15000 are disabled for life. Each of those people has a network of family, friends, neighbours, colleagues or classmates who are also affected — emotionally and otherwise. Families struggle with poverty when they lose a breadwinner or have added expense of caring for disabled family members.

Current figures are alarming enough. Even more alarming are trends. If they continue, road traffic injuries will rank the third position of global burden of disease from its ninth position. This burden falls most heavily on low- and middle-income countries. Today, they account for 90 percent of global deaths and disabilities.

Too often, road safety is treated as a transportation issue, not a public health issue, and road traffic injuries are called accidents — though most could be prevented.

The Road Safety Week provides opportunity to focus the world's attention on this very critical and rapidly growing public health problem. Young road users

• Land use planning practice which influence how people travel and by which means.

• Road use planning such as admixture of vulnerable road users and high speed motorised traffic, speed limits, road design and layout.

b. Reduce occurrence of crushes

1. Provide environment conducive to safety.

2. Design or improve roads to separate road users going at different speeds and different directions.

3. Improve visibility of roads, road signs, vehicles and road users during both day and night. Pass and enforce laws that set maximum blood alcohol content level for drivers.

4. Control speed with traffic calming road design such as roundabouts and enforce speed limits consistently, using devices such as camera.

5. Require daytime running lights on motor cycles and mopeds.

6. Implement a graduated driver licensing system whereby novice drivers are restricted initially to driving while accompanied by an experienced driver, then to driving unaccompanied only during daylight hours, and so on.

7. On highways where people are traveling long distances, provide opportunities for rest stops to help driver fatigue.

c. Reduce the harm done when crashes occur

1. Require that seat belts are available for all drivers and passengers of cars and other four-wheel vehicles.

2. Encourage the inclusion of air bags in new cars.

3. Require that children sit in rear seats only.

4. Require helmets on all riders of bicycles, motorcycles and mopeds.

5. Design road signs and other furnishings so that they are crash protective, yielding to impacts or cushioning them.

d. Reduce the crash harm

1. Design motor vehicles so as to minimise the likelihood that crashes will result in fires or leakages of hazardous materials and, also, to make it easy for drivers and passengers to escape or emergency crews to rescue them.

2. Detect and respond to crashes in a timely manner, with good systems of emergency communication and transportation.

3. Provide appropriate first aid at the scene of crashes, appropriate medical care in emergency rooms and appropriate post-emergency medical care and rehabilitation.

4. Provide specialised training to health professional who may handle trauma cases.

More action needed

Road traffic injury is the major contributor to deaths and disabilities related to injury in Bangladesh. It is an issue of major public health concern. Many initiatives have been undertaken to combat road traffic injuries. Various ministries, universities, NGOs and civil societies are involved in these activities.

a. Reduce exposure to road traffic injuries

1. Plan communities so the places where people live, work, go to school, and shop are close together and people do not have to travel long distances everyday.

2. Plan road networks so that different types of traffic are channelled along different roads specially designed for each type.

3. Provide safe crossings and

ries

• Lack of appropriate care prior to arriving at a health facility

• Delay in transportation to health facility

• Post collision fire and leakage of hazardous materials.

How can crushes and injuries be prevented?

Improving road safety involves addressing the risk factors, then identifying the interventions that reduce the risk associated with those factors. Both the risks and interventions have been divided into four broad categories, the first relating to one's exposure to road traffic and others relating to the pre-crash, crash and post-crash periods.

Following are some interventions that are known to reduce the risk of crushes and injuries at these levels.

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• Identification of risk factors is the first step to prevent road traffic injuries. The important factors are:

• Demographic factors such as age, gender, economic condition

and place of residence

• The writer is a non-communicable disease epidemiologist.

HAVE A NICE DAY



DR RUBAIUL MURSHED
All health information to keep you up to date

Catch out stress

Stress kills us day by day, perhaps more than the unhealthy food; especially in our multifaceted urban life. It unevenly strikes people from all walks of life and manifests itself in a multitude of ways.

In fact stress is the wolf that drives us daily and makes us do unintelligent things, worry too much and cause us to put in more time outside our family or fighting inside our house regretting later. It has been found that there is a 20 percent increase in a man's risk of diabetes because of major life stressors and 14 person increase in his risk of stroke. There is at least 27 percent decrease in a man's level of sexual interest when he is stressed. This varies from man to man.

Stress affects different people in different ways and can result from both mental and physical pressures. Some people suffer due to excessive work pressures, others from tedium. It can come from a demanding family life or may be from being alone.

When the body is under stress, it changes in the following ways:

- increased perspiration/skin conductivity
- increased blood pressure
- increased heart rate
- increased adrenaline
- reduced immunity
- drop in external skin temperature
- greater wakefulness, and
- emotional swings

In general, stress creates a "fight or flight" response in your body. This can be beneficial in the short term as it increases "performance". For example, the heart rate of a good athlete can rise from 60 to 200 beats per minute during a contest. But for a normal person, if stress is excessive or sustained, then it can contribute to grave health related problems. From nausea, simple headaches to migraines, palpitations to heart diseases and even coronary artery disease — the

warning signs are clear.

The good news is that you can catch out stress if you want to triumph over that. The first step is recognising stress, and trying to identify why and how it is happening. Finding time to relax, getting some space for yourself, reducing work or family pressures, can all help keep stress at bay ... and provide a healthier, happier life.

If you think it is very difficult for you to overcome your sufferings from stress, consult with a qualified doctor.

It is interesting that a Finnish study found that those who remain employed after a corporate downsizing are twice as likely to die of heart disease triggered by job stress. In another Ohio state University study, researchers found that the sight of trees was more calming than those involving shopping malls and endless, disheartening tarmac. Harry Dahlstrom in his book 'Surviving a Layoff or Downsizing' explained that information is a great calming force. You can politely ask your boss questions about your job security and future.

1. To overcome stress, you need to forget many things. We must learn the 'Art of forgetting'.

2. Try to educate yourself properly (not only with degrees); education is the ability to listen to almost anything without losing your temper and self-confidence.

3. Tactfully try to avoid receiving long calls, especially cell phone calls of people whom you realise as complicated, irritating and not your well-wisher.



"Glycemic load" of diet has no effect on weight loss

When it comes to losing weight, the number of calories you eat, rather than the type of carbohydrates, may be what matters most, according to a new study.

The findings, published in the American Journal of Clinical Nutrition, suggest that diets low in "glycemic load" are no better at taking the pounds off than more traditional -- and more carbohydrate-friendly -- approaches to calorie-cutting.

The concept of glycemic load is based on the fact that different carbohydrates have different effects on blood sugar. White bread and potatoes, for example, have a high glycemic index, which means they tend to cause a rapid surge in blood sugar. Other carbs, such as high-fiber cereals or beans, create a more gradual change and are considered to have a low glycemic index.

The measurement of glycemic load takes things a step further by considering not only an individual food's glycemic index, but its total number of carbohydrates. A sweet juicy piece of fruit might have a high glycemic index, but is low in calories and grams of carbohydrate. Therefore, it can fit into a diet low in glycemic load.

Principal investigator Dr. Susan B. Roberts, of Tufts University, Boston, and colleagues found that a reduced-calorie diet, whether glycemic load was high or low, was effective in helping 34 overweight adults shed

pounds over one year.

Study participants who followed a low-glycemic-load diet ended up losing roughly 8 percent of their initial weight, as did those who followed a high-glycemic-load diet. A super-sized serving of French fries will not do any dieter any good, she noted.

Both diets her team used in the study were carefully controlled. For the first 6 months, participants were provided with all the food they needed, and both diets were designed to cut their calories by 30 percent while providing the recommended amount of fiber, limiting fat and encouraging healthy foods like fruits and vegetables.

The comparable outcomes suggest that, among healthy diets, no single one stands out as better, according to Roberts. So the focus should be on calories, rather than specific foods to avoid or include.

This does not mean, however, that there is no place for diets that focus on glycemic load, according to the researcher. Some studies, for example, have found that low-glycemic index foods might help control blood sugar in people with type 2 diabetes.

Source: American Journal of Clinical Nutrition