Star health

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e-mail: starhealth@thedailystar.net

WORLD BLOOD DONOR DAY

Safe blood for safe motherhood

STAR HEALTH DESK

On 14 June 2007, the global community will again celebrate World Blood Donor Day. This day is an annual event officially designated by the World Health Assembly to recognise and thank the millions of people around the world who donate their blood on a voluntary, altruistic unpaid basis to help save the lives and improve the health of others.

The day will encourage more people to become voluntary blood donors and will underline the importance of regular donation to prevent blood shortages. It will also demonstrate a renewed commitment by policy makers and health professionals to work towards making safe blood transfusion available for all patients who require it as part of their treatment.

This year, the theme of World Blood Donor Day will be *Safe Blood for Safe Motherhood* to highlight the life-saving role of safe blood donation transfusion in maternal and perinatal care. It will also introduce a new WHO initiative to improve the timely availability of safe blood in health facilities providing emergency obstetric care, particularly in countries with high maternal mortality, and on measures to reduce unnecessary transfusions.

World-wide there are more than 500000 maternal deaths each year, – 99% of them in developing countries. Maternal deaths are attributable to haemorrhage and the risk of developing complications due to severe bleeding is further increased in pregnant women with underlying conditions such as anaemia, sepsis.

Improved access to safe blood transfusion can help to prevent the death and improve the health of many millions of women and their newborns and is a vital component of global efforts to achieve the health-related Millennium Development Goals.

Throughout the world, World Blood Donor Day will be the focus of special activities to pay tribute to the millions of people who selflessly donate the life-saving gift of blood.

Governments and national blood transfusion services will join hands with national Red Cross and Red Crescent Societies, voluntary blood donor organisations, community organisations, schools and colleges to mark longer-term campaigns to increase the number of voluntary, regular blood donors.

Since it was first launched in 2004, World Blood Donor Day has also served as a platform for broader activities in many countries including the restructuring of national blood transfusion services, the development of legislation on voluntary blood donation and the launch of national guidelines on blood transfusion.

Facts about transient ischemic attack

MD RAJIB HOSSAIN

Walking through footpath or during your normal day work, you may suddenly lose your sense. You grab something to steady yourself. You try to talk to a fellow pedestrian or your colleague, but your words sound garbled and listeners seem confused by your speech. Then, after a few minutes, your signs and symptoms disappear and you go on your own way.

You may have experienced a temporary or intermittent neurological event called a transient ischemic attack (TIA). Ignoring this episode could have serious consequences for your health. About one in three people who have a transient ischemic attack eventually have a stroke, with about half occurring during the year after the transient ischemic attack.

A transient ischemic attack can serve as both a warning and an opportunity — a warning of an impending stroke and an opportunity to take steps to prevent it.

Signs and symptoms

Transient ischemic attacks usually last for a few minutes. Most signs and symptoms disappear within an hour, and, by definition, all effects disappear within 24 hours. The sign and symptoms of TIA resemble those found early in a stroke and may include:

* Sudden weakness, numbness or paralysis in your face, arm or leg, typically on one side of your body

* Slurred or garbled speech or difficulty understanding others

* Sudden blindness in one or both eyes or double vision

* Dizziness, loss of balance or loss of coordination

You may have more than one TIA, and the recurrent signs and symptoms may be similar or different depending on which area of the brain is involved. If signs and symptoms last longer than 24 hours, it is considered a stroke.

Causes

The cause of a transient ischemic attack is a temporary decrease in blood supply to part of your brain. Most attacks last just a few minutes.

A transient ischemic attack has the same origins as that of an ischemic stroke. In ischemic strokes, which are the most common type of stroke, a clot blocks the blood supply to part of your brain. But in contrast to a stroke, which involves a more prolonged lack of blood supply and causes some permanent damage to your brain tissue, a TIA does not leave lasting effects to your brain.

The underlying cause of a TIA often is a buildup of cholesterol-containing fatty deposits called plaques (atherosclerosis) in an artery or one of its branches that supply oxygen and nutrients to your brain. Plaques can decrease the blood flow through an artery or lead to the development of a clot. Other causes include a blood clot moving to your brain from another part of your body, most commonly from your heart.

Treatment

Once your doctor has determined the cause of your transient ischemic attack, the goal of treatment is to correct the abnormality and prevent a stroke. Depending on the cause of your TIA, your doctor may prescribe medication to reduce the tendency for blood to clot or may recommend surgery or a balloon procedure (angioplasty).

Prevention

Knowing your risk factors and living healthfully are the best things you can do to prevent a TIA. Included in a healthy lifestyle are regular medical check-ups. Also:

* Don't smoke. Stopping smoking reduces your risk of a TIA or a stroke.

* Limit cholesterol and fat intake. Cutting back on cholesterol and fat, especially saturated fat, in your diet may reduce buildup of plaques in your arteries.

* Eat plenty of fruits and vegetables. These foods contain such nutrients as potassium, folate and antioxidants, which may protect against a TIA or a stroke.

* Limit sodium. If you have high blood pressure, avoiding salty foods and not adding salt to food may reduce your blood pressure. Avoiding salt may not prevent hypertension. But excess sodium may increase blood pressure in people who are sensitive to sodium.

* Exercise regularly. If you have high blood pressure, regular exercise is one of the few ways you can lower your pressure without drugs.

* Limit alcohol intake. Drink alcohol in moderation, if at all. The recommended limit is no more than one drink daily for women and two a day for men.

* Maintain a healthy weight. Being overweight contributes to other risk factors, such as high blood pressure, cardiovascular disease and diabetes. Losing weight with diet and exercise may lower your blood pressure and improve your cholesterol levels.

* Don't use illicit drugs. Drugs such as cocaine are associated with an increased risk of a TIA or a stroke.

* Control diabetes. You can manage both diabetes and high blood pressure with diet, exercise, weight control and, when necessary, medication.

Pharma News

Breakthrough clinical trial on anti-cancer drugs

The 43rd annual meeting of American Society of Clinical Oncology (ASCO) held recently in Chicago, Illinois.

Some breakthrough results of important clinical trials by Sanofi-Aventis Ltd. Were presented in the conference showing significant survival benefit for cancer patients, says a press release.

The study involved the drugs named Eloxatin (Oxaliplatin), Taxotere (Docetaxel), Aflibercept (VEGF-Trap), S-1 (Oral Fluoropyrimidine) and Trovax (therapeutic cancer vaccine) which showed significant advances in the field of cancer treatment.

New preparation of drug for angina & post-MI launched

Aristopharma Ltd. Recently launched Metacard MR tablet, preparation of Trimetazidine HCL BP 35 mg — effective for angina and post myocardial infarction (MI), says a press release.

The new modified release formulation of the drug has longer duration of action in convenient twice daily dosing. The new preparation is said to have reduced the fluctuating plasma concentration and short duration of action.

Data on tobacco and second-hand smoke

Tobacco is the leading preventable cause of death in the world. It causes 1 in 10 deaths among adults worldwide. In 2005, tobacco caused 5.4 million deaths, or an average of one death every 6 seconds. At the current rate, the death toll is projected to reach 8.3 million by 2030 and a total of one billion in the 21st century.

Your Docto

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Innovative approach tackles malnutrition in the community

STAR HEALTH REPORT

An innovative approach is showing progress in addressing severe acute malnutrition, which affects an estimated 20 million children under the age of five worldwide. The approach combines community-based care for severely malnourished children with traditional hospital-based treatment.

A statement by the World Health Organisation (WHO), the World Food Programme (WFP), the United Nations Standing Committee on Nutrition (SCN) and UNICEF issued highlights new evidence that about three-quarters of children with severe acute malnutrition – those who have a good appetite and no medical complications – can be treated at home with highly fortified, ready-to-use therapeutic foods (RUTFs).

These are palatable, soft and crushable nutrient- and energy-rich foods that can be eaten by children over the age of six months without adding water, thereby reducing the risk of bacterial infection. RUTFs provide the nutrients required to treat a severely malnourished child at home, without refrigeration, and even where hygiene conditions are not perfect. The technology to produce RUTFs is relatively simple and could be used in all countries with high levels of severe acute malnutrition.

The traditional response to severe acute malnutrition has been to refer children to a hospital or specialised in-patient treatment unit, to be fed special milk-based diets. Though this treatment is effective, families may not have easy access to health facilities that could provide such care in the poorest countries where the majority of children with severe acute malnutrition live. In-patient treatment may not be an option for parents who simply cannot leave their homes for several weeks. In addition, severely malnourished children are vulnerable to infections as a result of weak immunity and could be at risk in crowded hospital wards.

When implemented on a large scale, and properly combined with hospital treatment for children with complications, community-based management of severe acute malnutrition could prevent the deaths of hundreds of thousands of children each year. The approach has already greatly improved survival rates for severely malnourished children in emergencies in such countries as Ethiopia, Malawi, Niger and Sudan. The aim is to expand the approach to reach the larger numbers of children suffering from severe acute malnutrition, who live in communities untouched by emergencies.

Severe acute malnutrition kills at least an estimated one million children each year - an average of one child every thirty seconds. These children are up to 20 times more likely to die than well-nourished children.

"The 20 million children under five in the world today who are suffering from severe acute malnutrition urgently need treatment. This integrated approach should provide a new impetus," said Dr Margaret Chan, WHO Director-General. "It is urgent that this approach, along with preventive action, be added to the list of cost-effective interventions being used to improve nutrition and reduce child mortality."

The community-based approach brings services close to people's homes, so that families can identify children with severe acute malnutrition before the onset of life-threatening complications. Children are treated by health workers with basic oral medication and given a weekly supply of RUTF. Meanwhile, parents learn how to help malnourished children and pinpoint danger signs.

The joint statement stresses the importance of measures including optimal infant and young child feeding, ensuring access to quality foods, improved water and sanitation systems and hygienic practices, and strengthening and improving access to health services.

UNICEF PHOTO

Severe acute malnutrition kills at least an estimated one million children each year - an average of one child every thirty seconds. An innovative approach is showing progress in addressing severe acute malnutrition, which affects an estimated 20 million children under the age of five worldwide.

Did You Know ?

Soft drinks associated with diabetes

A review of published studies shows a clear and consistent relationship between drinking sugary (non-diet) soft drinks and poor nutrition, increased risk for obesity -- and increased risk for diabetes.

There is no denying that sugar-loaded soft drinks are having "a negative impact on health," Dr. Kelly Brownell, director of the Rudd Center for Food Policy and Obesity at Yale University in New Haven, Connecticut, said.

Having analysed and reviewed 88 studies on the issue, Brownell and his colleagues conclude that recommendations to curb soft drink consumption on a population level are strongly supported by the available scientific evidence.

Results of a study of more than 91,000 women followed for 8 years provides one of the "most striking" links between soft drinks and health outcomes, the investigators note in the American Journal of Public Health.

In the study, women who drank one or more sodas per day -- an amount less than the US national average -- were twice as likely as those who drank less than one soda per month to develop diabetes over the course of the study.

When diet soda replaced regular soda in the analysis, there was no increased risk, "suggesting that the risk was specific to sugar-sweetened soft drinks," note the authors.

"This result alone," they assert, "warrants serious concern about soft drink intake, particularly in light of the unprecedented rise in type 2 diabetes in children."

The data reviewed by Brownell's team also show that higher intake of sugary sodas goes hand-in-hand with lower intake of milk, calcium and other essential nutrients, fruit and fiber, and higher intake of carbohydrates.

Furthermore, there was a "remarkable difference" in results from industry-funded and non-industry-funded studies on soft drink consumption and health outcomes, Brownell said, "with the industry-funded studies much more likely to find the results favorable to industry."

"The bigger issue here, in this arena in particular but in science in general," Brownell said, "is how you can get a distorted view of reality if industry-funded studies are considered in the mix -- and usually they are -- especially, when industry uses these studies in advertising, lobbying, and in talking to the press."

Brownell supports the growing trend toward banning soda sales in schools. "I believe schools should be a commercial-free zone and that beverages that are contributing to ill health should not be sold there," Brownell said.

Source: American Journal of Public Health

Talk therapy helpful in adults with OCD

People suffering with obsessive-compulsive disorder (OCD) may benefit from cognitive behavioral therapy, researchers from Australia report in the current issue of The Cochrane Library.

OCD is a chronic and disabling anxiety disorder characterised by recurrent obsessions, such as persistent thoughts, impulses or mental images that promote anxiety, together with compulsions, such as repetitive behaviors like washing hands. The most common treatments for OCD are drug therapies, like antidepressants, and psychological therapies, particularly cognitive behavior therapy.

Dr. Ileana Gava of the Mandala Clinic in New South Wales and colleagues conducted a systematic review of randomised OCD trials to compare the effectiveness of psychological treatments to "treatment as usual."

They found 8 studies, which together suggested that cognitive and/or behavior treatments were better than treatment as usual conditions at reducing OCD symptoms.

Specifically, the pooled data showed that patients receiving any form of cognitive behavioral therapy had significantly fewer obsessive-compulsive symptoms post-treatment than subjects receiving treatment as usual.

Psychological treatments were also effective in reducing the severity of depression and anxiety symptoms. There were no differences observed between individual and group therapy in terms of symptom improvement.

Source: The Cochrane Library 2007