

# Preventing addiction relapse

**MD SAZZAD HOSSAIN**  
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Over the past 20 years scientific advances have shown that drug addiction is a chronic and relapsing disease that results from the prolong effects of drugs on the brain. Addiction gets embedded behavioral and social aspects that are important parts of the disorder itself. Therefore, the most effective treatment approach include biological, behavioral, and social components.  
Recognising addiction as a chronic, relapsing brain disorder characterised by compulsive drug seeking and use can impact society's overall health and social policy strategies. Research statistics continue to show that most people who have received alcohol and/or drug treatment in recovery programme, still have difficulty for relapsing.  
Researchers and physicians

inform that many addicts are deficient in neurotransmitter (chemical substance that transmits nerve impulse) which drives them to seek relief from pain or to gain pleasure.  
When one stopped using alcohol or other drugs, s/he probably falls down into depression, angriness and sometimes has a panicky mixture of terror and despair. Who would want to return to that? There is some ways to prevent relapse.  
Relapse is a process of moving away from stable recovery-based thinking, feelings management and healthy behaviors towards addictive thinking, feelings mismanagement and so on.  
An overexcited, agitated nervous system and the lack of adequate dopamine (a neurotransmitter that induces sense of euphoria and well being) and serotonin (deficiency of it causes depression) leave an individual



feeling anxious and depressed. All the time, the brain is demanding relief or pleasure restoration.  
The primary focus of early relapse is a high risk situation, where one recognises the need to abstain from alcohol and other drugs in order to resolve his current problems and face situations which could cause him to use alcohol or drugs in spite of his commitment to abstain. Here, the main goal is to identify immediately when s/he is at risk of using drugs. Do not minimise thoughts of using or being over-confident about your recovery. Simply use your recovery tools to prevent relapse.  
Competency in this area will allow you to get back on track and continue to prevent your problems from getting worse. You must be able to abstain from alcohol and other drugs before you can successfully work on psychotherapy issues for long-

term recovery.  
The secondary focus in relapse prevention is on core personality problem and core lifestyle problem. Core personality problems are built upon a system of mistaken beliefs.  
Core lifestyle problems are the dysfunctional relationships and habits of daily living that support and justify the problems. These issues will have to be resolved if you are to learn how to maintain long-term abstinence. The issue is — you recognised that you were addicted, learned primary recovery skills with how to identify and manage high risk situations first. Now you have a solid foundation in recovery. So it is the time to explore and change your personality and primary lifestyle problems to say goodbye to drugs.  
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## Human bite wounds demand prompt treatment

**REUTERS HEALTH, New York**  
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The longer people take to seek treatment after suffering a bite wound from someone, the greater their risk the wound will become infected, according to a review of human bite injury cases treated at an Irish plastic surgery unit.  
Many victims also failed to get recommended follow-up treatment, Dr. Patricia A. Eadie and her colleagues from St. James Hospital in Dublin found, raising the risk of permanent scarring and functional damage.  
Guidelines recommend treating bite wounds like an infected surgical wound, by cleansing the area, removing infected tissue, and closing the wound as quickly as possible.  
To better understand the nature of these wounds and their management, the researchers reviewed the cases of all patients who had been referred to their plastic surgery unit for treatment of human bite injuries from 2003 to 2005.  
"Bite wounds present a challenge to any emergency department given the many issues involved in their management," the researchers conclude. Failing to deal with any of these issues "may result in a potentially devastating complication" involving function, infection or appearance.  
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Source: Emergency Medicine Journal

OPINION

Antibiotic syrup preparation

DR M KARIM KHAN



Most of the antibiotic syrups are available in powder form. They need to be diluted with sterile water to make suspension before use. Many patients or caregivers are not skilled enough to prepare the suspension properly as per instruction. So the purity and efficacy of the drug decreases.  
Recently ciprofloxacin suspension is available in the market and now all pharmaceutical companies are marketing it providing measured amount of sterile water (dilutents) in the same packet to prepare suspension. Just pour the powder into the supplied distilled water to make the suspension appropriately.  
Notable feature is that we need not boil, cool and measure

water to prepare suspension in this case. We can get safe preparation of suspension without any

hazard.  
It would be very much appreciate and compliant for the patients if all pharmaceutical companies provide such sterile dilutents in their other antibiotic suspension formulation to ensure better and safe preparation of their antibiotic product.  
So my humble suggestion to all the pharmaceutical companies to provide sterile and measured amount of dilutents to all antibiotic formulation. I think this will attract the foreign purchasers as well. At the same time drug authorities should think sincerely on this issue.

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## Up to 30,000 have new untreatable form of TB

### WHO, Stop TB Partnership release two-year response plan

Hundreds of thousands of cases of drug-resistant tuberculosis (TB) can be prevented and as many as 134000 lives saved through the implementation of a two-year response plan, published/launched by the World Health Organisation (WHO) and the Stop TB Partnership.  
The Global MDR-TB and XDR-TB Response Plan 2007-2008 2007-2008 sets out measures needed now to prevent, treat and control extensively drug-resistant TB (XDR-TB) and multidrug-resistant TB (MDR-TB). The plan also sets in motion actions to reach a 2015 goal of providing access to drugs and diagnostic



tests to all MDR-TB and XDR-TB patients, saving the lives of up to 1.2 million patients.  
MDR-TB is a form of TB that does not respond to the standard treatments and is defined as TB resistant to the main first-line drugs, isoniazid and rifampicin. There are an estimated 424 000 new cases of MDR-TB every year. Multidrug resistance emerges when there is mismanagement of drugs and under-investment in quality TB control. It can also be spread from one person to another. The cost of treating MDR-TB can be 1000 times more than treating standard TB. XDR-TB occurs when there is resistance

to all of the most effective anti-TB drugs, and is defined as TB with MDR-TB resistance as well as resistance to any one of the fluoroquinolone drugs and to at least one of the three injectable second-line drugs, amikacin, capromycin and kanamycin. Extensive drug resistance emerges through mismanagement of MDR-TB and can also spread from one person to another. There are an estimated 25 000 to 30 000 new cases of XDR-TB every year. So far, 37 countries have confirmed cases of XDR-TB.  
"XDR-TB is a threat to the security and stability of global

sufficiently increasing the number of fully equipped TB laboratories in countries with high levels of TB to achieve a ten-fold increase in detection of MDR-TB cases. If fully implemented, the plan will also increase by ten-fold the number of MDR-TB and XDR-TB patients being treated and cured under WHO guidelines.  
The world first became aware of XDR-TB in March 2006 after researchers reported on an emerging global threat of highly resistant TB strains. Concerns were heightened six months later by a cluster of 'virtually untreatable' XDR-TB cases in an area of South Africa with high prevalence of HIV. All but one of the 53 patients died in an average of 25 days after samples were taken for drug resistance tests.  
"A highly important element of the plan is a steady supply of quality drugs to treat MDR-TB and XDR-TB in underserved countries," said Dr Marcos Espinal, Executive Secretary of the Stop TB Partnership. "The Partnership's Global Drug Facility is ensuring supply of these drugs to a growing number of countries, after our Green Light Committee has verified that applicant countries meet its technical standards and will use the drugs correctly."  
Initially MCHTI distributed the booklet to total 600 pregnant women as a part of a pilot study conducted by the International Collaboration Division, Faculty of Human Sciences of Osaka University, Japan.  
Dr Shafi Ullah Bhuiyan, Assistant Coordinator (Training and Research) of MCHTI developed the MCH Handbook in 2002 as a PhD fellow of this University.  
The book is a compiled document of records of pregnancy, delivery, childcare and development, immunisation and health education for pregnant mother.  
However, the pilot study in MCHTI that ended in 2003 showed that mothers maintain the MCH Handbook accordingly as the book is a comprehensive document written both in Bangla and English.

## Easy care for severe dandruff

**DR TAREQ SALAHUDDIN**  
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Dandruff is the one of the most common causes of loss of self-esteem. It impacts a negative social image resulting affected people shying away from important daily interactions. Very often dandruff can be extremely embarrassing specially if you wear black party shirt, silk or satin sarees.  
Study by Head & Shoulders Company revealed that 67 percent women and 69 percent men reported dandruff as the cause of their low self-confidence. The studies further documented around 25981704 people in Bangladesh suffer from dandruff. While most consider dandruff to

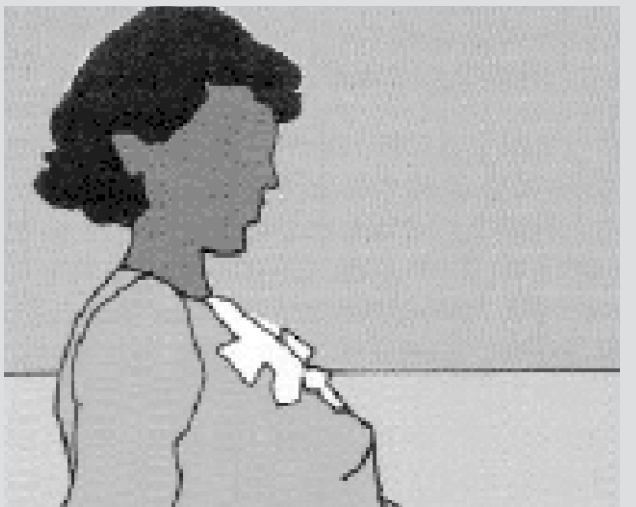


## Handbook to secure quality MCH services

**MOON MOON SULTANA**  
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With a view to ensure safe motherhood making mothers aware of healthcare during pregnancy, the Maternal and Child Health Training Institute (MCHTI) introduced a 24-Page Maternal and Child Health (MCH) Handbook.  
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The MCH Handbook Project

However, experts attribute increased oil production, hormonal fluctuations, stress, illness, neurological disorders, a suppressed immune system, infrequent shampooing and sensitivity to the malassezia fungus as prime causative factors for dandruff.  
According to the study, dandruff is not contagious but sometimes can be quite severe. Severe dandruff needs special attention. The good news is — large dandruff can be controlled.  
An active treatment for dandruff is pyrithione zinc (ZPT) which should be given in double strength.  
The new 2% ZPT concept is a breakthrough research for all scalp related problems for those with dandruff who wish to flaunt their crowning glory without any prescription. Head & Shoulders has marketed an Intensive Solutions with 2% ZPT.  
ZPT potent active ingredient should be taken with an effective formulated therapeutic product which allows optimal size for maximum deposition and coverage on your scalp to aid efficacy with double strength.  
So, if you suffer from severe dandruff and experience stickiness, greasiness and dandruff triggered by active oil glands, stress, excessive perspiration, dust, UV light, hair dyes causing embarrassing flakes, rely on the dermatologist recommended 2% ZPT to get your crowning glory head on shoulder.  
Director in OGSB Prof Dr Abdul Bayes Bhuiyaan claimed 100 per cent pregnant women are provided with the book that meets the demand of today's mothers.  
"Mothers are now well educated, they want to understand everything related to pregnancy clearly and they want quality services," he said.  
"Since the book is a combination of multiple cards providing health records of mother and baby up to five years, the doctors will be able to diagnose a baby if any complication arises," Dr Bayes added, also the former President of OGSB.  
The distribution of the book in MCHTI has been halted from 2004 lack of financial support, Dr Shafi lamented.  
Dr Shafi asked for government organisation (GO) and non-government organisation (NGO) collaboration to introduce the book countrywide.  
He also laid emphasis on creating public awareness and training for the service providers at grassroots level about the use of the book.

## Obese pregnant women can safely lose weight

  
Obese pregnant women can avoid weight gain or even lose some weight without harming their babies, a small study suggests.  
In fact, researchers found, obese women who maintained their weight or shed pounds during pregnancy were more likely to have a normal-weight newborn than those who gained pregnancy pounds.  
The notion that it's all right for obese women to avoid weight gain during pregnancy is fairly controversial, said Dr. Raul Artal, an obstetrician at St. Louis University and the lead author of the new study.  
Most obstetricians follow guidelines devised in 1990 that recommend obese women gain about 13 pounds during pregnancy. That's far less than the 25 to 35 pounds recommended for normal-weight women, but still a substantial amount of weight for women who are already heavy.  
Those guidelines deserve a second look, Artal argued. For obese women, he said, weight maintenance or even modest weight loss may not only do no harm to mother and child, but might benefit them.  
Because it's so difficult for obese women to shed pounds gained during pregnancy, Artal said, preventing the weight gain could bring longer-term health benefits.  
"Pregnancy is not a state of confinement," he said, and overweight women should not be afraid of moderate physical activity. "All we're talking about is a brief walk after each meal," Artal noted.  
That said, he advised that pregnant women still talk to their doctors before taking up an exercise routine, to make sure they have no conditions that preclude physical activity. Women should also get advice from a nutritionist on how to make healthy diet changes.  
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Source: Applied Physiology, Nutrition, and Metabolism

## HRT may prevent heart symptoms also

Younger women who start taking estrogen as soon as they enter menopause may be protected from heart disease, researchers said.  
They found that women aged 50 to 59 who took estrogen were 30 percent to 40 percent less likely than women taking placebos to have large amounts of calcified plaque in their arteries — a widely accepted predictor of heart attack risk.  
Dr. JoAnn Manson of Harvard Medical School's Brigham and Women's Hospital, who led the study, said the results should be reassuring to women in their 50s who have been taking estrogen for their menopausal symptoms.  
But, she stressed, hormone replacement therapy, or HRT, is not completely safe and women should not take it unless they have a good reason to.  
"Hormone therapy should not be used for the express purpose of preventing cardiovascular disease due to other known risks, and it should be limited to treatment of menopausal symptoms at the lowest dose for the shortest duration necessary," Manson said in a telephone interview.  
"So I do not believe it should be started in all women for the purpose of protecting their hearts."  
Manson led the original Women's Health Initiative study, which found in 2002 that hormone replacement therapy raised the risk of blood clots, breast cancer and heart attacks.  
Many women stopped taking HRT, although researchers at the time noted that many women in their study were well past menopause, with an average age of 63.  
"There are still many women out there with moderate to severe symptoms who are not seeking treatment because they are concerned that estrogen could increase the risk of heart disease and other health problems," Manson said.  
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Source: New England Journal of Medicine

Drowning kills more children aged 1 to 4 than any disease

Source: ICDDR,B