

## IRRITABLE BOWEL SYNDROME

# How to cope with IBS

DR MOSHUR RAHMAN (JAHID)

The very fact about irritable bowel syndrome (IBS) is — in most of the cases when we fail to settle the diagnoses with the complaints and sign-symptoms related to abdomen, we just end up with this IBS.

How irritable is this IBS or how bowel can be irritable? To understand that we need to understand the normal range of diversity of our bowel habit. It may vary from person to person in great extent. Some may have a normal bowel habit like passing once a day, some twice and some may even do it thrice without any problem, whereas others may have it once in two days. No wonder if somebody really says it to be once in three days.

Again some may just like or feel like passing it very early in the morning, some later after taking breakfast or any other meal; some may even relate it

after taking tea, coffee or cigarette smoking. No wonder if somebody says to associate it with reading newspaper during toilet. These are examples of some of the diversifications in people's bowel habit.

Irritability will be termed only when the normal diversifications fail to satisfy the person to adopt it. Let it be clear in its description — we will only define it to be IBS when all the diversifications in respect of normal bowel habit fails to accommodate with the bizarre pattern disturbing the person concerned.

Abdominal symptoms like mild to moderate degree of abdominal pain which is unexplained (meaning when there is no other cause can be related with), belching, flatulence, bloating, discomfort after taking meals (in occasional cases) or before passing stool, repeated urge for passing stool in small quantity of frothy, undigested



matter, sometimes stool containing oily (undigested fatty) particles or mucoid and many other symptoms which make the person feel very much uncomfortable particularly in the first

half of the day. Foods like milk and milk products, wheat, spicy, oily substances may precipitate the symptoms.

Usually middle aged people and particularly females are

mostly the sufferers of this condition. Irregularity in the life style is an important factor contributing. Tension, anxiety, mental instability, familial disharmony — all these are also considered to be related. Associated other abdominal conditions like Peptic Ulcer Disease, Gall Bladder Stone, Pancreatitis, Colitis, Procto Colitis, Anal Fissure, Hemorrhoid (piles) may also be co-existing with this IBS.

The exact cause of IBS is not yet well defined but few hypotheses say that it is more or less an abnormal behaviour of the gut particularly the large gut causing all those symptoms.

Careful history taking is in most of the cases diagnostic for IBS except the necessity of excluding other possible associated diseases by some investigations like colonoscopy, upper gastro-intestinal tract endoscopy, ultrasound scan, and routine stool tests and culture.

Careful and laborious advice to the patients regarding the discipline of life in terms of taking meals timely, adopting plain type of food habit, avoiding those foods precipitating the symptoms, doing some exercises regularly, avoiding tension, anxiety as much as possible, will keep the patients get relief from the symptoms.

There are few drugs so far known to us which are not really specific for IBS. But proper selection of drugs definitely gives relief. Patients should be followed up timely for the sustainable benefit.

IBS is a condition where patient needs assurance, understanding the type of the disease and its course (part explainable to the patients), dietary advice and if needed drug treatment.

The writer is a consultant physician of Japan Bangladesh Friendship Hospital

## 6th SAARC Otolaryngology -Head & Neck Surgery Conference held



STAR HEALTH

### STAR HEALTH REPORT

With a view to exchange knowledge and skills among physicians in the SAARC region and boost up the treatment of diseases related to ear, nose and throat, the 6<sup>th</sup> SAARC Otolaryngology - Head & Neck Surgery Conference kicked off at a local hotel in the city on Friday last.

Renowned physicians working in different institutions at home and abroad congregated in the conference to share information and experiences.

Honourable Adviser of the Ministry of Health and Family Welfare Dr A M M Shawkat Ali inaugurated the 3-day conference. He expressed hope in improving public awareness programmes concerning fatal but preventable ENT problems in the country. He also urged all physicians to extend their full capacity of services and come up with improved diagnostic and treatment care to fulfill government commitment of making best health services to the doorsteps of common people.

Speakers in the conference shaded the light of knowledge mainly on cochlear implant surgery and expressed their noble desire to make the surgery available in the country. As an effort to make it accessible locally, the ENT Department of Sir Salimullah Medical College (SSMC) and Mitford Hospital, Dhaka has arranged the surgery in the department and will perform cochlear implant surgery for the 2nd time in that hospital.

Renowned cochlear implant surgeon from England Dr Javed Iqbal Khan along with local doctors will conduct the surgery tomorrow and the day after tomorrow on four patients.

The department has also organised a 3-day workshop on

Temporal Bone Dissection, which will help local ENT surgeons to perform ear surgery better. Professor Dr Hance from New Delhi, personal physician of President of India will guide the doctors in the workshop.

Professor Dr Md Abdullah, the pioneer of cochlear implant surgery in the country, who is also the principal of SSMC and Head of the ENT Department of Mitford Hospital pointed out that a significant number of people are going abroad for cochlear implant surgery, because a large number of people do not know that it is recently available in our country.

A cochlear implant (also called Bionic Ear) is an electronic hearing device, designed to produce useful hearing sensations to a person with severe to profound deafness.

It is surgically implanted in the inner ear and activated by a device worn outside the ear. Unlike a hearing aid, it does not make sound louder or clearer. Instead, the device bypasses non functioning parts of the hearing system and directly stimulates the nerve of hearing, allowing deaf individuals to receive sound.

Cochlear implant surgery has brought a revolution in the treatment of deafness and it is performed in many countries of the world. Three years ago, the surgery started at a very small scale in our country. People are becoming interested to this surgery day by day.

Cochlear implant brings the profoundly deaf patients to a new world overcoming the disability and this new technology can make their life like other normal individuals.

Dr Abdullah urged all physicians, medical students and other health professionals to disseminate the information.

## Need of health research policy in Bangladesh

PROF DR MD ABUL FAIZ

Research is a term attached with something very much academic. It is not affordable in poor countries like ours — is the usual notion amongst most health professionals in our country.

We have a large number of various health professionals. Very few of them are concerned about research for many reasons including less incentives, appreciation of research and scientists and so on.

The utilisation of research findings was also limited to produce a good number of publications which should have been an essential pre-requisite for promotion in the academic positions in medical institutions in the country.

Recently there are some small funds available for conducting health research in Bangladesh. Despite many faceted limitations, a large number of health research was conducted by the local medical scientists.

Those who are involved in policy planning and implementation hardly ever consult those research findings. It is an usual practice to seek advice from consultants many times from abroad to solve the local health related problems.

The failure of attaining the previously fixed targets of various world bodies by the member states is exemplified by the 'Health for all by the year 2000' as declared in Alma Ata which could not be achieved. Similarly target detection rate of 80 percent sputum positive pulmonary tuberculosis cases by 2005, reduction of malaria related mortality rate by 25 percent by 2000 were not achieved. All these undermines the cherished objectives of the major important health targets of the poor countries which are reasons for developing lack of confidence among the public on the health service and system of the country.

Meanwhile the much acclaimed Millennium Development Goal (MDG) was formulated and approved by the member states. Four targets of the MDG are related with the health of the population which has a time bound targets to be achieved. We have information about various indicators of health, but many times we do not believe on those parameters rightly due to the weak mechanism of getting the baseline data for the indicators.

Bangladesh is beset with two prong health problems: diseases of the poverty (mostly infectious and tropical diseases) and emerging diseases of the affluent (cardiovascular, metabolic and malignant diseases).

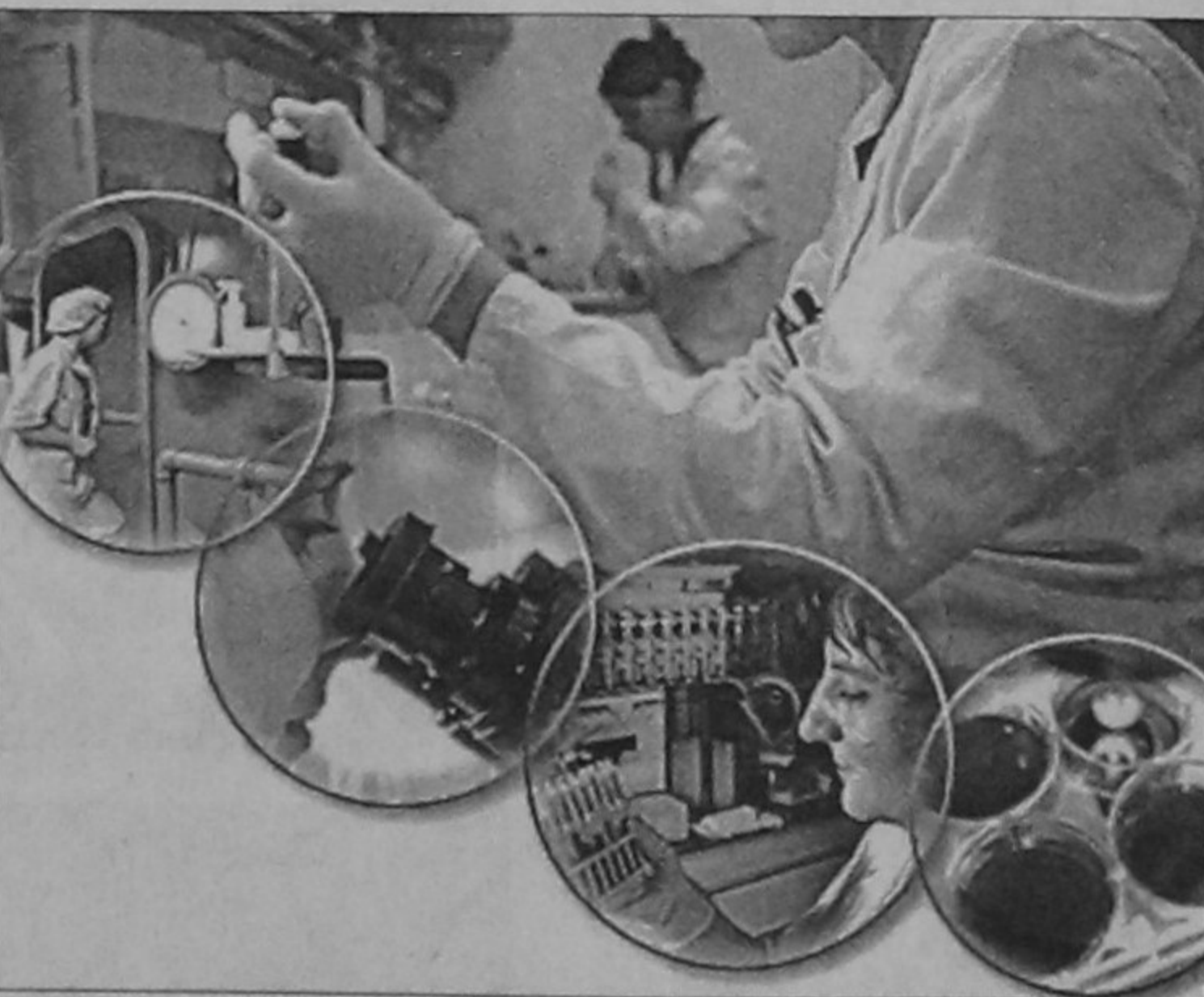
Thanks to our government to give due importance to tropical and infectious diseases. We have fixed the time bound target of achievement for several illness e.g. elimination of Kala-Azar by the year 2015, elimination of filariasis by 2015, reduction of malaria morbidity and mortality by 50 percent by 2010.

Now we have better and simple preventive, diagnostic and treat-

ment options for majority of the commonly prevalent diseases of the poor in this country. Due to poor implementation of such strategies we could not achieve the target in time.

Availability of knowledge does not mean that they will be utilisable by the poor countries justifies the implementation research in real life situation. The glorious example is about malaria: an important health problem of the poor causing sufferings and deaths in relatively inaccessible areas of five districts of the country, prevention by using insecticide treated mosquito net is possible, simple rapid diagnostic tests by simple immuno chromatographic test is available, effective artemisinin combination treatment (ACT) is recommended by the government and very effective drug for the treatment of severe malaria is available in the market.

Despite all these know-how a large number of patients suffer and die with official morbidity of ~60,000 and death of ~500 per year due to malaria. To implement the known technology of



disease management we need to have our locally adaptable strategy by operational research to be conducted by our people in our country.

It is a sorry statement to be given that we do not have reliable data of the majority of the commonly prevalent health conditions of the country to properly estimate the disease burden. Piece meal information given by various sources may mislead the health and policy planners. The reasons for lack of reliability of data is multi-faceted but all should agree that we do not know the proportion of sick people seeking advice from the public sector which is the main source of data.

In poor countries like Bangladesh people seek advice from non-formal health sectors like traditional healers like Polly chikitshak, medicine dispensary shop, Homeopathy, Aurvedi, Unani, religion based therapy, for example. The proportion or number of this population is not known and as such disease burden remains speculative.

It is now high time to know the disease burden by scientific manner so that we can say that disease

burden is not by speculation. In absence of such reliable statistics, how can we calculate our parameters of achievements of MDG related to health sector.

Stories related to other important diseases or health conditions of the poor are also applicable like malaria; e.g. Kala-Azar, rabies following dog bite, snake bite, various poisoning particularly fatal organophosphorus pesticide poisoning, viral hepatitis, typhoid, dengue, leptospirosis, amoebiasis, soil transmitted helminthes.

Early diagnosis and providing effective treatment in many tropical conditions can provide cure, prevent relapse and even transmission. Income lost during and due to disease and seeking treatment may lead to debt and loss of properties perpetuating the economic status of the individual. Implementation of research in health sector may improve the outcome of the illness by reducing all these factors.

Developing a health research policy on the basis of priorities of the nation is a dire need of the time along with the development

in rural areas either do not have enough knowledge or time to conduct fruitful research for our health sector.

We are in a better position of having medical institutes under the Ministry of Health and Family Welfare as we have medical colleges and institutions throughout the country under the same ministry to oversee. These institutes also enroll post graduate students of different discipline. Responsibility may be given to those institutes to develop a basic research infrastructure and environment in a rural Upazila health complex of their own catchment area. A good amount of initial funds earmarked for research funding may be used for developing the infrastructure in these rural health complexes.

Involvement of the community from the very beginning of such study will give additional value. The transformation of knowledge for utilisation for delivery at user level in developing countries is a new area of health research in a number of fields. Many countries developed their own approach of translational research. We have to fix up our own such research agenda.

Once the capability is developed for solving locally identified priority health problem by our scientists, the reliability towards public health sector will also be improved.

Over the period of time, these medical institutes can develop these stations as their outreach research stations. We can conduct on a number of priority health research essential for our country concurrently. Collaboration from throughout the country and outside will be opened up through this type of initiative.

Recent interest in community involvement in disease control could get a priority in planning such type of research. The same centres may also be utilised for the community based teaching programme in place for the medical students in 4<sup>th</sup> year and for the intern doctors as a part of their training.

Similarly as a part of our basic academic requirement in MBBS course, all private medical colleges should have a community based teaching programme through their own initiatives which may be planned spreading all over the country.

Development of a country is dependent on healthy population. Indeed development in any sector is not possible without a healthy population and workforce.

Recently concluded High-level Health Ministerial meeting in Accra, Ghana on 'Health Research and Development' gave due importance to health research for evidence-based disease control and public health. Needs driven use-inspired research' may lead to achieve many goals of such research policy including retention of medical scientists in the poor countries.

The operation research should get a priority in such planning. Most of the disease conditions of the poor are prevailing in the villages where we have a relatively reasonable infrastructure for conducting community based research. Most of the health manpower working in public sectors

## Did You Know



## Parents' drinking influences teenagers

When it comes to alcohol, many teenagers may take a cue from their parents, new research suggests.

In a study of more than 4,700 teenagers, researchers found that parents' drinking habits appeared to influence their children in both direct and indirect ways.

In the first case, teenagers seemed to simply follow the example of a parent who drank excessively, the study found. In the second case, many teens seemed to view parents' drinking as a sign of lax parenting, and this, in turn, affected their likelihood of drinking.

Past studies have found that parents can be a strong influence on their children's odds of drinking. The current findings shed light on how this plays out, according to the researchers, led by Dr. Shawn J. Latendresse, of Virginia Commonwealth University in Richmond.

"I think that this is an important finding for parents in that it raises an awareness of their multifaceted influence on the drinking behaviors of their adolescents," Latendresse told.

Knowing how they influence their kids, he noted, may encourage parents to seek help for their own drinking problems, or in improving their parenting skills.

Latendresse and his colleagues report the findings in the journal *Alcoholism: Clinical & Experimental Research*.

The study included 4,731 Finnish teenagers and their parents; all were part of an

ongoing health study of twins born between 1983 and 1987. Parents were asked about their past and present drinking habits, as well as any alcohol problems. Their children were asked about any drinking at the ages of 14 and 17, and about their views of their home life.

That included whether they thought their parents were "warm and caring," "indifferent" or "unjust." They also described their parents' tendency to monitor or punish them.

Overall, the researchers found, parents' drinking levels correlated with those of their teenagers. But it was more than a matter of the teenagers simply copying their parents.

Instead, the link was partially explained by the teens' perceptions of their parents as monitors and disciplinarians. Parents who drank heavily tended to be lax in monitoring their children's comings and goings, but tended to punish them more often. Those tendencies seemed to influence their teenagers' odds of drinking and getting drunk, particularly at the age of 14, the researchers found.

The findings, according to Latendresse, suggest that parents who monitor their children may lower their odds of drinking. On the other hand, he added, excessive discipline might have the unintended effect of pushing teenagers to drink.

Source: *Alcoholism: Clinical & Experimental Research*, February 2008.



## Airport noise instantly boosts blood pressure

REUTERS, London

Living near an airport is not just irritating, it is also unhealthy, researchers said in a study that showed loud noise instantly boosts a sleeping person's blood pressure.

The louder the noise, the higher a person's blood pressure went, a finding that suggests people who live near airports may have a greater risk of health problems, said Lars Jarup, who led the European Commission-funded study.

"Living near airports where you have exposure to night time aircraft noise is a major issue," Jarup, an environmental health researcher at the University of Glasgow, told.

"The reason we did airports is because there was no study that has looked at particular problems of aircraft noise."

High blood pressure can lead to stroke, heart failure, heart attack and kidney failure. It affects more than a billion adults worldwide.

The research team showed that people living for at least five years near a busy airport and under a flight path have a greater risk of developing chronic high blood pressure, also known as hypertension, than those who live in quieter areas.

That study of nearly 5,000

people found that an increase in night time airplane noise of 10 decibels increased the risk of high blood pressure by 14 percent in both men and women.

"We know that noise from air traffic can be a source of irritation, but our research shows that it can also be damaging for people's health, which is particularly significant in light of plans to expand international airports," Jarup said.

In the four-year study, published in the *European Heart Journal*, the researchers remotely measured the blood pressure of 140 volunteers every 15 minutes while they slept in their homes near London's Heathrow airport — one of the busiest in the world — and three other major European airports.

They used digital recorders to determine what noises had the biggest impact on blood pressure, ranging from road traffic to a partner's snoring to an airplane taking off or landing. The Decibel level, not a sound's origin, was the key factor, but airplanes had the most significant impact, Jarup said.

"Most of the time you will find road traffic noise is not too bad during the night," he said. "If you live near an airport where there are night flights, that is quite another story."