

WORLD GLAUCOMA DAY

Awareness on glaucoma essential

DR MNAZRUL ISLAM

March 6 has been declared as the World Glaucoma Day (WGD) by a joint global initiative of the World Glaucoma Association (WGA) and the World Glaucoma Patients Association (WGPA) being observed from this year.

Glaucoma Society of Bangladesh (GSB) has organised different programmes including rally and press conference to observe the day.

Glaucoma is a progressive disease causing irreversible visual loss, usually without warning until relatively advanced. 50 per cent of affected people in the developed world (up to 90 per cent in developing countries) do not know that they have the disease. Therefore they do not avail treatment.

Community awareness needs to be significantly increased in this regard. This includes awareness of the disease, regular eye check-up, earlier detection and avoidance of unnecessary or preventable visual disability.

Ultimate goal of the World Glaucoma Day is to enhance the global glaucoma awareness through traditional or novel communi-

cation strategies and events rather than having a single large event.

Glaucoma is a group of eye diseases that cause progressive damage to the optic nerve at the point where it leaves the eye to carry visual information to the brain. If left untreated, most types of glaucoma progress (without warning or obvious symptoms to the patient) towards gradually worsening visual damage and may lead to blindness.

Once incurred, visual damage is mostly irreversible, and this has led glaucoma being the "silent blinding disease" or the "sneak thief of sight".

Glaucoma is the second most common cause of blindness worldwide and third cause of blindness after cataract and corneal blindness in Bangladesh. It is estimated that 4.5 million persons globally are blind due to glaucoma and this number will rise to 11.2 million by 2020.

There are several types of glaucoma. Some may occur as a complication of other visual disorders (the so called "secondary" glaucomas) but the vast majority is "primary", i.e. occurring without a known cause. It was once believed that the causes of most

or all glaucomas were high pressure within the eye (known as intraocular pressure — sometimes abbreviated as IOP). It is now established, however, that even people without an abnormally high IOP may suffer from glaucoma. Intraocular pressure is considered therefore today as a "risk factor" for glaucoma, together with other factors such as racial ancestry, family history, high myopia and age.

Some forms of glaucoma may occur at birth (congenital) or during infancy and childhood (juvenile). In most cases, however, glaucoma appears after the 4th decade of life, and its frequency increases with age. There is no clearly established difference in glaucoma incidence between men and women.

There is no cure for glaucoma yet, and vision loss is irreversible. However, medication, Laser or surgery can halt or slow-down any further vision loss. Therefore early detection is essential to limit visual impairment and prevent the progression towards severe visual handicap or blindness.

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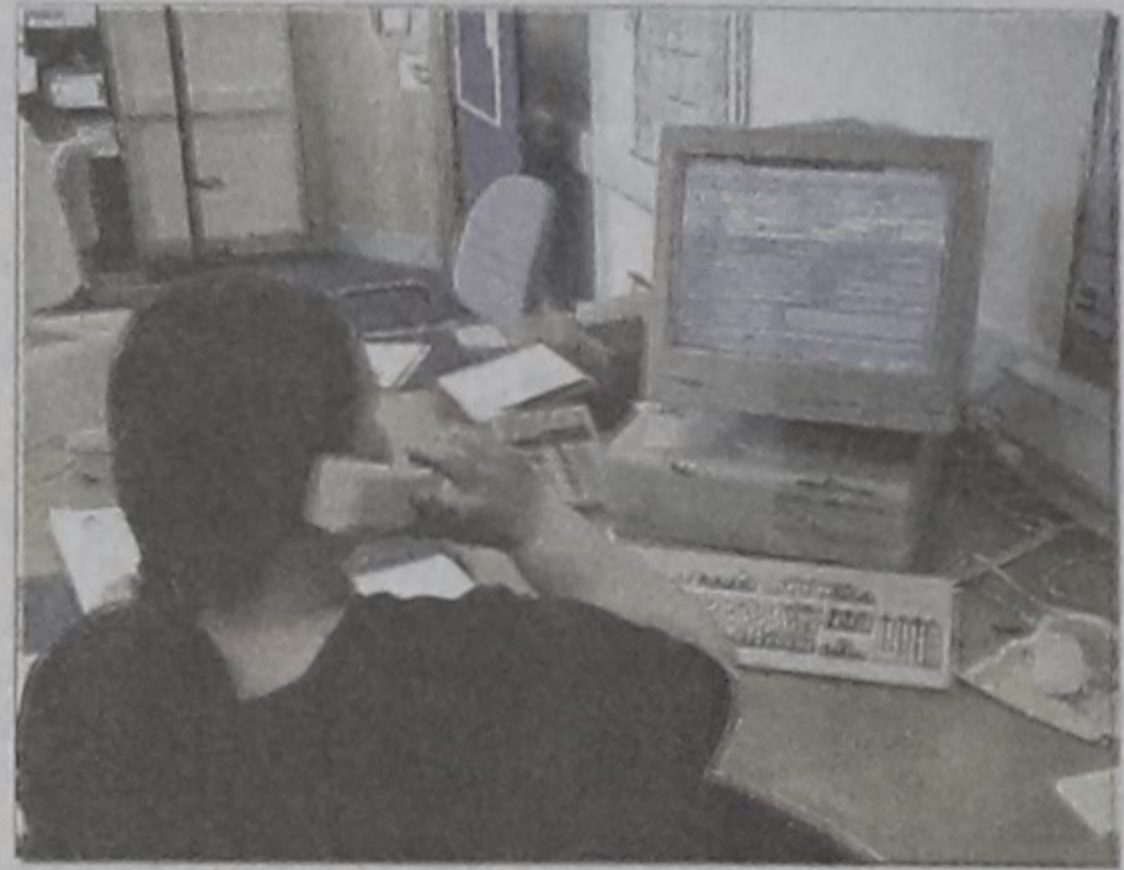
Get protected from computer vision syndrome

MD RAJIB HOSSAIN

Computers have now become an important part of our daily life. We sit in front of it day and night for many reasons. But continuous exposure to fluctuating ray can decrease our eye's accommodation power and may lead to a number of visual problems collectively called Computer Vision Syndrome (also called CVS). Many of us are suffering from this syndrome without noticing any problem. Eye specialists predict that it may widespread and may emerge as one of the commonest eye problems.

Computer Vision Syndrome is a relatively new medically defined ailment, and it is on the rise as the number of people using computer is increasing gradually.

This syndrome leaves people vulnerable to problems like dry eye, eye strain, neck and/or backache, light sensitivity and fatigue. These symptoms can



result from individual visual problems, poor workstation configuration and improper work habits.

Pre-existing, uncorrected vision problems like farsightedness and astigmatism, inadequate eye focusing or eye coordination abilities, and age-related eye issues also contribute to computer vision syndrome.

Some people feel pain as a symptom of computer vision syndrome. Some they have experienced eye strain, and others have cited neck or back pain after prolonged computer or handheld device use.

Many of these symptoms are temporary and will improve after ceasing computer work. However, some individuals may continue to experience visual problems, such as blurred distance vision, even after computer work has stopped. If the causes of the problem are not addressed, the symptoms will recur, and perhaps worsen, with future computer use.

Working at a computer requires a great deal of eye

movement and eye focusing. When we look in the distance, our eyes are relatively relaxed and at rest. But while doing near work, such as reading your computer screen, muscles in your eyes have to work harder to keep a clear near focus. These muscles get tired after extended use; resulting in variable visual problems.

Dry eyes can also occur because we tend to blink less as we concentrate on our computer screen and keep our eyes wide open when working at the computer, resulting in drying up of the tear film.

Tips to alleviate symptoms

Computer users can follow these guidelines to prevent or reduce eye and vision problems associated with computer vision syndrome:

One of the most common problems in workstation set-up is that the monitor of the computer is placed too high. The top of the screen should be at eye level. This is because the ideal gaze angle is 10 to 20 degrees below the eye. A screen that is too high can lead to dry, irritated eyes because it forces you to constantly keep your eyes wide open and blink less frequently. A screen that is too high can also cause headaches and neck and upper back pain because the head is tilted back to see.

Use a document holder placed next to your computer screen. It should be close enough so you do not have to swing your head back and forth or constantly change your eye focus.

Change your lighting to lower glare and harsh reflections. Glare filters over your computer screen can also help.

Staying hydrated is important, because insufficient water intake can worsen irritated, dry eyes. Computer work can be very engrossing and you may forget to get something to drink. Or you may not feel you have the time to get up.

Concentrate on blinking whenever you begin to sense symptoms of dry or irritated eyes.

Take frequent breaks. Follow the 20-20-20 rules. This simply means every 20 minutes, look away beyond 20 feet and blink 20 times.

Reduce the amount of lighting in the room to match the computer screen. A smaller light can be substituted for a bright overhead light or a dimmer switch can be installed to give flexible control of room lighting. Turn three-way bulbs to the lowest setting.

Have your vision checked regularly. Eye experts recommended comprehensive eye exams every two years before the age of 60 and yearly above 60. Vision and eye health can change rapidly and frequently, particularly as one ages. Therefore, having one's vision examined on a regular, timely basis is important to maintaining overall health and for preventative reasons.

First international AIDS conference ever held in Latin America

Conference theme, Universal Action Now, underscores the need for decisive action to accelerate scale-up of HIV prevention, treatment, care and support and end human rights violations that fuel the pandemic



STAR HEALTH REPORT

Organisers of the XVII International AIDS Conference (AIDS 2008) - to be held in Mexico City from 3-8 August 2008 - announced the participation of 17 plenary speakers, including leading HIV scientists, community leaders, practitioners and policy experts from across the globe, says a press release.

The theme of AIDS 2008 is Universal Action Now. "AIDS 2008 is taking place at a unique moment in the epidemic, when there is widespread consensus on the need to ensure universal access to HIV prevention, treatment, care and support by 2010," said AIDS 2008 Co-Chair Dr. Pedro Cahn, President of the International AIDS Society (IAS) and Fundación Huésped in Buenos Aires, Argentina.

With over 25,000 participants expected, AIDS 2008 will be the first International AIDS Conference ever held in Latin America and is expected to increase awareness of the disease and its impact throughout the region. "Latin America and the Caribbean have shown tremendous leadership - from the production of low cost HIV treatments, to innovative prevention campaigns and high levels of access to care - but we still have challenges," said AIDS 2008 Co-Chair Dr. Luis Soto-Ramirez, Head of the Molecular Virology Unit at the Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán and Coordinator of the Clinical Care Committee of CONASIDA. "We look forward to learning with and from our colleagues from around the world."

Over 15,000 abstracts submitted. More than half of all sessions will

be scientific sessions based on abstracts submitted in one of five tracks. Organisers received over 10,500 submissions by the 19 February deadline.

Other sessions to highlight key topics

The conference is organised around three components: science, community and leadership. In addition to the abstract-driven programme, over the past year, organisers have designed 50 non-abstract driven sessions focusing on key issues within and across these three programme areas.

Some of the many important issues to be addressed include: coping with AIDS in political crisis and conflict situations; mobile populations and globalisation; youth, sexual health and the impact of education on HIV vulnerability; and community involvement in HIV research.

For the first time, the programme will include six regional sessions designed to focus attention on major issues within each region.

The AIDS 2008 Opening Session will take place on Sunday, 3 August and will include Mexican government and international leaders, as well as community leaders representing people living with HIV and youth. Daily Special Sessions, held during the lunch hour, will feature high-level speakers (including Heads of State) and discussion of major issues on the horizon.

One session will provide a report on the outcomes of the Positive Leadership Summit, a major international meeting of people living with HIV/AIDS, which is scheduled to take place in Mexico City just prior to AIDS 2008. Additional details about all sessions, including confirmed speakers, will be available through the conference website (www.aids2008.org) in June 2008.

Programme activities planned for delegates and the general public

In addition to sessions, AIDS 2008 also will feature a wide variety of activities, including some planned by and for youth, and a cultural programme that

will showcase the relationship between AIDS, art and culture.

Open to conference delegates and the general public, the AIDS 2008 Global Village will be a space to share lessons learned, knowledge and skills, and to build coalitions, and promote interactive learning among communities living with and affected by HIV/AIDS. The Global Village will be located at Las Americas Hippodrome, which is adjacent to Centro Banamex.

Expanded access and online programming

Conference organisers are again offering a two-tiered fee structure to make participation more affordable to delegates from low- and middle-income countries.

Language access has also been expanded. Though English is the official language of the International AIDS Conference, for the first time simultaneous translation (English-Spanish) will be available at all sessions. The AIDS 2008 website is also available in both English and Spanish, and the Opening Session will offer simultaneous translations from English to all official U.N. languages (French, Arabic, Spanish, Mandarin and Russian).

In order to make conference proceedings available to as wide an audience as possible, the AIDS 2008 website will include direct links to the full conference programme, including links to abstracts and related information, as well as speeches and slides, when available. Webcasts, podcasts and transcripts from all major sessions will again be produced by kaisernetwork.org, with Clinical Care Options, Inc. serving as the official online provider of scientific coverage.

A new feature this year is the introduction of hubs, or remote viewing locations, where those who are unable to come to Mexico City will be able to attend local screenings of select sessions, along with local discussion. An official hub is planned for South Africa. Others, organised by conference partners and third parties, will take place in various locations around the world.

New concepts in the treatment of degenerative spinal disease

DR PREM PILLAY

Spinal degenerative conditions have been treated mainly by routine physical therapy and analgesics. Patients who have failed conservative treatment have been treated with surgery including discectomy and fusion. Unfortunately the overall results of such treatments has not been good enough; although perhaps acceptable in the 20th century.

There are now modern and technologically more advanced options for our patients with degenerative disc disease, spinal stenosis, and segmental instability.

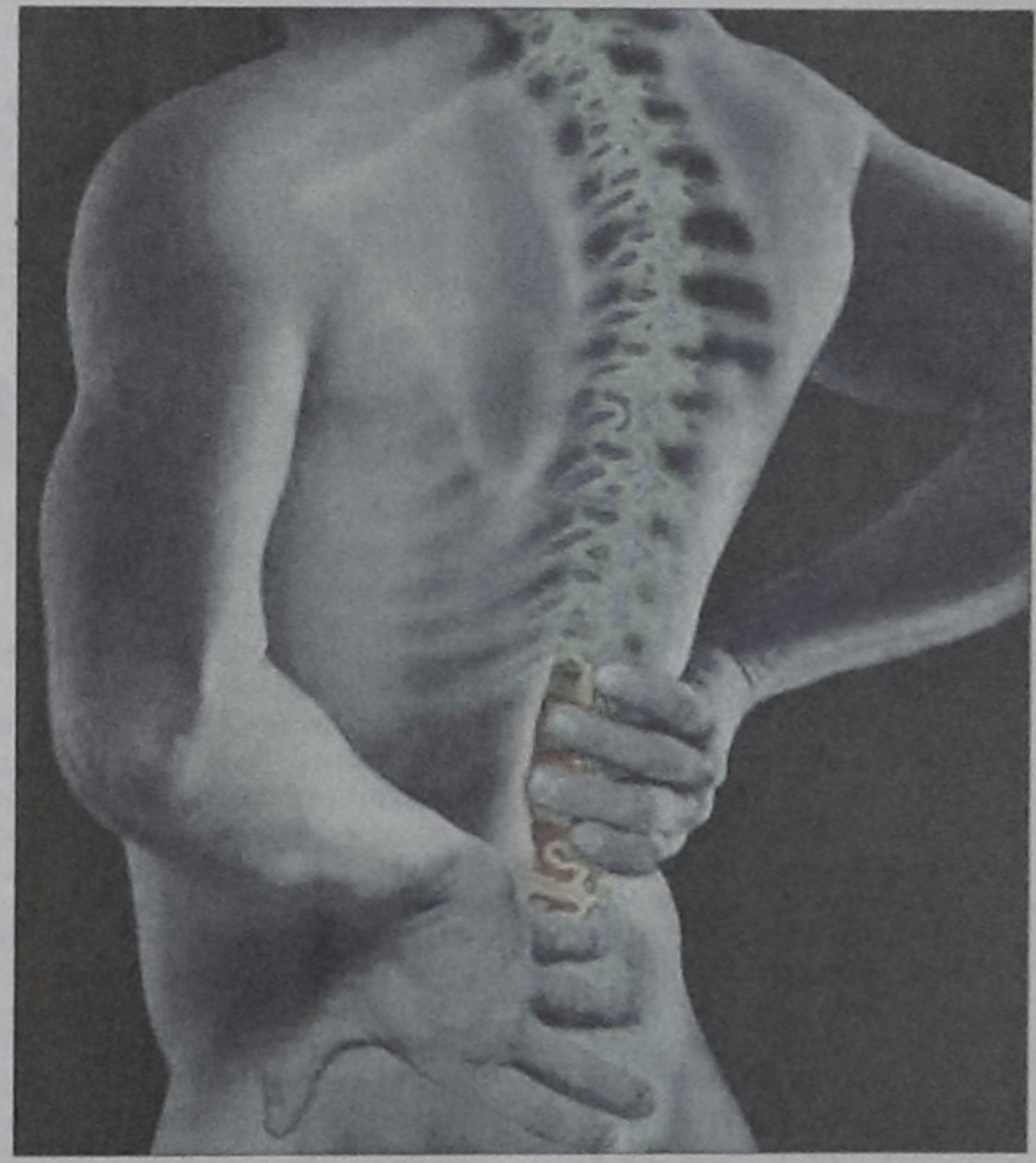
In our own practice, one advance has been the development of a multidisciplinary spine and pain center. In this one stop center, the patient has access to the full range of specialities needed for successful spine treatment. This includes neurosurgery, orthopedic surgery, pain management, neurology, neuro-radiology, neuroanesthesiology, physiotherapy, pharmacetics /

pharmacology and psychology.

In the initial stages for patients with milder problems, the proper selection of pain medications together with more advanced physiotherapy including aquatherapy/aquaphysio is recommended. Patients who do not benefit from the initial spine therapy programme will be reviewed by the team and additional tests or MRIs may be done. Selected patients may then benefit from pain procedures such as nerve blocks (epidural, facet, nerve root etc).

There is also a group of patients who may benefit from disc interventions such as Discoplasty / Nucleoplasty. These interventions are carried out under local anesthesia as needle procedures with image-guidance including biplanar fluoro and 3D CT guidance.

For those patients in whom surgery is felt to be the better option, there are less invasive options as well. Microsurgery, Endoscopic microsurgery,



Microsurgical spinal decompression which can relieve and release spinal cord/nerve root/cauda equine pressure can now be supplemented by non-fusion technologies to strengthen the spine. Fusion can be avoided in an increasing number of surgical candidates. Fusion at any one level of the spine has been shown to increase stress and degeneration at adjacent segments. Fusion disease is also difficult to treat. Dynamic implants are now an important part of spine surgery and allow a return to more normal spinal dynamics.

Intraoperative image guidance and neuro-monitoring together with advances in microsurgery (including now robotics) are also making contributions to better results and increased safety in spinal surgery.

Dr Prem Pillay is a Senior Consultant Neurosurgeon at Singapore-Brain-Spine-Nerves Center of Mount Elizabeth and Gleneagles Medical Centers, Singapore. For more information about this, visit <http://neurosine.blogspot.com>

Weight training aids chronic neck pain

New research suggests that strength training may ease chronic neck and shoulder pain, a problem that has grown increasingly common as people spend more time on computers.

Neck and shoulder pain commonly stems from the upper trapezius muscle, which spans the upper back and shoulders, and helps move the neck. Repeatedly performing "monotonous" tasks, such as computer operations or assembly-line work, can cause the muscle to become tight and tender.

The current study included 48 Danish women with chronic trapezius pain, most of whom spent much of their workday in front of a computer. Researchers randomly assigned the women to either perform supervised strengthening exercises or aerobic exercise, or to get general health counseling.

For 10 weeks, women in the strength-training group worked

out their neck and shoulder muscles using hand weights, three times per week for 20 minutes. Women in the aerobic-exercise groups worked out on a stationary bike.

After 10 weeks, women who strength-trained showed a 70 percent to 80 percent decrease in their pain ratings from the beginning of the study. In contrast, those who got aerobic exercise often felt better in the couple hours afterward, but there was no long-term pain improvement.

The findings are published in the journal *Arthritis & Rheumatism*. The results suggest that specific exercises targeting sore neck and shoulder muscles can bring more pain relief than general exercise, according to lead researcher Dr. Lars L. Andersen, of the National Research Centre for Working Environment in Copenhagen.

Strength training itself boosts the metabolism of protein in

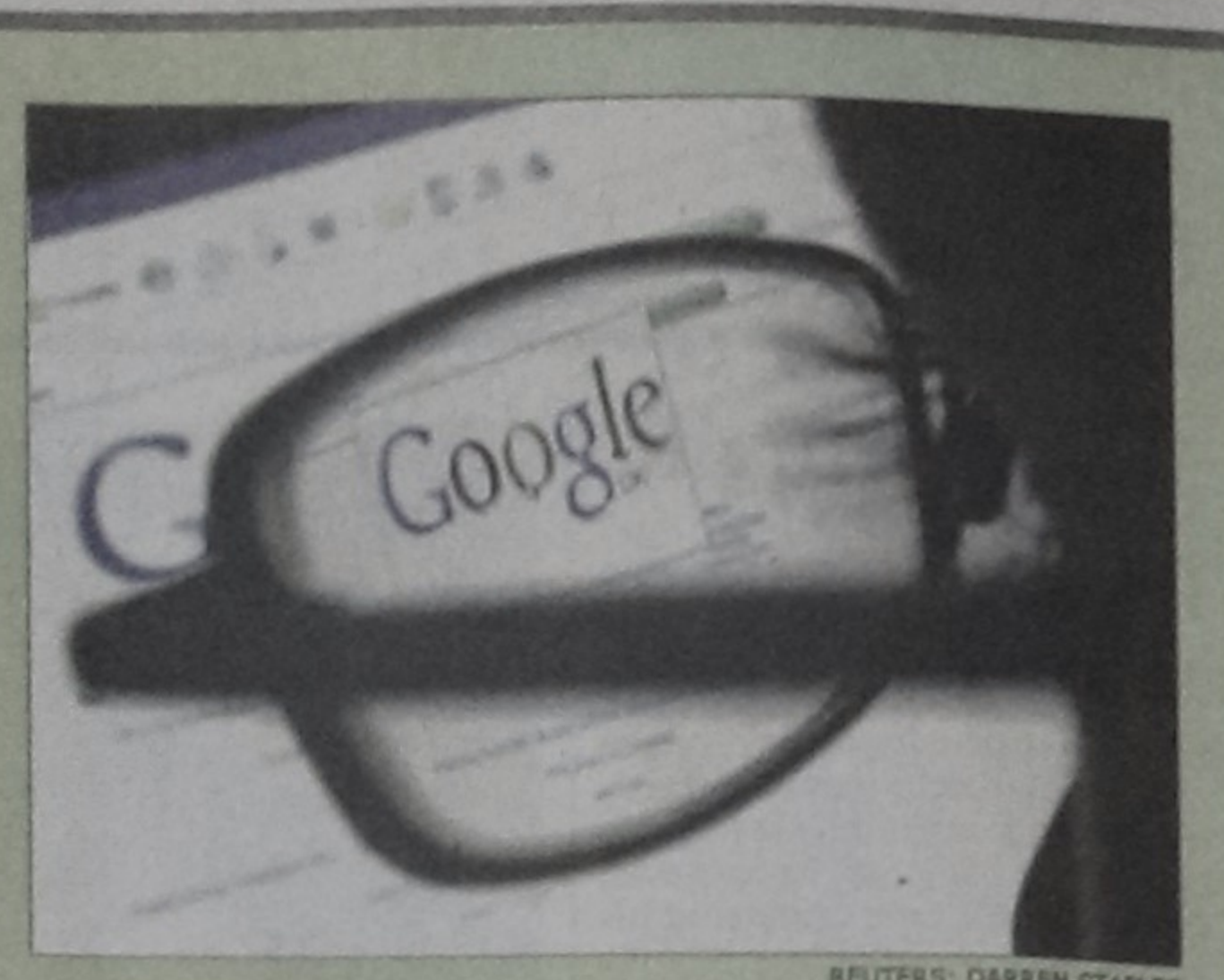
muscle, he told, and this might help repair painful muscle tissue. In addition, stronger muscles can bear more of a workload, which might help prevent pain from developing.

Neck pain can have various sources, including arthritis and chronic headaches. According to Andersen, tightness and tenderness across the upper back and shoulders are clues that the pain stems from the trapezius.

The strength exercises used in the study were simple, standard ones for the shoulders and upper back — like slowly shrugging the shoulders while holding a weight in each hand, arms extended by the sides of the body. So they can be performed at home, Andersen said.

Some people with chronic neck pain may want to get the help of a physical therapist to start, he noted, but that is up to the individual.

Source: *Arthritis & Rheumatism*



A Google search page is seen through the spectacles of a computer user. Web search company Google Inc. is testing in the United States an online storage bank where individuals can store and access their medical records, the company said recently.

Google unveils personal medical record service

Google's biggest rival, Microsoft Corp, has introduced HealthVault

REUTERS, Orlando, Florida

Google Inc. has unveiled a plan to help U.S. patients gain control of their medical records and is working with doctors' groups, pharmacies and labs to help them securely share sensitive health data.

The company's long-rumored entry into the highly sensitive field came when Chief Executive Eric Schmidt introduced Google Health at a health-care conference in Florida.

Google said it has signed deals with hospitals and companies including medical tester Quest Diagnostics Inc, health insurer Aetna Inc, Walgreens and Walmart Stores Inc pharmacies.

The password-protected Web service stores health records on Google computers, with a medical services directory that lets users import doctors' records, drug history and test results.

Google aims to foster sharing of information between these services, but keep control in patients' hands, allowing them to schedule appointments or refill prescriptions, for example.

"We don't know how to suck it out of the brains of doctors, but we know how to suck it out of the computer systems of doctors," Schmidt said in an interview after his speech.

A week ago, Google said it was teaming up with leading academic medical researcher Cleveland Clinic to test a data exchange that puts patients in charge of records.

Schmidt said it would likely be a few months before Google Health is offered more widely.

For decades progress has been slow converting paper records often scrawled in illegible doctors' script and stored in conflicting filing systems into centrally held digital records. IBM, Oracle Corp and Siemens AG, among many others, have worked on such digitisation.

Google's biggest rival, Microsoft Corp, has introduced HealthVault, which gives users control over who sees what. Among start-ups active in the field are Revolution Health, a company backed by former AOL Chairman Steve Case.

All are based on the notion that individuals should retain control over the data. "The information in your health record is yours and it doesn't get shared with anyone else without your permission," Schmidt said.

Electronic record-keeping has been held back by a lack of focus on consumer needs, not privacy fears, he said, adding any system should "normal-person" designed, not doctor-designed."

First Redo CABG surgery at Square Hospital

STAR HEALTH REPORT

Cardiac Surgeon Dr M H Millat FRCS (UK) and his team have performed a complicated Redo (second time) Coronary Artery Bypass Grafting (CABG) surgery on 18th of February at Square hospital, says a press release.

Mr Salauddin, a 55 year old patient had his first CABG surgery done in Germany in 1993. Due to his chest pain his angiogram was done at United hospital and then attempted PTCA was failed at NICVD. Then he was advised to go abroad for a Redo (second) CABG.

Then the patient consulted Dr Millat at Square hospital, who has experience and higher train-

ing in CABG and Redo CABG surgery in England and Ireland. He accepted the patient for Redo CABG and surgery was done. His post operative recovery was uneventful.

When contacted, Dr Millat expressed hope to Star Health that the quality of cardiac care in Bangladesh has increased a lot in recent days. All the expert local physicians and highly trained doctors back from abroad are providing quality cardiac care in the country.

Dr Millat also said that these examples may help bringing back hope and dignity of local healthcare and reduce the number of people seeking healthcare abroad.