


HAVE A NICE DAY

Dr RUBAUL MURSHED

All health information to keep you up to date



Good friends – good health Bad friends – bad health!

Good friends may help our life last longer, say researchers at Flinders University, Australia. It found that those who had a large network of friends outlived those with the fewest friends by 22 percent. And the friendships usually fight off depression and boost confidence.

People may become more selective as they grow old in their choice of friends. But the most vital factor about friendships is contentment, not the number of friends or what they do together. Some studies have shown that having good friendships contributes to a stronger immune system and better self-care. On the contrary, be aware of bad friends—they might not only get on your nerves at times, but they are also bigger risks than you realise. For example, bad friends encourage unhealthy behaviors such as smoking and heavy drinking. Being in bad group can also help you develop new skills that are harmful for the family and the whole society. The dynamics of a bad group often mirror those of dark part of society in general.

Having good friends can have an intense effect on physical and mental health, according to an Indiana University study. According to some researchers, sometimes friends may be better than family. In fact good relatives are also good friends. They persuade you to take better care of yourself. A good friend not only listens and guides you, but also supports your decisions. They also help to face adverse events.

Good friends also provide material aid, emotional support, and information to deal with the stress factors. Lots of research have shown the health benefits of social support.

Gather a group of friends and find a walking way that everyone knows may be named as 'Friends Walkathon', which can be the best way to keep your body in shape. Perhaps the biggest benefit of friends' circle is in helping to realise that he or she is not alone—there are other people who have the same problem. This is often a revelation and an enormous relief to the individual.

Other studies have shown that people with fewer friends have a tendency to die sooner after having a heart attack than people with a strong social network. It is interesting that having lots of friends may even reduce chances of catching a cold. That is true even though you are probably exposed to more viruses if you spend a lot of time with others.

Dr Tasha R Howe (Humboldt State University) believes that people with social support have fewer cardiovascular problems and immune problems and lower levels of cortisol (a stress hormone). Because, the evolutionary argument maintains that humans are social animals and we have evolved to be in groups. We do need others for our survival. Probably for that reason, people with good friends feel more relaxed, enjoy more peaceful life, which is interrelated to better health.

Family care and its tremendous impact on diabetes

STAR HEALTH DESK

Diabetes has a great impact on the daily lives of the persons with diabetes. Family members play an important role in the management of diabetes. The Center for Policy Research and Social Responsibility (CPR2) has recently conducted a study to evaluate the impact of family and hospital care for the persons with diabetes. According to the opinion of the respondents (who are family members of diabetics), 58 percent consider diet, drug and discipline—all required for the management of diabetes; whereas, 22 percent consider discipline; 17 percent consider diet; and only 3 percent consider drug as important for the management of diabetes.

Diabetes is the disease which directly needs support of the family members to a major extent. With the support from the families,

they can lead normal lives even with deadly diabetes.

Like every year, yesterday was observed as the World Diabetes Day which is the primary global awareness campaign for diabetes.

56 percent respondents think that their family members know that it is possible to lead normal life with diabetes. Again, 27 percent respondent's family members believe that any disease can happen to anybody. Family members of 10 percent respondents consider that long term treatment is required for diabetes.

It has been found from the research that the diabetics suffer from lack of confidence, do not feel comfortable in attending family and social functions, can not participate fully in household affairs as they feel tired and cannot wake up early and also they remain depressed and suffer from anxiety. The role of family is very critical in resolving these daily life



problems of the patients. A sympathetic and patient consideration approach of the family members can make the life of the patients more comfortable and meaningful.

The society can also play an important role by creating an enabling environment for the diabetics. A food choice for the diabetes patient should be available in the family and social gatherings so that the people with diabetes do not feel uncomfortable in those situations.

The state should take a leading role in disseminating basic information about prevention and it should also encourage and facilitate the awareness programmes of the NGOs. Media can address awareness programmes focusing on prevention and management of diabetes. It is also evident from this research that there are misleading information prevailing in the society about diabetes. So, an aggressive communication programme is needed to inform the mass people about the real facts of diabetes.

Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders (BIRDEM) is coping with huge number of diabetes patients. On an average daily 2000 to 3000 diabetic patients visit BIRDEM daily. If we

can improve family care and get more diabetic social care services, we can significantly lessen the burden.

An organised intervention by the government, health NGOs, citizen groups, media and other stakeholders is the need of the time for developing a diabetes-aware society through lifestyle research, family care, social communication, establishing patient support forum and policy making.

A careful and systematic approach of diabetes management can ensure a healthy life of diabetes patients and can help manage the most common form—type-2 diabetes.

This article is produced from a research paper of The Center for Policy Research and Social Responsibility (CPR2) which was conducted by Dr. Salim Rashid, Professor, University of Illinois, USA, Dr Md Faruque Pathan, Professor, BIRDEM, SSM Sadrul Huda, Assistant Professor, East West University and Segufa Dildash, Research Fellow, CPR2.

Childhood diabetes needs extra care

DR ABU SAYEED SHIMUL

When a child is diagnosed with diabetes, along with the child the parents will experience everything as new.

Diabetes mellitus (DM) is not a single entity but rather a heterogeneous group of disorders in which there are distinct genetic patterns as well as other etiological and pathophysiological mechanism that lead to impairment of glucose tolerance. There are two types of diabetes, those are:

Type 1 diabetes: Type 1 diabetes is an immune system disease where the body makes little or no insulin. It usually begins in childhood or teens. Children with type 1 diabetes need daily insulin shots to help their bodies use food. Type 1 diabetes often runs in families.

Type 2 diabetes: Type 2 diabetes is a disease where the body cannot make enough or cannot properly use insulin. Although this form of

large muscles, can help keep blood glucose levels in balance. It can also help lower cholesterol and blood pressure. Exercise also can help the child sleep better, feel more relaxed and even help concentrate better.

Hypoglycemia during or in the 2-8 hours after exercise can be prevented by careful monitoring of blood sugar level before, during or after exercise, sometimes by reducing dosage of insulin or giving extra snacks.

Signs of low blood glucose include confusion, grouchiness, irritability, tiredness etc. If the child has signs of low blood sugar, check blood glucose levels. If the level is under 70 mg/dL, try one of the following:

Have the child drink ½ cup of grape or orange juice, 1 cup of milk, a juice box, or ½ can of a regular (not diet) soft drink. Give the child 1-2 tablespoons of sugar or honey.

Parents cannot manage their child's diabetes alone. The stress

Diabetes: Myth and facts

Diabetes is globally an increasing threat to public health. The prevalence of diabetes is higher in the developing countries than that of the developed countries.

In a developing country like Bangladesh, the prevalence of diabetes is 5.6% and among them, the type 2 Diabetes is 95%, where the life style has changed. Readily available high-energy foods and physical inactivity lead to obesity and to diabetes in these susceptible populations. Main cause is lack of knowledge regarding diabetes and according to knowledge lacks of required attitude for practice those. Following myth and facts might be helpful to get a proper idea regarding diabetes and its good control.

Myth: Eating too much sugar causes diabetes.

Fact: Type 1 diabetes caused by a destruction of the insulin-producing cells of the pancreas, which is unrelated to sugar consumption. Type 2 diabetes results from the body's inability to respond to insulin normally. Although the tendency to get type 2 diabetes is genetically inherited in most cases, eating too much sugar (or foods with sugar, like candy or regular soda) can cause weight gain, which can increase the risk for developing the disease.

Myth: Kids with diabetes can never eat sweets.

Fact: Kids with diabetes can eat a certain amount of sugary food as part of a balanced diet, but they need to control the total amount of carbohydrates they eat, which includes sugary treats. Because sweets provide no real nutritional value other than calories, they should be limited—but not necessarily eliminated. All kids (and adults!) should avoid excessive consumption of foods that provide little nutritional value and can crowd out healthier foods.

Myth: Persons with diabetes only have to worry about eating sugar.

Fact: Many people who have diabetes incorrectly believe that properly managing diabetes means only reducing their sugar intake. While management of carbohydrate intake (not just sugar as was once recommended) is a critical part of diabetes management, diabetes affects the entire body. Therefore, proper management needs to include a complete wellness plan that extends beyond basic diet guidelines.

Myth: Diabetes is difficult to control.

Fact: Diabetes is not a curable disease, but it can be controlled when patients properly manage their meals, exercise and the right medications. With the proper guidance and education, patients can prevent and/or minimise many of the more serious complications.

Myth: Kids can outgrow diabetes.

Fact: Kids do not outgrow diabetes. In type 1 diabetes, the cells of the pancreas that produce insulin are destroyed. Once they are destroyed, they will never make insulin again. Kids with type 1 diabetes will always need to take insulin (until a cure is found). Although kids with type 2 diabetes may see an improvement in their blood sugar levels after puberty or with lifestyle adjustments, they will probably always have a tendency toward having high blood sugar levels, especially if they are physically inactive or gain too much weight.

Myth: Diabetes is contagious.

Fact: Diabetes is not contagious. You cannot catch it from another person. Although researchers think that getting type 1 diabetes may be triggered by something in the environment, like a virus, most people who get type 1 diabetes have inherited genes that make them more susceptible to the disease.

Myth: High blood sugar levels

are normal for some people and are not really a sign of diabetes.

Fact: Certain conditions (like illness or stress) and certain medications (like steroids) temporarily can cause high blood sugar levels in people without diabetes. But high blood sugar levels are never normal. People who have higher than normal blood sugar levels or sugar in their urine should be checked for diabetes by a doctor.

Myth: People with diabetes can feel whether their blood sugar levels are high or low.

Fact: Although someone with diabetes may feel physical symptoms (such as extreme thirst, weakness, or fatigue) if blood sugar levels are high or low, the only way to know for sure what the levels are is to test them. For example, because blood sugar levels have to be very high to cause symptoms, a person who isn't testing regularly may be having blood sugar levels high enough to damage the body without even realising it.

Myth: Insulin cures diabetes.

Fact: Taking insulin helps manage diabetes, but does not cure it. Insulin helps get glucose out of the bloodstream and into the cells, where it can be used for energy. This helps keep blood sugar levels under control, but taking insulin does not correct the underlying cause.

Myth: Tablets or pills for diabetes are a form of insulin.

Fact: Diabetes medicines taken by mouth are not a form of insulin. Insulin is a protein that would be broken down or destroyed by the acids and digestive enzymes in the stomach and intestines if swallowed. Currently there is no other practical way to deliver insulin except via injections.

Myth: Having to take more insulin means diabetes is getting worse.

Fact: Insulin doses need to be continuously adjusted to help

keep blood sugar levels in a healthy range. Many factors affect blood sugar levels, including diet, exercise, and time of day. In addition, insulin doses may need to be changed over time. At the time of diagnosis, the pancreas may still be able to make some insulin, so less injected insulin may be needed. However, as the pancreas makes less and less insulin, more insulin needs to be given by injection to keep blood sugar levels in a healthy range. How fast kids are growing, whether they are undergoing puberty, how much they eat, and how active they are affect the amount of insulin needed each day.

Myth: Kids with diabetes cannot exercise.

Fact: Exercise is important for all kids—with or without diabetes! Exercise offers many benefits to kids with diabetes. It helps them manage their weight and prevents them from gaining excess body fat. It also improves cardiovascular health, boosts mood, relieves stress, and helps blood sugar control.

Myth: Low-carbohydrate diets are good for kids with diabetes because they should avoid carbohydrates.

Fact: Carbohydrates are the body's preferred source of energy, and carbohydrate-containing foods should provide about 50% to 60% of a person's calories each day. Low-carbohydrate diets tend to be overloaded with protein and fat. Following a high-fat, high-protein diet over the long term may increase the risks of heart and kidney disease in adulthood (which people with diabetes are already at increased risk for). People with diabetes should follow a healthy, balanced diet. Usually this means adopting a meal plan that helps them balance carbohydrate intake with medication and exercise to achieve good diabetes control.

Conference on avian influenza and other zoonotic diseases

STAR HEALTH REPORT

With a view to increase awareness on avian influenza and other emerging zoonotic diseases, ICDDR,B in collaboration with one World One Health-Bangladesh Initiative organised a scientific conference recently at ICDDR,B premises.

Almost 75 percent of infectious diseases are zoonotic disease (are those which are transmissible between humans and animals). Increasing incidence of these diseases have emerged as a serious concern for our people.

The recent epidemic of avian influenza in chickens and subsequent detection of the virus in human has posed a serious

threat for the country. Other zoonotic diseases like tuberculosis, rabies, kala azar and food-borne diseases are also very common. Speakers urged to set up a mass awareness programme immediately to prevent an epidemic.

Health Advisor Dr AMM Shawkat Ali attended the conference as chief guest, while AMM Nasiruddin, Secretary, Ministry of Health and Family Welfare, Sayed Ataur Rahaman, Secretary of Ministry of Fisheries and Livestock, Professor Dr Md Akhter Hossain, Vice Chancellor of Bangladesh Agriculture University and Dr M Abdus Salam, Acting Executive Director of ICDDR,B were present as special guests.

TODAY'S EVENT

Seminar on COPD

On occasion of World COPD (Chronic Obstructive Pulmonary Disease) day on November 19, a scientific seminar has been organised jointly by Sanofi-aventis and NIDCH at the National Asthma Centre Auditorium, NIDCH, Mohakhali in the city today.

COPD is a major cause of healthcare burden worldwide and is expected to rise to the third position as cause of death and the fifth position. Prof Md Mostafizur Rahman, Director NIDCH and National GOLD leader in Bangladesh will chair the session and AMM Nasir Uddin, secretary of Ministry of Health and Family Planning will be present as chief guest. Specialist physician will discuss the global disease burden and the way out.



diabetes usually occurs most often in adults, it is becoming more common in youth. The average age of diagnosis of type 2 diabetes in youth is 12-14 years. It is more common among girls than boys.

Most of the children suffer from type 1 diabetes, so insulin is the treatment of choice. Some are treated with oral drugs. But proper nutritional plan and exercise can reduce the blood glucose effectively.

When choosing foods for a child who has diabetes, it is important to know how different foods affect blood glucose levels. Children who have diabetes basically need the same foods that all children need to grow and thrive. The recommended calorie intake is based on size or surface area of the child.

The following guideline will help provide a healthy diet to help control a child's diabetes:

Offer balanced meals at regular intervals every day; Learn how different foods affect the child's blood glucose level; Offer healthy snacks between meals; Encourage the child to drink water when thirsty; Choose whole-grain foods with higher fiber contents; Limit sweets, regular soft drinks, pastries, candy, jam, and honey; Limit saturated fat and cholesterol; Avoid trans fat (found in foods with hydrogenated or partially-hydrogenated oils) etc.

Aerobic exercise, that gets the heart beating faster and uses the

imposed on the family around the time of initial diagnosis of DM may lead to feeling of shock, denial, sadness, anger, fear and guilt. Meeting with a specialist to express these feelings at the time of diagnosis helps with long term adaptation. The physician must discuss various aspects of child's diabetes with the child as also with the parents. The exercise has got to be a continuing programme. This needs a good rapport between the physician on one hand and the child and the family on the other hand. Parents need to learn administration of insulin injection, blood sugar testing, recognition of warning signals of hypoglycemia, hyperglycemia, ketoacidosis, infection etc.

Although children can be taught to perform many of the tasks of diabetes management. They do better when supportive—NOT over bearing—parents continue to be involved in management of their disease. Schools have the responsibility to provide diabetic students with a medically safe environment as well as equal access to the same opportunities and activities enjoyed by other students.

Diabetes is a very complicated and life threatening disease. There is no cure for diabetes, it can be controlled. So people of all corners should work together and create awareness, so that a diabetic child can lead a healthy, active and fulfilled life.

A unique lesson for diabetic

DR MD RAIB HOSSAIN

Fahim Ahmed was tested as diabetic incidentally after a urine test. That was about ten years ago, and from then on Mr Fahim, like so many other people with diabetes, became fixated on his blood sugar. His doctor warned him to control it or the consequences could be dire—he could end up blind, lose a leg, fail his kidneys and so on.

Mr Fahim, a 45-year-old business executive of a reputed organisation in the city, tried hard. When dieting did not work, he began taking pills to lower his blood sugar and pricking his finger several times a day to measure his sugar levels. They remained high. So he agreed to add insulin to his already complicated regimen.

Blood sugar was always in his mind. But in focusing entirely on blood sugar, he ended up neglecting the most important treatment for saving lives—lowering the cholesterol level. That protects against heart disease, which

eventually kills nearly everyone with diabetes. He was also missing a second treatment that protects diabetes patients from heart attacks—controlling blood pressure. He assumed everything would be taken care of if he could just lower his blood sugar level.

Most diabetes patients try hard but are unable to control their diseases in this way and most of the time it progresses as years go by. Like many diabetes patients, he ended up paying the price for his misconceptions about diabetes. Last year, Mr Fahim had a life-threatening heart attack.

Diabetes goes undetected in many heart patients. It is a silent threat for many people who end up with heart disease because these patients do not feel the actual intensity of pain due to nerve damage as a consequence of diabetes. Blood sugar control is important in diabetes, specialists say. It can help prevent dreaded complications like blindness, amputations and kidney failure. So, controlling blood sugar is not enough.

In part it is the fault of proliferating advertisements for diabetes drugs that emphasise blood sugar control, which is difficult and expensive and has not been proven to save lives. And in part it is the fault of public health campaigns that give the impression that diabetes is a matter of an out-of-control diet and sedentary lifestyle and the most important way to deal with it is to lose weight. Again, the fault for the missed opportunities to prevent complications and deaths lies with the medical system. The doctors typically spend just 5 minutes with diabetes patients, far too little for such a complex disease.

Mr Fahim found all that out too late. So, no matter how carefully patients try to control their blood sugar, they can never get it perfect—no drugs can substitute for the body's normal sugar regulation. So while controlling blood sugar can be important, other measures also are needed to prevent blindness, amputations, kidney failure and stroke.



Diabetic foot—a common complication of diabetes