

Childhood obesity: The rising concern

DR TAREQ SALAHUDDIN

Do you know when to be concerned about your child's weight? Of course, all children gain weight as they grow older. But extra pounds — more than what is needed to support their growth and development — can lead to childhood obesity. Childhood obesity is a serious medical condition that affects children and adolescents.

It occurs when a child is well above the normal weight for his or her age and height. Childhood obesity is particularly troubling because the extra pounds often start kids on the path to health problems that were once confined to adults, such as diabetes, high blood pressure and high cholesterol.

Causes
Although there are some genetic and hormonal causes of childhood obesity, most excess weight is caused by kids eating too much and exercising too little.

Children, unlike adults, need extra nutrients and calories to fuel their growth and development. But children who eat more calories than needed gain weight beyond what is required to support their growing bodies.

Risk factors
Many factors — usually working in combination — increase your child's risk of becoming overweight like diet, inactivity, genetics, psychological factors, family factors, socioeconomic factors and so on.

When to seek medical advice

Not all children carrying extra pounds are overweight or obese. Some children have larger than average body frames. And children normally carry different amounts of body fat at the various stages of development. So you might not know just by looking at your child if his or her weight is a health concern.

If you are worried that your child is putting on too much weight, talk to a physician. S/he will evaluate if your child's weight is in an unhealthy range.

Complications

Obese children can develop serious health problems, such as diabetes and heart disease, often carrying these conditions into an obese adulthood.

Overweight children are at higher risk of developing Type 2 diabetes, Metabolic syndrome, High blood pressure, Asthma and other respiratory problems, Sleep disorders, Liver disease, Early puberty or menarche, Eating disorders, Skin infections.

The social and emotional fallout also can hurt your child, especially resulted in low self-esteem and bullying, behavior and learning problems and depression.

Healthyeating

Parents are the ones who buy the food, cook the food and decide where the food is eaten. Even small changes can make a big difference in



your child's health.

- When buying groceries, choose fruits and vegetables over convenience foods high in sugar and fat. Always have healthy snacks available. And never use food as a reward or punishment.

- Limit sweetened beverages, including those containing fruit juice. These drinks provide little nutritional value in exchange for their high calories. They also can make your child feel too full to eat healthier foods.

- Sit down together for family meals. Make it an event — a time to share news and tell stories. Discourage eating in front of a screen, such as a television, com-

puter or video game. This leads to fast eating and lowered awareness of how much you are eating.

- Limit the number of times you eat out, especially at fast-food restaurants. Many of the menu options are high in fat and calories.

Physical activity

A critical component of weight loss, especially for children, is physical activity. It not only burns calories but also builds strong bones and muscles and helps children sleep well at night and stay alert during the day. Such habits established in childhood help adolescents maintain healthy weight despite the hormonal changes, rapid

growth and social influences that often lead to overeating. And active children are more likely to become fit adults.

To increase your child's activity level:

- Limit recreational screen time to fewer than two hours a day.

- Emphasise activity, not exercise.

- Find activities your child likes to do.

- If you want an active child, be active yourself.

- Vary the activities.

Prevention

Whether your child is at risk of becoming overweight or currently at a healthy weight, you can take proactive measures to get or

keep things on the right track.

- Schedule yearly well-child visits. Take your child to the doctor for well-child checkups at least once a year.

- Set a good example. Make sure you eat healthy foods and exercise regularly to maintain your weight. Then, invite your child to join you.

- Avoid food-related power struggles with your child.

- Emphasise the positive. Encourage a healthy lifestyle by highlighting the positive — the fun of playing outside or the variety of fresh fruit you can get year-round, for example.

- Be patient. Many overweight children grow into their extra pounds as they get taller. Realise, too, that an intense focus on your child's eating habits and weight can easily backfire, leading a child to overeat even more, or possibly making him or her more prone to developing an eating disorder.

Coping and support

Parents play a crucial role in helping children who are obese feel loved and in control of their weight. Take advantage of every opportunity to build your child's self-esteem.

Consider the following advice:

- Find reasons to praise your child's efforts.

- Talk to your child about his or her feelings. Help your child find ways to deal with his or her emotions that don't involve eating.

- Help your child focus on positive goals.

HAVE A NICE DAY

DR ROBAUL MURSHED



Alarming story of margarine

Many people enjoy margarine as an alternate of butter. But is margarine good for health? This debate is very hot today.

According to some researchers, after the World War-II the process for making hydrogenated and hardened fats from vegetable oils was widely adopted. As a result, margarines were developed and marketed extensively as alternatives to butter.

Traditional margarines usually spreading on toasts are mostly made from vegetable oils, which we know better than butter. Notorious 'trans fats' are created by the hydrogenation of vegetable oil, the very process used to solidify liquid vegetable oil into a spread.

During the manufacture of margarine, some of the unsaturated fats (considered as good fats) may even be converted into saturated fats or 'trans fats' which is very harmful for human body.

Use of trans fat is on the rise. This has been indicted as worse for health than even the well-publicised saturated fats in butter and meat. And if there is trans fat present inside margarine, it is as bad as many other harmful food substances.

In recent years, trans-fat issue has risen to the top of the good and bad health topic. General public who are conscious about their diet and health began to realise the negative health effects of trans fats. As a consequence, food manufacturers, governments and consumers are highly concerned of trans fats. Denmark became the first country in the

world to ban trans fats from food products over fears of these hydrogenated fats contribute to many diseases.

Trans-fats are more likely to increase bad cholesterol called LDL and decrease good cholesterol termed HDL.

In the west, food manufacturers have created non-hydrogenated margarine. And those margarines contain no trans-fat. Today, this is a new marketing strategy for many food manufacturers in that part of the world.

Margarine, particularly polyunsaturated margarine, has become a major part of the urban breakfast. Although some margarine processing does not now produce trans fats, but many are still harmful for health.

For customers of this subcontinent the situation is very confusing. Most of the margarines on supermarket shelves just show the products as being virtually free of cholesterol; on the other hand products such as cakes and biscuits which include hydrogenated fats in the ingredient lists do not mention neither about trans fats or unsaturated fats.

Traditional margarine is said to be one of the big sources of trans-fatty acids, which are doubles the chance for heart disease. So what to do at this moment in our stores? First check the list of ingredients. If the product contains hydrogenated oil or partially hydrogenated oil or saturated fat, look at the quantity of total fat — that is going to be a significant tip for your initial query.



How to get rid of mouth ulcers

DR SYEDA ISHRAJ JAHAN

Mouth sores are small ulcer patches that grow on certain areas around oral cavity. They can appear very red or white, may have a tendency to bleed and can become infected if left untreated.

Mouth ulcer is very painful and discomforting especially while eating or drinking. Many people suffer from mouth sore repeatedly. The factors that can lead to mouth sores are:

- Poor oral hygiene
- Infection: Viral, bacterial, fungal
- Trauma: Ill fitting braces and dentures
- Immuno deficiency like HIV infection
- Dietary: Vitamin C deficiency, Vitamin B12 deficiency, Zinc deficiency
- Cancer: Squamous cell carcinoma
- Excessive intake of alcohol
- Cigarette smoking
- Medical conditions: Behcet's disease, Bullous pemphigoid, oral lichen planus, oral thrush

Although painful, most of the ulcers in the mouth are benign in nature and resolve within week. But in certain instances this painful ulcer remains unresolved for a longer period. If anyone has ulcer for a longer period s/he must consult with a physician. Biopsy and histopathology is

mandatory for long term painful mouth ulcer.

The first line treatments of oral ulcers are symptomatic. The treatment guideline includes:

- i) If cause is known, then treatment of the cause is recommended
- ii) Adequate oral hygiene using anti-bacterial mouthwash
- iii) Apply topical paste on mouth sore directly. These topical application should be done according to doctor's advice to avoid complications
- iv) Visit your doctor for some oral medications
- v) Brush your teeth with soft-bristled toothbrush
- vi) Use appropriate toothpaste to clean your teeth and mouth surfaces. Make sure to apply mild to moderate toothpaste that contain fluoride. Strong toothpaste should be avoided
- vii) Take your dentures off and clean them between meals
- viii) Keep your mouth and whole system well-hydrated. Drink adequate water everyday to fight dehydration. Adequate moisture allow your sore to heal fast
- ix) Avoid spicy foods, cigarettes and other aggravating factors.

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Drooling in young children

DR ABU SAYEED SHIMUL

Many parents often wonder why their babies drool or why they drool more than some of others? Is there anything that can be done for these babies? Is excessive drooling harmful or is it just a symptom of other clinical conditions?

Drooling means saliva coming out from mouth. Typically infants do not have the ability to swallow saliva efficiently. Until their muscles in the head, face, mouth, jaw and neck develop, infants tend to drool or salivate.

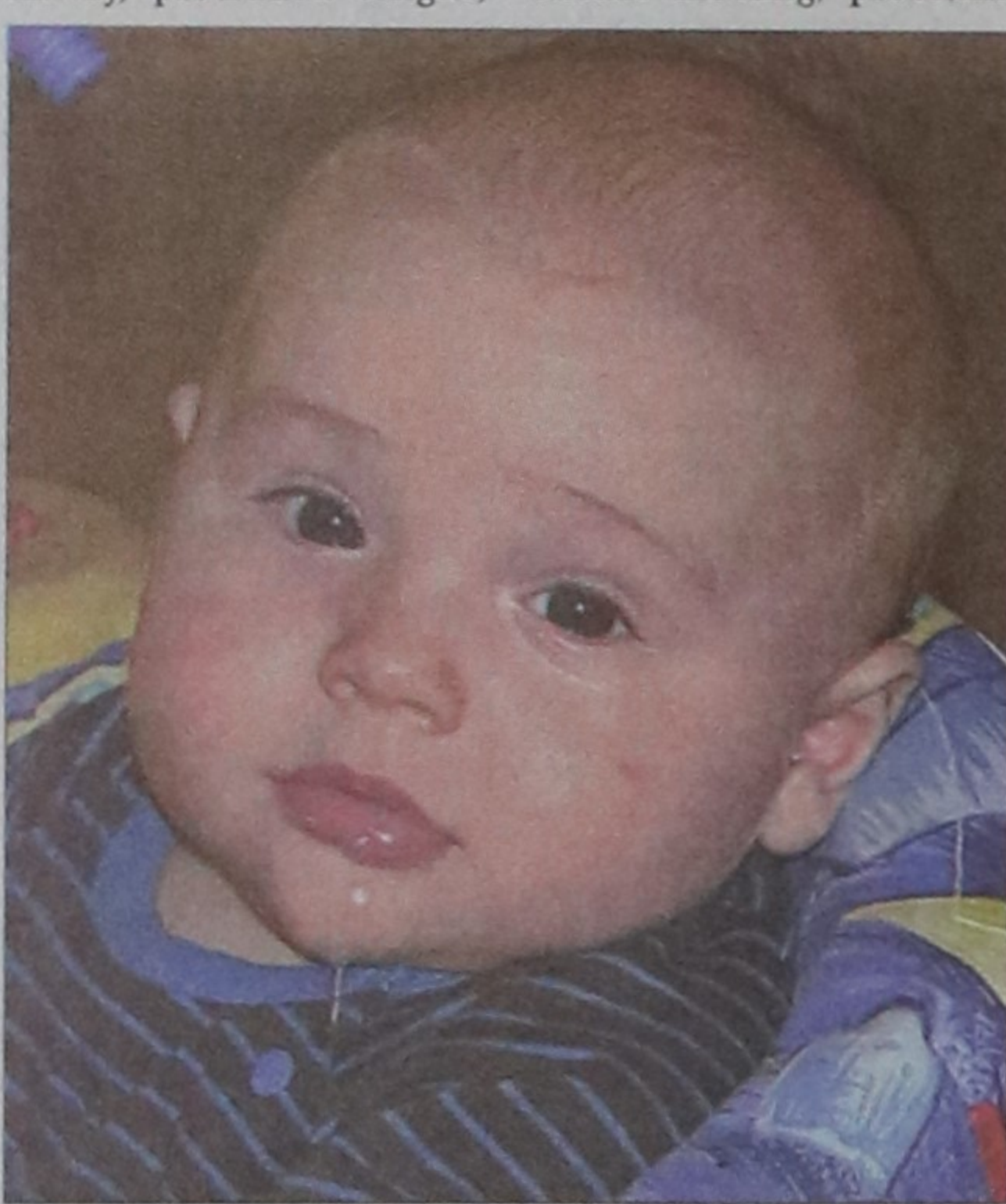
By the time a baby is between 4 to 6 months old they gain better head and neck control, and they can handle better their secretions. At this time, parents expect their babies' drooling to diminish, but unfortunately it tends to continue due to teething. Six months is the average age for the first tooth eruption. Care for drooling due to teething includes good oral hygiene. Take care to avoid choking when a child uses any of these objects.

Besides teething, excess salivation or drooling may be due to helminthic infestations. In that case, children have to take anti-helminthic drugs.

Fungal infection is other major cause of drooling. In

such case, nystatin drop or miconazole oral gel is the solution.

Other causes of drooling includes nausea, mouth sores, an abnormality of the airway, protruded tongue,



pain in the throat or certain infections. Cerebral palsy or developmental delay is one of the major cause of drooling.

Occasionally, a child does not develop muscle tone

and coordination with age as expected. Instead they develop hypotonia or low muscle tone which results in symptoms such as delayed speech development, persistent drooling, problems

Parents can help their baby develop and improve his oral motor skills by allowing him to suck. All babies have a natural need to suck during the first 6 months of life and parents can help satisfy this need through the use of a pacifier. Some parents are cautious about introducing a pacifier because they are afraid that it will become a habit. But it will not become a habit if you discontinue the pacifier at 6 months of age when an infant naturally overcomes the need to suck.

If baby develop a sudden onset of drooling or excess salivation along with difficulty feeding, labored breathing, stridor (a high pitched inspiratory sound), changes in the sound of his cry, a weak cry, insufficient weight gain, irritability, fever, mouth sores or developmental delay, this would call for an evaluation by child specialist as soon as possible, although these occur rarely.

It is normal for newborns to drool. If a baby is seemingly healthy like eating well, gaining weight, free from respiratory symptoms and without fever there is no need to be concerned.

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Newborn research shares top honor

Lancet names Bangladeshi author's article "Paper of the Year"

STAR HEALTH REPORT

An article by Abdullah Baqui, MBBS, DrPH, associate professor in the Johns Hopkins Bloomberg School of Public Health's Department of International Health, and colleagues from the U.S. and Bangladesh, was selected by The Lancet as one of three papers to share the honor of "Paper of the Year."

The article "Effect of community-based newborn-care intervention package implemented through two service-delivery strategies in Sylhet district, Bangladesh: a cluster-randomised controlled trial" was published in the June 6 edition of The Lancet.

The study was funded by the United States Agency for International Development by cooperative agreements



with the Bloomberg School of Public Health, the International Centre for

Diarrhoeal Disease Research, Bangladesh (ICDDR,B), and the saving newborn lives programme by Save the Children (US) with a grant from the Bill & Melinda Gates Foundation.

"Top paper of the year is certainly an honor for all of us at Projahnmo project in Bangladesh. The intervention we tested, if scaled, has the potential to save more than a million newborn lives every year. We hope that the recognition of our work will influence policies and programmes around the world that will prevent many unnecessary newborn deaths," said Baqui.

The winners were chosen from a group of six finalists by the editors of The Lancet and through an online readers' poll. The results were published in the January 24 edition of The Lancet.

Gum disease risky for pregnant women

Pregnant women with gum disease and high levels of C-reactive protein (CRP) — a marker of inflammation in the body — are at increased risk of developing preeclampsia, a potentially serious complication involving high blood pressure that often leads to premature delivery.

"Maternal periodontal (gum) disease clearly contributes to an increased risk of preeclampsia," lead investigator Dr Michael Ruma said, "and our results demonstrate that this risk is further increased in the presence of elevated systemic inflammation."

Ruma, of the University of North Carolina, Chapel Hill and colleagues conducted a secondary analysis of data

on 775 women who had taken part in a study of oral health and pregnancy.

In all, 31 women, or 4 percent, developed preeclampsia. Women with the highest levels of CRP were significantly more likely to develop preeclampsia than those with lower levels.

When compared to those without gum disease and CRP at any level, the risk was further elevated in women with both gum disease and elevated CRP levels.

"What remains to be seen," concluded Ruma, "is whether treatment of maternal periodontal disease can reduce the rate of preeclampsia."

Source: American Journal of Obstetrics and Gynecology

Experts urge prostate cancer 'man-o-gram'

REUTERS, Washington

Prostate cancer experts urged the U.S. Congress and the newly formed Obama administration to make a major research commitment to find better detection methods, including what they call a "man-o-gram."

Their idea involves a sophisticated ultrasound, magnetic resonance imaging or other method to find dangerous prostate tumors, akin to the common mammogram scans used to find breast tumors.

Dr. Faina Shtern, who heads the Boston-based nonprofit AdMeTech Foundation coordinating the advocacy effort, said \$500 million in research funding is needed over five years.

Many men now have a blood test measuring levels of a protein produced by the prostate gland called prostate-specific antigen, or PSA.

Elevated PSA levels may indicate prostate cancer, but benign conditions can also raise levels. Men with elevated PSA often must have

an invasive biopsy to test prostate tissue for cancer.

Only about 25 percent to 30 percent of men who have the biopsy actually turn out to have prostate cancer. And experts believe that many cancers detected after PSA screening are so minor they would never present a threat if left untreated.

There is a controversy among cancer researchers about whether PSA screening actually saves lives, with many arguing that it leads to unnecessary surgical and radiation treatment for minor cancers, causing negative side effects.

And because there is no reliable imaging technique to guide the selection of tissue for the biopsies, doctors take random plugs of prostate blindly and may miss tumors.

More than two dozen experts from institutions including Johns Hopkins University, Harvard Medical School, the University of Chicago, the University of Miami and Stanford University, joined the effort.