

## Save lives, make hospitals safe in emergencies

STAR HEALTH DESK

Wars, cyclones, earthquakes, tsunamis, disease outbreaks, famine, radiological incidents and chemical spills — all are emergencies that, invariably, impact heavily on public health. Internal emergencies in health facilities — such as fires and loss of power or water — can damage buildings and equipment and affect staff and patients. In conflicts, reasons for hospital breakdowns include staff being forced to leave due to insecurity and the looting of equipment and drugs.

World Health Day 2009 focuses on the safety of health facilities and the readiness of health workers who treat those affected by emergencies. Health centres and staff are critical lifelines for vulnerable people in disasters — treating injuries, preventing illnesses and caring for people's health needs.

The official slogan is "Save lives, make hospitals safe in emergencies", which signifies the importance of investing in health infrastructure that can withstand hazards and serve people in immediate need. WHO urges health facilities to implement systems to respond to internal emergencies, such as fires, and ensure the continuity of care.

In 2008, 321 natural disasters

killed 235 816 people — a death toll that was almost four times higher than the average annual total for the seven previous years. This increase was due to just two events. Cyclone Nargis left 138 366 people dead or missing in Myanmar, and a major earthquake in southwestern China's Sichuan province killed 87 476 people, according to the United Nations' International Strategy for Disaster Reduction (UNISDR).

Asia, the worst-affected continent, was home to nine of the world's top 10 countries for disaster-related deaths. Along with other weather-related events, floods remained one of the most frequent disasters last year, according to UNISDR. Conflicts around the globe have also led to great human suffering and have stretched health care services to the extreme.

In Bangladesh, magnitude of health problems due to disaster is very high. For example, flood inundated a considerable area of the country every year. 15th November, 2007, Cyclone SIDR attacked Bangladesh. It killed about 10 000 people and affected healthcare systems and millions of beneficiaries, particularly the poor, at an untold cost. Statistics says that it damaged 71% of health facilities



in the region. According to the government of Bangladesh, more than 8 million people were affected by SIDR. Evidence indicated that people living in low income countries like Bangladesh are 4 times more likely to die from extreme natural disasters than those of high-income countries. Moreover, disasters also exact a devastating economic toll.

Planning and preparation are needed to protect health facilities and make sure they are able to continue providing health care during and after emergencies. A safe health facility will protect

patients, visitors and staff from hazards. It will continue to function and provide essential services when they are most needed. And it will have emergency response plans and a trained workforce to continue the normal provision of health care and cope efficiently with the additional demands resulting from the emergency.

Building hospitals safe from disaster or making existing ones safer by retrofitting is surprisingly cost-effective. In many new health facilities, incorporating comprehensive protection from earthquakes and

extreme weather events into the design from the beginning will add no more than 4% to the cost. Retrofitting is an effective way to make existing hospitals safer, and thereby save lives. Using a tool to assess hospital safety will allow health authorities to determine priorities for renovating or retrofitting health facilities. A Costa Rican hospital retrofitted before the 1990 earthquake withstood the shock of a 5.8 magnitude quake in excellent condition, with the savings far exceeding the cost of retrofitting.

Most of a hospital's value is represented by non-

structural elements, including mechanical, electrical and communications equipment, shelving and water heating. It is damage to these that most often renders a facility inoperable. Retrofitting non-structural elements in an otherwise structurally sound facility costs about 1% of the hospital's budget but will protect up to 90% of its value.

We can all help to support better health care in emergencies. Wide support for safer hospitals is needed from all within the community. Partnerships between different sectors (including emergency services) are vital to ensure that health facilities receive priority attention when an emergency occurs — for instance, by safeguarding the water supply or securing access to hospitals and other health centres.

Many do this already. Some volunteer in health facilities. Professional bodies encourage innovations and designs that make health facilities safer and more functional in emergencies. But more can be done. Urgent action needs to be taken if we are to prevent unnecessary death and suffering when our hospitals fail in emergencies. Here is what you can do to start making hospitals safe in emergencies.

## Moderate-protein diet may beat high-carb diet

People lose weight when they cut calories, but a diet with some extra protein may be especially effective at trimming body fat and improving blood fats, a new study suggests.

Researchers found that over one year, a moderate-protein diet was better than a standard high-carbohydrate, low-fat diet at helping overweight adults shed body fat. What is more, it had greater benefits when it came to boosting good HDL cholesterol and lowering triglycerides, a type of blood fat that contributes to clogged arteries.

The findings, reported in the *Journal of Nutrition*, suggest that trading in some carbs for protein may do dieters good.

For the study, 130 overweight adults were randomly assigned to one of two calorie-restricted diets: the commonly recommended higher-carb diet, with about 15 percent of calories coming from protein, 55 percent from carbohydrates and 30 percent from fats; or a moderate-protein diet where 30 percent of calories came from protein — including lean meat, low-fat dairy and nuts — while 40 percent came from carbs, and 30 percent from fats.

All participants were given menu plans and attended weekly meetings with a dietitian to help them stick with their new lifestyle.

After one year, the average weight loss was similar in the two groups — 23 pounds with the moderate-protein diet, versus roughly 19 pounds with the high-carb diet.

However, the moderate-protein former group lost more fat mass, and had greater improve-

ments in both HDL and triglyceride levels.

The extra protein at each meal helps dieters preserve metabolically active muscle mass, explained lead researcher Dr Donald K Layman, of the University of Illinois in Urbana. At the same time, he told, the diet's lower carbohydrate content means lower levels of the blood-sugar-regulating hormone insulin.

So the diet encourages the body to shed more stored fat, according to Layman. The greater improvement in triglycerides, he said, is largely the result of cutting carbs, which can raise triglyceride levels.

A problem with any diet is that people have to do it right to be successful. In this study, dieters in both groups got a lot of help, with planned menus and weekly educational sessions. Whether people would fare as well on their own is unclear.

"One of the problems with moderate protein diets is that people bring old diet concepts to their approach," Layman said.

For example, he said, the concept of eating "lots of small meals" throughout the day works when the diet is high-carb, low-fat because people are hungry more often — but it is a bad idea with a moderate-protein diet.

The important change is three consistent meals with balance of protein and carbohydrates at each meal," Layman advised.

"A higher protein diet is not more protein at dinner, but balanced protein at breakfast and lunch."

Source: *Journal of Nutrition*

## What's your antibiotics IQ?

Think you need an antibiotic? Keep these four tips in mind:

1. You do not need antibiotics every time you are sick. Antibiotics are effective only for bacterial infections. They do not work for viral illnesses, such as the common cold.
2. If your doctor prescribes antibiotics, take them exactly as directed. Do not stop treatment early, even if you start feeling better.
3. Do not take antibiotics that were prescribed for someone else.
4. Protect yourself from infection in the first place. Plain soap and water can kill germs in most settings.



## Warning signs of heart attack

DR MD RAJIB HOSSAIN

Knowing the symptoms of a heart attack can save your life, the life of a loved one, or even the life of a complete stranger. When it comes to a heart attack, time is everything. The sooner you get medical treatment, the better your chances of surviving a heart attack.

According to the American Heart Association, the classic warning signs are:

- An uncomfortable pressure, squeezing, fullness, or pain in the center of the chest that lasts for more than a few minutes, then disappears and returns.
- Pain that radiates to the shoulders, stomach, back, arms, neck, or jaw.
- Chest discomfort with dizziness, fainting, nausea, sweating, fluttering heart-

beat, or shortness of breath. Women may also have these warning signs, which are less common:

- Unusual chest pain, stomach, or abdominal pain, which may feel like indigestion or the need to belch.
  - Difficulty breathing and shortness of breath.
  - Unexplained weakness, fatigue, or anxiety.
  - Palpitations (an irregular heart beat), rapid heart beat, paleness, or breaking into a cold sweat.
  - Pain in the jaw or back.
- If you or anyone you know is having these symptoms, get to a hospital immediately. Not all the symptoms show up in every attack. Do not wait, because the heart muscle starts to die during an attack and every minute counts. It is always better to be safe than sorry.

## Role of statins in preventing heart attack and stroke

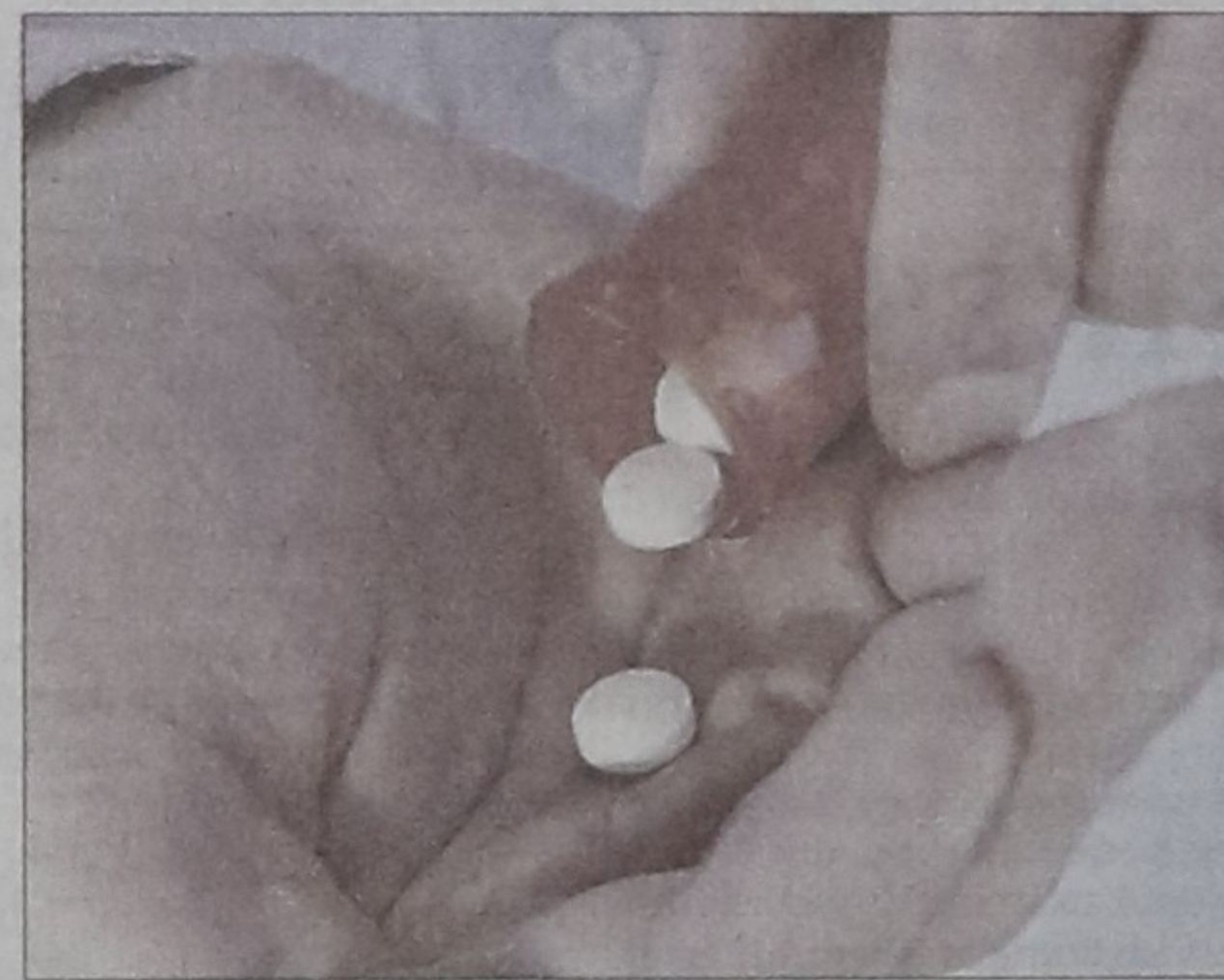
STAR HEALTH DESK

Millions more people at risk of having heart disease and stroke could benefit from taking statins, a class of lipid lowering drugs, Johns Hopkins doctors reported in a new study.

It is well-known that statins can help prevent subsequent heart attacks and strokes in patients who have already had one of these cardiovascular events. Additionally, statins have been shown to have a protective effect for patients who have not yet had a heart attack or stroke but are at high risk for developing cardiovascular disease.

Consequently, doctors prescribe these drugs both to patients with established cardiovascular disease, as well as those with high cholesterol and other risk factors for developing cardiovascular disease such as diabetes.

However, there is an ongoing debate about patients who do not yet have the disease should also receive statins. One study from Harvard Medical School revealed that there is no data to suggest they help men over 69 who have only a moderate risk of getting



problems in the future and women, say scientists. The Harvard researcher behind the study concluded the drugs should no longer be regularly prescribed to these two groups of patients. But most of the study suggests use of statins could prevent millions of heart attacks and strokes.

Peter Weissberg, Medical Director at the British Heart Foundation, expressed that the benefits of statins in reducing blood cholesterol and preventing heart attacks in patients known to have artery disease are beyond doubt.

About half of all cardiovascular events occur in patients who do not have

high cholesterol, and about 20 percent of these events occur in people who have no identifiable cardiovascular disease risk factor. Until recently, doctors have not been sure if any of these patients might also benefit from statin therapy.

Researchers found that they found that statins protect against heart attacks and strokes even in older adults without known cardiovascular disease or diabetes and with low cholesterol, below 130 mg/dl — a group that is not usually prescribed statins — as long as these patients also had high levels of C-reactive protein (CRP), a blood

marker for inflammation. Recent research has shown that inflammation plays an important role in initiating cardiovascular events, but at-risk patients are not routinely tested for CRP levels.

"We are showing that doctors may be able to prevent thousands of heart attacks, strokes and deaths each year if we expand statin-prescribing criteria to include C-reactive protein levels, something we can assess as part of a simple blood test," says lead researcher Michos.

The team points out in the study, published in the *Journal of the American College of Cardiology* prescribing statins to older adults using this new criteria that incorporates CRP would prevent about 260,000 cardiovascular events over five years.

The Heart Protection Study Collaborative Group at Oxford University, writing in the *British Medical Journal* last year, claims those as young as 35 with a 1 per cent risk of a heart attack or stroke could benefit.

They claimed if they take cholesterol-lowering drugs for the next 35 years, they would gain nine months of extra life expectancy.

## Warm weather could cause migraines

REUTERS, London

Warmer weather and changes in atmospheric pressure may trigger headaches and migraines, rather than pollution, researchers said.

A U.S. research team showed that each temperature increase of 5 degrees Celsius — about 9 degrees Fahrenheit — appeared to increase the risk of severe headaches by nearly 8 percent compared to days when the weather was cooler.

Air temperature, humidity and barometric pressure are often cited as a reason for headaches but until now there has been little concrete evidence to back this, Kenneth Mukamal of Beth Israel Deaconess Medical Center in Boston and colleagues said.

His team studied than 7,000 men and women diagnosed with a headache or



migraine at the hospital emergency room between May 2000 and December 2007. "In other words, our study design was able to directly compare weather and air pollution conditions right before an emergency room visit with those same factors measured earlier and later the same month," Mukamal said.

The study found that of all the environmental factors tested, higher air

temperature in the 24 hours before a hospital visit was most closely associated with headache symptoms. Lower barometric pressure also appeared to be a trigger, though the association was not as strong. There was no evidence that air pollutants played a role in sparking headaches, but bigger studies are needed to exclude this as a problem, the researchers added.

The findings published in the *Journal of Neurology* suggest the weekly forecast could help people ready their medication to ward off headaches. "We wanted to find out if we could verify this 'clinical folklore,'" Mukamal said in a statement. "These findings help tell us that the environment around us does affect our health, and in terms of headaches, may be impacting many, many people on a daily basis."

## Skin health in summer

MOKAZAD

In general, some of the same steps that keep you healthy on the inside — such as not smoking and maintaining a normal weight also can help keep you looking healthy on the outside. Here are some steps you can take to help your skin look younger longer:

1. Try to avoid sunlight between 10 a.m. and 4 p.m., when UV rays are the strongest, if go to outside use an umbrella bath at least 3 times in a day and wash mouth in every hour with cool water
2. Apply a sunscreen with SPF (sun protection factor) 15 or more on all exposed skin 30 minutes before going outdoors
3. Re-apply sunscreen after swimming or sweating, reduces the use of cosmetics
4. Do not sunbathe
5. Wear wide-brimmed hats, long sleeves and pants outdoors
6. Wear makeup (foundations and lipsticks) that has a sunscreen with SPF 15 or higher
7. Avoid colorful dress, white and cotton is perfect
8. Sound sleep at night and don't smoke and alcohol
9. Wear sunglasses outdoors, green, gray color is better
10. Use moisturisers to combat skin dryness
11. Use moisturising soaps, wash dresses in each week and be clean
12. Drink enough fresh water
13. Avoid oil and chili, eat more green vegetables and fruits
14. Avoid depression, be jolly and communicative
15. When at the beach, stay under a beach umbrella, but also use sunscreens since sunlight reflecting off the sand and water can harm unprotected skin

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## Bangladeshi cardiologist awarded

Dr M Afzalur Rahman, a renowned cardiologist of Bangladesh, has been bestowed with International Cardiovascular Revascularisation Therapies (CRT) 2009 Young Leadership Award recently, says a press release. He has been recognised as an emerging young leader for interventional cardiology by The Cardiovascular Research Institute at Washington Hospital Center.



Dr M Afzalur Rahman

The award recognises current and future clinical and academic excellence in physicians practicing interventional cardiology and endovascular medicine all over the world.

This year, they honored 25 top interventional cardiologists throughout the world. Dr Rahman has received this prestigious award for the first time as a Bangladeshi. He was previously nominated as the winner of the most challenging case in Percutaneous Transluminal Coronary Angioplasty (PTCA) stenting

(procedure of support of artificial material often inserted in a tube or vessel which has been sutured) at the 19th International Interventional Cardiology Conference of TCT (Trans Catheter Cardiovascular Therapeutics) in Washington DC held in 2007.

Dr Afzal said that recognition of his works from this region would be an inspiration for the young Bangladeshi cardiologists. This proves the standard of quality cardiac care in the country, he added.