

## Tobacco smoking and diabetes

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The harmful effects of smoking. Studies show that smokers are five times more likely than that of the nonsmokers to have gum disease. For smokers with diabetes, the risk is even greater. If you are a smoker, diabetic and age 45 or older, you are 20 times more likely than a person without these risk factors to get severe gum disease.

### Smoking increases your risk of getting type 2 diabetes

Some recent research shows there is a significant relationship between diabetes and smoking. The more you smoke, the more chance you have of getting diabetes. If you smoke 16 to 25 cigarettes a day, your risk for type 2 diabetes is 3 times greater than a non-smoker. When you quit smoking, your risk decreases during the years that follow.

### Smoking affects the way insulin works in your body

In type 2 diabetes, the body does not respond to insulin made by the pancreas. Insulin helps blood glucose enter into the cells for fuel. When you smoke, your body is less

able to respond to insulin. When your body resists insulin, your glucose level increases in the blood. Resistance does not start to reverse until you do not smoke for 10 to 12 hours.

### Smoking makes it harder to control your diabetes

Studies show that smokers have poorer glucose control than non-smokers do. Smokers who quit have the same blood glucose control as non-smokers. When you have type 1 or type 2 diabetes, glucose control is very important. The HbA1c test checks how well you control your glucose level over 3 months. The goal is to keep your A1c at 7 percent or less. When you have diabetes and you smoke, your A1c level increases. If you quit smoking, your A1c level may decrease to the same level as a non-smoker.

### Smoking increases your risk for getting other problems from diabetes

When you have diabetes and smoking habit, your chances are greater for getting other health problems from diabetes — complications. You can get serious eye problems, kidney problems, nerve problems, heart and blood



vessel disease and so on.

Even for people who do not have diabetes but smoke, the risk of getting other health problems is greater. The more and the longer you smoke, the more your risk increases. Smoking and diabetes together greatly increase the danger of getting complications. To lower your risk, you must control your glucose levels and quit smoking. Diabetic

people will be benefitted in many ways when they quit smoking.

### Experts' views

All smokers need stop smoking in a clear, strong and personalised manner. Ask every tobacco user if s/he is willing to make and attempt to stop smoking at this time (within the next 30 days for example).

Assist all people with smoking cessation. For

those unwilling to attempt cessation at this time, stress the 5R's.

Relevance: provide individualised information on the hazards of smoking.

Risks: Emphasise the increased risks of heart disease and diabetes complications arising from the combination of smoking and diabetes.

Rewards: Review benefits of smoking cessation.

**Roadblocks:** Assure people of your willingness to assist in their efforts to stop smoking.

**Repetition:** Review people's thoughts about cessation during their following visit.

### Key messages

- Review major steps of smoking cessation

- Set a date to stop smoking

- Identify likely relapse triggers and make specific plans for coping with them before stopping smoking

- Assess for nicotine replacement therapy

- Discuss any concerns about weight gain and other concerns related to diabetes

- Make referral for additional smoking cessation support, prescribe nicotine replacement, provide self-help materials, or otherwise assist in a specific plan

- Arrange for ongoing contact

- Schedule follow-up contact either in person or via telephone

- Follow-up contact should occur soon after the date set to stop smoking, preferably within the first week

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## Facts and myth about pneumonia

**Myth:** Only elderly people get pneumonia.

**Fact:** Pneumonia kills more children under five worldwide than any other illness. It kills over 4 million people each year. Over half of them are children under 5. That is over 2 million children each year.

**Myth:** You get pneumonia from going outside in the cold with wet hair or without a coat.

**Fact:** Well, over half of pneumonia cases worldwide occur in the tropics. Pneumonia is more common in the colder months, but it is not caused by the cold it is caused predominantly by viruses and bacteria. The majority of life-threatening child pneumonia is caused by two bacteria: *Streptococcus Pneumoniae* (pneumococcus) and *Haemophilus Influenzae* type b (Hib). Hib and pneumococcus are common around the world all year round.

**Myth:** Pneumonia is just a severe form of the cold, so you cannot prevent it.

**Fact:** We can prevent the most deadly pneumonia with two vaccines. The pneumococcal and Hib vaccines prevent up to 50 percent of life-threatening child pneumonia. The measles and pertussis vaccines can also prevent pneumonia.

Children who are underweight or kids with smoke-damaged lungs are more at risk of catching pneumonia. We can prevent pneumonia by giving children enough nutritious food and reducing indoor air pollution, which is a common problem in the developing world because of poorly ventilated cooking stoves.

**Myth:** You can only catch pneumonia from a sick friend or family member.

**Fact:** You can "catch" the bacteria that cause pneumonia from healthy people. Certain bacteria live in the noses and mouths of people who are completely well. It is common for elderly people to "catch" the bacteria from young children who are healthy, so vaccinating children helps to protect the elderly.

**Myth:** Treating pneumonia requires expensive therapies that only wealthy nations can afford.

**Fact:** If caught early, most life threatening pneumonia in children can be cured with a course of antibiotics that costs less. Unfortunately, many cases are not caught early. Antibiotics alone are not enough; we must also expand on strategies that improve access to healthcare so that children in need will be able to get treatment sooner.

Severe cases of pneumonia cause a heavy burden to health systems and to poor families who have to care for a sick child. The cost of inaction is greater than the cost of action.



## Warning signs of serious flu

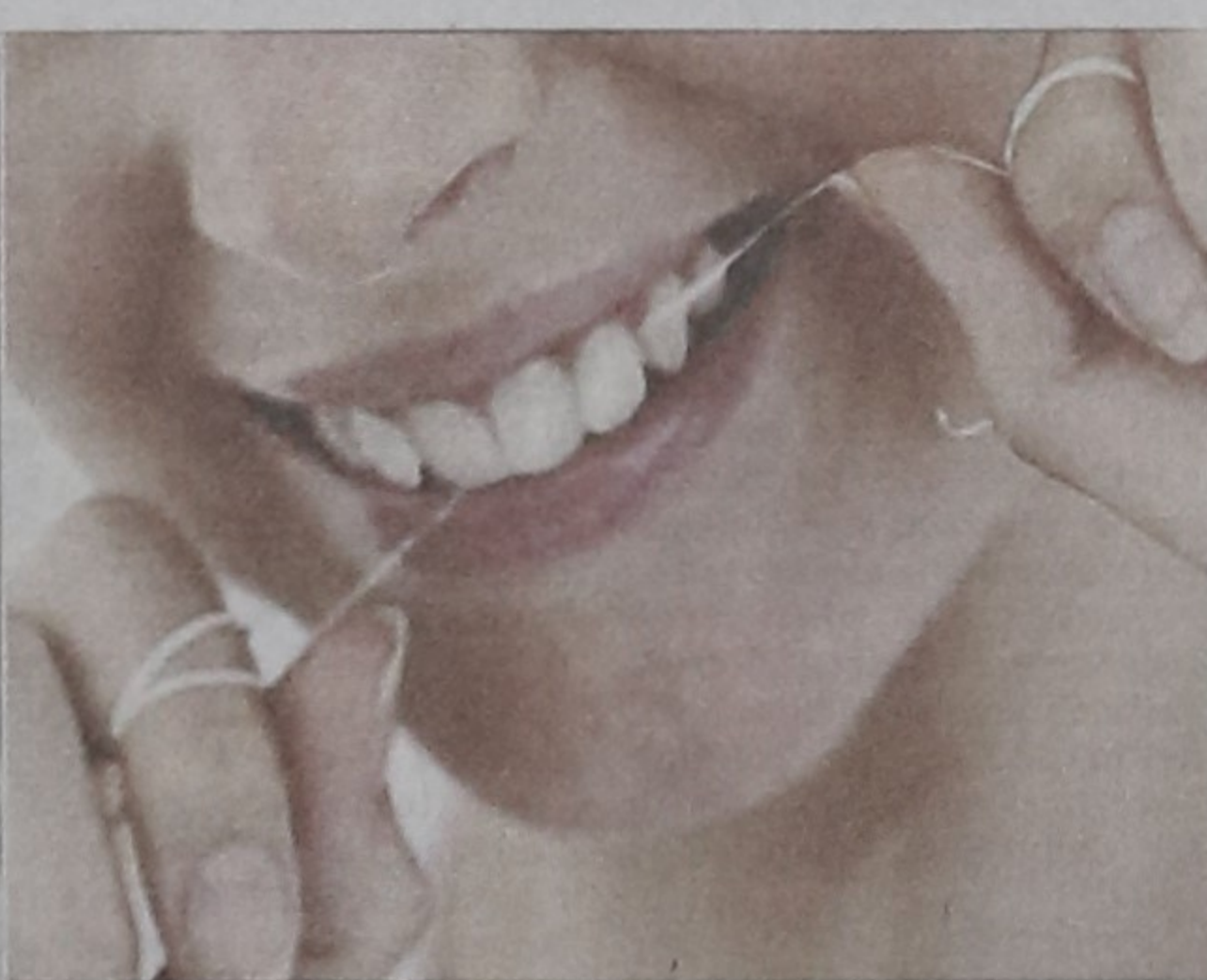
How do you know when swine flu has turned serious? Doctors from the Centers for Disease Control and Prevention (CDC) explained what flu warning signs warrant urgent medical attention.

In children, warning signs to seek medical attention include:

- Fast or troubled breathing
- Skin turning bluish or gray
- Persistent or severe vomiting
- Not drinking enough fluids
- Being unusually hard to wake up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough

In adults, serious warning signs include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Persistent vomiting
- Sudden dizziness
- Confusion
- Flu-like symptoms improve but then return with fever and worse cough



## Have you flossed your teeth today?

Standard dental floss is the most effective tool for cleaning the tight spaces between your teeth. You can also use dental floss to scrape up and down the sides of each tooth. If plain dental floss gets stuck in your teeth, use the waxed variety. If you have a hard time handling dental floss, try a floss holder. Other options might include special brushes, picks or sticks designed to clean between the teeth.

## WORLD NO TOBACCO DAY 2009

## Showing the truth: Health warnings on tobacco

STAR HEALTH REPORT

Tomorrow is World No Tobacco Day. This year theme for the Day is "Tobacco Health Warnings". Health warnings on tobacco product packaging are critical to any effective tobacco control strategy. They increase public awareness of the serious health risks of tobacco use and help to ensure that the packaging tells the truth about the deadly product within. Tobacco package health warnings that include images are a particularly powerful and cost-effective vehicle for communicating health risks.

Tobacco is the leading preventable cause of death. More than 1.2 million people die every year in South-East Asia Region due to tobacco use. The wide-spread use of tobacco products in the



Region has resulted from unrestricted use of marketing tools by the tobacco industry, the addictive nature of nicotine and the lack of knowledge about the harmful effects of tobacco products among tobacco users and non-users in the form of second-hand tobacco smoke. The lack of regulation of the tools of a product that kills half of its users has exposed the population to the misinformation

of the tobacco industry about the suitability of their products.

Yet tobacco product packaging in most countries provides little or no information of warn consumers of the risks. The WHO Framework Convention on Tobacco Control (FCTC) in its Article 11 mandates that countries should enact effective measures to ensure appropriate health warnings on tobacco products pack-

ages. It also says that these health warnings should be rotating, large, clear, visible, legible and include pictures or pictograms and occupy at least 50 percent or more and no less than 30 percent of the principal display areas.

Comprehensive health warnings about the dangers of tobacco use play a vital role in changing its image, especially among adolescents and young adults. Text and pictorial health warnings are useful to communicate the health risks of tobacco use, provoke more thought about the health risks of tobacco use and have a greater emotional response and generate increased motivation and intention to quit. They are particularly effective in communicating health effects to comparative low literate populations, children and young people.

## Vegetarian diet: How to get the best nutrition

DR MD RAJIB HOSSAIN

Adopting a healthy vegetarian diet is not as simple as scraping meat off your plate and eating what is left. You need to take extra steps to ensure you are meeting your daily nutritional needs. Find out what you need to know about a plant-based diet.

### Vegetarian diet planning

A healthy vegetarian diet consists primarily of plant-based foods, such as fruits, vegetables, whole grains, legumes, nuts and seeds. Because the emphasis is on nonmeat food sources, a vegetarian diet generally contains less fat and cholesterol, and typically includes more fiber.

### Meat alternatives

**Milk:** Drink fortified soymilk, rice milk or almond milk in place of cow's milk.

**Butter:** When sautéing, use olive oil, water, vegetable broth, wine or fat-free cooking spray instead of butter. In baked goods, use canola oil.

**Cheese:** Use soy cheese or nutritional yeast flakes, which are available in health food stores.

**Eggs:** In baked goods, try commercial egg replacers — a dry product made mostly of potato starch.

### Ensuring adequate nutrition

A vegan diet, for example, eliminates food sources of vitamin B-12, as well as



milk products, which are a good source of calcium. Other nutrients, such as iron and zinc, are available in a meatless diet, but you need to make an extra effort to ensure they are in yours.

**Protein:** Your body needs protein to maintain healthy skin, bones, muscles and organs. Vegetarians who eat eggs or dairy products have convenient sources of protein. Other sources of protein include soy products, meat substitutes, legumes, lentils, nuts, seeds and whole grains.

**Calcium:** This mineral helps build and maintain strong teeth and bones. Low-fat dairy foods and dark green vegetables, such as spinach, turnip and collard greens, kale, and broccoli, are

good sources of calcium. Tofu enriched with calcium and fortified soy milk and fruit juices are other options.

**Vitamin B-12:** Your body needs vitamin B-12 to produce red blood cells and prevent anemia. This vitamin is found almost exclusively in animal products, including milk, eggs and cheese. Vegans can get vitamin B-12 from some enriched cereals, fortified soy products or by taking a supplement that contains this vitamin.

**Iron:** Like vitamin B-12, iron is a crucial component of red blood cells. Dried beans and peas, lentils, enriched cereals, whole-grain products, dark leafy green vegetables, and dried fruit are good sources of iron. To help your body absorb nonanimal sources of iron, eat foods rich in vitamin C such as strawberries, citrus fruits, tomatoes, cabbage and broccoli at the same time you consume iron-containing foods.

**Zinc:** This mineral is an essential component of many enzymes and plays a role in cell division and in the formation of proteins. Good sources of zinc include whole grains, soy products, nuts and wheat germ.

Since no single food provides all of the nutrients that your body needs, eating a wide variety helps ensure that you get the necessary nutrients and other substances that promote good health.

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Inside the Coronary Care Unit of Mitford Hospital

## CASE STUDY

## Challenging coronary angioplasty at Mitford Hospital

STAR HEALTH REPORT

When 62 year old Mr Kabir Ahmed came to the Cardiology Department of Mitford Hospital, he was critically ill for recurrent attacks of severe chest pain for the last five months. During this period he went to different hospitals and did a coronary angiogram according to a doctor's advice to see whether the coronary artery (that carries blood to heart) is blocked or not.

His coronary angiogram showed multiple blocks in dangerous sites of arteries for which surgery called CABG (Coronary Artery Bypass Graft) or PTCA (Percutaneous Transluminal Coronary Angioplasty) are the treatment options. Although the surgery was a good option in this case, the patient who was also diabetic and refused to undergo surgery.

Professor Dr Md Afzalur Rahman, Head of the Department of Cardiology of Mitford Hospital re-evaluated the patient with another angiogram and saw that coronary artery lesion worsen. It was realised that this case was very challenging for angioplasty rather than surgery.

Prof Rahman took this

challenging case and successfully treated the patient by implantation of two stents using an improved V-technique. V-technique is comparatively newer that requires certain special skill. This was the first case of PTCA with V-technique in this hospital that signals cardiology department is ready to flourish fully and to give quality and critical services to the poor better than previous time.

Professor Rahman said, "Treatment of the case was a demonstration of our team effort and I feel happy that the patient went well under limited facilities of Mitford Hospital."

"We will continue our efforts to give the best services at government level", he added. The department had been pioneering radial angiogram at regular basis for a long time before many government and high tech private hospitals in Bangladesh.

Regarding the intervention, the patient Mr Ahmed said with a happy smile, "I don't have any chest pain now and I hope to go back into active life soon, thanks to the care in this hospital that serves poor people in the government set-up."