



Talk of this Century

Have you seen the movie 2012? — Certainly one of the most popular movies of last year. The theme was on gravely threatening situation of our planet Earth. According to that film, sometimes at the end of 2012, our lovely planet will be destroyed because of a hasty burst of solar flares that heat the planet's core, causing major shifts in tectonic plates. The result would be disastrous earthquakes, tsunamis and unthinkable volcanoes.

Already we are experiencing extremes of heat and cold these years. And this type of weather can cause potentially deadly illnesses like increasing death rates from heart and respiratory diseases. Today, climate change is the major global health threat as it could change usual patterns of mosquito-borne diseases, aggravate food and water insufficiencies and threaten shelter, according to a recent report released jointly by the Lancet and University College London. They believe water shortages will also lead to more gastroenteritis from poor sanitation and malnutrition.

Extreme climatic events such as flash flooding will overwhelm sewage systems as well. One of the researchers wrote, "The inequity of climate change — with the rich causing most of the problem and the poor initially suffering most of the consequences — will prove to be a source of historical shame to our generation if nothing is done to address it."

Organising community health workers for emergencies

STAR HEALTH DESK

In times of emergencies, initial care is essence. Community Health Workers (CHW) provide this initial lifesaving and other essential health care to the communities affected. There is a dire need of organising them with proper training, education and hygiene in disaster prone Bangladesh. If they are well trained to provide proper first aid, selecting and prioritising injured persons who need immediate care, assisting in search and rescue operations and providing emergency relief items, they can save thousand of lives during the initial golden hours after calamities occur.

World Health Organisation (WHO) has underscored the utmost importance to equip, train and prepare community health workers worldwide to provide critical care for millions of people affected by natural disasters, war and other crises, and the health risks that follow.

Community health workers are often the glue that holds the local frontier health care system together. They help ensure equity in health at grassroots levels — urban and remote — and contribute to coun-



try efforts to ensure health care for all, particularly the poor, underserved and underprivileged. These workers are trained in hygiene, first aid, immunisation and other essential primary health care services and form the backbone of any emergency health response.

As key members of the community, grassroots health workers are

well placed to assess risks to their own towns and villages. They can identify vulnerable groups, such as children, women and the elderly, detect trends in disease patterns and provide early warning for rapid response to emergencies.

Training local health workers to be able to identify hazards to communities, help make towns and

villages less vulnerable and increase the capacity of people to respond to emergencies is a powerful way to protect public health.

The work of community health workers in acute crises helps devastated health systems recover and be more resilient in the future. The skills and knowledge of such workers provides the base on which local

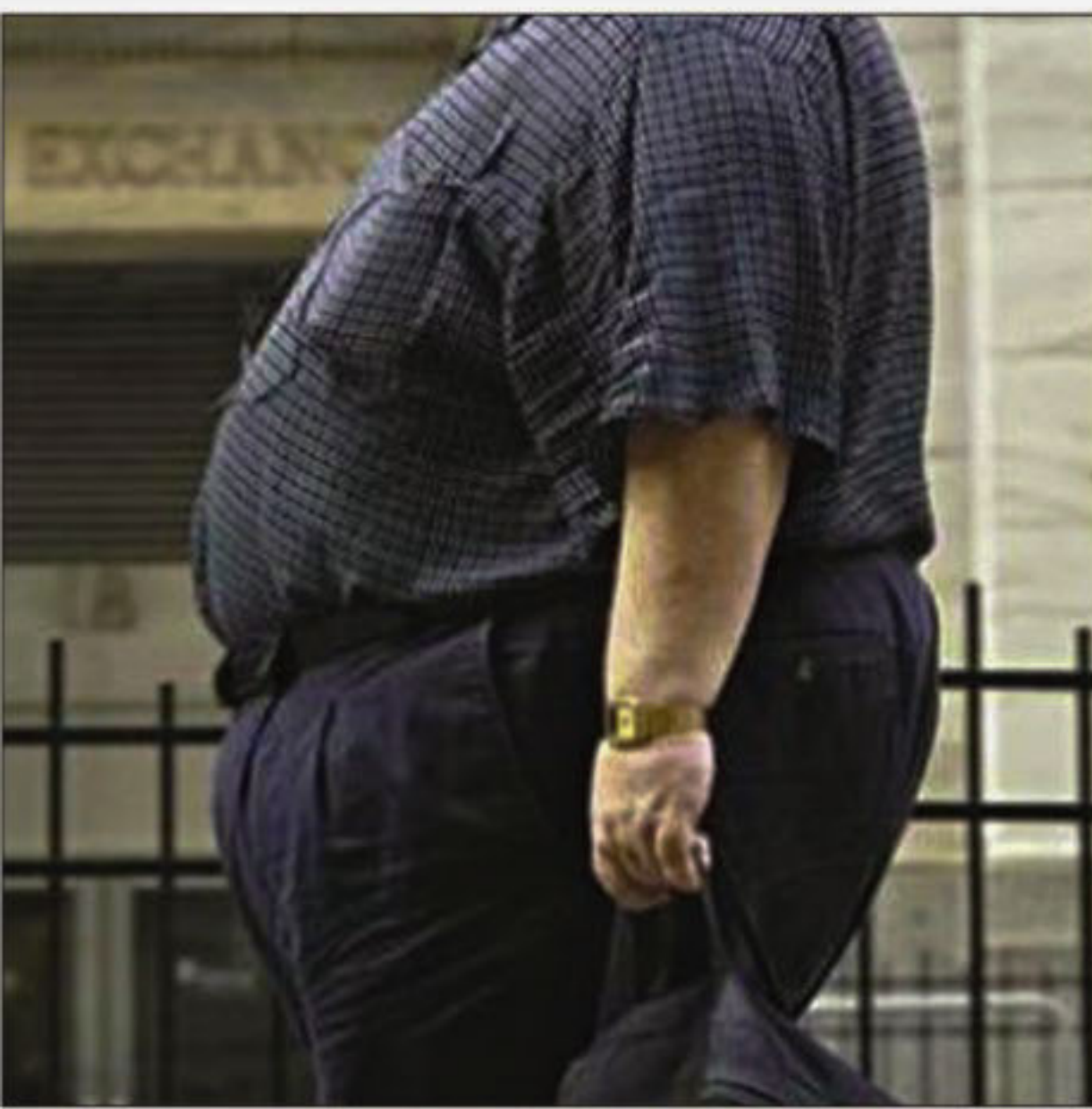
health services have been built back better in many countries.

Community health workers should be viewed as having contributed to more effective delivery of health-related services. In addition to first line responder to emergencies, they are very effective in gaining access to hard-to-reach populations.

They help people educating personal hygiene, drinking safe water and sanitation. Disease outbreak during emergencies like diarrhoea, cholera, gastroenteritis occur due to drinking unsafe water and lack of knowledge on sanitation. They help in containing these diseases.

As a nation vulnerable to climate change and in our poor healthcare setting, organising and preparing community health worker is essential and cost-effective way to save millions of lives from natural disaster, road traffic accidents (RTA) and other casualties. But the issue is often overlooked and less pronounced. Experts urged that the health policy makers and authority concerned should prioritise the issue with due importance.

Source: World Health Organisation



Even with fewer risk factors, heavy men die earlier

Overweight middle-aged men may have a higher risk of heart problems and strokes and die earlier than their thinner peers — even in the absence of some traditional risk factors, a new study suggests.

Some past research has suggested that when obese and overweight adults do not have the so-called metabolic syndrome, their risks of diabetes, heart disease and stroke are no higher than those of normal-weight people.

Metabolic syndrome refers to a collection of risk factors for diabetes and heart problems — including abdominal obesity, high blood pressure, elevated blood sugar, low levels of "good" HDL cholesterol and high triglycerides (another type of blood fat). It is typically diagnosed when a person has three or more of those conditions.

In the current study, which followed more than 1,700 Swedish men for 30 years, overweight and obese men had increased risks of conditions including heart attack and stroke, even when in the absence of metabolic syndrome.

Among all men without metabolic syndrome, those who were overweight were 52 percent more likely to have heart attacks, strokes, and other complications than normal-weight men were, while obese men had nearly double the risk. The findings are published in the American Heart Association journal *Circulation*.

"Our study shows that overweight (and) obese men without the metabolic syndrome are at higher risk" for heart disease, stroke, and other related conditions, study leader Dr. Johan Arnlov, of Uppsala University in Sweden informed. "This is in contrast to some previous studies that have suggested that obesity in the absence of the metabolic syndrome is a 'healthy' condition."

The study does, however, point up the added threat of having metabolic syndrome. Obese men with metabolic syndrome had the highest risks — showing 2.5 times the risk of heart disease and stroke, and related conditions, and of death, during the study period as men who were normal-weight and free of metabolic syndrome at the outset.

In addition, metabolic syndrome was harmful for normal-weight men as well; those with the condition were 63 percent more likely to develop heart disease, stroke, and related conditions than their counterparts who were free of metabolic syndrome.

According to Arnlov, the findings suggest that weight loss should be a goal for heavy men, regardless of whether they have metabolic syndrome. At the same time, being thin does not mean equate to a healthy heart — though, Arnlov pointed out, metabolic syndrome is much more common among overweight people.

In the study, heavy men without metabolic syndrome had increased risks of such complications and death even with age, smoking and levels of "bad" LDL cholesterol taken into account.

Source: *Circulation*

Getting the most from a doctor's visit

When you go to consult a doctor, often the visit seems to be over in a flash and you leave wondering exactly what the doctor wanted you to do. Doctors are often quite busy and may not present you all the necessary information. It is always considered wise to take steps by the patients to get the most out of their visits.

If you do not have a regular doctor you need to find one who best meets your needs with regards to such things as location, doctor's skill and experience etc. You can find a doctor in your locality by obtaining recommendations from other people or through other sources as the Internet.

Determine your goal for the appointment — do you need a diagnosis, advice on coping with an existing condition, referral to a specialist, a change in treatment etc. Use this goal to guide your communication with your doctor who will generally first listen to your history and then perform a physical examination.

When you go for your appointment, make sure you have any necessary documents previously done such as medical records, X-rays, test results etc. Compiling a list of questions prior to the visit is a good idea and you can then write down

the doctor's responses next to the question. Writing down the list of the symptoms you are experiencing and drugs or supplements you are taking is also helpful and takes the pressure off you trying to remember during the few minutes you have with your doctor.

If you are feeling particularly unwell or even if you just feel you need the support or assistance in communicating with the doctor and recording information, do not be afraid to bring someone with you. During the session, you may feel overwhelmed by the information or the doctor may be using terminology you do not understand. If this happens, you need to let the doctor know so that he can slow down, rephrase or even write notes or draw diagrams for you if necessary.

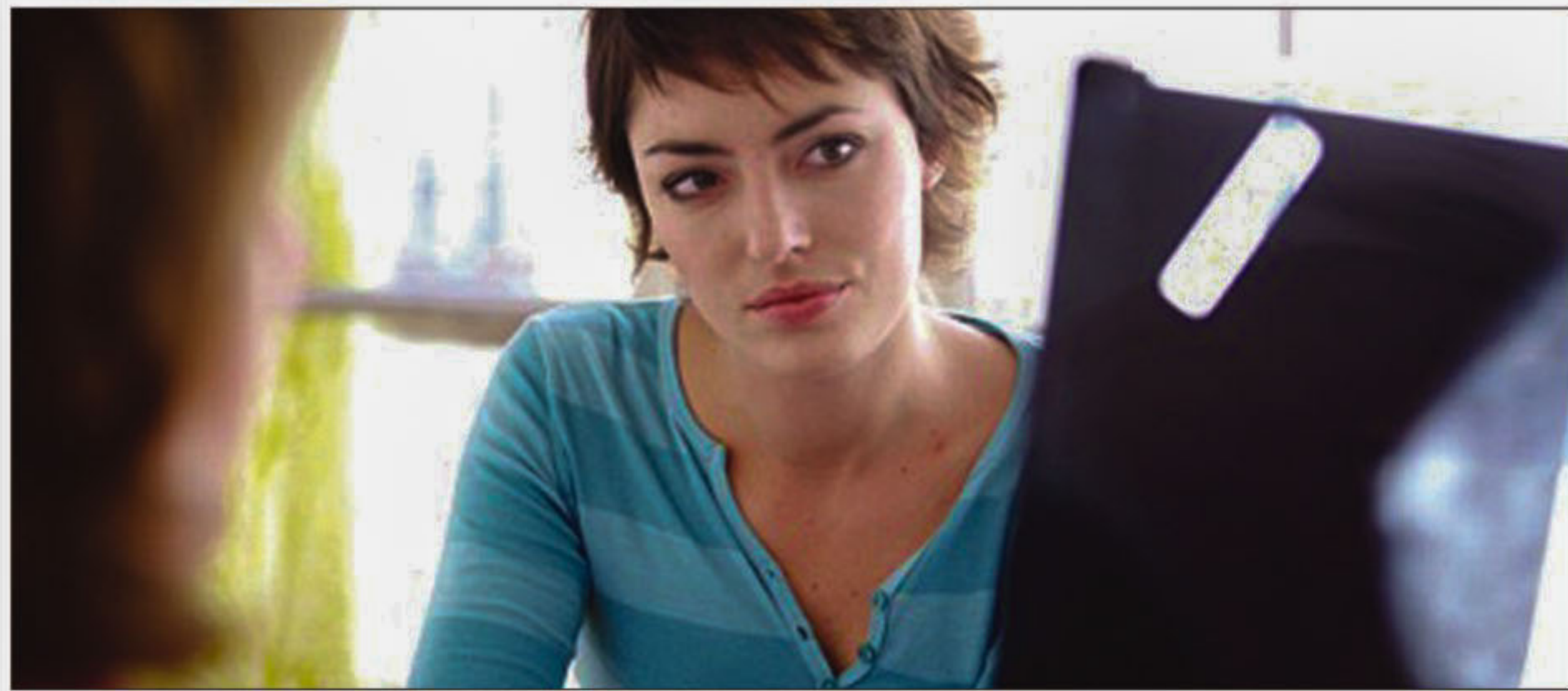
Most doctors are very busy and may tend to omit talking about health matters such as diet, weight, exercise, stress, sleep, smoking, alcohol use, sexual practices, vaccines and screening tests. Hence, if you feel any general health issues are relevant in your case, make sure you discuss them with your doctor. Also, find out what screening tests might be available for your age.

We should not feel embarrassed or be ashamed to discuss sensitive topics with our doctors.

Remember there is nothing you could say that most doctors would not have already heard. By the time you are ready to leave the doctor's office you should be confident about what you should and should not do, what treatment you need, how to get it, how long it should take to work etc. It is wise to take responsibility for your health and ensure you follow the doctor's instructions. If you happen to think of more questions following your session or forget something the doctor told you, call the office immediately and request the information.

However, keep in mind that the doctor may request that you make another appointment or he may call you back at a time convenient to him. You should feel comfortable with entrusting your health to your doctor. By exercising this practice, you can have maximum benefit during a visit for the betterment of your health.

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Food for better mood

RAJIB BHATTACHARJEE

Foods we eat everyday have tremendous impact on our mood. People who experience mood swings can improve so much with simple dietary changes and may completely eliminate the need of anti-depressants. Researchers found that there are specific foods that helped people bounce back from adversity more quickly than others.

By taking foods containing amino acid tryptophan; slow releasing carbohydrate like sweet potato, corn, whole grains, pasta and fruits; food rich with folic acid and vitamin B, oily fish and avoiding trans-fat, alcohol we can boost up our mood and keep it cheerful.

The Food and Mood study, supported by the mental health charity 'Mind', reported that 80 per cent of people interviewed said they felt

better when they changed what they ate and drank. A quarter of them said their mood swings, depression or anxiety disappeared.

The neurotransmitters (chemicals that transmit nerve signals from one neuron to the next) named serotonin and Dopamine are responsible for mood activation and happiness. If we do not receive certain critical nutrients that make those neurotransmitters optimally, we are likely to pass through mood disorders.

Eat a mind meal

The meal should be rich in tryptophan, an amino acid that is converted into the 'feel-good' chemical serotonin. Serotonins regulate impulse control and appetite, help to lift mood, boost feelings of optimism and induce calm. Dairy products, eggs, chicken, beans, bananas and lentils are rich in tryptophan. Certain carbohydrates — whole

grains, pasta, oats or fruit, which release energy slowly into the body that help you to feel good for longer.

Avoid trans-fats and hydrogenated fats

This means no processed foods or deep-fried food, nor ready-made cakes or biscuits: they all contain damaged fats that are bad for brain health. Some processed foods contain artificial additives such as tartrazine or E102 or flavouring agents which can have a toxic effect on the brain and deplete the body of important nutrients.

Eat food rich in folate and B vitamins

Low folate levels were detected in severely depressed people and conversely, symptoms of depression are one of the main indicators of folate deficiency. Good dietary sources of folate include black-eyed peas, lentils, kidney beans, broccoli,

sunflower seeds, spinach, asparagus, cabbage, peanuts, tomato, strawberries, eggs, bananas.

Avoid caffeine and sugar

If you are prone to depression there is a good reason of cutting down or eliminating them. This is related to blood-sugar balance. If you have lots of sugar or caffeine, you cause sudden surges and slumps in blood sugar, which then affect the supply to the brain. The brain needs a slow and steady supply of glucose to maintain stable moods.

Eat more oily fish

Essential fatty acids, in particular the mood boosting omega 3 eicosapentaenoic acid (EPA) are found in sea fish and oily fish such as salmon, sardine, and tuna. They are good for our heart too. Diet low in EPA starves the brain which in turn inhibits the activity of feel-good neurotransmitters.

Take adequate minerals and water

Nuts, whole grain, cereals, pulses, leafy greens, brinjal are rich in minerals. One vital factor in our diet is water which is often neglected. Dehydration occurs due to lack of water and makes us feel lazy and depressed.

Avoid alcohol

Do not drown your sorrows with alcohol. Alcohol is a depressant with an initial paradoxical effect. Alcohol inhibits the absorption of many of the nutrients vital to brain health.

Food is an area of extreme danger and extreme pleasure. Good food does more than satisfying the appetite — it could cure the evils of the world. We all should stay stick on these foods to feel good all the time.

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Exercise may prevent incontinence from prostate surgery

A healthy weight and regular exercise may help protect men from one of the most common side effects of prostate cancer surgery, a new study suggests.

Researchers found that among 165 men who had their prostate glands removed due to cancer, those who were not obese and were getting regular exercise before surgery had the lowest prevalence of long-term urinary incontinence.

What's more, even among obese men, those who had been physically active before surgery were less likely to be incontinent one year after surgery.

All of the men in the study had undergone radical prostatectomy, where a surgeon removes the prostate gland and some of the surrounding tissue. Urinary incontinence and sexual dysfunction are common side effects, though both often improve over time.

So far, most efforts to prevent lasting side effects have focused on improving surgical techniques — limiting damage to the nerves, muscles and blood vessels around the prostate gland.

But these latest findings suggest that there are also lifestyle measures men can take to cut their risk of lingering urinary incontinence, said lead researcher Dr. Kathleen Y. Wolin, an assistant professor of surgery at Washington University School of Medicine in St. Louis.

In general, men with prostate cancer, like all other men, are encouraged to follow a healthy lifestyle, which includes regular exercise. A study published last month found that among men with prostate cancer, those who got as little as 15 minutes of exercise per day had lower death rates than inactive men during the two-decade study period.

"We strongly recommend that men with prostate cancer talk with their physicians about how to fit physical activity into their lives if they are currently sedentary," Wolin said.

For their study, published in the *Journal of Urology*, Wolin and her colleagues looked at urinary incontinence rates among 165 men roughly one year after radical prostatectomy. Before surgery, all of the men had reported on their exercise habits; those who said they exercised for at least one hour per week were considered active.

Overall, the researchers found that obese, sedentary men had the highest rate of long-term incontinence, at 41 percent. Active, non-obese men had the lowest rate, at 16 percent.

Among obese men who were physically active, one-quarter were incontinent, which was identical to the rate among non-obese, inactive men — suggesting, the researchers say, that exercise can offset the negative effects of obesity.

Source: *Journal of Urology*