

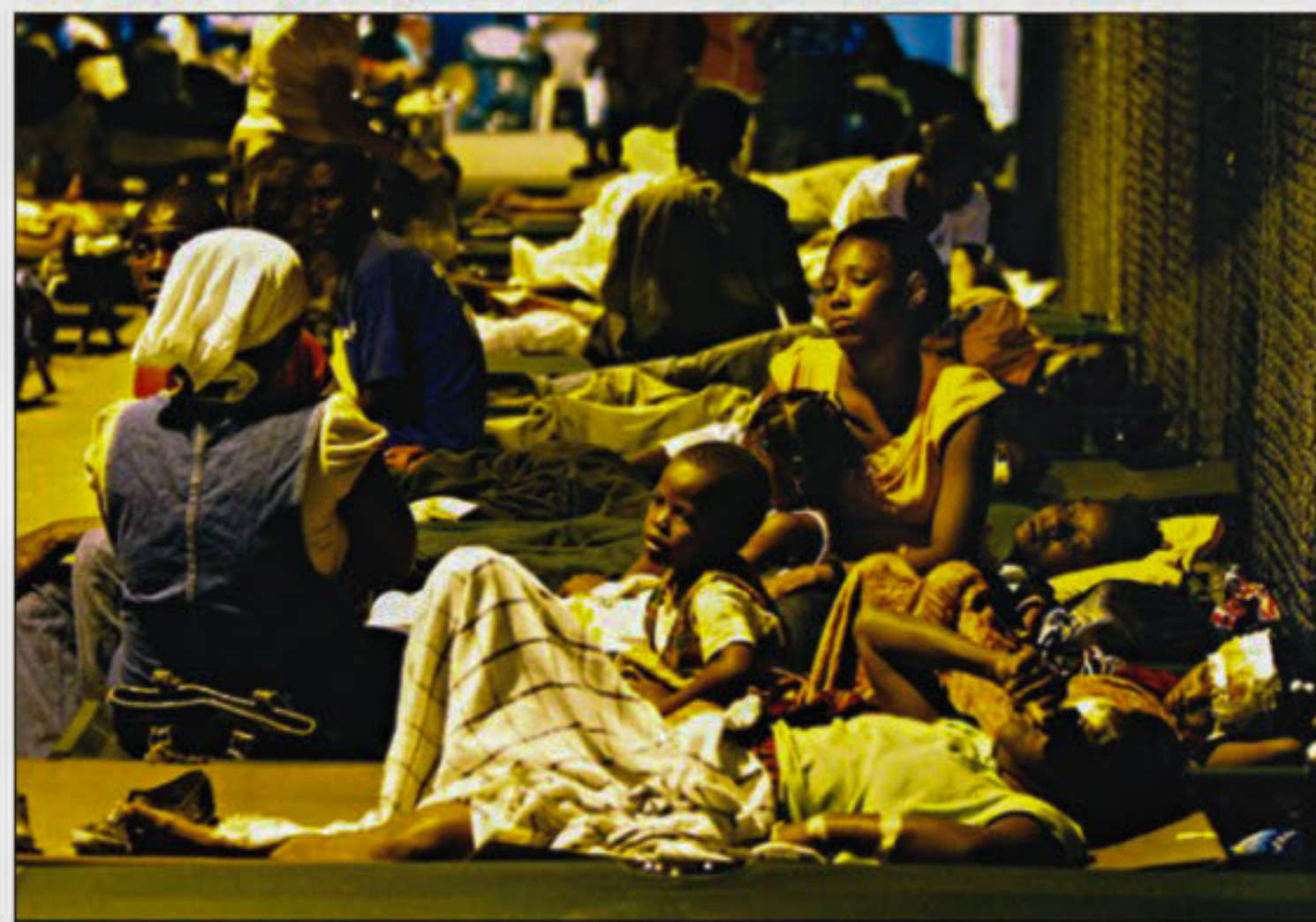
## Dealing with disasters

Haiti faces serious medical crisis following earthquake; are we prepared for such?

DR MD RAJIB HOSSAIN

Haiti, one of the most vulnerable countries to the impact of climate change like Bangladesh is already overwhelmed with high rates of tuberculosis, HIV/AIDS, diarrhoea, meningitis and respiratory infections. With 7.0 magnitudes earthquake that struck on last Tuesday added severe burden of injuries and chance of further tropical and infectious diseases. In addition to death, a large number of survivors are struggling to access healthcare and suffering from severe trauma/injuries, lack of safe water, sanitation, food and shelter. World Health Organisation (WHO) urged international communities to serve immediate health needs in crisis with rapid and coordinating life-saving care.

About 3 million people — one-third of Haiti's population — were affected by the quake, the Red Cross estimated. At least eight health facilities including four hospitals have been damaged or collapsed that made the situation more complicated. Very few hospitals in Port-au-Prince are still open but they may be collapsed functionally to handle too many injured. There is gross shortage of ambulance to carry people to hospitals and lack of medical equipment such as CT scan, diagnostic laboratory, clean operating instrument and skilled



people to handle such casualties. Compensating these lost health services is crucial in this crisis moment to deliver healthcare to millions of earthquake survivors.

For those who survived with injuries, blocked roads, lack of supplies and medical attention grossly hamper recovery. Even the minor injuries or fractures can become life-threatening because they are left open to some dangerous bacterial infections such as tetanus. Even the uninjured can face medical risks as well. Interruptions in basic services such as the water supply, sanitation are likely to

increase the risk of waterborne disease outbreaks. The risks in the short-term are diarrhoeal diseases including typhoid fever and cholera, bacterial infections such as shigellosis (which causes diarrhoea) and salmonella enterocolitis (a common type of food poisoning). The long-term health impacts include disabilities from fracture and amputations, increased prevalence of rare and neglected infectious diseases that might last for years imposing extra burden to existing problems.

Before the major earthquake, Haiti has suffered through four

major hurricanes or storms during a single year in 2008. Like the country, Bangladesh is also facing more frequent climate related events like cyclone Sidr and Ayila, floods and is in fear of major earthquake. But the awareness of the critical need to build disaster resilient health facilities among policy and decision-makers, as well as the public, is still low. Protecting health facilities from the avoidable consequences of disasters is a social and political necessity yet to penetrate all levels of society. Although the health infrastructure of Bangladesh is considered better than Haiti, experts feared much casualties may happen if something these sort of disasters strike densely populated Bangladesh. Most of the existing hospital structures in Bangladesh do not comply with disaster resilient hospital.

With the increased incidence of extreme climatic events, WHO has imposed utmost importance on the safety of health infrastructures during any emergency. Experts suggested that hospitals should be built using efficient building standards that cause little additional costs and can withstand earthquakes. WHO urged countries to review the safety of existing health facilities and to ensure that any new facilities are built with that safety in mind.

Practical and effective low-cost measures such as protecting equip-

ment, organising community health workers to handle immediate medical crisis, developing emergency preparedness plan are crucial and can help make health facilities safer, better prepared and more functional in emergencies.

Directorate General of Health Services (DGHS) of Bangladesh Prof Dr Shah Munir Hossain told Star Health, "Disaster resilient health facilities are vital for the preparation of worst things like earthquake. Ministry of Health and Family Welfare is taking all necessary preparations to combat any medical crisis resulting from a natural catastrophe."

"We have asked to make new hospitals with disaster resilient health infrastructure and keep emergency medical team, necessary medicine ready for emergencies. We have planned to ready some ambulances in future to reach in hard to reach areas damaged by natural calamities" Dr Munir added.

Keeping health facilities safer from destruction is more an urgent need now with climate change expected to cause more severe and frequent natural hazards in Bangladesh. Haiti could save thousands of its people if they were better prepared for emergency. The lesson we learned from Haiti should be taken seriously to prepare combating any crisis.

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## If you smoke, watch out for low back pain

REUTERS HEALTH, New York

If you needed another reason to cut the cigarette habit: Smokers, especially younger smokers, are more likely to report low back pain than people who have never smoked, according to a new analysis.

After examining existing research, Finnish researchers concluded smoking is "modestly" associated with the risk of low back pain and the effects may be "at least partly reversible." Their findings are published in the January issue of the American Journal of Medicine.

Dr. Rahman Shiri of the Finnish Institute of Occupational Health and colleagues wanted to know if smoking increases the risk of low back pain, a problem that affects an estimated 8 in 10 adults during some point in their lives.

The Finnish researchers identified and reviewed 81 studies from around the world involving smokers, former smokers, or never-smokers and low back pain conducted between 1966 and 2009. Of those, 40 studies involving more than 300,000 adults and adolescents met the standards for the analysis.

The Finnish team subjected the data of the individual studies to further statistical analysis to tease out the strength of relationships even as the studies reported various outcomes.

They determined that even though the data did not prove smoking leads to low back pain, the analysis of previous literature suggested a "fairly modest" association between smoking and low back pain.

"Current smokers (adolescents or adults) are at only 31% higher risk of low back pain compared with never smokers but this estimate is only for low back pain for one day or more during the past 12 months," Shiri informed.

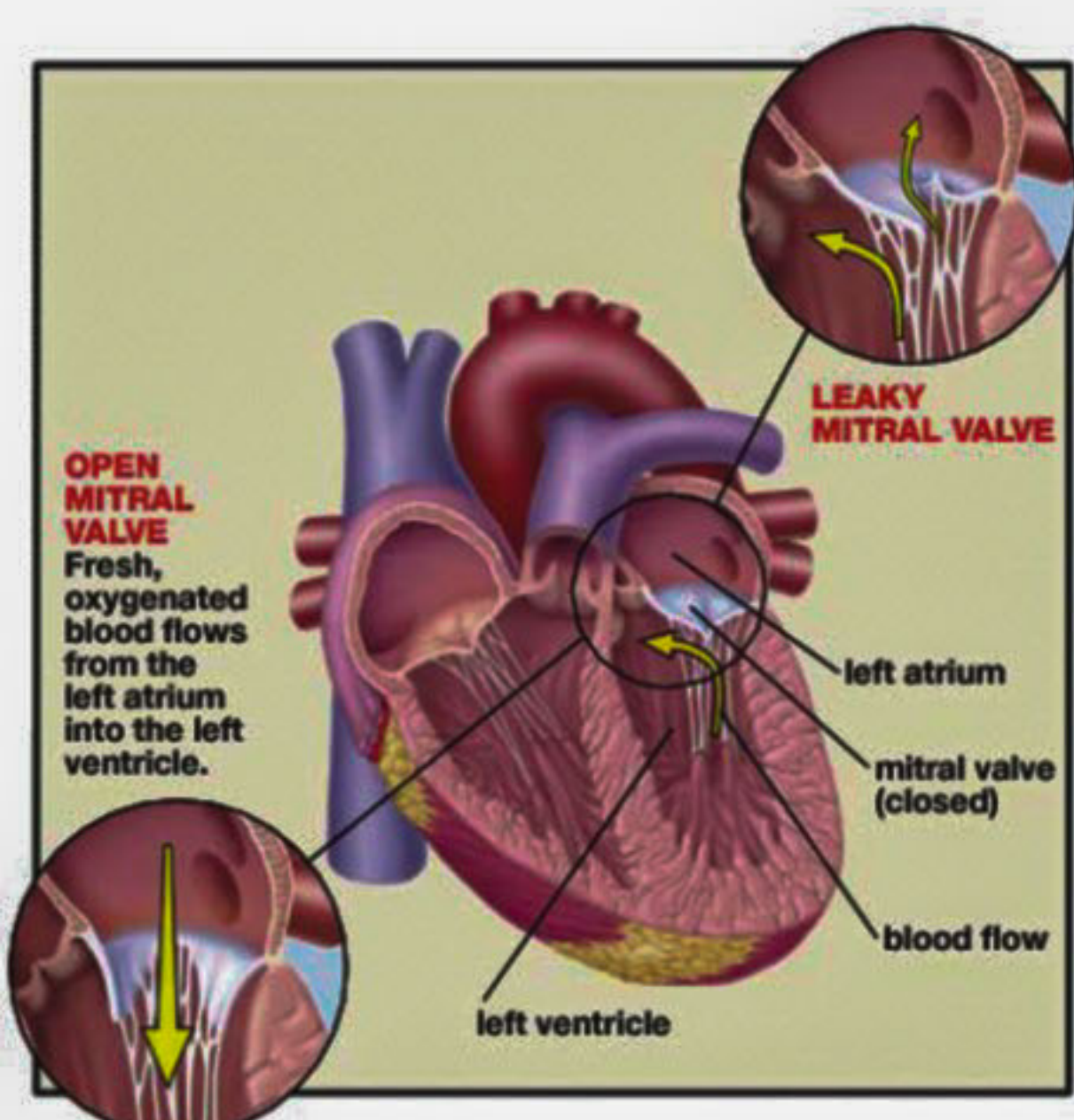
The smoking/low back pain association was strongest for "chronic or disabling low back pain" but, Shiri cautioned, none of the studies were designed to determine if there was a cause and effect relationship.

Scientists don't know why smoking may be associated with lower back pain, although there are a number of possible explanations, including reduced blood supply to the spine, increased risk of osteoporosis, and the increased circulation of pain conducting chemicals in the blood from smoking.

The research suggests the young "might be more vulnerable to the effects of smoking than adults" because the low back pain/smoking association was stronger in adolescent smokers than adult smokers. Another explanation, the authors said, may be that it's easier to identify and study true rate of low back pain in young people than in adults.

The research does suggest "the effects of smoking may be at least partially reversible," since former smokers were less likely to seek care for low back pain than current smokers. More research into former smokers will be needed to make a more definitive claim, the authors said.

Source: The American Journal of Medicine



MEDICAL UPDATE

## Mitral clip: Alternative to open heart surgery

STAR HEALTH DESK

Mitral regurgitation is a common problem among people suffering from heart diseases. It is a condition in which the heart's mitral valve (valve between two left sided chambers that controls blood flow between them) does not close tightly, allowing blood to flow backward into the heart. When the mitral valve does not function properly, blood can not move through your heart or to the rest of your body as efficiently. Mitral valve regurgitation can make you fatigue, exercise intolerance and you may experience shortness of breath and swelling.

The main causes are classified as degenerative (with valve prolapse) and ischaemic (i.e. due to consequences of coronary diseases) or rheumatic heart disease. This disorder generally progresses insidiously, because the heart compensates for increasing regurgitant volume by left-atrial enlargement, causes left-ventricular overload and dysfunction and yields poor outcome when it becomes severe.

If regurgitation is mild, no specific treatment may be required; however, the person may need to be evaluated periodically and may need to take antibiotics before dental and medical procedures. More serious regurgitation may be treated with surgery decided by a specialist.

Traditionally the treatment of severe mitral regurgitation is done with open heart surgery at which most people are scared of. Interventional cardiologists created an alternative to open heart surgery for this purpose by developing a mitral valve clip. To alleviate mitral valve regurgitation, cardiologists insert a catheter into the patient's groin that travels up into the mitral valve similar with the procedure in angiogram. The clip is fed through this catheter, where it finally grasps and tightens the valves' leaflets — effectively preventing blood from leaking. The clip remains in place while the catheter is removed. The entire procedure takes approximately two hours, almost the same duration as for open-heart surgery. The difference is in the recovery - down from months to just weeks.

The mitral clip procedure is good for patients who have a weak heart and may not make it through traditional surgery. The procedure is being investigated in clinical trials in 38 hospitals across in USA.

## Skin care in winter

DR ABU SAYEED SHIMUL

Cold weather is responsible for various types of skin disease. Not only adult but also children are affected by winter. Although dryness of skin is the main cause of this problem, there are other diseases like scabies which can occur in winter. Generally scabies is the diseases of hot weather but in rural and slum areas many people suffer from scabies in winter. Due to lack of cleanliness or regular shower in cold weather, people of those areas are prone to scabies.

Scabies is an intensely itchy rash caused by mite sarcoptes scabiei. It presents clinically with itchy rash, which can occur in between web spaces of fingers and toes, on the palms and soles, around the axillae,

nipple and genitalia or anywhere in the body below neck (except for neonate). Treatment involves application of a topical scabicide (permethrin) to the whole body and washing off after 12 hours. All close contacts should be treated at the same time even if they are found asymptomatic.

Dry skin is a very common problem and is often worse during the winter when environmental humidity is low. Dry skin results when there is not enough water in the stratum corneum (a layer of skin) for it to function properly. This may happen when protective oils in the stratum corneum are lost and the water that is normally present in the skin is allowed to escape. Keeping the skin well moisturised is the best prevention. Use basic moisturisers like petroleum jelly rather than perfumed

and creamy ones which are good only for borderline dryness. Watermelon juice is another good home remedy for skin dryness.

If your facial skin is uncomfortably dry, avoid using harsh peels, masks, and alcohol-based toners or astringents — all of which can strip vital oil from your skin. Instead, find a cleansing milk or mild foaming cleanser, a toner with no alcohol and masks that are "deeply hydrating," rather than clay-based, which tends to draw moisture out of the face. And use them a little less often.

You should maintain the following things for better skin care in winter:

1. Avoid hot water bath. Take bath in lukewarm water
2. Avoid using harsh soaps try using body-wash which has moisturiser
3. When drying your skin after you take bath, don't wipe your skin with the towel; just gently touch you skin so that the towel soaks the water leaving some moisture behind
4. Immediately after taking bath apply body lotion generously all over your body not just your face. Apply the body lotion 2 times a day, better you apply in the night. Coconut oil is good to use at night

In case of severe skin problem you should consult with a specialist for cure. Do not use any drugs without prescription. If you go to your local drugstore, you will hardly find a salesperson who can give you good advice. He may insist you to buy expensive products. But inexpensive products work just as well as high-end ones. That is why, going to a dermatologist even once is a good investment. Such a specialist can analyse your skin type, troubleshoot your current skin care regimen and give you advice on the skin care products you should be using.

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## Jaundice: What to know?

PROF DR MAMASUD

Jaundice is a symptom, not a disease entity by itself. It is the manifestation of different clinical condition where there is accumulation of serum bilirubin in excess resulting yellow colouration of eyes and skin. However, non-medical persons want to mean by jaundice a condition which we term medically as "Acute Viral Hepatitis" (AVH) that results from involvement of different organs of body, primarily the liver, by different viruses.

In the summer, there is an increase in prevalence of "AVH" as there is availability of different tasty fruits in the market. Very often these fruits like mango, pineapple and papaya are served in the open places, even in footpath to the people. Sugarcane is crushed in the footpath to make juices for sale. These dirty fruits and foods which are usually contaminated by flies attract the walking people very easily. What is wrong with our people is their personal habits and hygiene.

In hotels, restaurants or in open food serving places we share same glasses and cups for drinking water and tea; lot of flies and cockroaches contaminate

food and we mostly drink unboiled water all of which help in infection as well as spread of liver viruses, notably "Virus E" — an agent commonly found in Bangladesh, causing jaundice as water and food borne disease. Due to all these factors on the part of people, endemic nature of jaundice is remaining unchanged in Bangladesh. Those who are educated and solvent less commonly face these problems. However, even they are not free from the hazards of supplied tap water which is often contaminated. Liver "virus A" shares the similar route of transmission as of "E". However, it mainly causes a sub clinical (there is no obvious jaundice but there is infection) disease, mainly in children.

The second most common virus after "E" is "B", which causes hepatitis that becomes chronic in 5-10% cases and is difficult to treat and eradicate. Transmission mode of this type of viral infection is little different. It enters in the body through cut injury, sexual relations, after transfusion of blood, and sharing common needles for injection. Everyone should be very much cautious about sharing same razor, blades, scissors which is often practiced in many saloons.

Another virus called "C" share the similar mode of transmission. However, its prevalence is quite low in our country. But once it infects, in 85% cases there will be a chronic disease and obvious damage of liver.

"AVH" may not be recognised easily in the early stages of infection which helps in spread from people to people as there is no jaundice, rather, there is a sense of unwell, loss of appetite and fever all of which are the symptoms of viral fever. Affected persons often start taking Paracetamol for fever which should be avoided altogether as it can cause much harm to liver in this clinical condition. Urine becomes yellow after a variable period, usually about one to two weeks followed by yellow colouration of eyes called jaundice. In the early stages, "AVH" can be detected by blood tests as will be appropriately advised by a skilled or specialist doctor.

Awareness about personal habits and hygiene can help avoid acute viral hepatitis (Jaundice).

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## Heart disease risk checklist

Take this quick quiz to find out how you can reduce your risk of heart attack and brain attack (stroke). Start by becoming aware of your risk factors — the personal characteristics and habits that increase your chances of developing heart disease or stroke. Some you can not change or control; some you can, by making a few changes in your daily habits. By taking this quiz, you will learn where to focus your efforts.

Your AGE may increase your risk if...

- You are a man over 45 years old
- You are a woman over 55 years old or have passed menopause or had your ovaries removed

Your FAMILY HISTORY may increase your risk if...

- You have a father or brother who had a heart attack before age 55, or a mother or sister who had one before age 65
- You have a close blood relative who had a brain attack (a stroke)

Cigarette and tobacco SMOKE increases your risk if... You smoke, or live or work with people who smoke every day

Your total CHOLESTEROL and HDL cholesterol levels may increase your risk if...

- Your total cholesterol level is 240 mg/dl or higher
- Your HDL ("good") cholesterol level is less than 35 mg/dl
- You don't know your total cholesterol or HDL levels

Your BLOOD PRESSURE may increase your risk if...

- Your blood pressure is high, or you have been told that your blood pressure is too high
- You don't know what your blood pressure is

PHYSICAL INACTIVITY may increase your risk if... You get less than a total of 30 minutes of physical activity at least three days per week

Excess BODY WEIGHT may increase your risk if... You are 20 pounds or more overweight

DIABETES increases your risk if... You have diabetes or need medicine to control your blood sugar

Your MEDICAL HISTORY may increase your risk if...

- You have coronary artery disease, or you have had a heart attack
  - A doctor said you have carotid artery disease, or you have had a stroke
  - You have an abnormal heartbeat
- Working to reduce, control or prevent as many risk factors as you can is your best defense against heart disease and stroke. Your heart and brain will thank you for taking care of yourself... and so will your loved ones.