

WORLD KIDNEY DAY 2010

Protect your kidneys, control Diabetes

PROF DR SHAMIM AHMED

World Kidney day was observed on 11 March in more than 100 countries of the world including Bangladesh. The slogan of World Kidney Day this year was "Protect your kidneys, control Diabetes". World Kidney Days aims to raise awareness about the heavy burden of chronic kidney disease (CKD) on human lives.

The mission of World Kidney Day is to raise awareness of the importance of our kidneys to overall health and to reduce the frequency and impact of kidney diseases and its associated health problems worldwide. The objectives of the World Kidney Day 2010 were the followings:

- Raise awareness about our "amazing kidneys"
- Highlight that diabetes and high blood pressure are key risk factors for chronic kidney disease (CKD)
- Encourage systematic screening of all patients with diabetes and hypertension for CKD
- Encourage preventive behaviours
- Educate medical profes-

sionals about their key role in detecting and reducing the risk of CKD, particularly in high risk population

• Stress the important role of local and national health authorities in controlling CKD epidemics. Health authorities worldwide will have to deal with high and escalating costs if no action is taken to treat the growing number of people with CKD. On World Kidney Day all governments are encouraged to take action and invest in further kidney screening

• If detected early, CKD can be treated by reducing other complications and dramatically reduced the growing burden of deaths and cardiovascular disease worldwide

Kidney diseases are silent killers which largely affect the quality of life. There are, however, several easy ways to reduce the risk of developing this kidney disease.

Seven golden rules:

- Keep fit and active
- Keep regular control of your blood sugar level
- Monitor your blood pressure
- Eat healthy and keep



Good care makes a difference

People with diabetes should:

- Measure their HbA1C level at least twice a year which should be kept less than 7%
- Regular insulin injection, intake of other medicines, meal planning, physical activity and blood sugar monitoring
- Blood pressure should be checked several times a year which should be kept <130/80 mmHg
- Regular intake ACEI or ARB medicine for controlling high blood pressure
- To measure effective eGFR yearly
- To estimate urine albumin at least once a year to check kidney damage
- To take reduce amount of protein in the diet to seek health from the dietitian regarding meal planning

In conclusion early detection and treatment of kidney diseases are the best way to prevent CKD in order to reduce substantial burden of health budget.

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your weight in check

- Do not smoke
- Do not take over the counter pills on regular basis
- Check your kidney function if you have one or more of the high risk factors

Diagnosis of CKD with Diabetes:

People with diabetes should be screened regularly for kidney diseases. The two key markers of kidney diseases are eGFR and urine albumin. Kidney diseases are present when eGFR is less than 60 ml/min.

The American Diabetic Association (ADA) and National Institute of Health (NIH) recommend that eGFR can be calculated from serum creatinine at least once a year in all people with diabetes.

Urine albumin is measured by comparing amount of albumin to the amount of creatinine in a single urine sample. When the kidneys are healthy, the urine will contain large amount of creatinine but almost no

albumin. Even small increase in ratio of albumin to creatinine is a sign of kidney diseases. Kidney diseases is present when urine contain more than 30 mg of albumin per gram of creatinine, with or without decrease eGFR. The ADA and NIH recommend annual assessment of urine albumin excretion to assess kidney damage in all people with type 2 diabetes and people who have type 1 diabetes for 5 years or more.



Health Tips: Help Prevent Indigestion

Indigestion may be the upshot of overeating or gobbling up too much food that "disagrees" with you.

In addition to avoiding foods that you don't tolerate well, you can also help prevent indigestion by:

- Limiting greasy, high-fat foods.
- Limiting consumption of chocolate.
- Eating slowly without rushing.
- Not smoking.
- Managing stress and relaxing.
- Resting at least an hour after a meal before starting strenuous activity or exercise.

First Aid: Controlling a nosebleed

If you get a nosebleed, do not panic. Many nosebleeds look worse than they really are. Here is the experts' advice on steps to help stop a nosebleed:

- Sit down, and tilt your body forward slightly. Keep your head positioned above your heart, but allow the blood to drain from your nose, not down your throat.
- Use your thumb and index finger and gently apply pressure near the end of the nose, at the soft part.
- Hold your fingers in that position for at least five minutes, then check if the bleeding has stopped.
- If the nose is still bleeding, hold it for at least 10 minutes more without releasing.
- Place an ice pack or cold compress across your nose.
- Leave the nose alone once it stops bleeding, and don't blow your nose or bend over.

Sometimes, nose bleed due to high blood pressure. If you are hypertensive, control your blood pressure.

If the above procedures don't help you, you must consult a physician immediately.

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Climate migration and its impact on health

ENAMUL HASIB and SAMIUL KABIR

Human migration, one of the key impacts of climate change has already been well documented. Intergovernmental Panel on Climate Change (IPCC) revealed in its first assessment report in 1990 (IPCC AR1) that 150 million people will migrate due to adverse impact of climate change by the year 2050.

Recent studies showed more terrifying figure of climate change induced forced migrants that one in every 45 people in the world and one in every 7 people in Bangladesh may be displaced by climate change by 2050.

Migration of people to a newer place will adversely impact on their basic needs like food, health, education etc. With appropriate climate change adaptation policy we can lessen their sufferings and protect their basic rights.

Since a large part of Bangladesh is located just above the sea level, any rise in sea level may lead to inundation of settled low-lying areas this forcing people to relocate. In addition, intrusion of salt water may cause problems for agriculture in a much larger area,

while possible flooding and drought may also have severe consequences for food production.

The consequence will ultimately be a massive relocation of people not only within the country but also into neighbouring countries causing tensions and potentially violent conflicts.

Most of the migrants who come to Dhaka end up in the slums, contribute to 40 percent of the city's population. Some 70 percent of slum dwellers in Dhaka moved there after experiencing some kind of environmental hardship. In the past, people would come to the slums, earn some money and returned home in their villages, but as the effects of climate change increase, more people are staying in Dhaka's slums permanently.

The major health threats posed on climate migrants due to poor air quality (indoor and outdoor), inadequate safe water (arsenic contaminated and saline water), improper sanitation, untreated solid waste, agro-chemical and industrial effluents and overuse of renewable resources such as forests and fisheries.

The World Bank (2006) suggests that these environmental factors account

for as much as 22 percent of the national burden of diseases in Bangladesh. The respiratory infections and disease caused by poor air quality, both indoor and urban, may contribute up to 10 percent of the total burden of disease. Diarrhoeal disease caused by inadequate access to safe water, lack of sanitation and poor hygiene may contribute up to 10 percent of the total burden of disease. Poor sanitation and industrial waste are becoming a threat to the environment.

Malnutrition is another major health consequences suffered by the migrants. Due to dislocation they lose their job which drags them into serious food insecurity that ultimately leads to malnutrition. After natural disaster such as flood, the condition triggers.

Policies on adaptation and mitigation need to focus on reducing people's vulnerability to climate change, supporting them by moving away from marginal areas and arranging alternative livelihoods to make them more resilient.

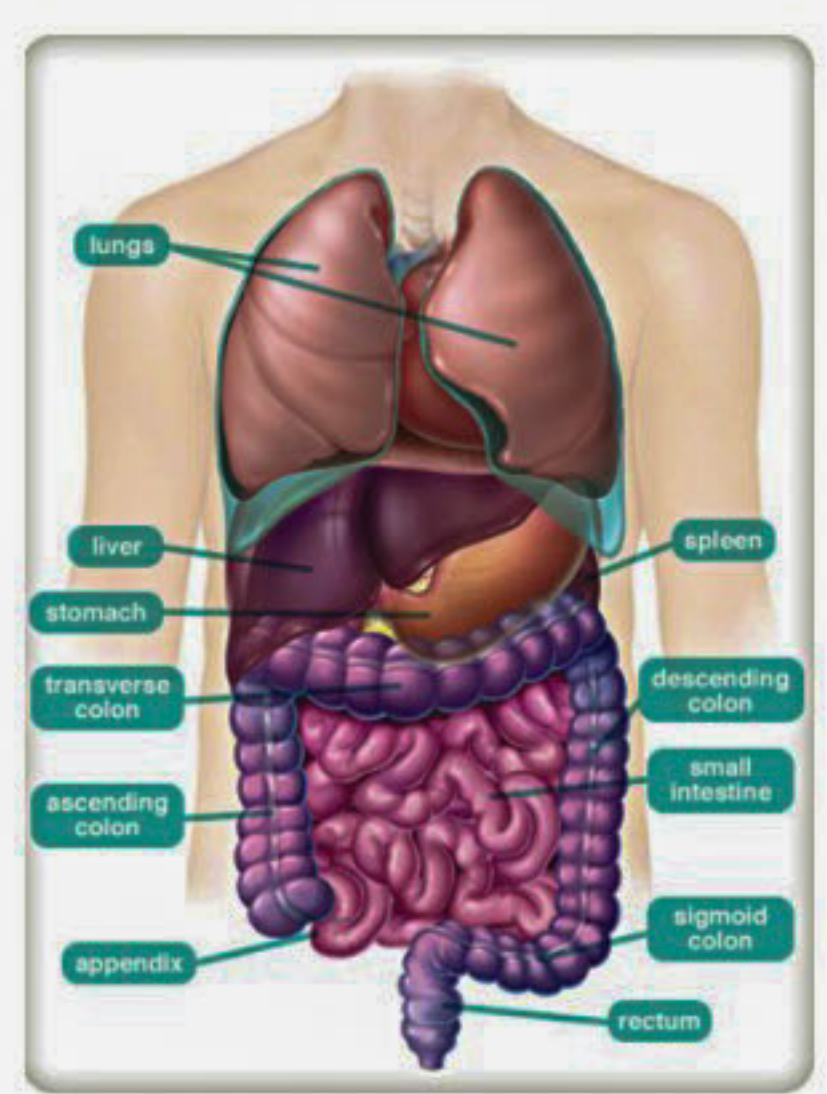
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Screen your colon to prevent cancer

Colorectal cancer stands in the top five cancers in Bangladesh and kills many people every year. Cancers arising from the colon, rectum, appendix and anus are called colorectal cancers. Most colorectal cancers develop from pre-existing benign (non-cancerous) polyps — grape like growth inside the colon or rectum. That is why screening to detect this pre-cancerous growth and also diagnose the cancer at early stage is crucial to prevent cancer and save lives.

Risk factors:

- **Age:** People aged 50 years or older.
- **Diet and exercise:** A diet made up mostly of foods that are high in fat, especially from animal sources, can increase the risk of colorectal cancer. People who are not physically active have a higher risk of developing colorectal cancer.
- **Smoking and alcohol:** Recent studies showed that smokers are 30 to 40 percent more likely than nonsmokers to die of colorectal cancer. Heavy use of alcohol has also been linked to colorectal cancer.
- **Personal history of bowel disease:** A person who has a specific inherited gene syndrome is at increased risk for developing colorectal cancer. People with a strong family history of colorectal



cancer are also at increased risk for developing colorectal cancer.

Experts recommend that colorectal cancer screening should be a part of routine healthcare for people over the age of 50. People having these risk factors are strongly recommended to be screened earlier.

Among the screening tests Colonoscopy is considered the Gold Standard. Other diagnostic tools include: Flexible Sigmoidoscopy, Double Contrast Barium Enema, Fecal Occult Blood Test (FOBT), DNA-based Stool Test, Virtual Colonoscopy.

Symptoms

The following symptoms might indicate colorectal cancer: a change in bowel habits, diarrhoea, constipation, or alternate diarrhoea and constipation, blood in the stool, unexplained weight loss, constant tiredness, feeling that the bowel does not empty completely, abdominal discomfort — gas, bloating, fullness, cramps, and unexplained anemia. If some one experiences any of these symptoms for more than few days, he should consult a doctor. However, it can be present in people without symptoms having known family history or predisposing conditions.

Treatment

Treatment for colorectal cancer is most effective when the cancer is found early. Colorectal cancer treatment may include surgery, radiation, chemotherapy and immunotherapy, or any combination of these.

Surgery is the first line of defense against colorectal cancer. Several novel chemotherapeutic drugs, such as Camptosar (CPT-11), Eloxatin (Oxaliplatin), Erbitux, Avastin and Xeloda, are now FDA-approved. In addition, clinical trials are investigating new therapies such as vaccines, monoclonal antibodies, gene therapy, and starving tumors of their blood supply.

The write up is compiled by Professor Dr Lt Col Md Mofazzel Hossain (Retd), Head, Department of Oncology, Bangladesh Medical College.

A1c diabetes test is a better indicator of risk

REUTERS

A test that shows blood sugar levels over a span of several weeks is not only the best way to diagnose diabetes but also may be better at identifying who is at risk of getting diabetes than standard blood sugar tests, researchers said recently.

In a study involving more than 11,000 people with no history of diabetes, the hemoglobin A1c test more accurately identified people who later developed diabetes than the glucose fasting test, which measures blood sugar levels at one point in time.

The A1c test was also a better predictor of risk for stroke, heart disease and death from diabetes, the researchers reported in the New England Journal of Medicine. They found that people who had A1c levels at 6 percent or greater were at higher risk for developing diabetes.

"A1c has significant advantages over fasting glucose," Dr. Elizabeth Selvin of Johns Hopkins University in Baltimore, who led the study, said in a statement.

Blood sugar levels can vary from day to day and hour to hour. The A1c test is more reliable, repeatable and allows doctors to track average glucose levels over time. Levels are not as affected by stress and illness, and patients do not have to fast before the test, the researchers said.

ADA recommendation

In January, the American Diabetes Association recommended the A1c test for diabetes screening and to identify people who may be at risk of developing the disease. Fasting glucose had been the standard measure for decades.

In the study, Selvin and colleagues examined stored blood samples from 11,092 black and white middle-aged adults without diabetes. The samples were collected between 1990 and 1992.

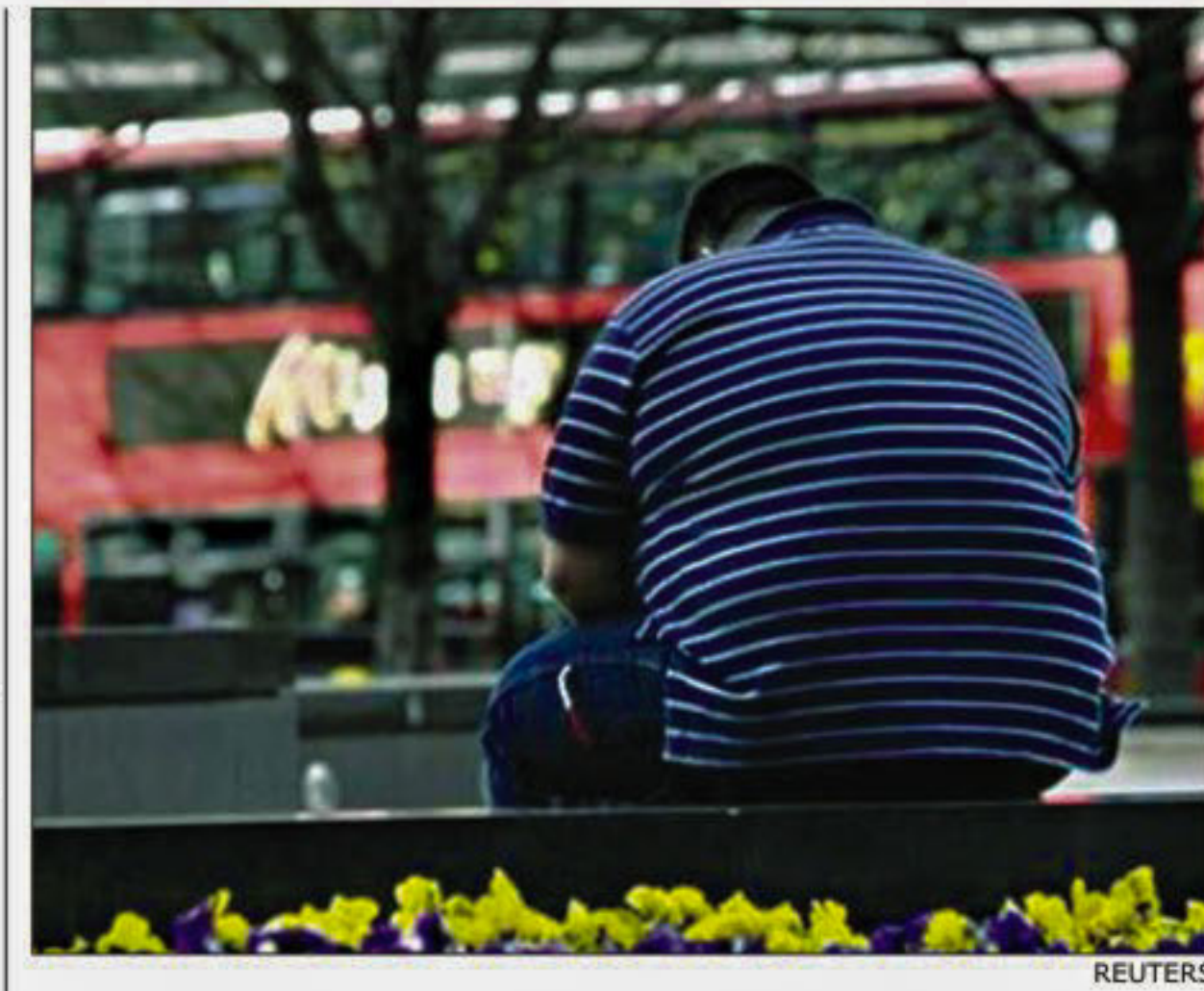
They compared the A1c test to the fasting glucose test to identify people at high risk for diabetes, heart disease, stroke and death. During 15 years of follow-up, 2,251 people were diagnosed with diabetes; 1,198 had heart disease, 358 had strokes and 1,447 died, the researchers said.

A1c levels between 5.0 to 5.5 percent are considered normal. With each incremental A1c increase, the researchers found the incidence of diabetes rose.

People with levels between 6 and 6.5 percent were nine times more likely than those at the normal range to develop diabetes.

Diabetes develops when the body loses its ability to use insulin effectively. Blood sugar levels rise, in turn causing complications including heart disease, blindness and kidney failure.

Source: New England Journal of Medicine



Obesity and depression are a two-way street

REUTERS HEALTH, New York

People who are obese are at increased risk of becoming depressed, and people who are depressed are at increased risk of becoming obese, Dutch researchers have found.

"There is a reciprocal association over time between depression and obesity," Dr. Floriana S. Luppino, of Leiden University Medical Center, the Netherlands, told.

Obesity, Luppino and colleagues found, increases the risk of depression in initially non-depressed individuals by 55 percent and depression increases the risk of obesity in initially normal-weight individuals by 58 percent.

Luppino said the analysis was not designed to determine a given person's risk of depression, only to figure out how much obesity increased that risk. However, for comparison, a recent study funded by the National Institute of Mental Health found that nearly one out of four cases of obesity is associated with a mood or anxiety disorder.

The new findings stem from pooled data from 15 published studies that looked at whether being overweight or obese is associated with depression, and vice versa.

The studies, which collectively involved more than 58,000 people, used body mass index, or BMI, to gauge how fat or thin a person is. For reference, a US adult with a BMI of 25 or more is considered overweight, while one with a BMI of 30 and above is considered obese.

Being obese, Luppino told, not only increases the risk of depression, but is more likely to fuel the onset of clinical depression, rather than merely depressive symptoms.

In contrast to obesity, the association between depression and being overweight (but not obese) did not run the other way, Luppino noted. Being overweight increased the risk of depression in initially non-depressed individuals somewhat, but depression did not increase the risk of being overweight over time.

The effect of the psychological distress should not be neglected, the researcher said. "Overweight and obesity, can induce low self-esteem and body dissatisfaction," Luppino explained, "especially in Western countries where thinness is often considered a beauty ideal. Both low self-esteem and body dissatisfaction are known to increase the risk of depression."

Because both depression and obesity carry "major health implications, it is very important to try to prevent and treat both," Luppino said.

The Dutch team encourages doctors and other health professionals, working in different fields, to collaborate and exchange their expertise. Doctors treating patients who are overweight or obese could screen their patients for depression and vice versa — psychiatrists or general doctors encountering depressed patients could suggest their overweight patients see a dietitian, Luppino suggests.

Source: Archives of General Psychiatry