



Childhood hypertension, a growing concern

DR ABDULLAH SHAHRIAR

Blood pressure is no longer an adult entity. One may suffer from high blood pressure or hypertension at any age. One may account such illness due to the complications of certain diseases, whereas another group may acquire hypertension just for their changing lifestyle. The consequence of such flunky habit is obesity. Sedentary lifestyle including remote control electronics, escalator, sports car, junk foods — all may be the blessings of modern era but at the same time denounced the young frantic generation with unhealthy state. Obesity and heart disease just go side by side.

In western world, obese children are no longer considered to be normal. But in our country over-weight or obesity is still out of sense of morbidity. Though we got the burden of malnourished children in our country, still many kids there with hi-fi lifestyle exhibiting obesity or over-weight. On the other hand, the conscious people of the west despite of all efforts could not cut down

the figures of obesity. Globally one in six children is over-weight. So the consequence of obesity — hypertension in adolescent age is now pronounced more and more.

In our context, beside obesity, systemic and immune diseases play significant role behind childhood hypertension. Juvenile diabetes, familial hypercholesterolemia, chronic kidney disease due to glomerulonephritis, Henoch-Schönlein purpura (a bleeding disorder), drug induced nephropathy (kidney damage by drug) and severe dehydration — all may induce hypertension. But still we have many things to gather as researches are ongoing.

Unsurprisingly, teenagers are now experiencing the same ill effects from sleep deprivation that hypertensive adults do. Recently the study of 238 teenagers (13 to 16 years old) in the USA found that 11 percent slept less than 6.5 hours per night and 26 percent endured frequent awakenings. One in seven teens studied had either borderline high blood pressure or hypertension,



which is defined as readings of greater than 140 mm/Hg over 90 mm/Hg. Those with less than 85 percent "sleep efficiently" had nearly three times the risk of high blood pressure. The results mimic established data on adults studied over the past several years, and because higher blood pressure in childhood is linked to the same condition in adulthood, a lack of restorative sleep can set up youngsters for lifelong car-

diac problems. Scientists believe that higher blood pressure results from less sleep because the normal blood pressure dip experienced during restorative sleep does not have as great an opportunity to take hold.

Sleep deprivation's effects are also system-wide, causing the kidneys to retain more sodium and effecting structural changes in organs that participate in blood

pressure regulation, including the kidneys, heart and blood vessels.

So the concern of hypertension in younger group can not be ignored. Health awareness must grow up in both parents and children and to all to restore healthy lifestyle. One must be aware about those diseases and at the same time of healthy food habits. Here are some key points present before you to keep your pressure

within limit.

- Eat a rainbow of colours (colourful food). Increase your fruit and vegetable intake.
- Eat fruit and nuts in their natural form as a snack.
- Be physically active. Try walking, biking, or swimming for 30 to 60 minutes on most days.
- Cut down on foods such as cheese, chips, bacon, table sauces, coated chicken, salted nuts and canned meats.
- Eat fewer processed and fast foods like cookies, breakfast cereals, bread, burgers, cakes, pies and pizza.
- Be food label conscious — get to know what you are eating.
- Make at least one vegetarian meal a week.
- Do not skip meals. Eat three adequate meals a day.
- Reducing your portion size and avoiding unnecessary carbohydrates is an easy way to cut back without feeling deprived.

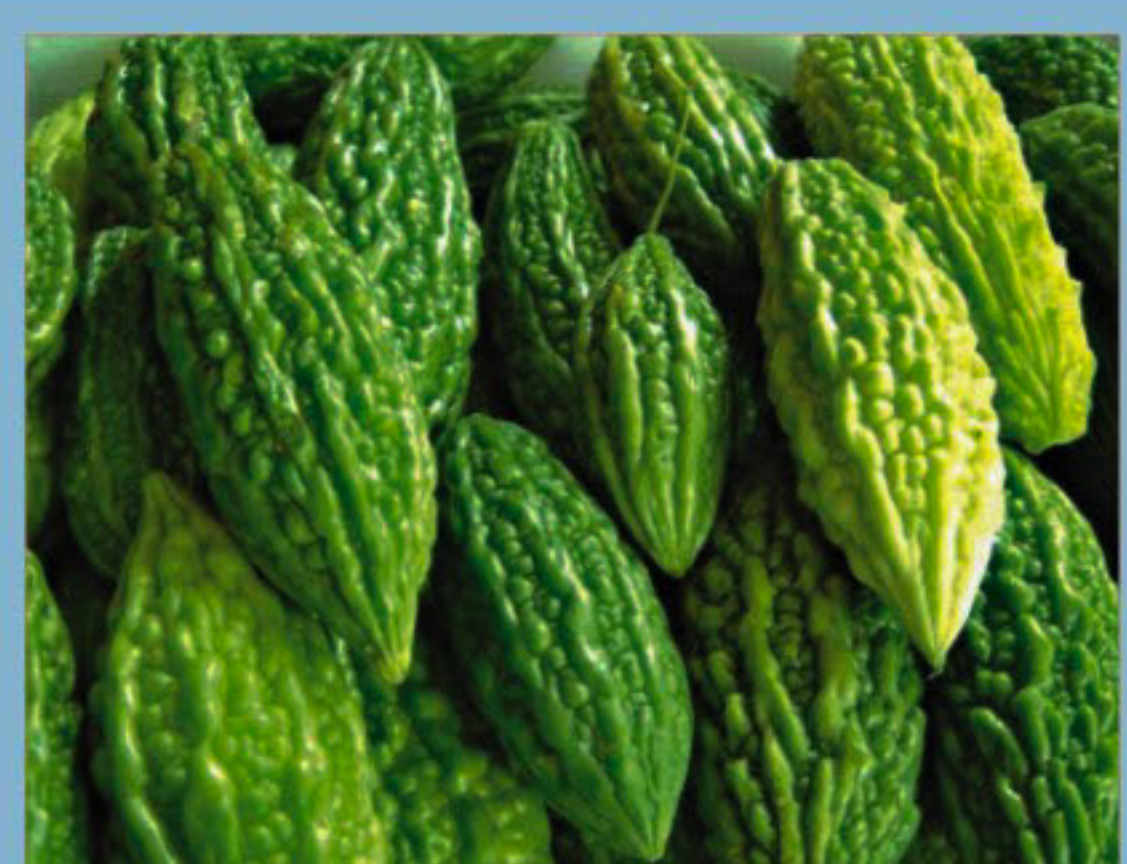
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Karella: Sweetness in bitter taste

Although many people, especially children do not like Karella's taste, but it is a very nutritious vegetable. It is a good source of vitamin C, containing most of the vitamin B complex and vitamin A in the form of carotene. It is also rich in calcium, potassium, phosphorus and iron.

Usually it is often prepared as vegetables dish with potatoes and other vegetables to balance the bitterness. But its health benefits are amazing. It is popular throughout the Indian sub-continent for its medicinal value. This is a popular medicinal food for diabetes. Many people make a mixture of equal amount of amla and karella juice with the belief that it helps reducing blood glucose level. It is also helpful in liver and spleen disorders.

Karella is also known as bitter gourd in English. From Colombia to China, there are different types of Karella throughout the world. But the medicinal value and taste are not the same. So, all types of available Karella do not bear the same medicinal quality. Concerned researchers can identify the real Karella that are really good for diseases like diabetes. For example, in Panama only the leaves of the plant (when ripe) are brewed in hot water to create a tea to treat malaria and diabetes. The leaves are allowed to steep in hot water before being strained thoroughly so that only the remaining liquid is used for the tea. This has been used in various Asian traditional medicine systems for a long time. Like most bitter-tasting foods, it stimulates digestion.



FESS: Most advanced treatment for sinusitis

PROF DR M ALAMGIR CHOWDHURY

Sinusitis, an inflammation of sinus and nasal passage is increasing among the population by and by due to environmental pollution. Until recently, along with medication, various ablative surgeries were being performed to eradicate sinus pathology. But these surgeries have several complications that distort the nasal physiology and drainage of the sinuses. Functional Endoscopic Sinus Surgery (FESS) is the most advanced method in the treatment of sinusitis that overcomes the obstacles and has good patient compliance.

Sinuses are air containing cavity in the bone of face and head that lighten the skull weight, helps in resonance in sound production; also have some protective action against body defense by secretion. When these sinuses are infected due to bacteria, virus, fungus, people experience headache, lethargy, loss of interest, running nose, pain in the face beside nose, nasal obstruction, occasional bleeding from nose etc.

90 percent sinusitis is due to bacterial infections and 10 percent may be due to infections spreading from upper gum or dental origin by anaerobic organisms.

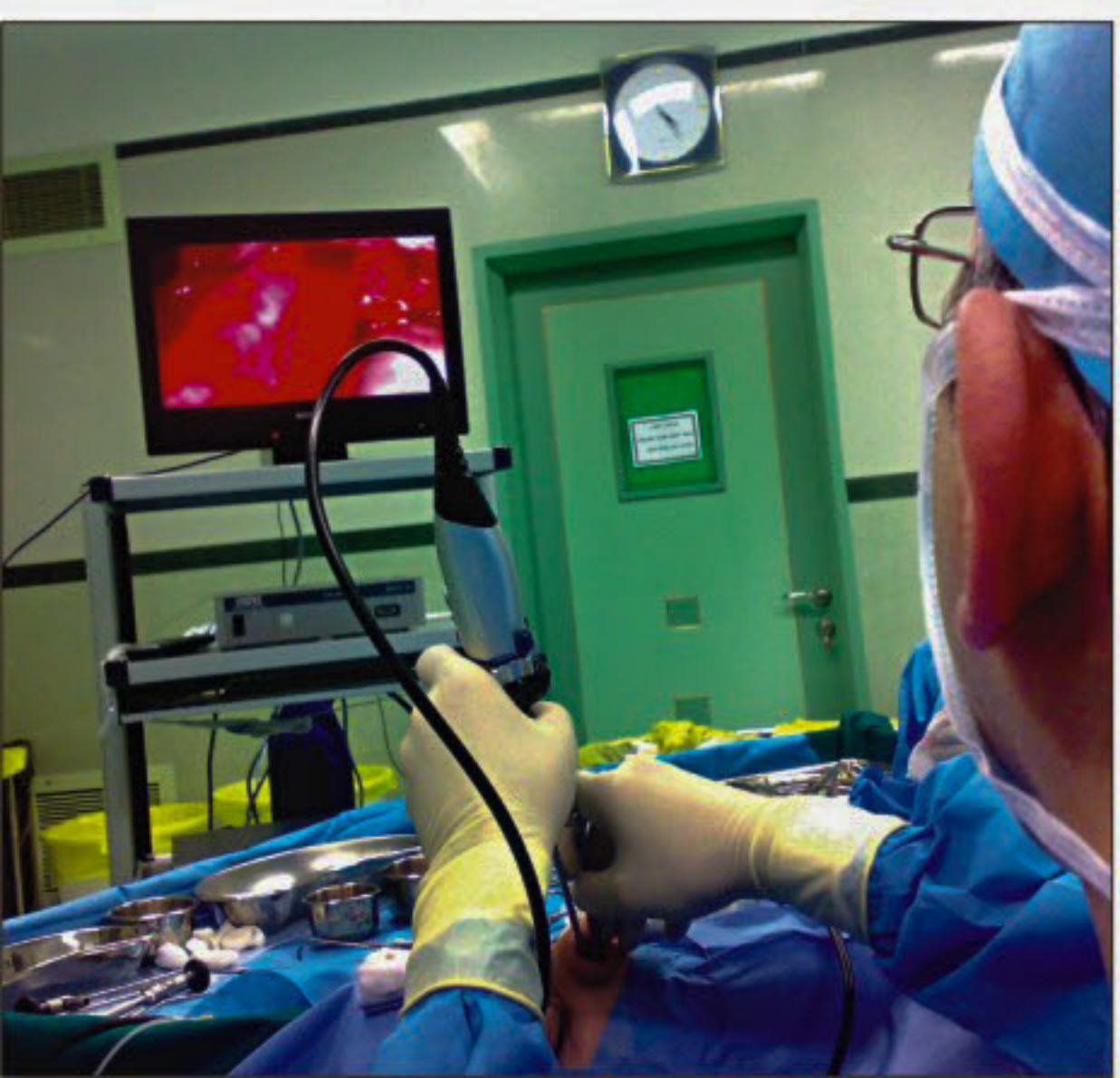
Sinusitis may be of acute or chronic. In acute sinusitis there will be severe pain, fever and other constitutional symptoms. Treatments with medicine like appropriate antibiotics, analgesic, nasal decongestant, steam inhalation usually cure it. But when sinusitis becomes chronic and medicine fails to improve the condition, surgical manipulation will be needed.

Sinus washout is the commonly practiced treatment for chronic sinusitis. In addition to this, radical and ablative surgery of the nose and paranasal sinuses are also used to treat sinus pathology. Due to wider complication of these procedures, Functional Endoscopic Sinus Surgery (FESS) has become as the most recent advancement in the management of the nose and paranasal sinus diseases.

FESS helps to maintain function or physiology of the sinuses, ciliary activity (that wipes out foreign substance from nose) and drainage of the sinuses. Thereby it helps clear the sinus infection. It is less manipulative, safe and complication is almost nil in expert hand.

In Bangladesh, FESS is increasingly being performed by ENT (Ear, Nose and Throat) surgeons in many government and private settings. In addition to treating sinus pathology, it has several other indications both for diagnostic and therapeutic purposes. It is used to find out the source of nasal bleeding, diagnosis of nasal polyp, in diagnosis of chronic sinus diseases, excision of polyps and tumors of nose and paranasal sinuses.

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SAFE MOTHERHOOD DAY

Stepping up efforts to save 23,000 mothers

ALPHA ARZU

Despite significant progress in decreasing poverty gap, increasing primary school enrollment with attaining gender parity, reducing child and infant mortality rates over the past three decades, the maternal mortality rate (MMR) in Bangladesh is still one of the highest rates in the world.

Each year 23,000 women die during delivery process. Most of the women are dying from severe bleeding, infections, eclampsia, obstructed labour and the consequences of unsafe abortions. All these complications are preventable by proper interventions, awareness and treatment by skilled health workers.

An estimated 600,000 women suffer from maternal complications associated with childbirth every year. Ironically the government including development partners often claims a success of reducing the MMR from 570 in 1990 to 351 after 2000. But the cumulative number is still 23,000, which could not be ignored at all.

The country yesterday observed the Safe Motherhood Day with a view to stepping up the efforts to save more lives and ensuring skilled health services to

every expecting mothers.

Poverty and status of women are the root causes of the problem of high maternal mortality, nevertheless the lack of proper service are a major cause linked to underlying and immediate causes of death.



Available source of statistics from UNICEF, WHO and Bangladesh Bureau of Statistics show that skilled birth attendants attend only 18 percent of birth and 80 percent deaths occur at attempted home delivery. It also reveals that 69 percent

of poor households do not have the access to any antenatal care.

Though MMR has been declined to 351 in 100,000 live birth, the current pace of decline rate does not show hope for attaining the Millennium Development

Goals (MDG) target of MMR at 144 by 2015. If we do not pay extra attention and care in terms of sufficient budgetary allocation for healthcare, particularly for safe motherhood, MMR may remain above 310 in 2015. In recent days, the country

is witnessing many lavish and sophisticated private hospitals in big cities meant for only rich and privileged people. Poor people have little access to quality health services. The number of persons per hospital bed is still 2736 and number of persons per physician is 3317.

But the real scenario is worst than the statistics because, more than 50 percent posts of doctors are vacant in rural health centers. Moreover, 40 percent of doctor and 55 percent of nurse remain absent in their duty stations at rural health complex. They prefer to be in urban areas, which cause severe deprivation of minimum health service among rural poor people.

The GO-NGO programmes on developing skill of traditional birth attendant (TBA) have been halted since decade. Rather than giving more emphasis on these services, policy makers are shifting their focus.

However, reports from Save the Children recommend to train and deploy more health workers, especially midwives and other female health workers and to provide better incentives to attract qualified female health workers.

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Breast-fed babies less feverish after immunisation

REUTERS, New York

Breastfeeding may protect babies from post-vaccine fevers, according to a new study in the journal Pediatrics.

It's not uncommon for an infant's temperature to climb soon after immunisation, Dr. Alfredo Pisacane of Universita Federico II in Napoli, Italy, and his colleagues note.

"Post-vaccination fever is usually mild and of short duration. Nonetheless, 1-2% of infants can have high fever, which can represent a stress for them and their families."

Breast and bottle-fed babies are known to respond differently to vaccines and to illness, Pisacane and his team explain, so they decided to investigate whether breastfeeding might protect against fever after a shot by having 450 moms keep track of their

baby's temperature for a few days after immunisation.

One hundred twenty infants were exclusively breastfed at the time of immunisation, 154 were partially breastfed, and 176 were bottle-fed. Babies receiving the vaccine for the first time were about three months old, on average; those having their second set of shots were about six months old.

One-quarter of the exclusively breastfed babies, 31 percent of the partially breastfed babies, and 53 percent of the bottle-fed babies developed fevers of at least 38 degrees Celsius (100.4 degrees Fahrenheit) after being immunised, Pisacane and his team found.

For 90 percent of the entire group, fever occurred in the first day after immunisation; three-quarters had fevers lasting just one day. Just eight of

the infants - four partially breastfed, and four not breastfed - had fevers above 39 degrees Celsius (just above 102 degrees Fahrenheit).

Breast milk could reduce the production of inflammation-promoting proteins released after immunisation, the researchers note, while breastfeeding itself could also comfort feverish children and encourage them to eat. Pisacane and his team point out that bottle-fed babies have been reported to consume fewer calories after immunisation than breastfed babies do.

"When infants are sick and after a vaccination shot, they need not only water, food and a calm environment, but also to be protected," Pisacane told Reuters Health. "They need the warm body of their mothers. Breastfeeding provides all what an infant does need during illness."



Common diabetes drug linked to vitamin deficiency

REUTERS, London

Patients treated over long periods with metformin, a common drug for diabetes, are at risk of developing vitamin B12 deficiency which is also likely to get worse over time, according to a study published in the British Medical Journal recently.

Dutch scientists who carried out the study said the findings suggest that regular checking of vitamin B-12 levels during long-term metformin treatment should be strongly considered to try to prevent deficiency and its effects.

Vitamin B12 is essential to maintain healthy nerve cells and red blood cells. It is found in meat, dairy products, eggs, fish, shellfish and fortified breakfast cereals, and it also can be taken as a supplement.

Author of the study, Coen Stehouwer of Maastricht University Medical Center in the Netherlands, said that symptoms of B12 deficiency include fatigue, mental changes, anaemia and nerve damage known as neuropathy.

All these symptoms can easily be misdiagnosed as being due to diabetes and its complications or to aging, he said but checking B12 levels could help doctors to assess the real cause and treat it if it was found to be B12 deficiency.

"Our data provide a strong case for routine assessment of vitamin B12 levels during long term treatment with metformin," Stehouwer wrote.

An estimated 246 million people around the world have diabetes and rates are expected to rise along with the number of people who are overweight or obese. Most sufferers have type 2 diabetes, the kind linked with poor diet and lack of exercise.

They found that people who had taken the metformin had a 19 percent reduction in their vitamin B12 levels compared with people who had taken a placebo, who had almost no B12 change.

The reduced levels of vitamin B12 in the metformin group also persisted and became more apparent over time, they said.

"Our study shows that it is reasonable to assume harm will eventually occur in some patients with metformin-induced low vitamin B12 levels," Stehouwer wrote.

In a comment on the study, Josep Vidal-Alaball, a specialist in primary care and public health at Heath Park in Cardiff, Wales, said assessments should be carried out to see if giving patients advice on B12 in their diets would solve the problem.