



Reducing 'Medical Mistakes'

Patient safety inside and outside the hospital is one of today's most critical health care challenges. And reducing medical mistakes is one of the utmost concerns to hospital administrators and clinicians. The Government and many other private accreditation bodies are working hard to improve health care quality outside our country.

In our country, recently some people are trying to develop consciousness regarding 'accreditation' of hospitals and medical concerned centres. We really need to have a monitoring system for best medical practices and management.

Well, for the time being — the most important thing you/patient can do to improve your/patient's health care by 'asking questions' about your/patient's diagnosis, treatment and any medications prescribed to you/patient. Because the answers you/patient will get can help you, the patient and other family members including the patient to make better decisions and reduce medical mistakes, like:

- Before visiting the clinic/hospital — talk to the patient regarding explaining his/her chief complaints to the doctor
- Write down your/patient's questions before meeting a doctor
- Keep a list of all your/ patient's previous prescriptions with you/patient
- Bring a family member/friend/at least a colleague with you/patient
- Understand your/patient's options
- Talk to the doctor about which hospital would be best for your/patient's diagnosed specific treatment. Sometimes one good hospital might not have all the departments with good doctors and technicians
- Make sure you/patient understand the instructions you/patient get about follow-up care when you/patient leave the hospital or clinic
- In case of any surgery — make sure you/the patient understand what will happen if you need surgery. You should ask the surgeon — the following questions:

1. Exactly what will the surgeon be doing?
2. About how long will it take?
3. What will happen immediately after the surgery?
4. How can you/the patient expect to feel during recovery?

And don't forget to tell the surgeon, anesthesiologist and nurses about any allergies, bad reaction to anesthesia, and any medications you/the patient.

Don't bend to Osteoporosis

Stand against the silent epidemic

PROF SYED ATIQUL HAQ

Osteoporosis, a condition when bone becomes porous and fragile, leads to 8.9 million fractures per year around the globe. Like the bones hidden inside the body, osteoporosis is hidden and silent. Often, there is no symptom until a fracture occurs. Despite the substantial number of fractures, awareness and screening to prevent such disability are not properly emphasised.

One in three women and one in eight men aged 50 and older are suffering from osteoporosis and its devastating consequence — fracture. The most common osteoporotic fractures are of the vertebrae and the hip that leads you unable to stand. Hip fractures are the most serious and costly. One-half of patients become permanently disabled and 20 to 25 percent require long-term care. Ninety percent of hip fractures in women and 80

percent in men are attributable to osteoporosis.

Non-modifiable risk factors for developing osteoporosis include advanced age, female sex (especially post menopausal women), family history, caucasian race, premature menopause (below 45 years) and previous fragility fracture.

Modifiable risk factors include physical inactivity, cigarette smoking, excessive alcohol intake, low body weight, low calcium intake, prolonged immobilisation and taking steroid glucocorticoids.

In order to prevent or stop osteoporosis, we can manage modifiable risk factors those we can control. Specially, we should take adequate calcium (at least 1200 mg/day) from calcium rich foods like milk, cheese, spinach, collard green, beans, broccoli, peas etc. Vitamin D, physical exercise and quitting smoking can also make a big difference in

preventing osteoporosis.

People with non-modifiable risk factors should consult with specialised doctors to explore whether they need screening or not. A patient should be evaluated for fracture risk by a physician and drugs are prescribed according to need. The drugs used in treatment appear to reduce some fractures by 25 to 50 percent.

While older suffer the consequences of osteoporosis, this disease begins early in life. A healthy lifestyle in childhood, adolescence and early life can preserve the optimum bone mass to prevent the disease. We should bring the silent epidemic under proper projection of light with adequate awareness to help ourselves and consecutive generations to stand with strength.

The writer is the Chairman, Department of Medicine, BSMU and also the Vice-President of Asia Pacific League of Associations for Rheumatology (APLAR).



FDA approves Botox to treat chronic migraines

REUTERS, New York

The Food and Drug Administration recently approved Allergan Inc's anti-wrinkle injection Botox to treat chronic migraines.

Botox injections would be given to adult sufferers of chronic migraines around the head and neck every 12 weeks in an attempt to dull future headaches, said the FDA in a statement.

Chronic migraine sufferers have a headache on most days of the month. Botox has not been shown to work for people who suffer headaches 14 days or less per month, the FDA said.

Vitamin B12 tied to Alzheimer's

Vitamin B12 may help protect against Alzheimer's disease, according to a recent study.

The study suggests that seniors with more of the active part of the vitamin in their blood have a lower risk of developing the disease.

Many elderly people suffer from B12 deficiency. However, the findings do not necessarily mean that taking B vitamin supplements will stave off mental decline.

Vitamin B12 is found in a variety of foods, including dairy, eggs, fish and meat. Too much folate in the presence of B12 deficiency can be harmful.

Source: Neurology

OCTOBER: BREAST CANCER AWARENESS MONTH

Tie up for breast cancer awareness

PROF DR MD MIZANUR RAHMAN

Breast cancer is the 2nd most cause of cancer death in women. Most of the deaths from the disease are due to late diagnosis, lack of screening and self examination.

The news of being diagnosed with cancer is not all bad. Most women who diagnosed at early stage are living like normal after surgical resection of breast tumor and other interventions to completely eradicate cancer cells from body.

In the month of October, which is observed as breast cancer awareness

month, we need to tie up to spread the message that early diagnosis is the key to survival. Here are the key messages that need to be disseminated among mass population for early diagnosis, prevention and reduces large death toll.

Warning signs of breast cancer

- New lump/swelling in the breast or underarm.
- Thickening or swelling of part of the breast
- Irritation or dimpling of breast skin.
- Redness or flaky skin in the nipple area or the breast

• Pulling in of the nipple or pain in the nipple area

• Nipple discharge (e.g. bloody) other than breast milk

• Any change in the size or the shape of the breast

• Pain in any area of the breast

Screening

For early detection screening tests are necessary for women specially after the age 40. Screening at one or two year interval can save many thousands of lives each year in Bangladesh. Many institutions including National Institute of Cancer Research and Hospital, Mohakhali are running breast cancer screening programme for free of cost.

Breast self-examination

Breast self-examination (BSE) is a method that involves the woman herself looking at and feeling each breast for possible lumps, distortions or swelling in front of a mirror. It should be done at regular interval.

So all women should check themselves or go to nearby centres for a screening examination in this month and should keep continue checking at regular interval.

The writer is Head, Department of Surgical Oncology (Cancer Surgery), National Institute of Cancer Research and Hospital, Mohakhali, Dhaka. Email: mizanskh@hotmail.com



Increasing prevalence of liver diseases and the way out

PROF MOBIN KHAN

The magnitude of liver diseases ranging from acute viral hepatitis, which is more familiar as jaundice to liver cancer in Bangladesh is increasing progressively.

Hepatitis A and E viruses from drinking contaminated water remain a constant problem throughout the year. Hepatitis B and C virus is the commonest culprit causing cirrhosis of liver and liver cancer in our country. It has been observed that about one-third of people in Bangladesh are affected by Hepatitis B virus infection sometimes in their lives. About 0.5 percent of the population was found to be infected with Hepatitis C virus infection.

Furthermore, consumption of adulterated foods, fruits, edible oils etc. may be causative factor for long term inflammation of the liver leading to chronic liver disease, cirrhosis and cancer. In comparison to the developed countries, liver diseases are more common in Bangladesh due to the aforesaid factors, which could be avoided by strict supervision of supplied consumable items regularly used in our kitchen.

Excess and fatty food intake lead to fatty liver, which may progress to chronic liver disease in the long run. The current trend of first food culture in young generation is one of the reasons of fatty liver, which is prevailing in our country.

There is a deep concern for future generation for their inclining habit towards so called fast-food tradition which contains fat and other noxious agents leading to early fatty changes in the liver. It is a matter of hope that the treatment and management facilities of common liver diseases including prestigious liver transplant has shown promising in our country.

The writer is the Director, The Liver Centre, Dhaka.

Knowing for better living

Inappropriate use of **antibiotic** leads to antibiotic resistance !

Take antibiotic on Doctor's prescription

Complete the duration of antibiotic treatment even if the symptoms improve earlier

Store antibiotic in proper place

Do not take same antibiotic by yourself even for similar infection

Do not take antibiotic after expiry date



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