

Headache is often UNDER-DIAGNOSED

STAR HEALTH DESK

Nearly everyone experience headache at some time in their lives. Yet, it is under-recognised, under-diagnosed and under-treated. There is good evidence that very large number of people disabled by headache do not receive effective healthcare. The illness that could be easily relieved remains as the burdens — both individual and societal — persist unnecessarily.

Headache disorders, including migraine and tension-type headache, are among the most prevalent disorders of mankind. According to the Global Burden of Disease Study, updated in 2004, migraine on its own was found to account for 1.3 percent of all years of life lost to disability

worldwide. Other headache disorders, collectively, may be responsible for a similar burden. According to World Health Organisation (WHO), worldwide, about 50 percent of people with headache are estimated to be primarily self-treating, without contacting health professionals.

Experts identified lack of training and education of medical professionals, poor awareness, non-availability to appropriate medication are the reasons behind the scenario.

Only four hours are committed to headache disorders in formal undergraduate medical training, and lack of education is seen as the key issue impeding good management of headache. Healthcare for headache must be

improved, and education is required at multiple levels to achieve this.

Most importantly, healthcare providers need better knowledge of how to diagnose and treat the small number of headache disorders that contribute substantially to public ill-health.

Despite there being a range of drugs with efficacy against headache, countries in all income categories identify non-availability of appropriate medication as a barrier to best management. This probably refers to limited reimbursement of drugs used to treat headache.

Financial costs to society through lost productivity are enormous; far greater than the healthcare expenditure on headache in any country.



Another practice hinders people from seeking treatment from professionals is the unnecessary cost involved in diagnosis. Study revealed that investigation rates, mainly for diagnostic purposes, are high, despite those investigations are not always needed to support diagnosis.

Headache disorders are ubiquitous, prevalent, disabling and

largely treatable. Much is unknown about the public health impact of these conditions. The issue needs to be addressed properly to diagnose and treat headache at professional level and relief people from unnecessary pain and disability due to headache.

Source: World Health Organisation

HEALTH bulletin



Obese teens lack vitamin D

Low levels of vitamin D are common in obese adolescents, a new study finds. Vitamin D is produced by the skin in response to exposure to sunlight. Association between obesity and low vitamin D status is indirect, possibly due to obese individuals having fewer outdoor activities. The vitamin is also found in certain foods, including eggs, fish and fortified foods such as dairy products and breakfast cereals.

Source: Journal of Adolescent Health

Coffee provides protection from a type of breast cancer

Recent research from Sweden has shown that drinking coffee may help curb the risk of developing a certain type of breast cancer.



Dysentery, not a descent disease



Few days ago, a boy of six years old came to me with parents in toxic condition. He had been suffering from dysentery for last three days with fever, headache, pallor, vomiting, abdominal pain and not passing urine for more than 12 hours. Meticulous physical and laboratory examination confirmed that the boy developed Haemolytic Uremic Syndrome following dysentery (described latter).

During summer time, invasive diarrhoea (also called dysentery) is quite common in children as well as in adults in Bangladesh. Hot humid weather, scarcity of drinking water, poor hygiene, taking sugar cane juice, contaminated food and verities of juice, sorbet sold at road side to satisfy thirst, are the risk factors for developing dysentery.

Many times, we become confused between diarrhoea and dysentery. Diarrhoea means frequent passage of loose watery stool. When loose stool contains blood



associated with abdominal cramp and fever, we call it dysentery or invasive diarrhoea.

Diarrhoea is mostly caused by viruses, but dysentery is caused by invading bacteria or protozoa. Diarrhoea episodes are managed by oral rehydration saline (ORS) and Zinc, but in dysentery specific antibiotics are needed along with ORS.

Haemolytic Uremic Syndrome (HUS) is one of the worst complication of dysentery and one of the most common causes of renal failure in children in our country,

which needs urgent hospitalisation for proper management.

So, during this hot humid summer time, we have to be very careful about drinking water and food. We should take special care for children during school tiffin. Proper hand washing is very important to prevent all diarrhoeal disease. Please take care of your kids.

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Cholesterol concerns? Get moving!

Whether you are overweight or not, exercise can reduce "bad" cholesterol and increase "good" cholesterol. With your doctor's advice —

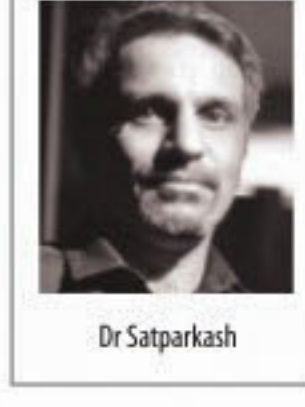
Work up to 30 to 60 minutes of exercise a day. Take a brisk daily walk during your lunch hour. Ride your bike to work. Swim laps. Play

a favourite sports. To maintain your motivation, find an exercise buddy or join an exercise group. And remember, any activity is helpful. Even taking the stairs instead of the elevator or doing a few sit-ups while watching television can make a difference.



DRUG ADDICTION

Know the reasons for drug relapse



Drug relapse is a process that begins when an individual slips back into old behaviour patterns. A drug relapse begins long before the individual uses their first drug after quitting. There are many factors that can lead to a drug relapse. The most common drug

relapse dangers are:

1. Being in the presence of drugs or alcohol, drug or alcohol users, or places where you used or bought chemicals.
2. Feelings we perceive as negative; particularly anger, sadness, loneliness, guilt, fear, and anxiety.
3. Positive feelings that make you want to celebrate by using.
4. Boredom.
5. Getting high on any drug.
6. Physical pain.
7. Listening to others past drug use stories and just dwelling on getting high.
8. Suddenly having a lot of cash.
9. Using prescription drugs that can get you high even if you use them properly.
10. Believing that you no longer have to worry (complacent). That is, that you are no longer stimulated to crave drugs/alcohol by any of the above situations or by anything else. And therefore maybe it is safe for you to use occasionally.

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ANTI-RETROVIRAL THERAPY

HIV transmission reduced by 96%

An HIV-positive person who takes anti-retroviral drugs after diagnosis, rather than when their health declines, can cut the risk of spreading the virus to uninfected partners by 96 percent, according to a recent study from the US National Institutes of Health, says BBC.

"This breakthrough is a serious game changer and will drive the prevention revolution forward. It makes HIV treatment a new priority prevention option," said Michel Sidibe, Executive Director of the Joint United Nations Programme on HIV/Aids (UNAIDS). The World Health Organisation says sexual transmission accounts for 80 percent of all new HIV infections. Its director general, Dr Margaret Chan, described the announcement as a "crucial development". She added that the findings from this study will further strengthen and support the new guidance that WHO is releasing in July to help people living with HIV protect their partners.

The value of anti-retrovirals, in preventing transmission, had been speculated for some time after observational studies, but researchers say this is the first time it has been proven in clinical trials.

Experts opined that HIV treatment is a very powerful form of HIV prevention, and could have a major effect on the HIV epidemic in the worst-affected countries.



Knowing for better living

In Bangladesh ...

1 in every 6 people suffers from **chronic kidney disease !**

- Drink plenty of water instead of other drinks
- Control your blood pressure
- Check your diabetes regularly
- Maintain a healthy weight
- Eat low-fat diet
- Avoid smoking & alcohol
- Consult your Doctor

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