

Protect your hearing from noise

STAR HEALTH DESK

Everyday, we are exposed to various sounds from radio, television, music system, commuting traffic and so on. Usually, these are at safe level. However, when we hear these sounds too loud, it can be harmful enough to damage our hearing system in the ear, called noise-induced hearing loss (NIHL).

NIHL is one of the major causes of hearing loss and is increasing day by day. Recent studies show an alarming increase in hearing loss in youngsters. Evidence suggests that loud rock music along with increased use of portable radios with earphones may be responsible for this phenomenon.

The damage caused by noise, called sensorineural hearing loss there is no treatment — no medicine, no surgery, not even a hearing aid — that completely restores your hearing once it is damaged by noise. The longer you are exposed to a loud noise, the more damaging it may be. Also, the closer you are to the source of intense noise, the more damaging it is.

People differ in their sensitivity to noise. As a general rule, noise



may damage your hearing if you have to shout over background noise to make yourself heard, the noise hurts your ears, it makes your ears ring, or you have difficulty hearing for several hours after exposure to the noise.

Many experts agree that habitual exposure to noise above 85 dB will cause a gradual hearing loss in a significant

number of individuals and louder noises will accelerate this damage.

If you must work in an excessively noisy environment, you should wear protectors. You should also wear them when using power tools, noisy yard equipment, or firearms or riding a motorcycle. The highest permissible noise exposure for

the unprotected ear is 115 dB for 15 minutes/day. Any noise above 140 dB is not permitted.

Hearing protection devices decrease the intensity of sound that reaches the eardrum. They come in two forms; earplugs and earmuffs.

Earplugs are small inserts that fit into the outer ear canal. They must be snugly sealed so

the entire circumference of the ear canal is blocked. Earmuffs fit over the entire outer ear to form an air seal so the entire circumference of the ear canal is blocked and they are held in place by an adjustable band. However, ordinary cotton balls or tissue paper wads stuffed into ear canals are very poor hearing protectors; they reduce noise only by approximately 7 dB.

Hearing loss usually develops over a period of several years. Since it is painless and gradual, you might not notice it. What you might notice is a ringing or other sound in your ear which could be the result of long-term exposure to noise that has damaged the hearing nerve. Or, you may have trouble understanding what people say; they may seem to be mumbling, especially when you are in a noisy place such as in crowd or at a party. This could be the beginning of high-frequency hearing loss. Talk to an ENT specialist to manage this problem.

Source: American Academy of Otolaryngology — Head and Neck Surgery Foundation

SURGERY

5 Key questions to ask before surgery

The decision to have an operation demands careful research. Here are some of the crucial questions that anyone considering the treatment should seek answer.

1. What is the reason that this procedure is necessary at this time?

Is the procedure being done to relieve pain, diagnose a condition, correct deformity, for cosmetic reasons, or what exact purposes? Must the procedure be performed immediately?

2. What are the options if this procedure is not done?

What are the non-surgical or medical treatments available to help the condition? What will/might happen if the operation is not done? If the operation is not done at this time, can it be done later? What are the consequences if the procedure is postponed or delayed?

3. What is the anticipated outcome of the procedure?

What exactly are the expected or possible benefits of doing the procedure? How likely is it that these benefits will result from the procedure?

4. What is the surgeon's experience with this procedure?

Ask the surgeon about his/her experience with this procedure, its outcome, and the hospital or setting in which the operation will be performed.

5. What are the specific risks that this procedure involves?

What are the problems, complications, or conditions that are the risks of the procedure? How common are these complications and potential adverse events? If complications occur, how can they be treated? Is hospitalization required, or can the procedure be performed on an outpatient basis? If hospitalization is recommended, how long is a typical hospital stay?

Source: www.medicinenet.com

HEALTH bulletin

Stroke affecting younger people worldwide

Stroke rates among young and middle-aged people worldwide are increasing and these groups now account for nearly one-third of all strokes, according to a new study published in *The Lancet*.

The analysis of data gathered between 1990 and 2010 found that the number of strokes among people aged 20 to 64 rose 25 percent during that time, and that this age group now accounts for 31 percent of the total number of strokes, compared with 25 percent before 1990. Preventive measures urgently needed to reverse this trend, researchers say.

Smokers' skin may age faster

Smokers are likely to get bags under their eyes and wrinkles around their lips earlier than non-smokers, according to a new study of identical twins published in the journal *Plastic and Reconstructive Surgery*.



PHOTO:REUTERS

TB remains a threat despite progress

Tuberculosis (TB) treatment has saved the lives of more than 22 million people, according to the World Health Organisation (WHO) "Global tuberculosis report 2013" published recently. The report also reveals that the number of people ill with TB fell in 2012 to 8.6 million, with global TB deaths also decreasing to 1.3 million.

The new data confirm that the world is on track to meet the 2015 UN Millennium Development Goals (MDGs) target of reversing TB incidence, along with the target of a 50% reduction in the mortality rate by 2015 (compared to 1990). It details the key challenges and ways to overcome them.

Bangladesh is one of the 22 high burden countries that is facing uphill battle to cope with it. The country has a huge number of drug resistant TB and missed cases that were with either non diagnosed or diagnosed but not reported. So the actual number of cases will be more than counted.

Five priority actions

The WHO report recommends five priority actions that could make a rapid difference between now and 2015.

- Reach the 3 million TB cases missed in national notification systems by expanding access to quality testing and care services across all relevant public, private or community based providers, including hospitals and NGOs



which serve large proportions of populations at risk.

- Address with urgency the MDR-TB crisis. Failure to test and treat all those ill with MDR-TB carries public health risks and grave consequences for those affected. High-level political commitment, ownership by all stakeholders, adequate financing and increased cooperation are needed to solve bottlenecks in drug supply and build capacity to deliver quality care.

- Intensify and build on TB-HIV successes to get as close as possible to full antiretroviral therapy (ART) coverage for people co-infected with TB and HIV.

- Increase domestic and interna-

- tional financing to close the resource gaps — now estimated at about US\$ 2 billion per year — for an effective response to TB in low- and middle-income countries. Full replenishment of the Global Fund is essential, given that most low-income countries rely heavily on international donor funding, with the Global Fund providing around 75% of financial resources in these countries.

- Accelerate rapid uptake of new tools — through technology transfer and operational research to ensure that countries and communities most at risk benefit from these innovations.

Source: World Health Organisation



My Health launches service in Bangladesh

My Health — a service, dedicated to keep record on patients' past and present history at all level of health services using latest technology by a group of expert doctors has been launched in Bangladesh.

At an opening ceremony held in Dhaka recently, chairman of *My Health* Dr. Shakti Ranjan Paul briefed the activities of *My Health* and answered the questions from the journalist about it. Among others Dr. Shah Siraji, CEO and Dr. Nilanjan Sen, MD of *My Health* spoke on the occasion.

Dr Shakti Ranjan said that *My Health* starts first time in Bangladesh to create a database profile of patients which will help them to receive further emergency services and to improve the lifestyle. The patients will be able to know how to prevent diseases using their database profile.

The aim of the project is to help the customers to receive a holistic, preventable, curable and rehabilitative health services — Dr. Nilanjan Sen said in his speech.

The proposed services rendered to the patient are to create health profile, review of health profile, regular update of health profile, referral, health service delivery and health related seminars. Dr. Sen further declared that *My Health* will soon start e-medicine, telemedicine, and evacuation of seriously ill patients to advanced service centre for proper management.

/StarHealthBD

Knowing for better living

Check your blood pressure regularly

Check your diabetes regularly

Control your body weight

Avoid smoking

Exercise regularly

Consult your Doctor

Hypertension is a silent killer!

It is a risk factor for stroke, heart, kidney & eye diseases!



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