

Protecting workers' health

STAR HEALTH DESK

Economically active people spend on an average about one third of their time at the workplace which helps our economy grow. During their work, they are exposed to various health risks such as heat, noise, dust, hazardous chemicals, unsafe machines and psychological stress, that may cause occupational diseases and can aggravate other health problems. Although restoring and maintaining health of these working people is crucial, health services for them is often inadequate and overlooked.

Employment and working conditions have powerful effects on health equity. Good working conditions can provide social protection and status, personal development opportunities and protection from physical and psychosocial hazards. They can also improve social relations and self esteem of employees and lead to positive health effects.

Certain occupational risks, such as injuries, noise, cancer causing agents, airborne particles and ergonomic risks account for a substantial part of the burden of chronic diseases: 37% of all cases of back pain, 16% of hearing loss, 13% of chronic obstructive pulmonary disease (COPD), 11% of asthma, 8% of injuries, 9% of lung cancer, 2% of leukaemia and 8% of depression.



Yet only one third of countries have programmes in place to address these issues. Despite these diseases, in the majority of countries physicians and nurses are not adequately trained to address work-related health problems and many countries do not offer postgraduate education in occupational health.

Work-related health problems result in an economic loss of 4–6% of GDP for most countries. About 70% of workers do not have any insurance to compen-

sate them in case of occupational diseases and injuries.

There are effective interventions to prevent occupational diseases. For example, encapsulation of pollution sources, ventilation, noise control, substitution of dangerous chemicals, improvement of furniture and the organisation of work.

The task of specialised occupational health services is to assess these risks and develop recommendations for prevention

of occupational and work-related diseases. Workers at risk need regular medical check-ups to detect any health problem at an early stage, when treatment and modification of the workplace can help avoid permanent damage.

Currently, specialised occupational health services are available only for 15% of workers across the world, primarily in big companies that offer health insurance and employment injury benefits. With the ongoing

global job crisis, more and more people seek labour in the informal sector without any insurance cover and no occupational health services. Many such workers often also work in hazardous conditions and suffer work-related diseases, injuries and disabilities. In many communities, when the breadwinner falls sick the entire family suffers as there is no social protection.

Primary care centres can deliver some basic occupational services for workers in the informal sector and in small enterprises in the community. Most often they carry out workplace visits with recommendations for improvement, and conduct preliminary and periodic medical examinations, diagnosis and reporting of occupational and work-related diseases. Primary care centres could also train and work with health volunteers and workplace safety representatives to implement simple measures for the prevention of occupational diseases and provide advice on safer working methods.

The costs of these services varies between US\$ 18 and US\$ 60 (purchasing power parity) per worker. And the benefits are lot more. Research has demonstrated that workplace health initiatives can help reduce sick leave absenteeism by 27% and health-care costs for companies by 26%.

PROTECTION



Measles: check your status, protect yourself

Measles is a highly contagious, serious disease caused by a virus. It spreads through the air when infected people cough and sneeze. It remains one of the leading causes of death among young children globally, despite the availability of a safe and effective vaccine. Approximately 122000 people died from measles in 2012 — mostly children under the age of five.

The best protection against measles is through immunisation. The measles vaccine is often given in a combination shot that also protects against rubella and/or mumps. It is equally effective in the single or combined form. It is a matter of joy that measles vaccine is included in the national expanded programme of immunisation (EPI).

If you have not had measles or been vaccinated, you may be at risk. Getting immunised with 2 doses of measles vaccine gives lifelong protection. By getting vaccinated, you ensure that you and your family are protected in the event of a measles outbreak at home or while travelling.

HEALTH bulletin

FDA approves HPV test as initial screen for cervical cancer

The U.S. Food and Drug Administration recently approved a human papillomavirus (HPV) test as a first step in cervical cancer screening for women aged 25 and older.



HPV, a sexually transmitted virus, is thought to cause the majority of cervical cancers. Certain strains, such as HPV 16 and 18, are most strongly tied to these tumors. The virus also causes genital warts in both men and women and certain head and neck cancers.

Women who test positive for the two high-risk HPV strains (16 and 18) would then be asked to undergo a colposcopy. This involves using a device that allows a doctor to get a clear view of the vulva, vagina and cervix and take a sample for further testing. Women who don't have HPV 16 or 18 but have other high-risk types of the virus would have a Pap test to see if a colposcopy is needed.

Exercise may curtail COPD complications

Exercise might help reduce the risk of hospital re-admission in people with a progressive lung condition called chronic obstructive pulmonary disease (COPD), a new study published in the Annals of the American Thoracic Society finds.

COPD refers to a group of diseases, including emphysema and chronic bronchitis, that cause airflow blockage and breathing problems.

Pregnancy and allergic rhinitis

DR NEYAMAT ULLAH KHAN

Women who have allergic rhinitis before pregnancy may have worsening, improvement or no change in their symptoms during pregnancy. Most women notice some nasal congestion in the later stages of pregnancy, even if they did not have rhinitis before. This is called rhinitis of pregnancy and is related to hormone levels. Rhinitis of pregnancy does not respond to medications and goes away after delivery.

As a general rule, medications should be avoided or used at the lowest dose that controls symptoms during pregnancy. A woman should always review any medication (over-the-counter or prescription) before taking it during pregnancy. However, several drugs used to treat allergic rhinitis are thought to be safe during this time.

- **Saline sprays and nasal irrigation** — Women with mild rhinitis may be able to control symptoms using only saline nasal sprays or irrigation, which do not contain any medications.

If medication for rhinitis is needed during pregnancy, the following are considered to be safer choice:

- **Nasal sprays** — Certain nasal sprays are a sensible option for pregnant women, because much less drug is required to control symptoms when it is sprayed directly into the nose, compared with taking that same medication by mouth.

Cromolyn nasal sprays are safe for use during pregnancy. Only a very small amount of drug is absorbed into the blood stream with this medication and no serious side effects are known to occur.

Nasal glucocorticoids are

considered safe for use in pregnancy, and women who are already taking these can simply continue during pregnancy. Although no safety differences have been identified among the different nasal glucocorticoids, budesonide has been approved for use in pregnancy for a longer time than the others.

- **Antihistamines** — Loratadine, or cetirizine are the antihistamines of choice during pregnancy.

- **Decongestants** — Pseudoephedrine should be avoided during the first trimester of pregnancy if possible, because its safety has not yet been confirmed. After the first trimester (roughly first three months), it should be used only when needed and only as directed. However, it should not be used at all by women with high blood pressure or pre-eclampsia. Phenylephrine should be avoided altogether during pregnancy.

If untreated, nasal allergy may cause recurrent sinusitis because of the obstruction to the sinus ostia. It may lead to the formation of nasal polyp (sac-like growths of inflamed tissue lining the nose i.e. nasal mucosa or sinuses). Nasal allergy can result in serious otitis media (inflammation of inner ear) and orthodontic problems. Patients of nasal allergy have four times more risk of developing asthma. To avoid these complications, always better to consult with a Ear-Nose-Throat (ENT) specialist.

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Health News

Health camp organised



Diabetic Wellbeing Foundation (DWF) and Community Health Clinic of Ulookandi Village of Comilla jointly organized a health camp on April 18, 2014 at primary school of Ulookandi Village with the support of Johnson and Johnson.

The partner organisation was Bangladesh Youth Forum (BYF) who provided volunteers for the camp.

Blood sugar screening, blood pressure measuring, height and weight measurement were done on the villagers.

Specialised consultation services on Friday

Health and Hope Hospital in the capital city Dhaka is observe a service week on the occasion of its tenth founding anniversary.

The hospital also runs Friday consultation services with a view to provide specialised healthcare facilities to the patients, says a press release.



/StarHealthBD

Knowing for better living

Control your diabetes

Maintain a healthy diet

Control your body weight

Avoid smoking

Exercise regularly

Consult your Doctor

If you have **diabetes** you are **2 to 4 times** more likely to develop **cardiovascular disease** than people without diabetes



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