

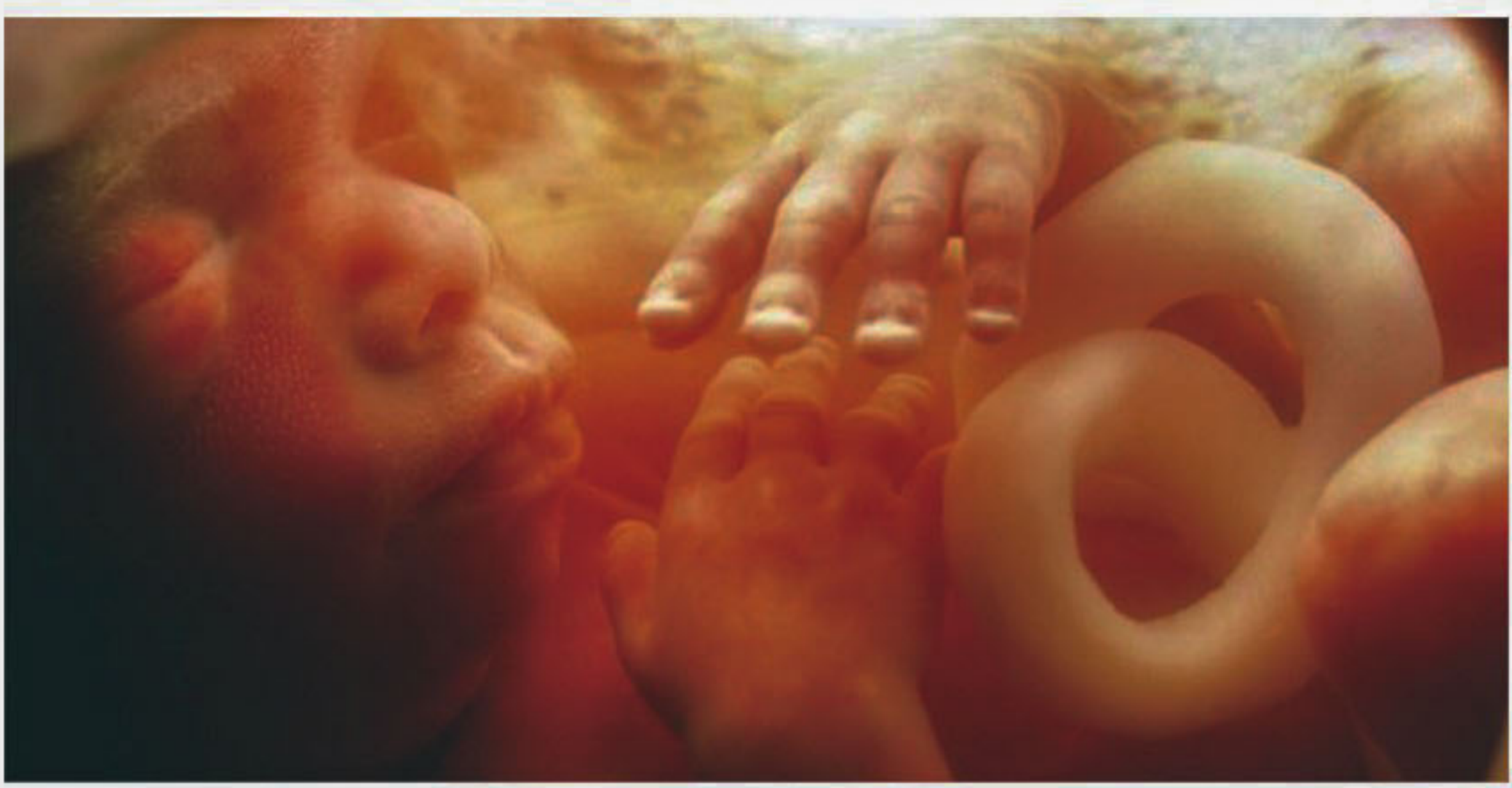
Dealing with congenital anomalies

Congenital anomalies are important causes of childhood death, chronic illness and disability. They are also known as birth defects, congenital disorders or congenital malformations. Congenital anomalies can be defined as structural or functional anomalies that occur during intrauterine life.

Causes and risk factors
Although approximately 50% of all congenital anomalies cannot be linked to a specific cause. There are some known causes or risk factors that may include socioeconomic and demographic factors, genetic factors, infections, maternal nutritional status, environmental factors etc.

Maternal exposure to certain pesticides and other chemicals, as well as certain medications, alcohol, tobacco, psychoactive drugs and radiation during pregnancy, may increase the risk of having a child affected by congenital anomalies. Working or living near, or in, waste sites, smelters or mines may also be a risk factor, especially if the mother is exposed to other environmental risk factors or nutritional deficiencies.

Prevention
Preventive public health measures delivered through health services decrease the



frequency of certain congenital anomalies. Primary prevention of congenital anomalies includes:
• improving the diet of women throughout their reproductive years, ensuring an adequate dietary intake of vitamins and minerals, and particularly folic acid, through daily oral supplements or fortification of staple foods such as wheat or maize flours;
• ensuring mothers abstain from, or restrict, their intake of harmful substances, particularly alcohol;
• controlling preconceptional and gestational diabetes, through counselling, weight management,

diet and administration of insulin when needed;
• avoiding environmental exposure to hazardous substances (e.g. heavy metals, pesticides) during pregnancy;
• ensuring that any exposure of pregnant women to medications or medical radiation is justified, based on careful health risk-benefit analysis;
• improving vaccination coverage, especially against the rubella virus, for children and women. Rubella can be prevented through childhood vaccination;
• increasing and strengthening education of health staff and

others involved in promoting prevention of congenital anomalies.
Detection
Health care before and around the time of conception includes basic reproductive health practices, as well as medical genetic screening and counselling. Screening can be conducted during the 3 periods listed next.
• Preconception screening includes obtaining family histories and carrier screening, and is particularly valuable in countries where consanguineous marriage is common.

• Peri-conception screening include screening for young or advanced maternal age, as well as screening for use of alcohol, tobacco or other psychoactive drugs. Ultrasound can be used to screen for Down syndrome during the first trimester, and for severe fetal anomalies during the second trimester.

• Neonatal screening includes clinical examination and screening for disorders of the blood, metabolism and hormone production. Screening for deafness and heart defects, as well as early detection of congenital anomalies, can facilitate life-saving treatments and prevent progression towards some physical, intellectual, visual or auditory disabilities. In some countries, babies are routinely screened for abnormalities of the thyroid or adrenal glands before discharge from the maternity unit.

Treatment and care
Many structural congenital anomalies can be corrected with paediatric surgery and early treatment can be administered to children with functional problems such as thalassaemia (inherited recessive blood disorders), sickle cell disorders and congenital hypothyroidism (reduced function of the thyroid).

Source: World Health Organisation

FUTURE HEALTH

The power in your hand!



The chances of having a heart attack, stroke or dying young may be hidden in the palm of the hand, a study suggests.

A trial on nearly 140,000 people in 14 countries, published in the Lancet, suggests grip strength is better than blood pressure at predicting risk.

The international research team said it would be a "simple, inexpensive" tool for doctors.

Experts argued the link between grip and the heart was unclear and needed more study.

The maximum crushing force you can exert in your grip naturally declines with age.

But those whose grip strength declines fastest may be at greater risk of health problems, the study suggests.

Women in their mid-20s have a grip strength about 75lb, which falls to 53lb in a 70-year-old.

The equivalent figures for men are 119lb (54kg) falling to 84lb.

The huge trial, in 14 countries, showed each 11lb (5kg) reduction in grip strength increased the odds of an early death by 16%.

The odds of a fatal heart problem increased by 17% and a stroke by 9%.

Doctors currently calculate the chances of a heart attack or stroke by filling in a questionnaire with the patient by assessing age, whether they smoke, obesity, cholesterol levels, blood pressure where they live and family history.

The researchers argue grip strength makes more accurate predictions than blood pressure alone and could be a new tool for assessing risk.

HEALTH bulletin

Hirsutism may be a sign of serious medical condition



Exercise buys five years for elderly

Regular exercise in old age has as powerful an effect on life expectancy as giving up smoking, researchers say.

The analysis of 5,700 elderly men in Norway showed those doing three hours of exercise a week lived around five years longer than the sedentary.

The authors, writing in the British Journal of Sports Medicine, called for campaigns to encourage fitness in older people.

The study comes as a charity warns about low levels of exercise.

In the study - conducted by Oslo University Hospital - found both light and vigorous exercise extended life expectancy.

Official advice in the UK recommends 150 minutes of moderate exercise per week in the over-65s.

DR SHAHJADA SELIM

Hirsutism or frazonism is the excessive hairiness on women in those parts of the body where terminal hair does not normally occur or is minimal - for example, a beard or chest hair. It refers to a male pattern of body hair (androgenic hair) and it is therefore primarily of cosmetic and psychological concern. Hirsutism is a medical sign rather than a disease and may be a sign of a more serious medical condition, especially if it develops well after puberty.

Hirsutism affects women and sometimes men, since the rising of androgens causes a male pattern of

body hair, sometimes excessive, particularly in locations where women normally do not develop terminal hair during puberty (chest, abdomen, back and face). The medical term for excessive hair growth that affect both men and women is hypertrichosis.

Hirsutism can be caused by either an increased level of androgens, the male hormones, or an oversensitivity of hair follicles to androgens. Male hormones such as testosterone stimulate hair growth, increase size and intensify the growth and pigmentation of hair.

Other symptoms associated with a high level of male hormones include acne, deepening of the voice, and

increased muscle mass. Growing evidence implicates high circulating levels of insulin in women for the development of hirsutism. It is speculated that insulin, at high enough concentration, stimulates the ovarian theca cells to produce androgens.

Signs that are suggestive of an androgen-secreting tumour in a patient with hirsutism is rapid onset, virilisation and palpable abdominal mass.

The following may be some of the conditions that may increase a woman's normally low level of male hormones: polycystic ovary syndrome, congenital adrenal hyperplasia, Cushing's disease, growth hormone excess, tumours in the ovaries or adrenal gland, insulin resistance, obesity. This is the same mechanism as polycystic ovary syndrome, PCOS, Use of drugs.

Diagnosis of patients with even mild hirsutism should include assessment of ovulation and ovarian ultrasound (because of the high prevalence of polycystic ovary syndrome), as well as 17-hydroxyprogesterone.

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Health Tips

Eat your water

Eating a diet that is rich in whole, plant-based foods is a good way to stay hydrated in hot scorching summer. Fresh fruits and vegetables not only provide water, but also provide with essential electrolytes. Chew on these sources of water and electrolytes:

- Sodium:** Sea salt, seaweed, cantaloupes, beets, spinach
- Potassium:** All fruits and vegetables, green coconut
- Chloride:** Celery, olives, seaweed, tomatoes, carrots
- Calcium:** Blackstrap molasses, bok choy, broccoli, figs, green leafy vegetables
- Magnesium:** Broccoli, buckwheat, celery, cucumber, cabbage, nuts, quinoa, seeds, spinach



Knowing for better living

In Bangladesh ...

Cancer is the leading cause of death among women of **15-49** years of age!

- Take healthy diet
- Exercise regularly
- Maintain healthy weight
- Avoid smoking & exposure to smoke
- Get regular health check-up
- Consult with doctor before taking any birth control pill



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