

Bad habits that can hurt your brain

STAR HEALTH DESK

Sleep loss, junk food, inactivity — these things and more can take a toll on your brain health. Here are some issues to pay attention if you would like to keep your brain healthy.

You miss out on sleep
You do a few things you know you should not — we all do. But some of those bad habits can take a toll on your brain. For example, lack of sleep may be a cause of dementia, including Alzheimer's disease. It is best to have regular sleeping hours. If you have trouble with sleep, avoid alcohol, caffeine, and electronics in the evening, and start a soothing bedtime ritual.

You have too much alone time
Humans are wired for social contact. It is not about how many Facebook friends you have — what matters is a real sense of connection. People who have that with even just a few close friends are happier and more productive. They are also less likely to suffer from brain decline and Alzheimer's. If you feel alone, call some friends or start something new — salsa dancing, tennis, bridge — that involves other people.

You eat too much junk food
Parts of the brain linked to learn-



ing, memory, and mental health are smaller in people who have lots of hamburgers, fries, potato chips, and soft drinks in their diet. Berries, whole grains, nuts, and green leafy vegetables, on the other hand, preserve brain function and slow mental decline. So next time you start to reach for a bag of chips, grab a handful of nuts instead.

You blast your headphones
With your earbuds at full volume, you can permanently damage your hearing in only 30 minutes. But it is not just your ears: Hearing loss in older adults is linked to brain problems, such as Alzheimer's and loss of brain tissue. This may be because your brain has to work so hard to understand what's being said

around you that it cannot store what you have heard into memory. So turn it down — no louder than 60% of your device's maximum volume — and try not to listen for more than a couple of hours at a time.

You do not move enough
The longer you go without regular exercise, the more likely you are to have dementia. You are

also more likely to get diabetes, heart disease, and high blood pressure — all of which may be linked to Alzheimer's. You don't have to start running marathons — a half-hour in the garden or a brisk walk around the neighborhood will work. The important thing is to do it at least 3 days a week.

You still smoke

It can shrink your brain — and that is not a good thing. It makes your memory worse and makes you twice as likely to get dementia, including Alzheimer's. It also causes heart disease, diabetes, stroke, and high blood pressure.

You overeat

If you eat too much food — even the right kind of food — your brain may not be able to build the strong network of connections that help you think and remember. Overeat for too long and you may get dangerously overweight, which can cause heart disease, diabetes, and high blood pressure — all linked to brain problems and Alzheimer's.

You stay in the dark too much
If you do not get enough natural light, you may get depressed, and that can slow your brain. Research also shows that sunlight helps keep your brain working well.

Source: WebMD

COLD CARE

Dealing with asthma in winter

For many people, asthma attacks may happen more often in the winter. Keeping your asthma under control may take a little more effort in the cold of winter, but these strategies should get you through the season without worsened symptoms.

Wash your hands: Washing your hands with soap and water is one of simplest and best ways to avoid spreading or catching colds and other viruses. Alcohol-based hand sanitizers also do the trick.

Get a flu shot: The Centers for Disease Control and Prevention (CDC) recommends that most people age 6 months and older get an annual flu shot to help protect against the flu virus. Having asthma won't make you more susceptible, but if you do get the flu, the results could be more serious. Your doctor may also recommend that you get a pneumonia vaccine for extra protection.

Keep your mouth closed: If this sounds like something your mom told you as a kid, you are not alone. Ideally, you want to breathe through your nose, not your mouth, when you are out in the cold because the nose warms up the air for the lungs.

Exercise indoors: On days when it is bitterly cold outside going to the gym instead of exercising outside. Your inhaler will help open your airways and give you the extra protection you need.

Take steps to prevent asthma flares: Take a preventive dose of your asthma medicine before heading outside. Your inhaler will help open your airways and give you the extra protection you need.

Have an asthma action plan: No matter what the season, you should always know what to do if asthma symptoms flare. Your action plan should detail how to control your asthma over the long run.

Take your medications: Work with your doctor or asthma specialist to create an effective treatment plan, and continue to get regular checkups. If you find your asthma symptoms worsen in the cold weather, talk to a doctor on possibly changing the medication.

HEALTH bulletin



Ebola vaccine provides high protection against disease

An experimental Ebola vaccine was highly protective against the deadly virus in a major trial in Guinea, according to results published in The Lancet. The vaccine is the first to prevent infection from one of the most lethal known pathogens, and the findings add weight to early trial results published last year.

The vaccine, called rVSV-ZEBOV, was studied in a trial involving 11,841 people in Guinea during 2015. Among the 5,837 people who received the vaccine, no Ebola cases were recorded 10 days or more after vaccination. In comparison, there were 23 cases 10 days or more after vaccination among those who did not receive the vaccine.

The trial was led by the World Health Organisation (WHO), together with Guinea's Ministry of Health and other international partners.

Smoking and its harmful impact among students

SYED RAIYAN ABU ZAFAR

The prevalence of smoking especially among the students of the private universities in Bangladesh is alarming. On a recent survey of students of two top ranking private universities, it was found that there is a high prevalence of smoking among students. However there is also a great movement among these students towards quitting smoking.

According to a survey conducted in both the universities, the highest number of smokers are aged between 18 to 22 and the next age group falls in the range between 22 to 26. The average number of smokers is above 26 and onwards and they are all students of both the universities.

Now this may sound as if no one wants to quit as they are just addicted, a general perception about youth addiction in our society. However the reasons are quite the opposite of what is perceived in general by the adults in our society.

The reasons arise from the extremely delicate emotional state and vulnerability of the youth. Boys who were 90% of the respondents are extremely gullible and react strongly to emotional incidents.

Most of the respondents said that they were very concerned about quitting smoking. The question is why they don't. A fairly large per-



centage said they tried quitting but were already addicted or are compelled by the mad rush for CGPAs as well as the availability of street vendors rushing to the students as they exit their campuses with cigarettes.

First hand smoking by now must have been established as the main culprit, however second hand smoking especially in university washrooms despite authorities imposing bans and warnings in their campuses is a far worse culprit.

According to the Centers for Disease Control and Prevention (CDC), second-hand smoke contains carcinogens, toxic metals and poisonous gases. While all of these substances obviously have adverse effects on human health, they also affect our environment as well.

Second-hand smoke goes into our atmosphere and degrades air quality. The CDC also reports that a collection of experiments demonstrated that levels of respirable suspended particulates (RSPs) decreased by up to 96% in public spaces that banned smoking.

The smoking among the young population as a whole is alarming. This should be addressed properly to create awareness among them and proper measures should be taken to prevent smoking among young population.

A concentrated effort is needed by the universities, schools and colleges as well as our local authorities to increase counselling to address student problems.

E-mail: rainaaz@hotmail.com



Health benefits of apples

A collection of research studies suggests that apples may well be one of the healthiest foods for you to include in your daily diet. Let's take a look at the possible health benefits suggested by them.

Improving neurological health: A 2006 study published in the journal Experimental Biology and Medicine found that quercetin (antioxidant found abundantly in apples) was one of two compounds that helped to reduce cellular death that is caused by oxidation and inflammation of neurons.

Preventing dementia: A study published in the Journal of Food Science suggested that including apples in your daily diet may play an important role in reducing the risk of neurodegenerative disorders such as Alzheimer's disease.

Reducing risk of stroke: A study involving 9,208 men and women showed that those who ate the most apples over a 28 year period had the lowest risk for stroke. The researchers concluded that the intake of apples is related to a decreased risk of thrombotic stroke.

Lowering levels of bad cholesterol: A group of researchers at The Florida State University stated that apples are a "miracle fruit". They found that older women who ate apples everyday had 23% less bad cholesterol (LDL) and 4% more good cholesterol (HDL) after just six months.

Reducing risk of diabetes: Apples could also help lower risk of diabetes. A study involving 187,382 people found that people who ate three servings per week of apples, grapes, raisins or pears had a 7% lower risk of developing type 2 diabetes compared to those who did not.

/StarHealthBD

What is diabetic eye disease?

Diabetic eye disease can affect many parts of the eye, including the retina, macula, lens and the optic nerve.

Diabetic eye disease is a group of eye conditions that can affect people with diabetes.

- **Diabetic retinopathy** affects blood vessels in the light-sensitive tissue called the retina that lines the back of the eye. It is the most common cause of vision loss among people with diabetes and the leading cause of vision impairment and blindness among working-age adults.
- **Diabetic macular edema (DME).** A consequence of diabetic retinopathy, DME is swelling in an area of the retina called the macula.

Diabetic eye disease also includes cataract and glaucoma. All forms of diabetic eye disease have the potential to cause severe vision loss and blindness.

How can people with diabetes protect their vision?

Vision lost to diabetic retinopathy is sometimes irreversible. However, early detection and treatment can reduce the risk of blindness by 95 percent. Because diabetic retinopathy often lacks early symptoms, people with diabetes should get a comprehensive dilated eye exam at least once a year. People with diabetic retinopathy may need eye exams more frequently. Women with diabetes who become pregnant should have a comprehensive dilated eye exam as soon as possible. Additional exams during pregnancy may be needed.

Studies such as the Diabetes Control and Complications Trial (DCCT) have shown that controlling diabetes slows the onset and worsening of diabetic retinopathy. DCCT study participants who kept their blood glucose level as close to normal as possible were significantly less likely than those without optimal glucose control to develop diabetic retinopathy, as well as kidney and nerve diseases. Other trials have shown that controlling elevated blood pressure and cholesterol can reduce the risk of vision loss among people with diabetes.

Treatment for diabetic retinopathy is often delayed until it starts to progress to PDR, or when DME occurs. Comprehensive dilated eye exams are needed more frequently as diabetic retinopathy becomes more severe. People with severe nonproliferative diabetic retinopathy have a high risk of developing PDR and may need a comprehensive dilated eye exam as often as every 2 to 4 months.