

Depression: Let's talk



DR AHMED HELAL

It is the World Health Day on April 7; the day marks the anniversary of the founding of the World Health Organisation (WHO). This year's theme is Depression: Let's talk.

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration (WHO 2012). Globally more than 300 million people suffer from it. Women are affected by depression twice than men. Depression can lead to suicide. Depression can produce huge economical and social burden also.

Depression often comes with symptoms of anxiety. Depression affects the body, mind and behaviour. Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depressive disorder or clinical depression, it affects how a person feels, thinks and behaves and can lead to a variety of emotional and physical problems.

Person with depression may have trouble doing normal day-to-day activities, and sometimes may feel as if his or her life is not worth living. Depression can affect anyone and it is one of the most widespread illnesses, often co-existing with other serious illnesses.

Symptoms need to be persisted

at least 2 weeks in depression. Common symptoms are depressed (or irritable) mood, diminished interest or loss of pleasure in almost all activities, sleep disturbance, weight change, appetite disturbance, or failure to achieve expected weight gain, decreased concentration or indecisiveness, suicidal ideation or thoughts of death, agitation or quietness, fatigue or loss of energy and feelings of worthlessness or inappropriate guilt.

According to WHO, depression was ranked as the third leading cause of the global burden of disease in 2004 and will move into the first place by 2030.

In Bangladesh, the first national survey on mental health conducted between 2003 and

2005 documented that 16.1% of the adult population had mental disorders. In that survey depression was found in 4.6% among the adult population of Bangladesh. Another survey showed depression among children in Bangladesh is 1%. That means near about 5 million people are suffering from depression in Bangladesh.

To encounter depression it should be discussed among all and never should be tried to hide. Everybody should encourage the person with depression to seek help when available, offer company to them for appointments with professionals. Help them with everyday tasks and to have regular eating and sleeping patterns. They should also be

encouraged to perform regular exercise and social activities. If they are thinking about self-harm, or have already intentionally harmed themselves, do not leave them alone.

Seek further help from the emergency services or a healthcare professional. In the meantime, remove items such as medications, sharp objects and firearms from their reach. To manage depression both the medications and psychotherapy are important, do not be afraid to take medicine or avoid mental health professionals.

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MEDICATION ERROR

Global effort to halve medication-related errors

The World Health Organisation (WHO) recently launched a global initiative to reduce severe, avoidable medication-associated harm in all countries by 50% over the next 5 years.

The Global Patient Safety Challenge on Medication Safety aims to address the weaknesses in health systems that lead to medication errors and the severe harm that results. It lays out ways to improve the way medicines are prescribed, distributed and consumed, and increase awareness among patients about the risks associated with the improper use of medication.

Medication errors cause at least one death every day and injure approximately 1.3 million people annually in the United States of America alone. While low- and middle-income countries are estimated to have similar rates of medication-related adverse events to high-income countries, the impact is about twice as much in terms of the number of years of healthy life lost. Globally, the cost associated with medication errors has been estimated at US\$ 42 billion annually or almost 1% of total global health expenditure.

Both health workers and patients can make mistakes that result in severe harm, such as ordering, prescribing, dispensing, preparing, administering or consuming the wrong medication or the wrong dose at the wrong time. But all medication errors are potentially avoidable. Preventing errors and the harm that results requires putting systems and procedures in place to ensure the right patient receives the right medication at the right dose via the right route at the right time.

The Challenge aims to make improvements in each stage of the medication use process including prescribing, dispensing, administering, monitoring and use.

Source: World Health Organisation

HEALTH bulletin

Health sector reformation and challenges of implementation

DHIRAJ KUMAR NATH

The cabinet division of the Government of Bangladesh has bifurcated the Ministry of Health and Family Welfare into two separate divisions, namely Health Services Division and Medical Education and Family Welfare Division through a gazette notification on March 16, 2017.

This is not the first attempt towards reformation to ensure better governance and effective implementation of the health sector programme. Health Ministry was functional as Health Division and Family Planning and Population Control Division in late 1970. Later in 1985, the Government decided to merge both divisions into one ministry to bring all health and family planning activities under a unified command with a view to ensuring effective coordination and monitoring of services, efficient management of logistics and supplies and to ensure adequate mobilisation of human resources etc.

This concept of unified and coordinated management information system has later on, developed into a sector wide approach in 1998 that led to adopt the Health Population and Nutrition Sector Programme (HPNSP) integrating the activities of Health and Family Planning from Upazilla to below under the supervision of the Upazilla Health and Family Planning Officer.

The Executive Committee Of National Economic Council (ECNEC) has approved the 4th HPNSP on 21st March, 2017 with the financial outlay of taka 1 lakh 15 thousands and 548 crores mega health project for the period of 2017-2022. This is for the first time the investment of the Government is around 84% where development partners' contribution is only taka 18 thousands and 847 crores.

This size of the HPNSP is higher by almost 126% than the 3rd HPNSP of 2011-2016 where it was only taka 51 thousands and 84 crores project. This time the services delivery system has been diversified with the emphasis on non-communicable diseases like cancer, cardio-vascular diseases, diabetes and intestinal disorders etc. to address as integrated approach.

Increasing the size of the project with mobilisation of resources and recruitment of huge manpower does not indicate an efficient and appropriate strategic measure to achieve the 'Universal Health Care' or attain the object of 'Health for all' by reaching the sustainability goal of 'ensure healthy lives and promote well-being for all at all ages' as envisaged in the Sustainable Development Goals (SDG) by 2030.

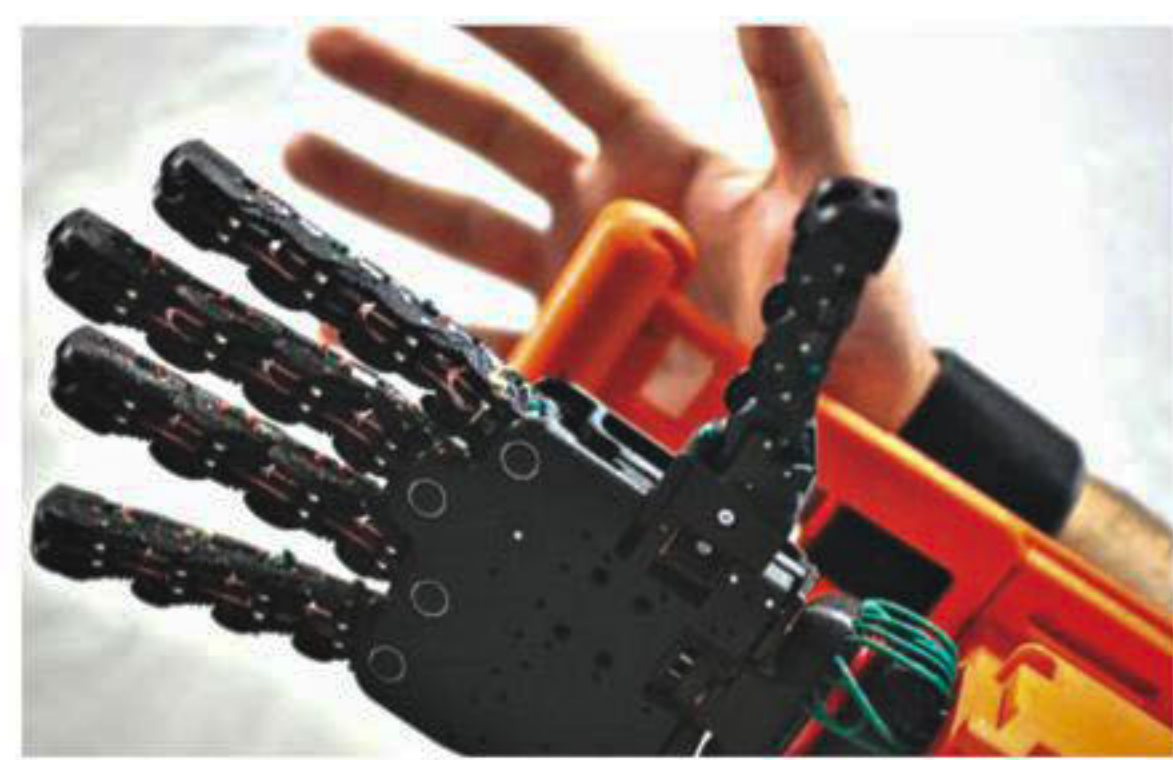
Public at present spend about 65% health expenditure out of their own pocket whereas the Health Ministry could not spend the earmarked budget of 3rd HPNSP

within July 2016 and the project had to be extended by six months on no cost basis up to December 2016. The patients are to buy drugs and medicines almost 90% from drug stores and 50% of which based on advices over the counter without prescription.

The people at large expect health care delivery system must be transparent and accountable with high standard of integrity supported by strong vigilance and monitoring with an effective network of surveillance. There must be alternate source of financing like health insurance to overcome the risk of coverage from costly treatment of cancer, cardiovascular diseases, renal failure etc.

The vision of the health care reformation is to ensure access to affordable health care in comfortable friendly services providing facilities. The health care reform is meant to broaden the population that receives treatment and care coverage with quality and decreasing the cost of the care. If this objective is not targeted properly and measures not taken prudently, the bifurcation of the Ministry of Health and Family Welfare or increasing the outlay of the Sector Programme will remain a far cry to archive its targets.

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Restoring functional arm movements to man with complete paralysis

A system that decodes brain signals and transmits them to sensors in the arm has allowed a man paralysed from the shoulders down to regain movement in his hand and arm, according to the first study to report results for this new technology, published in The Lancet.

The study is a major advance and the first to restore brain-controlled reaching and grasping in a person with complete paralysis.

In this study, a 53 year-old man who had been paralysed below the shoulders for eight years underwent surgery to have the neuro-prosthesis fitted. After 12 months of having the neuro-prosthesis fitted, the participant was asked to complete day-to-day tasks, including drinking a cup of coffee and feeding himself. First of all, he observed while his arm completed the action under computer control. During this, he thought about making the same movement so that the system could recognise the corresponding brain signals. The two systems were then linked and he was able to use it to drink a coffee and feed himself.



Free medical camp organised in Narsingdi

Dr Nuruzzaman Khokon Memorial Trust organised a free medical camp in Narsingdi, Bangladesh recently at the premises of Satirpara K K Institution and College.

Dr Ainun Nahar, chairperson of the trust, inaugurated the medical camp while Alhaj Kamruzzaman Kamrul, Mayor of Narsingdi was present as the chief guest.

More than 60-70 specialist physicians from Dhaka provided free treatment to approximately 6000 people in the free medical camp.

Dr Nuruzzaman Khokon, a famous physician from Narsingdi died two years ago in a car accident. He was a student of Sir Salimullah Medical College. His friends and fellow physicians organised the medical camp and volunteered to commemorate the death anniversary of Dr Khokon.

The people in Narsingdi still remember him for his outstanding support to the ailing community.



6 Symptoms You Shouldn't Ignore

Most aches and pains aren't a sign of something serious, but certain symptoms should be checked out. See a doctor if you feel any of these things:

1. Weakness in Your Arms and Legs

If you get weak or numb in your arm, leg, or face, it can be a sign of a stroke, especially if it's on one side of your body. Caught early, it is often reversible," says internist Jacob Teitelbaum, MD.

2. Chest Pain

When it comes to chest pain, it's better to be safe than sorry. "Any chest pain, especially accompanied by sweating, pressure, shortness of breath, or nausea, should be evaluated by a medical professional right away," says Shilpi Agarwal, MD, with One Medical Group in Washington, DC.

3. Tenderness and Pain in the Back of Your Lower Leg

Teitelbaum says you can also check for what's called the Homans sign. "If you flex your toes upward and it hurts, that's also suggestive of a blood clot," he says. "But don't rely on that. If it's hot, red, and swollen on one side, go to the ER."

4. Blood in Your Urine

If you have blood in your urine and you also feel a lot of pain in your side or in your back, you may have kidney stones. A kidney stone is a small crystal made of minerals and salts that forms in your kidney and moves through the tube that carries your urine.

5. Wheezing

Wheezing can also be caused by pneumonia or bronchitis. Are you coughing up yellow or green mucus? Do you also have a fever or shortness of breath? If so, you may have bronchitis that's turning into pneumonia. "Time to see your doctor," Teitelbaum says.

6. Suicidal Thoughts

If you feel hopeless or trapped, or think you have no reason to live, get help. Talking to a professional can help you make it through a crisis. Go to a hospital emergency room or a walk-in clinic at a psychiatric hospital. A doctor or mental health professional will talk to you, keep you safe & help you get through this tough time.

