

International Thalassaemia Day

Fighting against Thalassaemia

PROF WAQAR A KHAN

International thalassaemia day is observed all over the world on 8th May to create awareness of the disease among common public, discuss strategies to prevent the births of thalassaemic children and to also to pay homage to those who died.

This disease is mainly known to those families who discover that their child is suffering from thalassaemia when they go to a doctor with symptoms of anaemia, enlarged spleen and other complications and their happiness turns to confusion and shock when they learn that their child will have to be given regular transfusion and drugs through their whole life to keep them healthy.

Thalassaemia is a congenital haemolytic disorder where there is anaemia or low haemoglobin. It is the most common congenital disorder in Bangladesh as in many parts of the world. Blood contains iron and regular blood transfusion leads to accumulation of excess iron which is toxic and damages different organs of the body like heart and endocrine glands leading to organ failure and many other complications. This iron needs to be removed by chelating drugs (iron removing drugs) which has to be regularly taken and is expensive. Majority of our patients cannot



afford adequate treatment.

A child is born with thalassaemia through their parents who are carriers of this disease. Carriers are healthy or may be mildly anaemic especially beta trait carriers and may be confused with iron deficiency. They are not aware of their status unless they do tests to know whether they are carrier of this disorder which unfortunately is rarely done as they are not aware of this disease and that it could have been prevented.

There are two common types of carriers in Bangladesh. Beta trait carrier where there is defect in synthesis of globin chain and HbE trait where there is structural

defect. The frequency of beta trait carrier is 4.1% and HbE carrier is 6.1% which means that there 16 million carriers in our population with wide variation in distribution in different regions of Bangladesh.

In the coming years it is essential that serious efforts should be made to control thalassaemia problem and it has to be recognised as an important health issue. As the infant mortality rate and under five mortality is falling which is a big achievement of our government but more children are now coming to hospital with genetic disorders like thalassaemia. We do not want a population with sizeable numbers of

genetic disorders.

Thalassaemia is a preventable disease. For a successful prevention support from all stakeholders is mandatory.

Creating awareness: Awareness about the disease can be made by holding seminars, workshops, and through the mass media.

Population screening: Population screening should be done to find out the carriers is an important pre-requisite for preventing the births of thalassaemic children. Screening can be done in college students, young couples before marriage or in early pregnancy.

Genetic counselling: As part

of prevention of the births of thalassaemic patients, genetic counselling plays an important role especially to carriers and although the response may vary depending on the availability of prenatal diagnosis.

Prenatal diagnosis: Prenatal diagnosis allows a couple to abort a foetus (unborn baby) suffering from thalassaemia. It is usually done in the 10th to 13th week of pregnancy. The procedure has become relatively simple. Some countries like Iran, Saudi Arabia, Palestinian Territories, Greece and Cyprus have laws in place making premarital screening for haemoglobinopathies mandatory for all couples before they are given approval to get married. The choice is with the couple to abort an affected foetus.

The government should pay attention for prevention, care and management of thalassaemic patients. Every major hospital should have a thalassaemia centre, facilities for prenatal procedure and DNA labs to diagnose the status of the foetus and counseling for voluntary abortion of an affected foetus. The chelating drugs should be also should also be subsidised.

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NUTRITION

What are probiotics?

DR GOLAM NABI

We are very familiar with antibiotics but few have an idea about probiotics. Antibiotics kill bacteria and probiotics are bacteria which are beneficial for your digestive system. Probiotics are good bacteria that are either the same as or very similar to the bacteria that are already in your body.

Not all of the bacteria in your body are good for you. Some research suggests that having too many of the 'bad' and not enough of the 'good' bacteria — caused in part by an unhealthy diet — can wreak all sorts of havoc on your body's systems. This imbalance can lead to weight gain, skin conditions, constipation or diarrhoea and various chronic health conditions.

Probiotics can be found in some yoghurts, cheeses, kefir (fermented milk drink), Sauerkraut (cabbage fermented by lactic acid bacteria), Kimchi (a Korean dish of salted and fermented vegetables) and dietary supplements etc.

The right type and amount of a probiotic can help you in several ways by promoting healthy immune system, supporting weight management plans, preventing occasional diarrhoea or constipation etc. If you are lactose intolerant, you can experience stomach discomfort if you try to get your probiotics from dairy products. In that case, consider using a dairy-free probiotic.

Take a probiotics with caution if you are taking antibiotics or prescription drugs that affect your immune system, being treated for a fungal infection or have pancreatitis. Taking probiotics may not be safe if you often get infections, have a weakened immune system and are allergic to the sources of probiotics (dairy for example). If you are considering taking probiotics, check with your doctor, especially if you are pregnant or have a health condition.

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HEALTH bulletin



Clean hands can help to fight antibiotic resistance

On 5 May every year, World Health Organisation (WHO) urges health professionals globally to remember that hand hygiene and infection prevention and control more generally are key weapons in the fight against antibiotic resistance.

About 70% of health care workers globally do not routinely practice hand hygiene, and as little as 50% of surgical teams comply with hand hygiene best practice throughout a surgical patient's hospital stay. The result can be antibiotic-resistant infections that cause serious illness and death. But the good news is they are avoidable! WHO's calls to action to fight against antibiotic resistance in the context of hand hygiene and infection prevention and control this year are:

Health workers: "Clean your hands at the right times and stop the spread of antibiotic resistance."

Hospital Chief Executive Officers and Administrators: "Lead a year-round infection prevention and control programme to protect your patients from resistant infections."

Policy makers: "Stop antibiotic resistance spread by making infection prevention and hand hygiene a national policy priority."

Infection Prevention & Control (IPC) leaders: "Implement WHO's Core Components for infection prevention, including hand hygiene, to combat antibiotic resistance."

Striking on population budget criticised as anti-women agenda

DHIRAJ KUMAR NATH

The decision of the USA as revealed by the State Department to stop funding to United Nations Population Fund (UNFPA) might have serious implications on the family planning programmes of 150 developing countries around the world, particularly in Bangladesh.

As we observed, UNFPA has been providing support to popularise the small family norms, dissemination of knowledge of safe delivery, training of service providers at home and abroad, supply of contraceptives and above all, supporting policy framework in behaviour change communications and management of the family planning programme as a whole. It is an erroneous accusation that UNFPA is supporting coercive abortion and involuntary sterilisation.

In Bangladesh, family planning programme itself is a voluntary programme with a cafeteria approach of contraceptives and acceptance of permanent methods depending on the informed consent. There is no scope of coercion or compulsion in such a voluntary programme like one child family norm as practiced in China earlier. All political governments since independence were in favour of family planning programme in Bangladesh and faith based societies including Imam training also supported the small norm family



Family Planning

and safety of mother and child.

In fact this decision of cutting off budget is being criticised as anti women policy. This cut jeopardises the health and rights of millions of women and girls around the world.

The sudden budget cuts by exercising the policy of *global gag* might not be supported by people at large especially in this population sector where USA is the fourth largest donor to UNFPA contributing about US\$ 75 Million to the core budget and other specified of programme efforts in 2015. The UNFPA will lose US\$ 32.5 million in funding from the 2017 budget as the State Department said, with funds shifted to similar programmes at the US Agency for International Development.

The administration accused this agency that through its work with China's government, of supporting population control programmes in China that include coercive abortion. UNFPA itself refuted this claim of coercion, as all of its work promotes the human rights of individuals and couples to make their own

decisions, free of coercion or discrimination.

This sudden strike might trigger more social instability and create a serious bottleneck in achieving the targets of goal 3 of SDG 2030, to ensure healthy lives and promote well-being for all at all ages and also to reduce the global maternal and neonatal mortality in particular as targeted. This decision might act as deterrent to achieve the goal of Universal Health Care and Health for all.

Some agencies supporting family planning programmes like International Planned Parenthood Federation and other international and national NGOs contributing much for demographic transition will be adversely affected to continue their programmes in future.

Family Planning Programme in Bangladesh has proved to be a model in achieving its successes under challenging environment. The total fertility rate has reduced 2.3 per women (BDHS 2014) that reached almost near to the replacement level of fertility, maternal mortality reduced to 176 in hundred thousand (WHO) and contraceptive prevalence rate reached to 62.4% (BDHS 2014) percent with the increase of life expectancy at birth to almost 71 years in general.

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Pop Council disseminated study findings on adolescents

Population Council conducted a qualitative study titled "Adolescent Friendly Health Corners (AFHCs) in selected Government Health Facilities in Bangladesh: An early qualitative assessment" measuring the performance and effectiveness of the Adolescent Friendly Health Corners (AFHC) for the wellbeing of unmarried adolescent girls. To share the study findings with policy makers and key stakeholders, Population Council organised a dissemination programme recently.

This research showed that AFHC initiatives were successfully reaching unmarried adolescent girls with a range of health services through established health facilities. This study recommended that more service providers need to be trained to increase availability of AFHCs and to prevent service provider's workload.

Findings also showed that shortages of medicine and lack of privacy for adolescents are one of the major challenges that should be resolved to make the AFHC functional. This study recommended for more publicity at local and national level and generating awareness about the importance of AFHC in the community.

World Asthma Day observed at Apollo Hospitals Dhaka

In order to commemorate the World Asthma Day on 2nd May 2017, Apollo Hospitals Dhaka in collaboration with ACME Laboratories Ltd. had organised different awareness campaigns throughout the day, says a press release.

The hospital arranged complementary Peak Flow Meter test and Spirometry test along with proper inhaler use technique for the visitors.

Another awareness forum held at the auditorium of Apollo Hospitals Dhaka with the patients who were suffering from asthma.

  /StarHealthBD

World Ovarian Cancer Day 2017- 8th May



Ovarian Cancer

Ovarian cancer is diagnosed annually in nearly a quarter of a million women globally, and is responsible for 140,000 deaths each year. Statistics show that just 45% of women with ovarian cancer are likely to survive for five years compared to up to 89% of women with breast cancer.

5 Key Facts

- All women are at risk of ovarian cancer
- Awareness of the early warning signs of the disease could save lives
- Diagnosis at an early stage vastly improves a woman's chance of survival
- Ovarian cancer is often diagnosed at a late stage. Many women mistakenly believe the cervical smear test (Pap test) will detect ovarian cancer

Symptoms

Symptoms of ovarian cancer can often be confused with other less serious conditions such as gastrointestinal disorders. Symptoms include:

- Increased abdominal size / persistent bloating (not bloating that comes and goes)
- Difficulty eating/feeling full quickly
- Needing to pass urine more urgently or more frequently
- Abdominal or pelvic pain

