

# Abuse of older people on the rise, 1 in 6 affected

STAR HEALTH DESK

Around 1 in 6 older people experience some form of abuse, a figure higher than previously estimated and predicted to rise as populations age worldwide. A new study, supported by World Health Organisation (WHO) and published in the Lancet Global Health, has found that almost 16% of people aged 60 years and older were subjected to either psychological abuse (11.6%), financial abuse (6.8%), neglect (4.2%), physical abuse (2.6%) or sexual abuse (0.9%). The research draws on the best available evidence from 52 studies in 28 countries from different regions, including 12 low- and middle-income countries.

**Elder abuse and health**  
Awareness about elder abuse, still largely a taboo topic, has started to increase across the world. It is defined as actions or lack of appropriate action which can cause harm or distress to an older person, occurring within any relationship where there is an expectation of trust. All types of elder abuse can have an impact on the health and wellbeing of the older person.

Psychological abuse is the most pervasive and includes behaviours



that harm an older person's self-worth or wellbeing such as name calling, scaring, embarrassing, destroying property or preventing them from seeing friends and family. Financial abuse includes illegally misusing an older person's money, property or assets. Neglect includes the failure to meet an older person's basic needs, such as food, housing, clothing and medical care. Health effects of abuse include traumatic

injury and pain, as well as depression, stress and anxiety. Elder abuse can lead to an increased risk of nursing home placement, use of emergency services, hospitalisation and death.

By 2050 the number of people aged 60 and over will double to reach 2 billion globally, with the vast majority of older people living in low- and middle-income countries. If the proportion of elder abuse victims remains con-

stant, the number of people affected will increase rapidly due to population ageing, growing to 320 million victims by 2050.

"Elder abuse is rarely discussed in policy circles, less prioritised for research and addressed by only a handful of organisations," notes Dr Etienne Krug, Director of the WHO Department for the Management of Noncommunicable Diseases, Disability, Violence and Injury

Prevention. "Governments must protect all people from violence. We must work to shed light on this important societal challenge, understand how best to prevent it, and help put in place the measures needed."

**Global strategy and action plan**  
In May 2016, Ministers of Health adopted the WHO Global Strategy and Action Plan on Ageing and Health at the World Health Assembly. The Strategy provides guidance for coordinated action in countries that aligns with the Sustainable Development Goals.

Priority actions for elder abuse in the Strategy include:

- Improving studies on the frequency of elder abuse particularly in low- and middle-income countries from South-East Asia, Middle East and Africa, for which there is little data.
- Collecting evidence and developing guidance on what works to effectively prevent and respond to elder abuse. As a first step, governments need to evaluate existing efforts, such as training for care givers and use of telephone helplines, and to publish these findings.
- Supporting countries to prevent and respond to elder abuse.

## BONE HEALTH



### Early signals of knee arthritis

DR MOHAMMAD ALI

You might have been given a chance to know that whether your knee is going to be arthritic or not. Crepitus of knee could be an early sign of knee arthritis. The scientists revealed this truth from a plausible study. A group of researchers from the Baylor College of Medicine in Houston and other institutions decided to focus on the long-term health and creakiness of the knees of almost 3,500 participants in the ongoing Osteoarthritis Initiative.

If your knees creak and pop, the noises could be an indicator of early arthritis, even if the joint does not hurt, according to one of the first long-term studies of the association between noisy knees and joint disease. But not every creaky knee is diseased, the study also finds, making it important to try to discern what your particular knee noises may mean.

For many of us, developing grinding, popping or creaking sounds in our knees can seem almost like a rite of passage into middle age. Millions of people over the age of 40 report that they at least occasionally hear noises in their knees, a condition that in medical circles goes by the ominous name of crepitus.

Researchers and clinicians have long been undecided about whether the onset of knee crepitus also signals the beginnings of arthritis, with its slow but relentless deterioration of cartilage and bones, or if the noises are annoying but otherwise benign.

However, every people are not in the risk of developing arthritis who hears noise in the knee. Intake of calcium enriched food like milk, yogurt could reduce the chance. Likewise, reduction of over weight is another key to slowdown the process of cartilage destruction.

Furthermore, doing regular therapeutic knee exercise and taking integrated pain management therapy would provide a great role to reduce intense pain and develop stronger muscle around the knee joint.

Dr Mohammad Ali is the Head of Physiotherapy Department of Uttara Adhunik Medical College Hospital, Uttara, Dhaka. Email: hprc2005@live.com

## HEALTH bulletin

### Chikungunya vs Dengue

DR SYED AHMED MORTADA

The two vector borne diseases Chikungunya and Dengue are reigning supreme with their bludgeon and blunderbuss across the landscape of Bangladesh. The two viral genes have more similarities than differences compounding a clinical picture challenging to the poor masses and to the unarmed physicians.

Both the predators prey using female *Aedes aegypti* and *Aedes albopictus* mosquitoes that predominantly take on flights at the first and last light. The incubation period, sign-symptoms, clinical presentations, treatment modalities and laboratory interpretations are more or less the same.

The incubation period for Chikungunya ranges from 3-7 days. Dengue holds an incubation period between 3-14 days. Though Dengue has been coined by a superlative "Break bone disease", but the pain and ache of Chikungunya may be even more. There is a good deal of overlapping in clinical presentation in the duel between Chikungunya and Dengue. Some cases of Dengue remain asymptomatic so are a few Chikungunya carrier but cases of Chikungunya do not usually result in severe complication relating it to a benign condition than Dengue.

The most salient features in both the conditions are predominantly fever, headache, arthralgia, myalgia, nausea, vomiting and rash but Chikungunya is characterised per se by a shorter course of fever, conjunctivitis, arthritis, arthralgia, myalgia or rash.



The term Chikungunya is derived from Kimakonde language, meaning stooping which the victims possess due to arthralgia. Chikungunya is suspected by a sudden onset of high fever (104-105°F) frequently associated with other common signs symptoms like headache, myalgia, arthralgia, vomiting, fatigue and rash. The pain is indeed debilitating.

Dengue may differentiate itself from Chikungunya having a more insidious and a relatively prolonged course of fever, retro-orbital pain, abdominal pain and bloody vomiting. The prevailing epidemiology should throw a light.

The laboratory tests to confirm a diagnosis should be made by serology and virology. Though the costly and sophisticated tests like reverse transcriptase-polymerase chain reaction (RT-PCR), ELISA may confirm; IgM, IgG respective anti-

bodies, could be diagnostic and confirmatory but are not available in most of our settings. A simple Complete Blood Count should not be ignored. In Dengue this ordinary blood test may reveal leukopaenia, neutropaenia or thrombocytopaenia where as in Chikungunya, lymphocytosis is classical.

Other than Dengue Haemorrhagic Fever and Dengue Shock Syndrome, treatment is directed to relieve symptoms for both Dengue and Chikungunya. Plenty of fluids, analgesic like Paracetamol, bed rest are the hallmark of the treatment. Aspirin, Ibuprofen should be avoided. United States Centre for Disease Control and Prevention advocates the best way to prevent diseases that are spread by mosquitoes is by using insect repellent.

E-mail: samara1985@hotmail.com



### Exercise may reduce fatigue for patients with chronic fatigue syndrome

A self-help approach to a graded exercise programme, supervised by a specialist physiotherapist, is safe and may reduce fatigue for some people with chronic fatigue syndrome (CFS), according to a new trial of 200 people published in The Lancet.

The self-help intervention (guided graded exercise self-help, or GES) involves slowly and safely building up physical activity levels (eg. a few minutes walking) after establishing a daily routine, with the support of a specialist physiotherapist over the phone or Skype™.

The self-help approach means that patients do not need to travel to a clinic, and the authors say the intervention might be useful as an initial treatment for patients to help manage the symptoms of CFS.

CFS affects about seven in 1000 people, and is characterised by chronic, disabling fatigue in the absence of an alternative diagnosis.

### United Hospital services will remain open during Eid holidays

During the upcoming long Eid holidays, United Hospital will remain open to continue to provide services to patients, says a press release.

Emergency department will remain open 24 Hours to provide consultation, investigations, vaccination, blood transfusion, or any other necessary services.

The hospital will have on-duty post-graduate specialists round the clock supervision to look after the admitted patients; Consultants will also be ready to attend patients any time as required.

The operation theatres will remain open for any surgery with ready surgeons and anaesthetists available. For patients with chest pain who might have heart attack, 24 hours primary angioplasty facility will be available in Cath-lab.

Country-wide ambulance services can be provided to bring patients to the hospital from anywhere of the country.



## Dehydration Headache

*How does a dehydration headache develop? Dehydration reduces your blood volume, and this, in turn, affects that amount of oxygen-rich blood flowing to the brain. The result: pain.*

Whatever the mechanisms that might underpin dehydration headaches, there is scientific evidence that can help reassure you that you aren't imagining them. What causes dehydration headaches can be as simple as not having consumed sufficient fluids.

Likewise, dehydration headaches may happen because lack of fluids causes shrinkage in brain volume. This results in the brain pulling away from the skull, which triggers pain receptors in the meninges (the membrane that surrounds the brain).

### Dehydration Headache Treatment and Prevention

Painkillers such as acetaminophen or ibuprofen can help ease a dehydration headache. The best way to prevent them is to:

The Institute of Medicine recommends that women take in about 91 ounces per day, and men take in about 125 ounces. It doesn't have to be water only—your fluid intake total can include any other fluids, and you can also factor in fluids contained in foods. Soup is an obvious example, and some fruits and vegetables are high in water—examples include watermelon, apples, grapefruits, lettuce, and broccoli.

Keep in mind that fluid requirements rise in hot weather, if you're engaging in physical activity, and if you're experiencing vomiting and diarrhea due to illness.

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