

World Obesity Day 2017: How can we tackle obesity?

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World Obesity Day was launched in 2015 to stimulate and support practical solutions to help people achieve and maintain a healthy weight, and to reverse the obesity crisis. Every year World Obesity Day is observed on 11th October. The theme of the day for this year is 'Act Now'.



What is obesity?
Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have a negative effect on health. People are generally considered obese when their body mass index (BMI), a measurement obtained by dividing a person's weight by the square of the person's height, is over 30 kg/m², with the range 25-30 kg/m² defined as overweight. Some East Asian countries use lower values (23-27.5 kg/m²). Obesity increases the likelihood of various diseases and conditions, particularly cardiovascular diseases, type 2 diabetes, obstructive sleep apnea, certain types of cancer, osteoarthritis and depression.
Obesity is most commonly caused by a combination of excessive food intake, lack of

physical activity, and genetic susceptibility. A few cases are caused primarily by genes, endocrine disorders, medications, or mental disorder. The view that obese people eat little yet gain weight due to a slow metabolism is not generally supported. On average, obese people have greater energy expenditure than their normal counterparts due to the energy required to maintain an increased body mass.
Obesity and its consequences are of serious concern for the world. The following statistics would alert all, if

you look in depth.
 ■ The number of adults suffering from overweight and obesity continues to rise. On current trends, 2.7 billion adults worldwide will suffer from overweight and obesity by 2025.
 ■ Untreated, obesity is responsible for a significant proportion of non-communicable diseases (NCDs) including heart disease, diabetes, liver disease and many types of cancer.
 ■ If the obese people are treated appropriately, what is happening in most of the

instances, the medical global bill for treating the diseases that follow directly from obesity is expected to reach US\$1.2 trillion per year by 2025.
 ■ In 2014, cost of obesity related treatment was at least US\$ 2,000 billion (US\$ 470 billion for cardiovascular diseases, US\$ 398 billion for diabetes, US\$ 355 billion for depression, US\$ 300 billion for non-alcoholic fatty liver disease, US\$ 166 billion for new cancer cases).
 ■ Investing in the prevention, management and treatment of

obesity is a cost-effective action for governments and health services. Investment can help achieve the 2025 targets set by the World Health Organisation to halt the rise in obesity and to achieve a 25% relative reduction in mortality from NCDs.
 ■ To tackle obesity it is vital that everyone who wants treatment has access to the best services available. Treatment services around the world must be strengthened.
Obesity prevention actions will include:
 ■ Education of the people to ensure popular support for creating healthy environments
 ■ Improvement of local food environments to ensure easy access to affordable healthy food
 ■ Improvement of local neighbourhoods which support active leisure and travel
 ■ Improving the market intervention to promote and improve dietary choices
 ■ Health promotion throughout the life course to protect the health of current and future generations.

PALLIATIVE CARE
Lack of palliative care kills more than 25.5 million people annually

Worldwide, more than 25.5 million people a year die of serious physical and psychological suffering as a result of disease, injury or illness according to a major new report published in The Lancet.
 The authors have developed an essential package of palliative care services - including medicines, equipment and staffing models - to be made available by health systems worldwide, and call for more balanced global policies to facilitate access to opioid analgesics to meet medical need, while limiting non-medical use.
 The authors note that almost 80% of deaths requiring palliative care in low income countries are preventable with adequate prevention, treatment and care interventions. They highlight that palliative care cannot be a substitute for improved access to public health interventions and treatments that could have prevented much suffering and premature death in the first place.



CSF Global and CPA celebrates World Cerebral Palsy Day

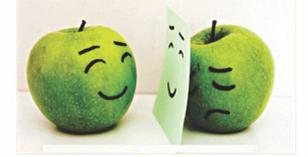
To celebrate the World Cerebral Palsy Day, CSF Global and Cerebral Palsy Alliance (CPA), Australia jointly organised a photography exhibition in the Capital's Drik Gallery recently.
 Australia's Deputy High Commissioner to Bangladesh Ms. Sally-Anne Vincent inaugurated the exhibition. Professor Dr. M. A. Muthi, President of the CSF Global chaired the event.



National Youth Conference on Family Planning unveiled

The Bangladesh 2nd National Youth Conference on Family Planning took place in Dhaka recently. The event was organised by International Youth Alliance for Family Planning (IYAFP) and SERAC-Bangladesh in partnership with the United Nations Population Fund (UNFPA) Bangladesh, Partners in Population and Development (PPD), Right Here Right Now Bangladesh.
 The conference was inaugurated by Dr. Dipu Moni, MP, President of Parliamentary Standing Committee on Foreign Affairs, Dr. Joe Thomas, Executive Director of the PPD, Mr. Iqbal Kato, representative of UNFPA in Bangladesh and Mr. S.M. Shaikat, Executive Director of SERAC-Bangladesh and Country Coordinator of IYAFP.
 In her inaugural speech, Dr. Dipu Moni said that, Bangladesh government has adopted effective and timely policies and programmes focusing on young people's knowledge development, improving access to youth friendly reproductive health services.

HEALTH bulletin



Noontime light for bipolar depression

Because medications for bipolar depression are often ineffective and frequently produce adverse effects, nonpharmacological approaches hold great interest. Morning light in patients with bipolar depression has had mixed results and induces occasional hypomania. Based on preliminary work, investigators conducted a randomised, 6-week study comparing midday broad-spectrum bright-light therapy (7000 lux) with dim red light (a 'sham' condition; 50 lux).
 The 43 participants had moderate levels of bipolar depression with no manic symptoms and were on stable medications (mean age, 45; 67% female); 67% had bipolar I disorder, and 83% had some seasonality. Exclusions included manic, hypomanic, or mixed episodes within 6 months; rapid cycling in the past year; active psychosis, suicidality, or substance use disorder; and certain medical conditions.
 Light therapy was daily between noon and 2:30 p.m., gradually increasing to a target of 60 minutes daily (median achieved length, 46 minutes). With most improvements occurring between weeks 4 and 6, 68% of those receiving bright light remitted at 6 weeks, compared with 22% receiving dim light. No hypomania, manic switches, or treatment-attributable serious adverse effects occurred.

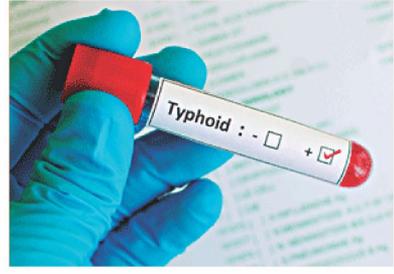
Typhoid vaccine proves highly immunogenic, and could halve infection rate

STAR HEALTH REPORT

A new typhoid vaccine has proven safe, highly immunogenic and could prevent more than half of typhoid infections according to a new study published in The Lancet. The study is a phase 2b trial of 112 adults and provides the first efficacy data for the leading candidate vaccine being considered for widespread use in children under 2 years, who are disproportionately affected by typhoid.
 The trial uses a controlled human infection model, in which healthy volunteers are vaccinated and then deliberately exposed to the pathogen. These types of studies

have been used to support the development of various vaccines (including the licensed cholera vaccine) as they can be rapidly deployed to assess vaccine efficacy.
 The Vi-conjugate vaccine studied in this trial is only licensed for use in children under 2 years in India, and there are no typhoid vaccines licensed worldwide for use in children under 2 years old.
 The study provides evidence to support the development of Vi-conjugate vaccines as a control measure to reduce the burden of typhoid fever, and the authors say that phase 3/4 and cost-effectiveness studies are now

needed. The World Health Organisation's (WHO) Strategic Advisory Group of Experts is due to consider the use of Vi-conjugate vaccines for the control of typhoid fever in October 2017, with subsequent decisions on financing being made by the Global Alliance for Vaccines and Immunisation.
 Typhoid affects between 12.5 and 20.6 million people worldwide in regions with inadequate water quality and poor sanitation, particularly in south Asia and sub-Saharan Africa. 1 in 100 cases are deadly and approximately 3% of cases become chronic carriers.
 Typhoid is caused by *Salmonella enterica serovar Typhi* (S. Typhi bacteria) and is usually treated with antibiotics, but antibiotic resistance is increasing. Children are particularly susceptible to typhoid, but no vaccine is licensed for worldwide use in children under 2 years, contributing to poor adoption of typhoid immunisation programmes.
 The authors note that because of the design of the study, the participants were not representative of the populations where typhoid is endemic and where Vi-TT might eventually be deployed. Nevertheless, other studies of the vaccine have found that participants as young as 2 months old have a high immune response and that antibody responses can last up to 8 years post-vaccination even in typhoid endemic countries.



Acute Otitis Media (Ear Infection)

AOM occurs when your child's eustachian tube (the tube that runs from the middle of the ear to the back of the throat) becomes swollen or blocked and trapped fluid can become infected. In young children, the Eustachian tube is shorter and more horizontal than it is in older children and adults, making it more vulnerable to infection.

Risk Factor

- Being between six months and 36 months old
- Being bottle fed instead of breastfed (infants)
- Drinking while laying down (infants)
- Recent cold, flu or sinus infection
- Exposure to cigarette smoke
- Recent ear infection
- Exposure to high-levels of air pollution
- Cold climate
- Genetic

Treatments

- Home Care
- Receive a warm, moist washcloth over your infected ear
- Consult with doctor

