

Back pain myths we need to get over

It might be a sharp stab. It might be a dull ache. Sooner or later, 8 out of 10 of us will have back pain. And back pain myths are almost as common. Let us set the record straight about what you may have heard.

Myth: Always sit up straight
Slouching is bad. But sitting up too straight and still for long periods can also be a strain on your back. Take breaks a few times a day: Lean back in your chair with your feet on the floor and let your back curve slightly. Even better: Try standing for part of the day, perhaps while you are on the phone or reading.

Myth: Do not lift heavy things
It is not necessarily how much you lift, it is how you do it. Get directly in front of the object. Squat close to it, with your back straight and head up. Stand, using your legs to push up the load and your arms to hold it close to your middle. Do not twist or bend your body, or you may hurt your back. (Of course you should not pick up anything that might be too heavy for you.)

Myth: Bed rest is the best cure
Yes, resting can help a recent injury or strain that causes back pain. But a day or two in bed can actually make it worse.



Myth: Pain is caused by injury
Disc degeneration, diseases, infections, and even inherited conditions can make your back hurt, too.

Fact: More pounds, more pain
Staying fit helps prevent back pain. As you might guess, extra pounds will put stress on your

back. Back pain is most common among people who are out of shape, especially weekend warriors who push themselves hard after sitting around all week.

Myth: Skinny means pain-free
Anyone can get back pain. People who are too thin, such as those with an eating disorder like

anorexia, may have bone loss. They are more likely to get broken bones and crushed vertebrae.

Myth: Exercise is bad for back pain
This is a big one. Regular exercise prevents back pain. And doctors may recommend exercise for people who have recently hurt

their lower back. They will usually start with gentle movements and gradually build up the intensity. Once the immediate pain goes away, an exercise plan can help keep it from coming back.

Fact: Chiropractic care can help
Treatment guidelines from the American College of Physicians and the American Pain Society recommend that patients and doctors consider other options with proven benefits for low back pain. These include spinal manipulation and massage therapy.

Fact: Acupuncture may ease pain
The same organisations say acupuncture, yoga, progressive relaxation, and cognitive-behavioural therapy may help when you do not get relief from standard self-care.

Myth: Firmer mattresses are better
In a Spanish study, people with ongoing general back pain who slept on a medium-firm mattress hurt less and were able to move better than those who slept on a firm mattress. But one size does not fit all. Choose your mattress based on your sleep habits as well as the cause of your back pain.

Source: WebMD

PARENTING

Preventing childhood obesity should include family interventions

Healthy maternal lifestyle during mid-childhood years was associated with a 75% lower risk for obesity in later childhood and adolescence.

Debate about the relative roles of genetics and environment in the genesis of childhood obesity continues. To examine the possible effect of maternal health lifestyle on childhood obesity risk, researchers prospectively assessed obesity in nearly 1300 nonobese children (ages 9–14 years) of participants in the Nurses' Health Study II. Maternal lifestyle factors deemed low-risk were normal body-mass index (BMI), healthy diet, regular exercise, no current smoking, and low-to-moderate alcohol intake. Findings were as follows:

Five percent of the cohort became obese during a median follow-up of 5 years.

Children of mothers with a BMI ≥ 30 had a threefold higher risk for becoming obese compared with children of mothers with a BMI < 25 .

Children of former or current smokers had an increased risk for obesity.

Maternal regular exercise and moderate alcohol intake were associated with a lower risk for obesity in children.

Children whose mothers had all five low-risk factors had a 75% lower risk for obesity compared with children whose mothers had none.

When mothers and children both had the lowest-risk lifestyle factors, obesity risk for children was 82% lower compared with mothers and children with the highest-risk lifestyle factors.

HEALTH bulletin



Low-dose Aspirin ineffective in heavier patients?

Low-dose aspirin may not be effective in preventing cardiovascular events in people weighing 70 Kg (154 pounds) or more, a Lancet study suggests. Researchers analysed 10 trials that evaluated aspirin versus controls for primary prevention of cardiovascular events in 120,000 people.

Daily, low-dose aspirin (75–100 mg) was associated with reduced risk for cardiovascular events among those weighing less than 70 kg (odds ratio, 0.77), but there was no significant effect for heavier patients — roughly 80% of men in the study and nearly half of women weighed 70 kg or more. In the heavier group, low-dose aspirin may be even less effective in smokers and in those who take enteric-coated aspirin.

High-dose aspirin (300–325 or 500 mg), meanwhile, appeared to be effective in reducing primary cardiovascular events only patients weighing 70 kg or more (OR, 0.79).

The authors conclude: "A one-dose-fits-all approach to aspirin is unlikely to be optimal, and a more tailored strategy is required."

Strengthen efforts to immunise 5 million unvaccinated children

Lauding efforts being made by countries to save more and more lives through immunisation, including during public health emergencies, World Health Organisation (WHO) called for further accelerating efforts to reach the nearly five million unvaccinated children in WHO South-East Asia region.

"It is critical to identify who are missing vaccination and reach them with lifesaving vaccines. Equity and improving vaccination coverage is the key to preventing resurgence of diseases, especially the ones eradicated with painstaking efforts, and for further reducing diseases and deaths among children," said Dr Poonam Khetrpal Singh, Regional Director WHO South-East Asia.

The WHO South-East Asia region records about 37 million births every year, of them over 88% children are now getting three doses of diphtheria, pertussis and tetanus (DPT) vaccines annually, an indicator of basic vaccination coverage.

"Mapping hard-to-reach areas and population, addressing social and cultural and other barriers for them to access immunisation services, and closely monitoring these activities for progress, should be among our immediate priorities," the Regional Director said.

Many countries are making impressive efforts, such as India's Mission Indradhanush focusing on 190 districts; Indonesia's intensified drive in 80 districts, Myanmar's urban immunisation intensification

targeting 29 townships; Nepal's efforts to achieve full-immunisation at sub-district level; and Timor Leste's community outreach and twinning programme with Sri Lanka for capacity building of vaccination programme officials.

In Cox's Bazar, Bangladesh, nine massive vaccination campaigns delivered more than 4.5 million doses of life saving vaccines to the Rohingya refugees. These efforts successfully averted outbreaks of deadly diseases such as cholera and measles and helped rapidly curtail diphtheria outbreak among this vulnerable population.

Member States have added several new vaccines to their immunisation schedules such as for protection against pneumonia, diarrhoea, Japanese Encephalitis and cervical cancer. Hepatitis B control is getting an impetus with vaccination.

The Region continues to be polio-

free and maintains its maternal and neonatal tetanus elimination status.

Two countries – Bhutan and Maldives – have eliminated measles, a flagship priority programme of WHO South-East Asia region. All countries have introduced two doses of measles and rubella vaccines in their immunisation schedule. Measles and rubella vaccination campaigns are planned to reach nearly 400 million children and adolescents in 2018-2019.

These intensified efforts need to be enhanced and sustained as we seek to achieve a region free of vaccine-preventable diseases, where all countries provide equitable access to high-quality, safe, efficacious, affordable vaccines and immunisation services throughout the life-course, the Regional Director said.

Source: World Health Organisation



Tips to beat the heat!

With record breaking temperatures across the country as temperatures soar, it is essential for us to know how to make the most of the long, hot summer days. Here are ways to keep your cool in the heat wave:

- Slow down and avoid strenuous activity which will stimulate your body and raise its core temperature. If you must go jogging, do it during the coolest part of the day, which is usually before 7am.
- Eat small meals and eat more often. The larger the meal, the more metabolic heat your body creates breaking down the food. Avoid foods that are high in protein, which increase metabolic heat.
- Stay hydrated by drinking plenty of water. Alcoholic beverages and sugary drinks like soda and canned juice can make you more thirsty, so stay away from those as much as possible in the heat.
- Take a tepid bath or shower just below body temperature, especially before bedtime. Although a cold shower might sound more tempting, your body generates heat afterwards to compensate for the heat loss.
- Wear lightweight, light-coloured cotton clothes. Heat is trapped by synthetic fibres, but cotton absorbs perspiration and its evaporation causes you to feel cooler. The light colours reflect the sun's radiation.
- Women should replace their usual body moisturiser with a cooling aloe vera after sun product to use morning and night. This will help lower your skin temperature.



Generalized anxiety disorder or (GAD)

Generalized anxiety disorder (GAD) is characterized by excessive, exaggerated anxiety and worry about everyday life events with no obvious reasons for worry. People with symptoms of generalized anxiety disorder tend to always expect disaster and can't stop worrying about health, money, family, work or school. In people with GAD, the worry is often unrealistic or out of proportion for the situation. Daily life becomes a constant state of worry, fear and dread.

Can GAD Be Prevented?

Anxiety disorders like GAD cannot be prevented. However, there are some things that you can do to control or lessen symptoms, including:

- Stop or reduce your consumption of products that contain caffeine, such as coffee, tea, cola and chocolate.
- Ask your doctor or pharmacist before taking any over-the-counter drugs or herbal remedies. Many contain chemicals that can increase anxiety symptoms.
- Exercise daily and eat a healthy balanced diet.
- Seek counseling and support after a traumatic or disturbing experience.
- Practice stress management techniques like yoga or meditation.



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