

Ageing brain and menopause

DR GOLAM NABI

Every woman naturally experiences menopause at around 45-55 years of age. Menstruation gradually slows down, eventually stops, and they are no longer able to become pregnant. These changes occur because the ovaries stop making eggs and cease the production of oestrogen and progesterone.

Aside from the termination of menstrual cycles, the absence of oestrogen and progesterone causes other symptoms we commonly associate with menopause as well. Menopause does not happen overnight, oestrogen and other hormones start dropping years before the last menstrual period, which is the menopause transition or perimenopause.

Women suffer from many problems during and after menopause, such as hot flushes, skin dryness and wrinkles, vaginal dryness, decreased sex drive, osteoporosis, memory problems, diminished cognitive ability and focus, mood swings, fatigue, and weight gain etc.

Cognitive function and dementia

Research says that ovarian steroids play a regulatory role in cognitive

function in women. Studies show that combined hormone therapy and unopposed oestrogen therapy in women improve cognition and lessen the risk of dementia.

Hormones play a major role in memory for both men and women.

Hormones are a major reason for memory problems and general brain foggy. Sleep disturbance, mood change, and depression are also common due to these hormone deficiencies. It is believed that oestrogen may help the neurotransmitter systems that signal in brain areas involved in memory and information process. It also may help in the survival of neurons that send electrical impulses.

Ways to improve memory

- **Hormone replacement therapy:** Both oestrogen and progesterone work best during perimenopause and early stage of menopause.

- **Natural ways of improving your hormones:** Getting enough rest improves your hormones, especially by reducing the level of stress hormones. Sleep well. Meditation helps to relax too. Avoid stimulants such as caffeine. Eat healthy foods. Eat fatty fishes like salmon but avoid mercury-containing fish



like tuna which cause memory loss. Whole eggs and chicken are also good. Limit alcohol, sugars, heated / hydrogenated oils, artificial sweeteners, and baked goods / desserts.

- **Exercise:** Motion improves your blood flow, just walk briskly for 20-30 minutes every day or at least 3 times weekly. Lifting weight is very important for hormone production and improving blood flow to the brain.

- **Strengthen your brain:** You must exercise your brain to prevent 'shrinking' of the brain. Read more and learn something new.

- **Take supplements:** There are a few powerful herbs like spirulina that work like 'steroid' for your brain, they improve blood flow in the brain and increase neurotransmitters and chemicals like dopamine and serotonin.

As you are getting older and going through menopause or are

not producing the same level of hormones, does not mean that you have to go through the rest of your life feeling old and having memory problems.

Please take action from today. Make more improvements in your lifestyle and I promise that you will not only feel younger, you will also look younger!

The writer is an Associate Professor of Medicine at Z H Sikder Women's Medical College and Hospital, Dhaka

NTD

Combination therapy treats leishmaniasis, HIV patients

Co-infection with visceral leishmaniasis (VL) and human immunodeficiency virus (HIV) has been observed in at least 35 countries on four continents and requires special case management. Currently, the World Health Organisation recommends AmBisome monotherapy for treatment. Now, researchers reporting in PLOS Neglected Tropical Diseases (NTD) have showed that a combination therapy of AmBisome and miltefosine is more effective.

HIV affects VL by increasing its incidence, altering its symptoms and severity, and worsening treatment outcomes and relapse rates. While effective antiretroviral therapies have lowered the incidence of VL in HIV, it still remains a prevalent co-infection in some places. In Northwest Ethiopia, HIV rates among VL patients range from 20 to 40%. Studies have shown that 30 mg/kg AmBisome is effective in 43-70% of HIV co-infected patients, and also carries toxicity and an increased risk of death. "The results of this randomised trial strongly support a change in the treatment recommendations for HIV-VL co-infected patients," the researchers say.



Is thumb sucking a problem?

PROF M KARIM KHAN

Recently I met Abid (not a real name) with his parents. He is an adorable boy of 4 years. His parents are concerned about his thumb sucking. He often sucks thumbs even at this age as his mother told. Is it a problem? What will happen in future and how to stop it, his mother further asked.

Most babies and toddlers suck their thumbs and they stop on their own at age 3 to 6 years. Babies have a natural urge to suck. This urge usually decreases after the age of 6 months. But many babies continue to suck their thumbs to soothe themselves. Thumb-sucking can become a habit in babies and young children who use it to comfort themselves when they feel hungry, afraid, restless, quiet, sleepy, or bored. In rare cases, thumb-sucking after age 5 occurs in response to an emotional problem or other disorder, such as anxiety.

Actually thumb sucking is not a problem rather common up to 4 years of age. But beyond this age, vigorous thumb sucking creates some dental problems and occasionally, speech problem. Problem with dental alignment is common. Speech problems caused by thumb sucking can include not being able to say Ts and Ds, lisping, and thrusting out the tongue when talking.

Most of us recommend to ignore the issue in toddler age. Sometimes simple advice, praising, distraction of mind, rewarding and positive attention may help stop thumb sucking. Thumb sometimes may be wrapped with adhesive bandage or occasionally hand gloves may be used. Do not shame or punish the child for thumb sucking. This will only lower the child's self-esteem. Very occasionally behavioural therapy is needed. For dental problems, a dentist's advice is needed. Most children will stop on their own if parents give them enough time and attention.

Be happy and try to keep your child happy by giving them adequate time and talking to them.

The author is a Professor of Paediatrics at Community Based Medical College (CBMC), Mymensingh. E-mail: mmukkhann@gmail.com



/StarHealthBD

HEALTH bulletin



Estimated worldwide lifetime stroke risk is 25% and growing

Stroke places considerable burdens of long-term disability and premature mortality on individuals, families, and society. The Global Burden of Disease (GBD) Study synthesises epidemiological data to compare national, regional, and global estimates of incidence, mortality, and disability for hundreds of diseases, including ischaemic and haemorrhagic stroke. Previous reports have shown that the global burden of stroke has been increasing.

In 2016, estimated global lifetime stroke risk for a 25-year-old during the remaining lifespan was 24.9%, an 8.9% relative increase from 1990. The lifetime risk for ischaemic stroke (18.3%) was higher than for haemorrhagic stroke (8.2%). Wide geographic variation included particularly high lifetime risks in East Asia, Central Europe, and Eastern Europe. China had the greatest lifetime stroke risk for men (41.1%); among Chinese women it was 36.7%. Higher lifetime risks were seen in high-middle sociodemographic index (SDI) countries and lower lifetime risks in low-SDI countries.

Polypharmacy: taking care of the elderly patients

DR ZUBAIR KHALED HUQ

Many people consume a cocktail of drugs targeted simultaneously at several ailments. But poly pharmacy, as this phenomenon is called, invariably has an adverse effect on their health and finances. Polypharmacy is growing as people go to the specialists directly who may prescribe drugs that might duplicate, interact, or work against those already being taken by the patient for other ailments. Patients at times do not know which drug has additive effects, which has opposite action.

Many aged patients had to live with a host of ailments. It included diabetes, numbness of the limbs, hypertension, tremor, mild arthritis, gastritis and insomnia. On the surface, it seemed like s/he needed a dozen drugs a day to get well. It poses a huge challenge to the elderly.

First, it increases the risk of drug interaction and side effects. For instance, some anti-allergy pills make feel drowsy. When taken by someone who is already on a sleeping tablet, it causes sedation. Second, a huge pill burden can cause mounting financial expenses. Being dependent on so many drugs again make the patient stressed or depressed — it could be confusing for an older person.

The concept of family physicians no longer exists. People consult

specialists directly. Based on the symptoms they perceive a neurologist for a headache, a gastroenterologist for stomach pain. If this patient could have come to one doctor for consultation, the doctor could look for a way to reduce his pill burden. Effectively, pill burden can be cut down from 9-12 drugs per day to 4-5 per day.

When an elderly person comes with a problem, the disease can be age-related like cataract, constipation or pigmentation; it might have started in middle age and progressed; or it might be a geriatric disease like dementia or incontinence. It is important to look at the deeper cause, and not just treating according to the symptoms alone. A mild nutritional deficiency can be addressed with a diet change, while counselling and mediation can work wonders for troubled minds.

Older persons react differently to medications than younger persons. Although absorption rates for most drugs do not change with age, ageing alters body fat and water composition, fat stores increase while total body water decreases. These changes can alter therapeutic drug levels causing greater concentrations of water-soluble drugs and longer half-lives of fat-soluble drugs.

Also, because the liver metabolises many drugs, such age-related changes as reduced hepatic blood flow and liver size alter drug clearance. Drug elimination also may

be affected by age-related decreases in renal blood flow, kidney size, and filtration rates of kidneys. Decreased serum albumin levels common in older adults with chronic illnesses, malnutrition, or severe debilitation-can lead to higher drug blood levels.

Poor adherence to the medication regimen is an ongoing problem among older adults. Some patients may fail to comply taking medication as prescribed due to the lack of understanding, confusion, or simple forgetfulness.

On the other hand, some patients may attribute unpleasant symptoms to a particular medication and, without consulting the prescriber, they decrease the dosage or even stop taking the drug. Those with visual deficits may have difficulty reading the prescription label. Patients with financial problems or who live on fixed incomes may decide to take lower-than-prescribed dosages to extend their supply.

To help patients manage their drugs, they should be advised to avoid sharing medications, store medications in a secure, dry location away from sunlight, refrigerate medications if necessary, inform the physician beforehand about other drugs taking currently or earlier. Dispose and discard old medications properly.

The writer is a gerontologist and a public health specialist. E-mail: zubairkhaledjoy@gmail.com



Orion Pharma Scholarship for Medical Student

ডাক্তারবিহীন একটি সুস্থ, সুন্দর এবং সাবলীল সমাজ কি চিন্তা করা যায় ?

ডাক্তার হওয়ার স্বপ্ন অনেকেরই, কিন্তু অনেক সময় শুধু আর্থিক সংকটের কারণে আজন্ম লালিত স্বপ্ন নান হয়ে যায়। সেই সব স্বপ্নবান, সম্ভাবনাময় মেধাবী শিক্ষার্থীদের লক্ষ্য অর্জনের সহযোগিতার জন্য ওরিয়ন ফার্মা ওয়েলফেয়ার ট্রাস্টের সমন্বয়যোগী উদ্দ্যোগ “ওরিয়ন ফার্মা মেডিকেল স্কলারশীপ”।

যারা আবেদন করতে পারবেন

সকল সরকারী মেডিকেল কলেজে সদ্য ভর্তিকৃত ১ম বর্ষের অসচ্ছল ও মেধাবী শিক্ষার্থী।

২৮ ফেব্রুয়ারি ২০১৯-এর মধ্যে

আবেদনপত্রটি ওরিয়ন ফার্মার ওয়েব সাইট থেকে সংগ্রহ করে যথাযথভাবে পূরন করে প্রয়োজনীয় তথ্যাবলীসহ নিচের ঠিকানায় পাঠিয়ে দিন:

মেডিকেল সার্ভিসেস ডিপার্টমেন্ট

ওরিয়ন ফার্মা ওয়েলফেয়ার ট্রাস্ট

ওরিয়ন হাউজ, ১৫৩-১৫৪, তেজগাঁও শিল্প এলাকা, ঢাকা-১২০৮।

মেইল: abdullah.arafat@orion-group.net, saifuz.zahan@orion-group.net

মোবাইল: +৮৮০১৭০৯৬৫২৩১৫, +৮৮০১৭০৯৬৫২৩১৬



www.orionpharmabd.com

