

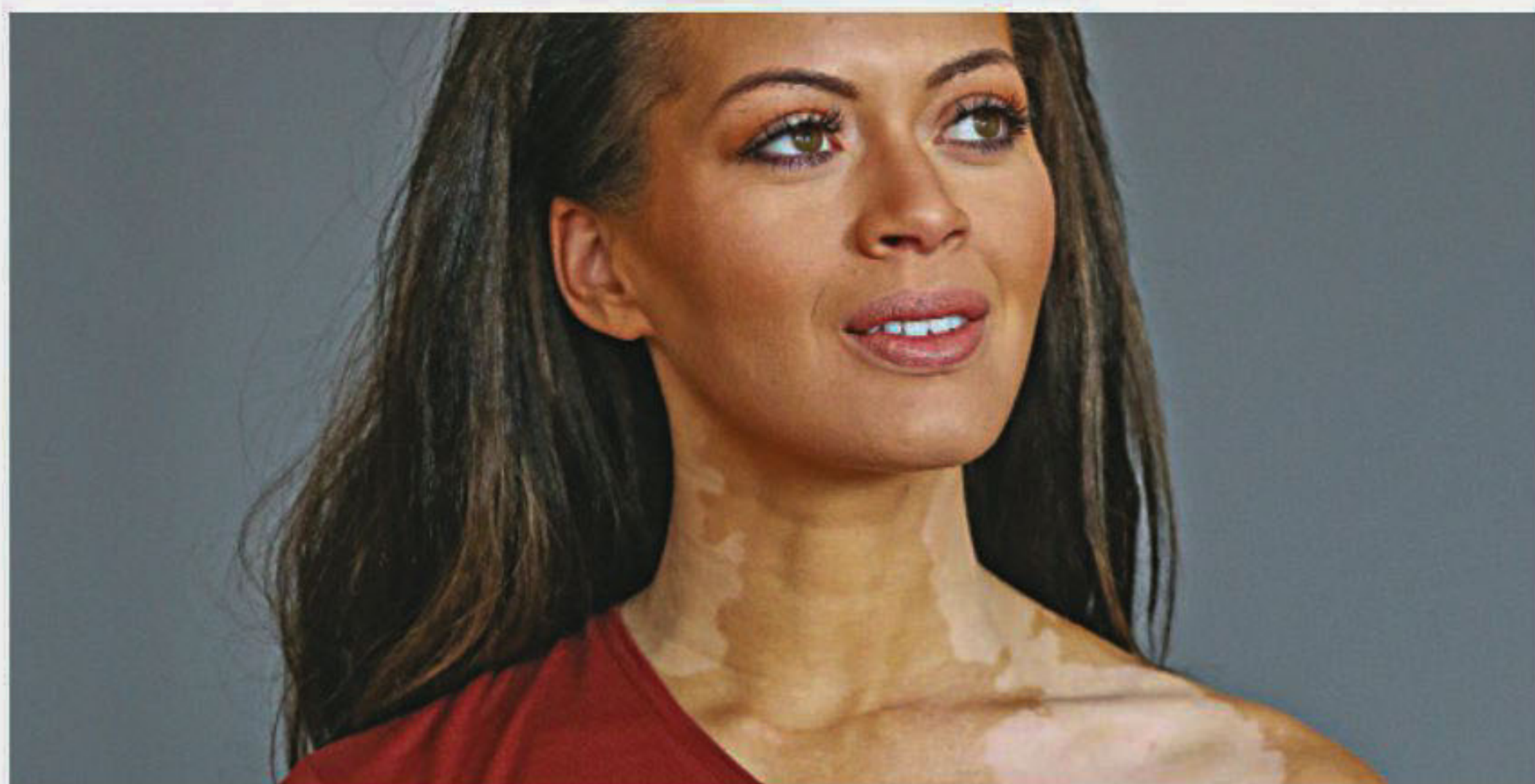
# Vitiligo is not a nosogenic disease

TAWHID ISLAM

The World Vitiligo Day on 25th June is a significant date in the vitiligo calendar because it marks the passing date of popstar Michael Jackson, the most famous man that lived with vitiligo and also the most criticised about his vitiligo. That day aims to generate knowledge of vitiligo and its appropriate care.

Vitiligo is a persistent or chronic autoimmune depigmenting skin disorder that results from a loss of melanocytes which results in very pale or pink skin. The pigment that gives our skin its normal color is denoted as melanin and is made by cells known as melanocytes. In patches of vitiligo the melanocytes are inactive but still present. The reason for this is not fully understood. It is not more than a skin disorder and not a nosogenic one.

It is common, affecting about 1% of the world's population. It can start at any age after birth, but in more than half of the people affected it does so before 20 years of age. Umpteen factors have been involved in disease development, with a prominent role of the immune system and



several other factors including autoimmune disorders, heredity, burn or accidental injury, stress, chronic or acute gastric disorders and impaired hepatic function such as jaundice etc.

Some chemicals like monobenzyl ether of hydroquinone-containing products and phenols (rhododenol) containing cream can hamper the pigment of the skin. For instance, this occurred in Japan when a product advertised as a skin-lightening cream caused widespread

vitiligo across the product's consumer base because of the use of rhododenol as an active ingredient.

There is no treatment discovered to cure vitiligo but several treatment options are available which can help repigmentation. Vitiligo with the face (except eyelids), chest, back, upper arms, legs, and patient in primary stage having a better chance of recovery.

The patient trying to get normal skin colour to return in the areas affected by vitiligo have

many treatment options like topical treatments, steroid creams, Ultraviolet B light treatment, oral medicines and depigmentation and skin grafting etc.

Ultraviolet (UV) therapy is currently the best treatment option for people with 'active' vitiligo. Natural sunlight can help improve vitiligo, although in some parts of the country the climate does not allow for all the year round 'natural UV' therapy. Most dermatologists provide an artificial form of UV, in 'light boxes' which are specially designed to

treat skin conditions, including psoriasis and eczema. UV therapy (including natural sunlight) has the effect of dampening down the immune system in the skin. It may also have the effect of 'stimulating' melanocytes to repigment the skin.

Understandably, the physicians reported that most patients get very tired of coming in for treatment week after week, for what appears to be a very gradual improvement. This treatment causes the normal skin to tan and therefore worsens the appearance of the vitiligo.

After repigmentation, vitiligo frequently recurs in the same area, research suggesting that vitiligo could involve the presence of resident memory T cell (TRM). Thyroid disease and other autoimmune conditions are more common in individuals with vitiligo.

In Bangladesh, sometimes the vitiligo patients are treated inhumanly, for instance, the patient may get divorced for vitiligo. It is high time to raise awareness that vitiligo is only a disorder of the skin and not a contagious disease.

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## HIV/AIDS

### A novel index for predicting HIV care retention

A newly developed 10-point questionnaire shows promise at predicting which HIV patients drop out of care and are at risk for virologic failure.

Engagement in care is an important determinant of good clinical outcomes for HIV infection. Loss to follow-up has been identified as an important obstacle to achieving higher rates of sustained viral suppression, but validated prospective assessments of risk for and interventions to prevent disengagement are not currently available.

To identify perceptions of engagement before poor outcomes occur, investigators developed and assessed a patient-centred questionnaire. Using input from patients and providers, the investigators evaluated numerous questions and combinations, resulting in a final 10-item measure of self-reported engagement in care, including 5 possible responses per question, resulting in an HIV Index score.

The index was validated with 3,296 patients from 7 U.S.-based CNICS clinics (Centres for AIDS Research Network of Integrated Clinical Systems).

Questions in the final questionnaire included "How much does your provider respect what you say?" and "How well does the HIV provider explain things?" Lower HIV Index scores were linked to depression and anxiety, increased use of alcohol and stimulants, and increased internalised stigma.

Higher HIV Index scores were associated with higher self-reported adherence, attendance at appointments, and viral suppression.

## HEALTH bulletin



### Obesity in pregnant women linked to 3.5 times increased risk of diabetes in child

Obesity during pregnancy is associated with a 3.5-times increased future risk of type 2 diabetes (T2D) in the child, concludes new research published in Diabetologia. If the pregnant woman is overweight rather than obese, the increased risk of T2D in the child is 40%. The study says strategies to reduce obesity and overweight in women of reproductive age are urgently required.

The short-term complications of maternal obesity are well recognised - including gestational diabetes; pre-eclampsia; larger infants and higher likelihood of Caesarian delivery. In addition, there is now an increasing awareness that there are longer term health problems for infants born to obese mothers; for example, increased risk of premature cardiovascular disease and premature mortality.

Compared with normal weight mothers, being overweight or obese during pregnancy was associated with a significantly increased risk of any diabetes (type 1 or type 2) in the child, with an increased risk of 26% for overweight mothers and 83% for obese mothers. However, when looking only at type 2 diabetes, the increased risks were even higher.

Being an obese mother was associated with a 3.5 times increased risk of T2D in the child, while for overweight mothers, the associated increased risk was 40%.

## Is the society responsible for drug addiction?

DR SAT PARKASH

It has been a century or more, that war on drugs has been declared, commencing in Shanghai and the same getting reinforced in April 2016 in the United Nations. Every year a new theme is given and this year it is 'Health for Justice, Justice for Health'. The question is, how far have we succeeded, in case we have?

The phenomenon of 'addiction' has spread across the globe like a pandemic, and it has been a tough challenge to be dealt with because the more organised a crime is, the difficult it gets to be controlled and like it or not, drug abuse and trafficking are pretty organised in their form. There have been ample policies and penalties in different countries, which are of different levels of intensity depending upon

the country's way of dealing with it, such as in Malaysia, where it is death penalty for keeping drugs, or in Bangladesh, one could be sentenced to death for carrying, trading, storing or processing yaba weighing over five grams. But despite all these stringent regulations, things have not been so bright, and it has been established that no one country can tackle it on its own, be it the USA or Bangladesh!

Partly, system failure is attributed to the fact that the whole subject has been very mercurial from the beginning. We still debate whether it is a 'disease' or a failure of one's coping mechanism. Irrespective of what it is, one cannot refute its 'biopsychosocial' nature. The term was coined in the 1970s and has been revered as the most diplomatic

word invented ever. But still one can see that it is, what it is.

The fact is that everything and everyone matters. Starting from the childhood experiences which play an instrumental role in the development of individual coping strategies and sense of coherence, to the peer pressure in adolescence which brings in a new sense of autonomy and independence promoting risk-taking behaviours with lack of insight and inability of weighing consequences, to academic demands, sudden responsibility of playing multiple roles at multiple places, to lack of good social support system and the list is endless, all of this works its way through to drugs. Things are made easier when one's personality is addictive.

So, where does one start? Charity begins at home, they say. 'Optimism bias', a cognitive bias that causes someone to believe that they are less likely to experience a negative event, needs to be dealt with because it can happen to anyone.

It is highly advisable to be observant about signals that your loved one might be sending and you, out of sheer optimism bias and ignorance are missing out on them. Family support can be really helpful to restrict this problem to the preliminary stage when it is easy to be tackled. After all, prevention is better than cure, any day!

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### Most women do not realise alcohol is a risk factor for breast cancer

Most women attending breast screening or evaluation do not know that alcohol is a risk factor for breast cancer, a BMJ Open study finds.

Roughly 200 U.K. women attending screening mammography or breast symptom evaluation, as well as 30 health professionals at these sites, were asked to list risk factors for breast cancer. Only 20% of the patients - and 50% of the staff - named alcohol as a risk factor. Among women who drank, the ability to correctly assess the amount of alcohol in a drink (and thus their intake) was low.

When patients were asked how they felt about adding a 5-minute cancer prevention information session to breast appointments, about a third said this would make them more likely to attend; none said they would be less likely to attend.

In focus groups, staff expressed ambivalence about discussing alcohol intake with patients and often felt it was not their responsibility.

The researchers call for education of health professionals to make better use of "teachable moments" with women during breast health visits.

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## Dengue Fever

Dengue (pronounced DENgee) fever is a painful, debilitating mosquito-borne disease caused by any one of four closely related dengue viruses. An estimated 390 million dengue infections occur worldwide each year with about 96 million resulting in illness.

### Symptoms

Symptoms, which usually begin four to six days after infection and last for up to 10 days, may include

- Sudden, high fever
- Severe headaches
- Pain behind the eyes
- Severe joint and muscle pain
- Fatigue
- Nausea
- Vomiting
- Skin rash, which appears two to five days after the onset of fever
- Mild bleeding (such as nose bleed, bleeding gums, or easy bruising)

Sometimes, symptoms are mild and can be mistaken for those of the flu or another viral infection.

### Preventive measures

There is no vaccine to prevent dengue fever. The best way to prevent the disease is to prevent bites by infected mosquitoes, particularly if you are living in or traveling to a tropical area.

### To protect yourself

- Stay away from heavily populated residential areas, if possible.
- Use mosquito repellents, even indoors.
- When outdoors, wear long-sleeved shirts and long pants tucked into socks.
- When indoors, use air conditioning if available.
- Make sure window and door screens are secure and free of holes. If sleeping areas are not screened or air conditioned, use mosquito nets.
- If you have symptoms of dengue, speak to your doctor. To reduce the mosquito population, get rid of places where mosquitoes can breed. These include old tires, cans or flower pots that collect rain. Regularly change the water in outdoor bird baths and pets' water dishes.



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