

Dengue is getting dangerous!

DR GOLAM NABI

The scarring illness of dengue in the urban area is not uncommon, for decades it usually occurs during the end of rainy seasons. During last few years there were no casualties because of mass awareness and carefulness but unfortunately this year dengue is causing a disastrous comeback in the urban areas.

Dengue is a febrile illness caused by a flavivirus transmitted by the mosquitoes. It is endemic in the Asia and Pacific, Africa and America. Approximately 50 million infections occur annually and dengue is the more rapidly spreading mosquito-borne viral illness.

Dengue can affect anyone but tends to be more severe in people with compromised immune systems and children. Because it is caused by one of four serotypes of the dengue virus, it is possible to get dengue fever multiple times. However, an attack of dengue produces immunity for a lifetime to that particular viral serotype to which the patient was exposed.

Dengue goes by other names, including 'breakbone fever' or 'dandy fever'. Victims of dengue often have contortions due to the intense joint, muscle, and bone pain, hence the name 'breakbone fever'. Slaves in the West Indies who contracted dengue were said to have dandy fever because of



their postures and gait.

Symptoms include severe headache, body ache, joint and muscle pain, pain in the back of the eye, pain in the backbone along with high rise of temperature. Fever usually goes up to 104°F, and poorly respond to paracetamol. These symptoms persist for 4-5 days along with distaste in mouth, nausea and weakness. Usually on the 6th day, reddish rash appears throughout the body, mostly in the palms

and sole with itching. At this stage, there would not be any fever and patients appear to be normal except some weakness for few more days.

Because dengue fever is caused by a virus, there is no specific medicine or antibiotic to treat it. It is usually self-limiting. For typical dengue fever, the treatment is directed towards relief of the symptoms. For fever and pain, you may have paracetamol or do tepid sponging

but never take any Nonsteroidal anti-inflammatory drugs (NSAID) like ibuprofen. Drink plenty of water, fruit juices, oral saline, coconut water etc., at least 3-4 litres of liquid per day.

Dengue haemorrhagic fever is a more severe form of the viral illness. Symptoms include headache, fever, rash, and evidence of haemorrhage in the body. Petechiae (small red spots or purple splotches or blisters under the skin), bleeding in the

nose or gums, black stools, or easy bruising are all possible signs of haemorrhage. This form of dengue fever can be life-threatening and can progress to the most severe form of the illness, dengue shock syndrome. This type of complication can be managed in the hospitals by adequate supportive care and sometimes the patient may need fresh blood or platelet transfusion.

As there is no vaccine commercially available yet to prevent dengue, we can take precautionary measures to get rid of it. Check every nook and corner of your house for stagnant water like in your flower tub, shells of coconut, old tyres, any old container or discarded pot etc. and remove those immediately. Use mosquito net when you sleep. Use full sleeve shirts and trousers when you go out. Use anti-mosquito repellants. Avoid mosquito bites, especially after the sunrise and before sunset.

If you suffer from dengue do not get scared, just take paracetamol to bring down your temperature or to relieve pain and drink plenty of liquid, it is usually self-limiting and goes away within 5-6 days. Check your platelet count and if it is less than the normal limit, consult with a doctor immediately.

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DID YOU KNOW?

Sugary drink consumption tied to cancer risk



Patients may ask about a widely reported study, published in The BMJ, linking sugary drinks to cancer. Researchers studied over 100,000 French adults (nearly 80% women) who completed at least two 24-hour dietary assessments over a 2-year period. The average age at baseline was 42.

During a median 5 years' follow-up, nearly 2,200 incident cancers were diagnosed, about one third of which were breast cancers. Overall cancer risk increased with each 100-ml/day (3.4 oz/day) increase in consumption of sugar-sweetened beverages, including soft drinks and 100% fruit juices. Risk for breast cancer — in particular, premenopausal breast cancer — also increased with sugary beverage intake, although fruit juices alone did not confer elevated risk. Risks for other cancers, including colorectal and prostate, were not associated with sugary drinks.

The researchers adjusted for numerous confounders, including BMI, smoking status, and family history of cancer. Nonetheless, they caution: "This is an observational study, thus causality of the observed associations cannot be established and residual confounding cannot be entirely ruled out."

HEALTH bulletin



Diabetes increases the risk of heart failure more in women than men

Diabetes confers a greater excess risk of heart failure in women than men, according to new research in Diabetologia (the journal of the European Association for the Study of Diabetes). Type 1 diabetes is associated with a 47% excess risk of heart failure in women compared to men, whilst type 2 diabetes has a 9% excess risk of heart failure for women than men.

Type 1 diabetes was associated with a 5.15 times higher risk of heart failure in women, and a 3.47 times higher risk in men - meaning a 47% excess relative risk of heart failure for women compared to men. Type 2 diabetes was associated with a 1.95 times higher risk of heart failure in women, and a 1.74 times higher risk in men - meaning a 9% excess relative risk of heart failure for women compared to men.

The excess risk of heart failure following a diagnosis of diabetes is high in both sexes, but significantly greater in women than men, conclude the authors, "highlighting the importance of intensive prevention and treatment of diabetes for women as well as men."

Gynaecological cancers and how to fight them

STAR HEALTH REPORT

Cancers are on the rise due to various factors. Women are not exception to this. In addition to the breast cancer, women carry the risk of several gynaecological cancers those develop in a woman's reproductive tract. Cervical cancer is only one type of gynaecological cancer. Other types include ovarian cancer, uterine cancer, vaginal cancer, and vulvar cancer.

There are different risk factors for each of these cancers, including in some cases, heredity. But many women who develop cancer without being considered high risk. It is important for women to be aware of the types of gynaecological cancer, symptoms and potential warning signs to watch out for, and screening and prevention strategies.

Dr Wong Chiung Ing has been actively involved in clinical and translational research, particularly first-in-human clinical trials exploring novel therapies for

patients with cancer. She is a Senior Consultant, Medical Oncology at Parkway Cancer Centre, Singapore with a special interest in breast and gynaecological cancers. She recently discussed about the gynaecological cancers and how to fight with them.

Dr Wong emphasised the correct diagnosis of gynaecological cancers because the same symptoms may not always present with the cancers. There are benign conditions which can be treated. Also, there are some peritoneal cancers which arise from the region of gynaecological area. So, proper and early diagnosis is very crucial.

Dr Wong mentioned that the commonest gynaecological cancer is cervical cancer in Bangladesh, while the greatest killer for women is the breast cancer all over the world. She opined that one of the reasons behind it might be the early marriage of girls and women in Bangladesh, but women hardly go for screening of cervical cancer. The guideline is women

should be screened for cervical cancer after three years of their first sexual activity and that should be continued at a regular interval. Women need to be aware about the screening to reduce the number of cervical cancers.

Dr Wong suggested that women should visit gynaecologists if there is any abnormality in the reproductive organs varying from abnormal menstrual bleeding to abdominal cramp in an abnormal fashion and for prolonged period of time.

There are several diagnostic tools that can easily detect gynaecological cancers. Women just need to be concerned for abnormal phenomenon.

Also, there are more options for treatment from before. Those could be magical if any case is detected early. As prevention is better than cure, she advised women to take measures earlier including lifestyle modifications.

See the full interview at https://www.youtube.com/watch?v=hYv_gd_AbLI



The School of Life Sciences at the Independent University, Bangladesh (IUB) in collaboration with ideSHI (Institute for Developing Science and Health) and the Rotary Club of Dhaka North organised a free thalassaemia screening camp recently at the university campus. Professor Dr Syed Saleheen Qadri of ideSHI spoke on a seminar about how to prevent thalassaemia and what actions one can take as a carrier.



The newly appointed Director General of the Directorate General of Family Planning (DGFP) of the Ministry of Health and Family Planning Quazi AKM Mohiul Islam expressed his commitment to ensure young people friendly services during a courtesy call by SERAC-Bangladesh delegation recently. The delegation was led by SM Shaikat, Executive Director of SERAC-Bangladesh while Zakia Akter, Deputy Director of DGFP and other officials were also present.



Dengue Management DO's and DON'Ts

- ✗ **DON'T use corticosteroids.** They are not indicated and can increase the risk of GI bleeding, hyperglycemia, and immunosuppression.
- ✗ **DON'T give platelet transfusions for a low platelet count.** Platelet transfusions do not decrease the risk of severe bleeding and may instead lead to fluid overload and prolonged hospitalization.
- ✗ **DON'T give half normal (0.45%) saline.** half normal saline should not be given, even as a maintenance fluid, because it leaks into third spaces and may lead to worsening of a ascites and pleural effusions.
- ✗ **DON'T assume that IV fluids are necessary.** First check if the patient can take fluids orally. Use only the minimum amount of IV fluid to keep the patient well-perfused. Decrease IV fluid rate as hemodynamic status improves or urine output increases.

- ✓ **DO tell outpatients when to return.** Teach them about warning signs and their timing, and the critical period that follows defervescence.
- ✓ **DO recognize the critical period.** the critical period begins with defervescence and lasts 24-48 hours. During the period, some patients may rapidly deteriorate.
- ✓ **DO closely monitor fluid intake and output, vital signs, and hematocrit levels.** Ins and outs should be measured at least every shift and vitals at least every 4 hours. Hematocrits should be measured every 6-12 hours at minimum during the critical period.
- ✓ **DO recognize and treat early shock.** Early shock (also known as compensated or normotensive shock) is characterized by narrowing pulse pressure (systolic minus diastolic BP approaching 20 mmHg), increasing heart rate, and delayed capillary refill or cool extremities.
- ✓ **DO administer colloids (such as albumin) for refractory shock.** Patients who do not respond to 2-3 boluses of isotonic saline should be given colloids instead of more saline.
- ✓ **DO give PRBCs or whole blood for clinically significant bleeding.** If hematocrit is dropping with unstable vital signs or significant bleeding is apparent, immediately transfuse blood.



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