

Suicide is not an option

STAR HEALTH REPORT

World Mental Health Day is observed on 10 October every year, with the overall objective of raising awareness of mental health issues around the world and mobilising efforts in support of mental health. The day provides an opportunity for all stakeholders working on mental health issues to talk about their work, and what more needs to be done to make mental health care a reality for people worldwide.

While the World Health Organisation (WHO) has made suicide a priority issue for a number of years, it is important to emphasise that it is a topic that has attracted the interest of most fields of study for centuries, which is why it has been explored by philosophy, religion, medicine, sociology, bioethics, law, and psychology, among other fields.

According to the WHO, more than 800,000 people die by suicide a year, making it the principal cause of death among people 15-29 years old.

It is often believed that it is only adults who exhibit suicidal behaviours, but it should be made known that many children and young people engage in this kind of behaviour as a result of violence, sexual abuse, bullying



and cyberbullying.

Suicide is a global public health problem that deserves the attention of all the actors in the field of mental health, including scientific and professional organisations, organisations for mental health users and their families, and universities.

It deserves particular attention from national health authorities, since it is their responsibility to craft policies and directives aimed

at establishing strategies to prevent suicide and promote the public's mental health.

There are numerous complex factors that contribute to a suicide, but what is most important is that all of our actions must be geared toward prevention.

The object of making suicide prevention the theme of World Mental Health Day in 2019 is to attract the attention of governments so that the issue

might be given priority in public health agendas around the world.

Prevention and control

Suicides are preventable. There are a number of measures that can be taken at population, sub-population and individual levels to prevent suicide and suicide attempts. These include:

- reducing access to the means of suicide (e.g. pesticides, firearms,

- certain medications)
- reporting by media in a responsible way
- school-based interventions
- introducing alcohol policies to reduce the harmful use of alcohol
- early identification, treatment and care of people with mental and substance use disorders, chronic pain and acute emotional distress
- training of non-specialised health workers in the assessment and management of suicidal behaviour
- follow-up care for people who attempted suicide and provision of community support.

Suicide is a complex issue and therefore suicide prevention efforts require coordination and collaboration among multiple sectors of society, including the health sector and other sectors such as education, labour, agriculture, business, justice, law, defense, politics, and the media. These efforts must be comprehensive and integrated as no single approach alone can make an impact on an issue as complex as suicide.

Source: World Health Organisation

HEALTH bulletin



Treating insomnia in depressed patients may also reduce suicidal ideation

A hypnotic added to an antidepressant helped to modestly decrease observer-rated suicidal ideation, especially in patients with severe insomnia.

In a first-ever randomised controlled trial, researchers examined controlled-release (CR) zolpidem or placebo added to open treatment with a selective serotonin reuptake inhibitor (SSRI) in 103 medication-free patients with major depression, insomnia (delayed onset or prolonged awake periods after sleep onset, plus low sleep efficiency), and suicidal ideation (but no plan or intent). At 8 weeks of the study, ratings of insomnia and suicidal ideation fell in all groups. Zolpidem-CR improved insomnia more than placebo.

Decades ago, Swiss and German psychiatrists popularised *dauerschlaf* (prolonged sleep therapy), now long out of favour, for severe psychoses. Experts comment that this study reminds us that attention to sleep quality might benefit both depression and suicidal ideation. These findings do not support routine hypnotics for depression but do suggest that patients with insomnia and suicidal ideation might well benefit from focused attention to sleep improvement.

Causes of pain in the tummy

PROF DR ANISUR RAHMAN

Pain in the tummy is frequently experienced by many of us. Beyond the acute, temporary discomfort that we all have experienced, there are several forms of tummy pain that can be a sign of serious health issue and should not be ignored. Tummy pain can range from minor discomfort to excruciating life threatening conditions.

Though it can be pretty tricky to figure out if the tummy pain that you are having, is the type that will resolve on its own or a doctor should be consulted without delay, the following types of tummy pain, however, should not be brushed aside.

Pain that is not going away: Any tummy discomfort, however trivial it may be, if it is persistent which lasts even three months or longer, should be consulted with a doctor. This sort of discomfort includes symptoms like ongoing diarrhoea, constipation, pain after eating, feeling full after just a few bites of food and bloating. It is important to see a gastrointestinal (GI) surgeon to rule out anything serious like inflammatory bowel disease, coeliac disease or primary stage of cancer.

Pain accompanied by vomiting: Tummy discomfort that comes along with nausea and vomiting can happen for a number of reasons like gall bladder stones, appendicitis, bowel obstruction, GI infection or inflammation. It is important to see a GI surgeon if the abdominal pain comes with nausea, vomiting and fever or if the pain is unfamiliar, getting

worse or is not going away.

Pain with blood in the stool: It is important to keep in mind that blood in the stool won't always be red; it can also be black and tar-like, which is often indicative of bleeding from somewhere higher up in the digestive tract, such as the stomach. GI bleeding can come from a number of sources including colitis, diverticulosis, haemorrhoids, bleeding gastric ulcer and GI cancer.

Pain that is intense and sudden: Experiencing strong and severe tummy pain indicates something probably is not right. Specific and localised pain that involves a sharp shooting sensation which takes breath away, or cause you to double over or hold the area, and happens in waves, could be from bile duct blockage by gallstones, appendicitis, ulcer or pancreatitis.

Often this will be the type of pain that keeps on worsening, comes suddenly or does not go away. It is important not to delay getting help when sharp pain is involved.

Pain with unexplained weight loss: Unexpected or unintentional weight loss with abdominal pain is always concerning and must be evaluated; this could be a sign of a risk for GI cancer, chronic pancreatitis, Crohn's disease or other illnesses.

All being said and done, we know our body better than anyone else. If something wrong is felt with the tummy, whether it is serious or not, it is always best not to delay seeing a GI surgeon.

The writer is a Consultant of General, Laparoscopic and OncoSurgery working at United Hospital Limited, Dhaka. E-mail: anisurgeneral@gmail.com



EYE PROBLEM



Why vision impairment is rising globally?

More than 1 billion people worldwide are living with vision impairment because they do not get the care they need for conditions like short and far sightedness, glaucoma and cataract, according to the first world report on vision issued by the World Health Organisation.

The report found that ageing populations, changing lifestyles and limited access to eye care, particularly in low- and middle-income countries, are among the main drivers of the rising numbers of people living with vision impairment.

Globally, at least 2.2 billion people have a vision impairment or blindness, of whom at least 1 billion have a vision impairment that could have been prevented or has yet to be addressed.

Eye conditions that can cause vision impairment and blindness – such as cataract, trachoma and refractive error – are the main focus of national prevention and other eye care strategies. But eye conditions that do not typically impair vision, including dry eye and conjunctivitis, must not be overlooked as they are among the main reasons for people to seek eye health care services in all countries, the report states.

Other main drivers of the most common eye conditions include:

Myopia (near-sightedness): Increased time spent indoors and increased "near work" activities are leading to more people suffering from myopia. Increased outdoor time can reduce this risk.

Diabetic retinopathy: Increasing numbers of people are living with diabetes, particularly Type 2, which can impact vision if not detected and treated. Routine eye checks and good diabetes control can protect people's vision from this condition.

Late detection: Due to weak or poorly integrated eye care services, many people lack access to routine checks that can detect conditions and lead to the delivery of appropriate preventive care or treatment.

Why men need to open up about mental illness

DR SAYEDUL ASHRAF

From childhood, boys are told to be strong, as if nothing can make them feel sad, as if they cannot cry or feel hurt. Contrary to this belief, strong men are usually the ones who are able to cry.

The stigma and fear related to mental illness has hurt boys more than men over the last decade or so. Depression and suicide are ranked as the leading cause of death among men, but treatment for men has been far less than women which adds to this tragedy. Boys do not seek help and if they do, they come at a terminal stage which makes recovery difficult.

A lot of boys tend to see depression as a sign of personal weakness. They think they will be laughed at by peers, they might not be promoted in their jobs, will be mocked by his spouse and the fear goes on and on.

Men have to understand that mental illness is just like diabetes or any other physical condition. We also need to help anyone whom we see have recent changes in behaviour, thought process and mood. If men are less willing to ask for help, they will continue to experience the symptoms contributing to depression. So, my suggestion for men - help is available, please seek it timely and be your own best friend.

The author is the Lead Consultant Psychiatrist and Managing Director of LifeSpring Limited, a community-based mental health institute. E-mail: kushal@lifespringweb.com

f b /StarHealthBD

International Infection Prevention Week

October 13-19, 2019

VACCINES
are everybody's business



In Search of Excellence