

Number of males using tobacco declining globally

STAR HEALTH REPORT

For the first time, the World Health Organisation (WHO) projects that the number of males using tobacco is on the decline, indicating a powerful shift in the global tobacco epidemic. The findings, published recently in a new WHO report, demonstrate how government-led action can protect communities from tobacco, save lives and prevent people from suffering tobacco-related harm.

During nearly the past two decades, overall global tobacco use has fallen, from 1.397 billion in 2000 to 1.337 billion in 2018, or by approximately 60 million people, according to the WHO global report on trends in prevalence of tobacco use 2000-2025 third edition.

This has been largely driven by reductions in the number of females using these products (346 million in 2000 down to 244 million in 2018, or a fall over around 100 million).

Over the same period, male tobacco use had risen by around 40 million, from 1.050 billion in 2000 to 1.093 billion in 2018 (or 82% of the world's current 1.337 billion tobacco users).

But positively, the new report



shows that the number of male tobacco users has stopped growing and is projected to decline by more than 1 million fewer male users come 2020 (or 1.091 billion) compared to 2018 levels, and 5 million less by 2025 (1.087 billion).

By 2020, WHO projects there will be 10 million fewer tobacco

users, male and female, compared to 2018, and another 27 million less by 2025, amounting to 1.299 billion. Some 60% of countries have been experiencing a decline in tobacco use since 2010.

Despite such gains, progress in meeting the global target set by governments to cut tobacco use by 30% by 2025 remains off

track. Based on current progress, a 23% reduction will be achieved by 2025. Only 32 countries are currently on track to reach the 30% reduction target.

Other key findings of the report included:

Children: Approximately 43 million children (aged 13-15) used tobacco in 2018 (14 million

girls and 29 million boys).

Women: The number of women using tobacco in 2018 was 244 million. By 2025, there should be 32 million fewer women tobacco users. Most gains are being made in low- and middle-income countries. Europe is the region making the slowest progress in reducing tobacco use among females.

Policy action: more and more countries are implementing effective tobacco control measures, which are having the desired effect of reducing tobacco use. Tobacco taxes not only help reduce tobacco consumption and health-care costs but also represent a revenue stream for financing for development in many countries.

Every year, more than 8 million people die from tobacco use, approximately half of its users. More than 7 million of those deaths are from direct tobacco use while around 1.2 million are due to non-smokers being exposed to second-hand smoke. Most tobacco-related deaths occur in low- and middle-income countries, areas that are targets of intensive tobacco industry interference and marketing.

Source: World Health Organisation

RECOMMENDATION

New advice on curbing deadly NCDs

World leaders and health experts recently handed eight recommendations to Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organisation (WHO), that could save millions of lives and promote mental health.

The Report laid out a set of 8 recommendations for WHO:

- Encourage Heads of State and Government to fulfil their commitment to providing strategic leadership by involving all relevant government departments, businesses, civil society groups as well as health professionals and people at risk from or suffering from NCDs and mental health conditions.

- Support countries in efforts to empower individuals to make healthy choices, including by ensuring that the environment is conducive to living a healthy life and that people receive the information they need to make healthy choices.

- Encourage countries to invest in the prevention and control of NCDs and mental health conditions as a key opportunity to enhance human capital and accelerate economic growth.

- Advise countries to include services to prevent and treat NCDs and mental health as essential components of Universal Health Coverage.

- Ensure that no one falls into poverty because they have to pay for health care out of their own pockets through the provision of adequate social protection for everyone.

- Increase engagement with businesses and provide technical support to the Member States so they can mount effective national responses to NCDs and mental health conditions.

- Encourage governments to promote meaningful engagement with civil society.

- Advocate for the establishment of a multi-donor trust fund to support countries in activities to reduce NCDs and promote mental health.

Every year, 41 million people die from NCDs. Despite the many proven solutions, progress has been slow and uneven globally.

HEALTH bulletin



Eating ultra-processed foods tied to Diabetes risk

Higher intake of ultra-processed foods (for example, packaged snack foods) is associated with increased risk for type 2 diabetes, according to a prospective study in JAMA Internal Medicine.

Over 100,000 French adults completed a series of 24-hour dietary recall questionnaires over two years. During a median follow-up of 6 years, roughly 820 participants were diagnosed with type 2 diabetes.

After adjustment for body-mass index, physical activity, and other confounders, participants who ate more ultra-processed foods were at higher risk for diabetes. In particular, the risk increased by 13% with each 10% increase in the proportion of diet comprising ultra-processed foods.

The authors note that in previous studies, ultra-processed foods have been linked to increased risks for cancer, cardiovascular disease, and mortality.

Cold vs. Flu: Does it matter?

Over-the-counter drugs and chicken soup help both the cold and the flu, right?

It is important to learn which kind of illness you are dealing with. That is because the flu can have serious complications, like the lung infection pneumonia. It can even be deadly. Flu treatments work best within 48 hours of the time symptoms start. Prescription antiviral drugs may cut the time you are sick.

Flu: Comes on fast and furious
If you feel like you have been hit heavily, it is probably the flu. Symptoms like sore throat, fever, headache, muscle aches, congestion, and cough tend to come on suddenly. Colds are usually less intense and include a runny or stuffy nose. The flu gets better over 2 to 5 days, but you might feel run-down for a week or longer. Colds come on slowly and last up to 10 days.

Fever: Usually means flu
While some people may get a slight fever when they have a cold, most don't. If you have the flu, you will probably run a temperature of 100-104°F. Children's flu fevers tend to be higher. Kids may also be more likely to have a fever with the common cold.

Flu: Fatigue can last for weeks
You likely start off feeling extremely tired and achy all over. That fatigue and weakness may last for up to 3 weeks -- or even longer in seniors and people with long-term (chronic) diseases or a weak immune system. With a cold, you usually feel bad for just a few days.

Colds and Flu: Both can cause headaches
Still, a headache that comes along with a cold, like other symptoms

that result from the virus, tends to be milder than one caused by flu.

Coughs: Sign of both colds and flu
Colds and flu are respiratory illnesses, which affect your airways, so both can cause coughing.

Pneumonia is a lung infection that can be a complication of the flu. See a doctor if you have a persistent cough, fever higher than 102°F and chills, a hard time breathing, shortness of breath, or chest pain when you cough.

Earaches: Can come from colds or flu
Congestion from either ailment can make your ear pressure rise. This affects the eustachian tube, which connects your throat to your middle ear. It can cause a dull ear pain, hearing loss, and the sensation of "popping" in your ears. It usually goes away with your other symptoms.

See a doctor if the earache lasts longer than your sickness or you feel sudden, strong pain. You may have an ear infection that needs treatment.

Colds: Often start with a sore throat
This early symptom tends to last for 1 to 2 days. A runny and stuffy nose is also common. Sore throats come with the flu, too. But if you have it, you will probably be tired and have other symptoms that come on all at once.

Stuffy nose: May mean a cold
Unless you are also feverish, very achy, and just plain zapped of energy, you likely have a cold -- although many people with the flu also say they have a stuffy nose and sneezing.

Both colds and the flu can lead to sinus infections. In addition to thick yellow or green nasal discharge, sinus

infections can cause headaches and pain in the forehead, cheeks, and nasal bridge. The pain usually gets worse with sudden head movement or strain. Sometimes, you can get a secondary bacterial infection that needs antibiotic treatment.

Flu: Start antiviral drugs ASAP
These medications can make you feel better and shorten your illness by 1 to 2 days -- especially if you start them within 2 days of getting sick. Over-the-counter products can also lessen some symptoms like a cough and congestion. Read labels and instructions carefully so you understand what the meds do and how to take them.

Colds: OTC drugs can ease symptoms
Medicines like decongestants, cough suppressants, and antihistamines can help congestion, coughing, and nasal symptoms. Acetaminophen, ibuprofen, or naproxen can treat pain or a headache. Many cough and cold medicines have the same ingredients. Don't give aspirin to a child under 18. Using it to treat the flu has been linked to a condition called Reye's syndrome in kids.

Hand-washing is key
Wash your hands well so you don't spread the flu to other people. Use soap and warm water. Rub your hands together for 20 seconds. Don't forget the areas between your fingers and around your nails. Rinse and dry thoroughly. Alcohol-based hand sanitizers also work.

Wash often during cold and flu season, especially after you cough, sneeze, or blow your nose. Can't find a tissue? Sneeze or cough into your elbow instead of your hands.

Source: WebMD



"Cobalt Lung" linked to vaping cannabis

Researchers have identified yet another complication of vaping. In the European Respiratory Journal, they describe a woman who developed giant cell interstitial pneumonia (a.k.a., hard metal pneumoconiosis, or "cobalt lung") after six months of vaping cannabis. The condition is usually seen in workers exposed to hard metals.

The patient had reduced lung function at presentation. Lung biopsy showed fibrosis and several multinucleated giant cells within the alveolar spaces. She improved after three months of mycophenolate mofetil followed by prednisone, but 30 months after diagnosis, her lung function was still impaired.

Tests of her e-liquid revealed cobalt. The authors say the metal could have been released from the reservoir casing or the heating coil by the high temperatures necessary to aerosolise cannabis.

The authors conclude that "regulation of the material composition of the reservoir and heating coil in the vaporisation device should be sought" to avoid such toxic exposures.



What is diabetic eye disease?

Diabetic eye disease can affect many parts of the eye, including the retina, macula, lens and the optic nerve.

Diabetic eye disease is a group of eye conditions that can affect people with diabetes.

- **Diabetic retinopathy** affects blood vessels in the light-sensitive tissue called the retina that lines the back of the eye. It is the most common cause of vision loss among people with diabetes and the leading cause of vision impairment and blindness among working-age adults.

- **Diabetic macular edema (DME).** A consequence of diabetic retinopathy, DME is swelling in an area of the retina called the macula.

Diabetic eye disease also includes cataract and glaucoma All forms of diabetic eye disease have the potential to cause severe vision loss and blindness.

How can people with diabetes protect their vision?

Vision lost to diabetic retinopathy is sometimes irreversible. However, early detection and treatment can reduce the risk of blindness by 95 percent. Because diabetic retinopathy often lacks early symptoms, people with diabetes should get a comprehensive dilated eye exam at least once a year. People with diabetic retinopathy may need eye exams more frequently. Women with diabetes who become pregnant should have a comprehensive dilated eye exam as soon as possible. Additional exams during pregnancy may be needed.

Studies such as the Diabetes Control and Complications Trial (DCCT) have shown that controlling diabetes slows the onset and worsening of diabetic retinopathy. DCCT study participants who kept their blood glucose level as close to normal as possible were significantly less likely than those without optimal glucose control to develop diabetic retinopathy, as well as kidney and nerve diseases. Other trials have shown that controlling elevated blood pressure and cholesterol can reduce the risk of vision loss among people with diabetes.

Treatment for diabetic retinopathy is often delayed until it starts to progress to PDR, or when DME occurs. Comprehensive dilated eye exams are needed more frequently as diabetic retinopathy becomes more severe. People with severe nonproliferative diabetic retinopathy have a high risk of developing PDR and may need a comprehensive dilated eye exam as often as every 2 to 4 months.



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