

The scarcity of treatment for epilepsy in low-income countries

STAR HEALTH REPORT

Epilepsy is one of the most common neurological diseases, affecting nearly 50 million people of all ages around the world. It is a brain disease characterised by abnormal electrical activity causing seizures or unusual behaviour, sensations and sometimes loss of awareness. Epilepsy affects people of all ages, with peaks among children and the over-60s. It has neurological, cognitive, psychological and social consequences.

Three quarters of people living with epilepsy in low-income countries do not get the treatment they need, increasing their risk of dying prematurely and condemning many to a life of stigma.

The findings are published in "Epilepsy, a public health imperative" released by the World Health Organisation (WHO) and leading nongovernmental organisations for epilepsy, the International League Against Epilepsy and the International Bureau for Epilepsy.

Premature death is three times higher in people with epilepsy. The risk of premature death in people with epilepsy is up to three times higher than for the general population. In low- and middle-income countries,



early death among people with epilepsy is significantly higher than in high-income countries. Reasons for this premature mortality in low- and middle-income countries are likely associated with lack of access to health facilities when seizures are long-lasting or occur close together without recovery in between, and preventable causes such as drowning, head injuries and burns.

Roughly half of adults with epilepsy have at least one other

health condition. The most common are depression and anxiety: 23% of adults with epilepsy will experience clinical depression during their lifetime and 20% will have anxiety. Mental health conditions such as these can make seizures worse and reduce quality of life. Development and learning difficulties are experienced by 30-40% of children with epilepsy.

Stigma is widespread. Stigma about the condition

is also widespread. Public information campaigns in schools, workplaces, and the broader community to help reduce stigma and the introduction of legislation to prevent discrimination and violations of human rights are also important elements of the public health response.

Treatment for epilepsy can be integrated into primary health services

The report also shows that

when the political will exists, the diagnosis and treatment for epilepsy can be successfully integrated into primary health services.

25% epilepsy cases can be prevented
Causes of epilepsy include injury around the time of birth, traumatic brain injury, infections of the brain (such as meningitis or encephalitis) and stroke. It is estimated that 25% of cases can be prevented.

Effective interventions for prevention of epilepsy can be delivered as part of broader public health responses in maternal and newborn health care, communicable disease control, injury prevention and cardiovascular health.

Screening for pregnancy complications and the presence of trained birth attendants can help prevent injury around the time of birth; immunisation against pneumonia and meningitis; malaria control programmes in endemic areas; initiatives to reduce road traffic injuries, violence and falls; and health and community interventions to prevent high blood pressure, diabetes, obesity and tobacco use can all help reduce epilepsy rates.

Source: World Health Organisation

BOOK REVIEW

Have a nice year 2020

Health is an important issue in our daily lives. People of all spheres in the society irrespective of their socio-economic condition are very much concerned in their wellbeing. In fact, that becomes a priority when someone suffers from any illness. For some conscious people, it is a matter of special interest to prevent the disease beforehand.

In that respect, the health column is of particular attention to a wide variety of readers of a newspaper. But writing the health issues making palatable to the common readers is not an easy job. In fact, writing serious and difficult topics in easy words is one of the toughest things.

Dr Rubaiul Murshed has been doing this tough job for more than the last consecutive 20 years for the readers of The Daily Star – even before the launching of a dedicated health page. In fact, his writings paved the way to launch a full weekly health page called Star Health.

The second edition of "Have a Nice Day" – a compilation of some selected articles from the column has been launched recently. It can help you figure out your new year resolution.

Launching of 20th anniversary edition of

Dr. Rubaiul Murshed's



On World Kindness Day November 13, 2019

World Kindness Movement

HEALTH bulletin



Longer exposure to obesity and earlier development of obesity to increased risk of type 2 diabetes

Cumulative exposure to obesity could be at least as important as actually being obese in terms of risk of developing type 2 diabetes (T2D), concludes new research published in the journal Diabetologia. The study is by Dr Juhua Luo, School of Public Health, Indiana University, Bloomington, IN, USA, and colleagues.

Although obesity is a well-established risk factor for T2D, little is known about the relationships between age of onset of obesity and cumulative exposure to obesity and risk of T2D, especially among young adults. In this study, the authors examined the relationship between distinct BMI trajectories and risk of T2D. Also investigated were the associations between timing of obesity onset, obese-years and T2D.

Higher initial BMI was associated with an increased risk of diabetes. Increased age at onset of obesity was associated with a lower risk of diabetes, with a 13% lower risk of developing T2D per one-year delay in onset. A higher number of obese-years was associated with increased risk of developing T2D. Obese years is calculated by person's BMI minus the BMI for obesity (30), then multiplying by the number of years of exposure. The authors estimate* that for each extra 10-obese years, the risk of diabetes increased by 25%.

From denial to dealing with addiction

DR SAT PARKASH

For some reason, families always think of playing a passive role in one's addiction story. The family members tend to believe or rather wish to believe that they have nothing to do with it and they are just the "recipients" of the bad news -- as this stance, frees them from any responsibility.

Time to burst that bubble now - like it or not, a family has a huge role to play in one's course of initiation and development of addiction and its resolve.

But even after the truth has revealed itself in its barest form as they witness their loved one's addicted situation, it takes a while for the family members to get into action on taking appropriate measures to restrict the damage.

"This cannot happen to us" or "this cannot happen to my child or my brother or my sister or my parent" or "this has never happened in my entire family history" - such irrational beliefs prevent them from accepting the reality and cause delays in seeking help.

The thought which says, 'something (so terrible) cannot happen to me or my loved one, is the sole cause of what is called as "optimism bias" which is defined as "a cognitive bias that causes someone to believe that they are less likely to experience a negative event". Also known as unrealistic optimism or comparative optimism, it makes one overestimate the probability of positive events and underestimate

the probability of negative events happening to them in the future.

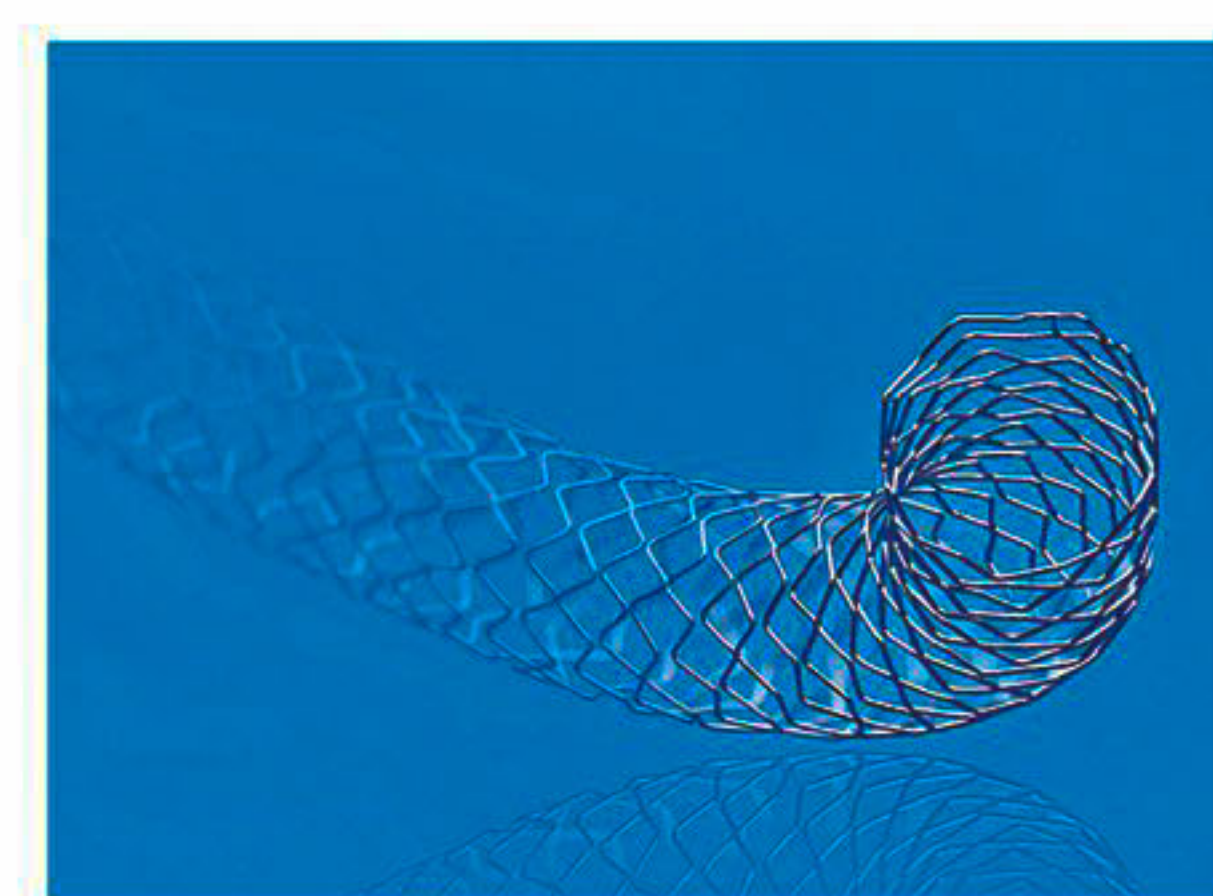
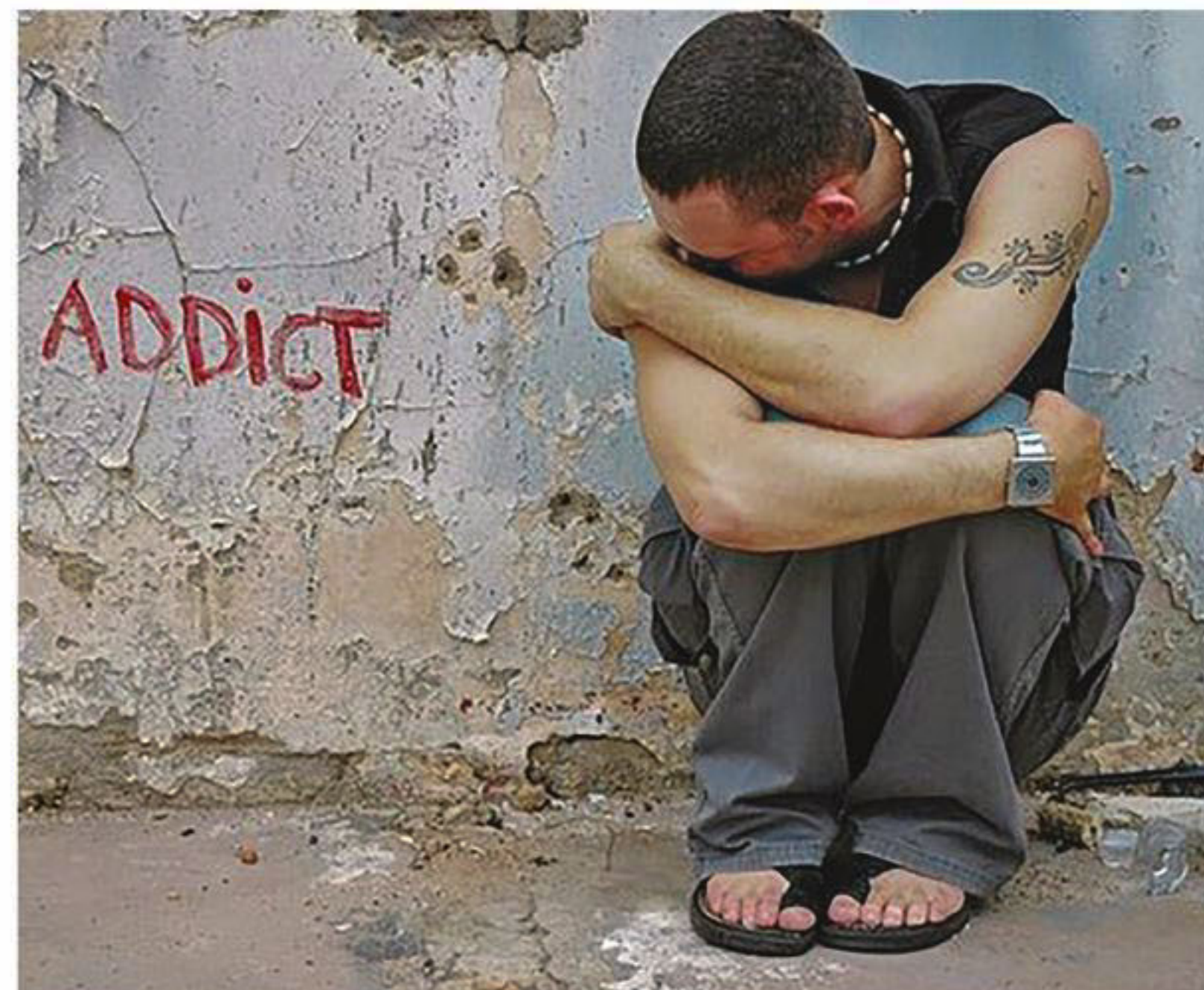
One can see the optimism bias working full-fledged in addiction scenario where one wants to keep believing that they (themselves or their beloveds) are beyond the clutches of something as terrible as addiction and hence stay least prepared if not at all, to face it. No one is immune or unsusceptible to the wrath of drug addiction.

When you as a parent or a sibling can identify that something is not right with your loved one, or you start identifying the signs of them getting affected as their daily functioning

is impacted, please know that the condition has already landed in its critical stage where seeking help is crucial. Any further delay means inviting more troubles and making the status even more grave.

A stitch in time, saves nine. Act timely, before it is too late for your loved one because that will be the real gesture of true love and genuine care towards them and that is exactly what they need at that point of time in their life.

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More effective stent for high bleeding risk patients

Medtronic Bangladesh Pvt Ltd announced the clinical data from Onyx ONE Global Study. The prospective, multi-centre, randomised study assessed the clinical outcomes between two drug-eluting stents (DES) in nearly 2,000 high-bleeding risk (HBR) patients with one month of dual antiplatelet therapy (DAPT). Results were presented recently during a Late-Breaking Clinical Trial session at the 31st Transcatheter Cardiovascular Therapeutics Conference (TCT), the annual scientific symposium of the Cardiovascular Research Foundation in San Francisco.

"High Bleeding Risk patients are a complex patient population often excluded from stent and drug trials, make up nearly 40% of all percutaneous coronary intervention (PCI) patients, and a potential group that could benefit from shorter DAPT treatment," said Farrukh Alam, Country Director, Medtronic Bangladesh.

The Resolute Onyx DES encourages fast vessel healing with its proprietary BioLinX™ polymer, a bio-compatible and non-thrombogenic coating created specifically for use on DES and unique platform design featuring Continuous Sinusoid Technology (CST), which involves forming a single strand of cobalt alloy wire into a sinusoidal wave to construct a stent.

f /StarHealthBD

What About Kid's Fracture Risk With Inhaled Steroids for Asthma?

Most pediatricians are aware of concerns that inhaled corticosteroids (ICSs) can produce adverse steroid effects, despite the fact that they are also very effective at asthma symptom control. Clinical trials demonstrate that prolonged use of ICSs (Inhaled Corticosteroids) can lead to decreased bone mineral density, but whether this leads to increased fracture risk in children with asthma treated with ICSs is unclear. A recent study by Gray and colleagues examined a large population over time to determine whether ICS (Inhaled Corticosteroids) use was associated with fractures.

Regardless, these data should provide reassurance for both parents and providers with respect to the potential fracture risk associated with the use of ICSs.¹

What other important information should you know about corticosteroids?

- 1. Keep a list of all medications your child is on and show the list to the doctor.
- 2. Do not share your child's medicine with others and do not give anyone else's medicine to your child.
- 3. Keep corticosteroid tablets at room temperature in a cool, dry place away from sunlight.
- 4. Do not store in the bathroom or kitchen.
- 5. Check with your pharmacist how to store corticosteroid liquid.
- 6. Storage will depend on the type of corticosteroid your child is taking.
- 7. Do not keep any medicines that are out of date.
- 8. Keep corticosteroids out of your child's sight and reach and locked up in a safe place.



Reference:
1. Medscape Pediatrics © 2018 WebMD, LLC
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