'Sharing the responsibility' for protecting breastfeeding

DR ABDULLAHEL AMAAN *and* DR KHAINOOR ZAHAN

Breastfeeding is one of the best investments for saving lives and for the socioeconomic development of a nation. It significantly improves the wellbeing of both the children and their mothers. Optimal breastfeeding is vital to their lifelong good health and wellbeing.

The World Health Organisation (WHO) and UNICEF recommends - an early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first 6 months of life, continued breastfeeding up to two years of age, with introduction of locally available, nutritionally adequate and safe complementary (solid) food at six months.

Breastfeeding helps babies get the best start in their life and helps children reach their full potential for health and growth. Family members can work together as a team and play a vital part in providing daily support to protect a sustainable breast feeding. The employers can arrange supportive environment (e.g. breastfeeding corners) in the workplaces for the working mothers to continue breastfeeding and employment successfully.

'World Breastfeeding Week' (WBW) is a global campaign coordinated by World Alliance for Breastfeeding Action (WABA). The aim of this campaign is to raise awareness on breastfeeding, to inform, anchor, engage and galvanise action on breastfeeding and related issues. Since 1992 it has been celebrated over 1-7 August every year and is now observed over 120 countries.

The campaign brings stakeholders together from diverse sectors to achieve the common goals and provides up-to-date information to the celebrants to take action to encourage their activities. Breastfeeding has been found to be linked to all 17 of the United Nations Sustainable Development Goals (SDG) and now it is better called as the 'WBW-SDGs Campaign'.

The theme of WBW of this year is "***Protect Breastfeeding: A Shared Responsibility***," with a focus on how breastfeeding contributes to the survival, health and wellbeing of everyone and the importance of protecting breastfeeding worldwide.

The theme emphasises that we all have a responsibility to support breastfeeding and reminds that sustainable changes can be brought through working together.

Objectives of WBW 2021 are to inform people about the importance of protecting breastfeeding, anchor breastfeeding support as a vital public health responsibility, engage with individuals and organisations for greater impact and to galvanise action on protecting breastfeeding to improve public health.

Due to the COVID-19 pandemic, access of the families for the essential services like-breastfeeding counselling through facilities and home visits, as well as the Baby Friendly Hospital Initiative have been disrupted. The ongoing pandemic has taken a toll on the parenting experiences especially for the low socioeconomic groups. Stakeholders need to encourage new and innovative approaches and scale up their investments to protect and support breastfeeding.

It is a shared responsibility to protect, promote and support breastfeeding to achieve sustainable development. World Breastfeeding Week is a vibrant global movement to connect the power of global actions together.

Dr Abdullahel Amaan is a Resident at the Department of Neonatology, Bangabandhu Sheikh Mujib Medical University, Bangladesh. E-mail: abdullahelamaan@gmail.com

Dr Khainoor Zahan is a Deputy Director at the Bangladesh National Nutrition Council (BNNC), Bangladesh. E-mail: khainoorzahan@gmail.com

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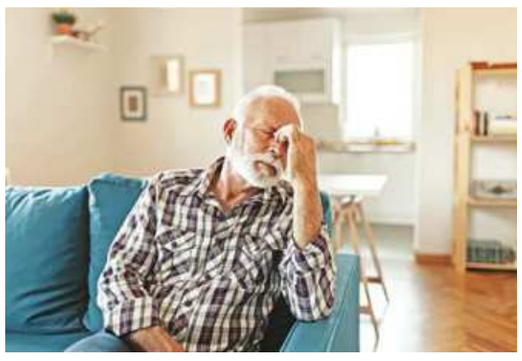

COVID-19 reduced lifespan by up to 9 years

A new metric, the "mean unfulfilled lifespan", estimates the impact on lifespan of temporary "shocks" such as the COVID-19 pandemic. Patrick Heuveline of the University of California, Los Angeles, presents the MUL in the open-access journal PLOS ONE on July 27, 2021, finding COVID-19 reduced lifespan by almost 9 years in New Jersey at its peak.

To better illustrate the impact of temporary disasters on average length of life, Heuveline developed a new metric dubbed mean unfulfilled lifespan (MUL). The MUL is the difference between the average age at death for those who died in a given timeframe, and the average age these individuals would have been expected to reach, if there had not been a temporary shock to mortality rates.

Heuveline then demonstrated the MUL by applying it to data from the ongoing pandemic. In particular, he showed how the MUL could be used to compare the impact of COVID-19 between different regions. For instance, using a rolling seven-day timeframe, his calculations suggest that MUL peaked at 8.91 years in New Jersey and 8.96 years in Mexico City.

He notes that uncertainties in MUL may arise from potential differences between reported and actual COVID-19 deaths, and explores how these issues can be accounted for when calculating MUL.

HEALTH *bulletin*

Muscle and nerve pathology in patients with COVID-19

Neuromuscular complications have been reported in patients with COVID-19, but the effect of SARS-CoV-2 (the virus that causes COVID-19) on nerves and muscles is unclear. To address this question, two research groups examined nerve and muscle biopsies from autopsies of patients with COVID-19.

Aschman and colleagues performed a case–control study in which they obtained quadriceps, deltoid, heart, and lung tissue from 43 patients who died with COVID-19 and 11 patients without COVID-19 who died from critical illness. Compared with controls, COVID-19 patients had significantly more degenerating muscle fibers and inflammation on immunohistochemical analysis and a higher average creatine kinase level.

In people with COVID-19, the presence of neuromuscular conditions such as myositis, rhabdomyolysis, and Guillain-Barré syndrome has led to speculation that direct viral invasion of muscles, nerves, or both may underly neuromuscular complications of COVID-19. However, these two histopathology studies did not show direct viral invasion of muscles or nerves.

Muscle inflammation and necrosis are known features of viral myositis, which has been associated with many viruses. Future studies to examine which of these muscle biopsy features are specific to SARS-CoV-2 as opposed to other severe viral infections will be useful.

Long COVID syndrome: tips for recovery

DR MD FARUQUL ISLAM

Mr Ahamed Noor 65 year's old gentleman recovered from COVID-19 four weeks ago, while Coronavirus symptoms passed quickly but now-a-days Mr Ahamed feels fatigue, tiredness and often forgets ordinary issues. His family is thinking and growing concern about the other suffering issues that might follow.

Research shows that some people are suffering long-term effects after COVID-19. Post-COVID conditions are a wide range of new, returning, or ongoing health problems people can experience more than four weeks after first being infected with the virus that causes COVID-19. Even people who did not have symptoms when they were infected can have post-COVID conditions; can have different types and combinations of health problems for different lengths of time.

What is long COVID syndrome?
The National Institute for Health and Care Excellence (NICE) defines long COVID as lasting for more than 12 weeks, although some people consider symptoms that last more than eight weeks to be long COVID.

Long COVID can happen to anyone who has had COVID-19, even if the illness was mild, or they had no symptoms. People with long COVID report experiencing different combinations of the symptoms of tiredness or fatigue, difficulty thinking or concentrating (sometimes referred to as "brain fog"), headache, loss of smell or taste, dizziness on standing, fast-beating or pounding heart (also known as heart palpitations), non-specific chest pain, difficulty breathing or shortness of breath, cough, joint or muscle pain, depression or anxiety, fever, symptoms that get worse after physical or mental activities. Multiorgan effects can affect most body systems including heart, lung, kidney, skin, and brain functions.

Management of long COVID syndrome: There are ways to help manage post-COVID conditions, and many patients with these symptoms are getting better with time. If anyone experiences such symptoms or post-COVID condition need to talk to healthcare provider about options for managing or treating ongoing symptoms. The management can be divided in the way of –

A. Medical management: symptomatic treatments of condition.

B. Rehabilitation management: Physical therapy and post COVID rehabilitation play very significant role in progression of condition and improve quality of life through pulmonary rehabilitation, Neurological rehabilitation, musculo-skeletal pain management and therapeutic designed exercise.

C. Self-management: It includes diet, sleep, rest and relaxation, quitting smoking, self-pacing and gradual increase in exercise tolerance.

D. Mental health and wellbeing: Mental health have emphasised individual reactions to the pandemic such as anxiety, stress, and conditions related to broken routines, loneliness, and social isolation in uninfected individuals. World Health Organisation suggests that post-acute COVID-19 is often associated with low mood, hopelessness, heightened anxiety, and difficulty sleeping.

The writer is the Head of Outpatient Services at Proyash, Dhaka Cantonment. Email: faruqch6@yahoo.com

Living longer with HIV brings consequences

As persons living with HIV (PLWH) survive longer, their risk rises for age-related conditions such as frailty and the attendant falls and higher mortality. In this French observational study, 200 PLWH (age range, 55–70; viral load (50 copies/ml for the prior 24 months, CD4 count > 200 cells/mm^3 for the prior 12 months) were matched for age, sex, and education level with 1,000 HIV-uninfected persons. Participants were assessed for frailty and prefrailty using criteria including body-mass index <21 kg/m^2, low physical activity, and weakness. Multivariate logistic regression was performed to measure the association between HIV and frailty or prefrailty adjusted for demographic, social, behavioral, and comorbidity confounders.

Data were available for 192 PLWH (median age, 62; 85% male, median CD4 count, 645 cells/mm^3) and 822 controls. Among PLWH, 5.7% had frailty and 57.3% had prefrailty; for the control population, these rates were 1.7% and 52.2%. In unadjusted analysis, HIV was associated with frailty or prefrailty (odds ratio, 1.89; 95% confidence interval, 1.37–2.61). After adjusting for various comorbidities as well as social and behavioral factors (e.g., depression), this association was no longer statistically significant.

These findings about frailty echo those of recent studies evaluating brain health in aging PLWH. Taken together they underscore that, among PLWH who are virally suppressed, managing depression, maintaining physical activity, and treating key comorbidities will be the cornerstones of successful aging.

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