

More than 700 million people with untreated hypertension

STAR HEALTH REPORT

The number of adults aged 30–79 years with hypertension has increased from 650 million to 1.28 billion in the last thirty years, according to the first comprehensive global analysis of trends in hypertension prevalence, detection, treatment and control, led by Imperial College London and the World Health Organisation (WHO), and published in The Lancet. Nearly half these people did not know they had hypertension.

Hypertension significantly increases the risk of heart, brain and kidney diseases, and is one of the top causes of death and disease throughout the world. It can be easily detected through measuring blood pressure, at home or in a health centre, and can often be treated effectively with medications that are low cost.

The study, conducted by a global network of physicians and researchers, covered the period 1990–2019. It used blood pressure measurement and treatment data from over 100 million people aged 30–79 years in 184 countries, together covering 99% of the global population, which makes it the most comprehensive review of global trends in hypertension to date.



By analysing the massive amount of data, the researchers found that there was little change in the overall rate of hypertension in the world from 1990 to 2019, but the burden has shifted from wealthy nations to low- and middle-income countries. The rate of hypertension has decreased in wealthy countries – which now typically have some of the lowest rates – but has increased in many low- or middle-income countries.

Although the percent of people who have hypertension has changed little since 1990, the number of people with hypertension doubled to 1.28 billion. This was primarily due to population growth and ageing. In 2019, over one billion people with hypertension (82% of all people with hypertension in the world) lived in low- and middle-income countries.

Significant gaps in diagnosis and treatment

Although it is straightforward to diagnose hypertension and relatively easy to treat the condition with low-cost drugs, the study revealed significant gaps in diagnosis and treatment. About 580 million people with hypertension (41% of women and 51% of men) were unaware of their condition because they were never diagnosed.

The study also indicated that more than half of people (53% of women and 62% of men) with hypertension, or a total 720 million people, were not receiving the treatment that they need. Blood pressure was controlled, which means medicines were effective in

bringing blood pressure to normal ranges, in fewer than 1 in 4 women and 1 in 5 men with hypertension.

New WHO guideline for hypertension treatment

The ‘WHO Guideline for the pharmacological treatment of hypertension in adults’, also released today, provides new recommendations to help countries improve the management of hypertension.

Dr Taskeen Khan, of WHO’s Department of Noncommunicable Diseases, who led the guideline development, said: “The new global guideline on the treatment of hypertension, the first in 20 years, provides the most current and relevant evidence-based guidance on the initiation of medicines for hypertension in adults.”

The recommendations cover the level of blood pressure to start medication, what type of medicine or combination of medicines to use, the target blood pressure level, and how often to have follow-up checks on blood pressure. In addition, the guideline provides the basis for how physicians and other health workers can contribute to improving hypertension detection and management.

Source: World Health Organisation

DID YOU KNOW?



Saliva testing after COVID-19 exposure might yield good results

Using saliva for SARS-CoV-2 testing is more pleasant and convenient than nasopharyngeal (NP) swab testing, and some reports document similar sensitivity (NEJM JW Gen Med Oct 15 2020 and N Engl J Med 2020; 383:1283; Ann Intern Med 2021; 174:131). For a longitudinal portrait of saliva testing’s performance, investigators paired weekly saliva and NP samples from 404 household contacts of known COVID-19 cases, 256 (63%) of whom became infected themselves.

Compared with NP testing, saliva testing’s overall sensitivity ranged from a high of 71% during the first week of infection to (20% at 4 or more weeks. During the first 2 weeks of infection, saliva tests were significantly more likely to be positive in the 163 infected contacts with mild or severe symptoms than in the 93 who remained asymptomatic; this difference was most pronounced during the first week of infection (sensitivity, 88% vs. 58%). Correspondingly, saliva testing also performed best in patients who had high viral loads on NP testing.

HEALTH bulletin



Delta variant doubles risk of COVID-19 hospitalisation compared to alpha variant

People infected with the SARS-CoV-2 delta variant have approximately double the risk of hospitalisation compared with those infected with the alpha variant, a study of more than 40,000 cases from England between 29 March and 23 May 2021, published in *The Lancet Infectious Diseases* journal has confirmed.

The risk of attending hospital for emergency care or being admitted to hospital within 14 days of infection with the delta variant was also one and a half times greater compared with the alpha variant (1.45-fold increase in risk).

This new study is the first to report hospitalisation risk for the delta versus alpha variants based on cases confirmed by whole-genome sequencing, which is the most accurate way to determine the virus variant.

The delta variant was first reported in India in December 2020 and early studies found it to be up to 50% more transmissible than the variant of COVID-19 that had previously gained dominance worldwide, known as the alpha variant, first identified in Kent, UK.

Dr Anne Presanis, one of the study’s lead authors said: “Our analysis highlights that in the absence of vaccination, any Delta outbreaks will impose a greater burden on healthcare than an Alpha epidemic. Getting fully vaccinated is crucial for reducing an individual’s risk of symptomatic infection with Delta in the first place, and, importantly, of reducing a Delta patient’s risk of severe illness and hospital admission.”

Dos and don’ts for sensitive skin

STAR HEALTH DESK

Sensitive skin often reacts to triggers like weather, allergies, or certain products. Yours might turn red, dry out, sting, feel itchy or tight, or get bumps, scales, or hives. Conditions like eczema, contact dermatitis, rosacea, and more are often to blame.

Do: Read the labels

Look for the words “gentle on skin” or “for sensitive skin” on labels when you shop for products that touch your body. Then take it a step further. Check the ingredients. As a general rule, the fewer ingredients, the better.

Don’t: Handle harsh cleaners

Chemicals found in common cleaners can wreak havoc on sensitive skin. Steer clear of products with warning labels about skin irritation, and avoid ingredients like bleach, alcohol, ammonia, ethylene glycol monobutyl acetate, sodium hypochlorite, and trisodium phosphate.

Do: Shorten showers

Water slowly strips your skin of its natural oils. That makes it more likely to be dry, tight, or cracked. When you bathe, go for short and warm instead of long and hot. Fifteen minutes is plenty.

Don’t: Lather up

Save the soap for the parts that might get smelly: armpits, groin, bottom, and feet. The rest of your skin will get plenty clean with water only. When you do wash, reach for gentle soaps and skip those with dye, fragrance, deodorant, and antibacterial ingredients.

Do: Skip the fragrance

Many beauty products promise sweet smells as a selling point. But fragrance



is an add-on your sensitive skin does not need – and often cannot handle. Same goes for products with alcohols, soaps, or dyes.

Don’t: Clog with cosmetics

You don’t have to toss your makeup if your skin is sensitive. But you should pay close attention to what is in it. Stick to non-waterproof options that are not very thick. Look for “noncomedogenic” on the label. That means it won’t gunk up your pores.

Do: Choose clothing with care

Wool and other rough fabrics can be itchy even if your skin is not sensitive. Wool could even cause an allergic rash. Lanolin is a natural wax found in wool, and some clothes still have it. Opt for softer choices

like cotton and silk.

Don’t: Expose skin to the elements

Cover up when it is cold outside. Wrap your sensitive facial skin with a soft scarf. Cover your hands with gloves to prevent windburn and dryness. Follow a daily sunscreen routine year-round to block damaging rays. Yes, even on cloudy days.

Do: Nix nickel

It is one of the most common triggers for sensitive skin. This metal is in everyday objects, from jewelry to clothing fasteners to eyeglasses. Take note of anything with metal that touches your skin. Trade things with nickel for hypoallergenic accessories when you can.

Don’t: Smoke

Yes, it is bad for your overall health. But did you know smoking can ramp up sensitive skin reactions, especially if you have psoriasis? It could also make it harder to heal from skin problems once they happen.

Do: Moisturise

Dry skin leads to irritated skin. It can cause conditions like eczema to flare. The best way to keep your skin from drying out is to trap water inside it when it’s wet. Use a thick but gentle moisturiser like an ointment or cream right after you bathe to lock in water and keep skin supple.

Don’t: Stress

It is normal to get busy or worried from time to time, but it can affect you inside and out. Find ways to ease that stress so your skin does not suffer. Practice relaxation techniques, get good sleep, exercise, and eat right. Your body – and skin – will thank you.

Source: WebMD

Eminence and BCSNPN held independent dialogue on the eve of UN Food Systems Summit 2021

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Eminence Associates for Social Development and Bangladesh Civil Society Network for Promoting Nutrition (BCSNPN) have recently jointly organised Independent Food System Summit Dialogue under the title “Bangladesh Independent Food Systems Dialogue” -- says a press release. It was a day-long virtual event of five sessions on the eve of the upcoming UN Food Systems Summit 2021.

Bangladesh Independent Food Systems Dialogue has been organised with the objectives to analyse the challenges in the food systems in Bangladesh, explore the promising approaches to address the challenges, debate pathways to sustainable food systems, and elaborate the commitments towards the Sustainable Development Goals 2030.

This dialogue engaged a wide range of stakeholders and policy-makers of the food system, including the members of the parliament, government officials, vice-chancellors, researchers, academia, journalist, celebrities, and professional of national and international NGOs.

Prof Dr AFM Ruhul Haque, MP, Shatkira-3; Shamsul Haque Tuku, MP, Pabna-1; Dr Abdul Aziz, MP, Sirajganj-1; Ahmed Firoz Kabir, MP, Pabna-2; and Dr Shamil Uddin Ahmed Shimul, MP, Chapai Nawabganj-1 were present as Chief Guests in the respective sessions.

Among the special guests and chair there were Dr Qazi Kholiquzzaman Ahmad, Chairman, PKSF; Prof Dr Shah Monir Hossain, Former DG, DGHS; Prof Dr AHM Mustafizur Rahman, VC, JKKNUI; Prof Dr Sadekul Arefin Matin, VC, Barishal University; Prof Dr Nasim Akhtar, VC, CSTU; Dr Md Khalilur Rahman, DG, BNNC; Dr S M Mustafizur Rahman, Line Director, NNS; Shykh Seraj, Director, Channel I and all.

The guests and panel speakers elaborately talked about the health of the farmers and other food workers, food wastage, food processing, natural food production, role of the women and young people in sustainable diet patterns et cetera.





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