

World failing to address dementia challenge

STAR HEALTH DESK

Only a quarter of countries worldwide have a national policy, strategy or plan for supporting people with dementia and their families, according to the World Health Organisation (WHO)'s 'Global status report on the public health response to dementia', released recently.

The number of people living with dementia is growing according to the report: WHO estimates that more than 55 million people (8.1% of women and 5.4% of men over 65 years) are living with dementia. This number is estimated to rise to 78 million by 2030 and to 139 million by 2050.

Dementia is caused by a variety of diseases and injuries that affect the brain, such as Alzheimer's disease or stroke. It affects memory and other cognitive functions, as well as the ability to perform everyday tasks.

The disability associated with dementia is a key driver of costs related to the condition. In 2019, the global cost of dementia was estimated to be US\$ 1.3 trillion. The cost is projected to increase to US\$ 1.7 trillion by 2030, or US\$ 2.8 trillion if corrected for increases in care costs.

More support needed, particularly in low- and middle-income countries

The report highlights the urgent need to strengthen support at national level, both in terms of care for people with dementia, and in support for the people who provide that care, in both formal and informal settings.



Care required for people with dementia includes primary health care, specialist care, community-based services, rehabilitation, long-term care, and palliative care. While most countries (89%) reporting to WHO's Global Dementia Observatory say they provide some community-based services for dementia, provision is higher in high-income countries than in low- and middle-income countries.

Medication for dementia, hygiene products, assistive technologies and household adjustments are also more accessible in high-income countries, with a greater level of reimbursement, than in

lower-income countries.

The type and level of services provided by the health and social care sectors also determines the level of informal care, which is primarily provided by family members. Informal care accounts for about half the global cost of dementia, while social care costs make up over a third. In low- and middle-income countries, most dementia care costs are attributable to informal care (65%). In richer countries informal and social care costs each amount to approximately 40%.

In 2019, carers spent on average five hours a day providing support for daily living to the person they were caring for

with dementia; 70% of that care was provided by women. Given the financial, social and psychological stress faced by carers, access to information, training and services, as well as social and financial support, is particularly important. Currently, 75% of countries report that they offer some level of support for carers, although again, these are primarily high-income countries.

New initiative to better coordinate dementia research

There has been a recent increase in dementia research funding, mainly in high-income countries such as Canada, the United Kingdom and the United States of America. The latter increased its annual investment in Alzheimer's disease research from US\$ 631 million in 2015 to an estimated US\$ 2.8 billion in 2020.

"To have a better chance of success, dementia research efforts need to have a clear direction and be better coordinated," said Dr Tarun Dua, Head of the Brain Health Unit at WHO. "This is why WHO is developing the Dementia Research Blueprint, a global coordination mechanism to provide structure to research efforts and stimulate new initiatives." An important focus of future research efforts should be the inclusion of people with dementia and their carers and families. Currently two-thirds of countries reporting to the Global Dementia Observatory involve people with dementia "rarely" or not at all.

Source: World Health Organisation

HEALTH bulletin



Can a salt substitute lower the incidence of stroke?

Reducing dietary sodium, in combination with increasing dietary potassium, can lower blood pressure (BP) in some "salt-sensitive" people. To examine the effect of this combination on adverse cardiovascular events, researchers conducted an open-label, cluster-randomised trial that involved 21,000 people (mean age, 65) with histories of stroke or inadequately controlled hypertension in 600 rural Chinese communities. In 300 communities, participants were given a salt substitute (70% sodium chloride, 30% potassium chloride) to replace regular salt; in the other 300 communities, participants continued using regular salt.

During 5 years of follow-up, mean systolic BP was 3.3 mm Hg lower in the salt-substitute group than in the control group; salt substitution decreased 24-hour urinary sodium by about 10% and increased 24-hour urinary potassium by about 50%. Incidences of stroke (the primary outcome), major adverse cardiovascular events, and all-cause death were significantly lower in the salt-substitute group than in the control group; for each of these endpoints, the absolute 5-year difference was roughly 2 to 3 fewer events per 100 participants. Serum potassium and renal function were not monitored, so incidence of serious hyperkalemia was unknown.

This study has public health implications, particularly for populations in which home use of salt (rather than salt in prepared foods from outside the home) is the main source of dietary sodium.

Need to encourage COVID-19 vaccination

IFFAT ARA

According to the current date, in Bangladesh about 4.4% (7.13 M) of the population is fully vaccinated and about 24.8 million doses have been given. However, these numbers could be much higher if the people would be more aware of being vaccinated but for being illiterate and spreading misconception through different mediums most of the elderly citizens are not willing to take the vaccine.

A study found that 61.16% of the respondents were willing to accept the vaccine. Among them, only 35.14% showed the willingness to take immediately, while 64.86% would delay the vaccination until they are confirmed about the vaccine's efficacy and safety or COVID-19 become deadlier in Bangladesh. So, it is our responsibility to make them understand the necessity of vaccine and its harmlessness.

Currently, 7 vaccines are approved in Bangladesh to use those are briefly described here.

In November 2020, Pfizer-BioTech released the results of their vaccine trial. The vaccine was administered to about 40,000 people and within seven days of the second dose, it was 95% effective in preventing infection.

In December 2020, Moderna published the results of their clinical trials. The results showed that the vaccine was able to prevent corona virus in 94% of cases in 30,000 people. The vaccine is given in two doses; the second dose being given 28 days after the first dose.

Oxford AstraZeneca vaccine was developed by Oxford University and the British Swedish company Astra Zeneca, and their trials have



shown that the vaccine is effective in administering the vaccine 30,000 people at 82-90 percent. The vaccine is administered in two doses at intervals of 4 to 12 weeks.

Sputnik V, origin Russia is an adenovirus viral vector vaccine. The CEO of the RDIF, Kirill Dmitriev claimed that this 'V' on the name is the victory against COVID-19. According to the director of Gamaleya Institute, Denis Logunov, it is about 90% effective against Delta variant.

Sino pharm vaccine is 79% effective. It is an inactivated type COVID-19 vaccine which is formulated by Beijing Institute of Biological Products (BIBP), is given as 2 doses (0.5 ml) intramuscularly. 3 to 4 weeks interval is recommended between the two doses and suggested for the people aged 18 or above.

Janssen a single dose vaccine of Johnson & Johnson, which is

developed by using non-replicating viral vector technology and approved in 59 countries. It is 66% effective in a one-dose regimen in preventing symptomatic COVID-19 and does not need to be stored frozen.

Sinovac: CoronaVac, an inactivated type COVID-19 vaccine, 51% effective against symptomatic infection, which is approved in 39 countries. It is developed by Sinovac/China National Pharmaceutical Group. Two doses are recommended in a 2 to 4 weeks interval.

Hopefully, according to the current data of the World Health Organisation (WHO) there are 110 vaccines in the clinical development stage and about 184 vaccines are on the pre-clinical development stage.

Although, everyone was eagerly waiting for the discovery of the corona vaccine, but when it is available there are fears among many about its side effects. The side effects of corona vaccines are similar to those of other vaccines such as pain, swelling, fever, headache etc. However, a very small number of people have allergic reactions.

The centers for Disease Control and Prevention (CDC) in the United States have found that 106 allergic reactions occurred after a dose of about 4 million in Moderna. Indeed, no drugs or vaccines are free from side effects. By proper vaccinating, we will be able to protect ourselves as well as the people around us. In the future, it may be possible to eradicate the corona virus, like chicken pox, from the earth through vaccination.

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GUIDELINE



International experts outline diabetes remission diagnosis criteria

People with type 2 diabetes should be considered in remission after sustaining normal blood sugar levels for three months or more, according to a new consensus statement from the Endocrine Society, the European Association for the Study of Diabetes (EASD), Diabetes UK and the American Diabetes Association, and co-published in Journal of Clinical Endocrinology & Metabolism, Diabetologia, Diabetic Medicine and Diabetes Care.

People with type 2 diabetes can achieve "remission" by sustaining normal blood sugar levels for at least three months without taking diabetes medication. A person may require ongoing support to prevent a relapse or a hyperglycemic episode, and the long-term effects of remission on mortality, heart health and quality of life are not well understood.

"Our international group of experts suggest an HbA1c (average blood sugar) level of less than 6.5% at least three months after stopping diabetes medication as the usual diagnostic criterion for diabetes remission," said statement author and Endocrine Society member Matthew Riddle of Oregon Health & Science University in Portland, Ore. Riddle is chair of the Diabetes Remission Consensus writing group that developed the statement. "We also made suggestions for clinicians observing patients experiencing remission and discussed further questions and unmet needs regarding predictors and outcomes."

The authors developed the following criteria to help clinicians and researchers evaluate and study diabetes remission using more consistent terminology and methods:

1. Remission should be defined as a return of HbA1c to less than 6.5% that occurs spontaneously or following an intervention and that persists for at least three months in the absence of usual glucose-lowering pharmacotherapy.

2. When HbA1c is determined to be an unreliable marker of long-term glycemic control, fasting plasma glucose of less than 126 mg/dL (7.0 mmol/L) or estimated HbA1c less than 6.5% calculated from CGM values can be used as alternate criteria.

3. Testing of HbA1c to document a remission should be performed just prior to an intervention and no sooner than three months after initiation of the intervention or withdrawal of any glucose-lowering pharmacotherapy.

4. Subsequent testing to determine long-term maintenance of a remission should be done at least yearly, together with the testing routinely recommended for potential complications of diabetes.

WHO Hub for Pandemic and Epidemic Intelligence

The COVID-19 pandemic has given us a shared experience that shows how interconnected our lives are and how public health depends on each one of us. The World Health Organisation (WHO) envisions a world where 1 billion more people are better protected and safe from health emergencies, no matter of where they live. It strives to increase equity in access to health care. To better address pandemic and epidemic risks, the WHO Hub for Pandemic and Epidemic Intelligence will strengthen intelligence specifically for pandemics and epidemics by striving for better data, better analytics, and better decisions.

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