Role of occupational therapists in diseased conditions

RABEYA FERDOUS

October 27 is observed as the World Occupational Therapy Day. On this day, occupational therapists promote their profession throughout the world. The programme of the day varies from culture to culture. This year the central theme of Occupational Therapy Day is "Belong. Be you."

An occupational therapist (OT) has a significant role in preventing disability and in rehabilitating disabled people. People are now facing different types of disabilities. Various neurological conditions like stroke, Guillain-Barre Syndrome (GBS) and others are increasing day by day. Pediatric neurological disorders like autism, cerebral palsy are also are on the surge every day.

In addition, people are facing different types of accidents. That is why patients with fracture and head injuries are also escalating, and people become dependent on their daily activities. Occupational Therapist plays a significant role to make the people independent into their daily task.

Occupational therapy is a profession that works for patients' functional independence as much as possible. In addition, it works for fine and gross motor, selfregulation and sensory skills.

OTs maintain the following treatment process: Receiving referral – Assessment – Problem identification - Treatment planning - Treatment

implementation – Evaluation. OTs work with individuals of all ages across a range of different service areas, including:

Neurological condition: Stroke, head injury, spinal cord injury, Guillain Barre Syndrome (GBS), Parkinson's disease etc.

Paediatric conditions: OTs work with children of all ages from neonates to adolescents, e.g. Cerebral palsy, Autism, Attention Deficit Hyperactive Disorder (ADHD), Behavioural problems, Down's Syndrome, developmental delay, learning disabilities, etc.

Musculoskeletal conditions: Fracture, burn, neck pain, back pain, rheumatoid arthritis etc.

Elderly care: OTs work with older people with disabilities and age-related changes, including balance, coordination, endurance, memory, vision, and hearing problems.

Psychiatric conditions: Anxiety, depression, schizophrenia, obsessivecompulsive disorder (OCD), drug addiction etc.

Hand related conditions: Conditions such as traumatic hand injuries (e.g., fractures,



Special needs school: In

children's abilities, recommend

classroom equipment, and help

school programs and activities. In

addition, occupational therapists

disabilities who attend inclusive

schools and provide individual

(e.g. hand therapy) and group-

school, therapists evaluate

and provide therapy, modify

children participate fully in

advocate for children with

tendon iniuries. De Ouervain tenosynovitis, Dupuytren's contractures, soft tissue injury, degenerative diseases such as arthritis, frozen shoulder, nerve injuries like carpal tunnel syndrome).

Workplace and accessibility assessment: OTs assist individuals in returning to work and continuing to work safely and efficiently.

ADL training, handwriting classes) for increasing their classroom performance. Where does OTs work?

based therapy (e.g. social skills,

- Different government and
- private hospital
- Mental hospital
- Rehabilitation hospital NGO's
- Special needs school
- Universities and colleges • Private practice
- Research centre

Every people, want to live their life independently. The OTs works for making them independent. Occupational therapy plays a significant role to rehabilitate disabled people. But, most people don't know about occupational therapy.

We need to increase the awareness through article writing, arrange different types of the workshops and so on. Only three occupational therapists work in one government hospital where disabled people need this rehabilitation treatment. So, the government need to ensure occupational therapy service in every government hospital.

The writer is an Occupational Therapist at the Department of Physical Medicine & Rehabilitation in National Institute of Neurosciences & Hospital (NINS&H). Email: rabeya1988@gmail.com

TB TRANSMISSION

The primary driver of TB transmission and its detection

The virtual 52nd Union World Conference on Lung Health (WCOLH) opened on October 19, 2021, announcing three significant scientific developments that will potentially impact the global response to tuberculosis (TB), the world's second-biggest infectious disease killer behind COVID-19, says a press release.

After studying TB positive persons in the specially constructed Respiratory Aerosol Sampling Chamber (RASC), researchers from the University of Cape Town announced that coughing, traditionally assumed to be the primary driver of TB transmission, might not be the primary driver of TB transmission. Instead, tidal, or regular, breathing may contribute more to the aerosolisation of Mycobacterium tuberculosis, the TB bacteria. To avoid transmission, the current system relies on patients feeling sick enough to seek care.

A new fingerstick blood test has been developed by Cepheid (Xpert-MTB-Host Response (HR)-Prototype). The device is the first to meet the World Health Organisation target product profile for a Triage test for TB regardless of HIV status or geographical location. It takes under 1 hour and uses fingerstick blood rather than sputum, reducing biohazard risk and increasing the likelihood of diagnosis in individuals who cannot readily produce sputa, such as children and people living

Caroline Williams, Clinical Lecturer in Infectious Diseases at the University of Leicester in the UK, reported on the use of masks to see if bacteria could be detected on the mask and therefore could potentially be used to detect infectiousness earlier than with sputum. Mask sampling could detect viable bacteria, and those patients with higher levels on their mask correlated with increased infectiousness determined by new infections in their close contacts.

HEALT H bulletin



Dr Ramisha Maliha

Until immunisation, the Coronavirus Disease (COVID-19) killed over 4.9 million people and infected over 200 million according to Worldometer coronavirus update. It was a serious infectious disease that affected people of all ages, especially the elderly with comorbidities. Thus, monitoring COVID-19 positive patients' quality of life following recovery, especially in low-middle income countries like Bangladesh, has become vitally important.

In collaboration with other organisations, a group of researchers led by Associate Professor and Chairman of the Department of Public Health of North South University, Dr Mohammad Delwer Hossain Hawlader, conducted a nationwide study on COVID-19 recovered patients. Data from randomly selected 3,244 COVID-19 recovered patients covering all eight divisions in Bangladesh were used to analyse the study's findings.

The study included COVID-19 patients diagnosed and confirmed by Reverse Transcription-Polymerase Chain Reaction (RT-PCR) from June-November 2020, subsequently recovered either clinically or by a negative RT-PCR. All participants were over 18 and interviewed by trained public health physicians.

According to the study, in COVID-19 recovered patients, comorbidities and hospitalisation during infection were associated with an increased risk of lower quality of life. Besides, participants over 45 years of age were 52% less likely to enjoy good physical health than those under 26 years. The investigators also found that QoL improved in all aspects (physical, social and environmental) except the psychological domain with each day passed after the diagnosis. Hence, it is critical to emphasise the need for masking and social distancing in avoiding infection with COVID-19 to maintain robust health.

E-mail: ramisha.maliha@thedailystar.net

Heart diseases among children on the surge

Dr Abdullahel Amaan *and* Dr Khainoor Zahan

Mrs Samina developed diabetes early in her pregnancy. She took several medications for that, but her blood sugar was not adequately controlled. She gave birth to a newborn at the expected time. The baby was otherwise healthy but developed breathing difficulty with bluish discolouration of his lips and tongue soon. The doctor did echocardiography and found that the baby had structural heart disease.

Along with poorly controlled diabetes in pregnancy, there are several maternal conditions where the newborn babies may have some defect in their heart, termed as Congenitai Heart Disease (CHD) CHD prevalence in newborns has increased globally, especially in Asia. Early detection and prompt medical management result in a better outcome in these conditions. Sometimes it needs sophisticated Previously people of our country

needed to go to other countries for necessary surgical procedures. But now-a-days, Bangladesh is almost self-sufficient in managing these problems in both the public and private sectors. Parents need to bring the newborn to medical attention as early as possible in any breathing difficulties. Development partners also need to subsidize arranging the costly devices required to correct the

For building awareness, World Heart Day is celebrated on September 26 of every year. It is aimed at drawing people's attention to heat-related illnesses. People worldwide can find events that raise



awareness about cardiovascular disease (CVD) — its warning signs, the steps you can take to fight it, and how to help those around you who may be suffering.

A recent theme, 'Use Heart to Connect,' was about using our knowledge, compassion and influence to make sure we, our loved ones and the communities we are living have the best chance to live heart-healthy lives. It is about connecting with our hearts, making

sure we are fueling and nurturing them as best we can and using the 'digital power' to connect every heart, everywhere.

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

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

Illnesses you should know about that lead hallucination

Hallucinations are when you see, feel, hear, smell, or taste things that are not there. For example, Hallucinations can be auditory, visual, olfactory, tactile and gustatory. Here are a few diseases that may cause hallucinations:

Diabetes: You may start to hallucinate when your blood sugar is very high for a long time. If it is over 600 milligrams per deciliter (mg/dL), you might have hyperosmolar hyperglycemic syndrome. That is a serious complication of diabetes.

Schizophrenia: Hearing voices in your head is a common symptom of Schizophrenia. Some people have visual hallucinations.

Parkinson's Disease: Parkinson's Disease usually causes visual hallucinations.

Alzheimer's Disease: The changes that happen to your brain when you have Alzheimer's Disease can lead to hallucinations. You may also feel paranoid or think people are out to get you. Migraine: A migraine with aura causes you to

see light flashes or have blind spots or other vision changes. You might also feel numb or tingly in your hands and face.

Brain tumours: Tumours in the brain can lead to forgetfulness, speech problems, or mood shifts. They may also cause visual hallucinations.

Charles Bonnet Syndrome: It is a disease that causes visual hallucinations in people with vision loss. They may happen because your brain keeps processing images even though you cannot see them. They go away once your vision comes back.

Sleep disorders: Certain sleep conditions cause hallucinations. They are typically visual hallucinations that happen as you are falling asleep or waking up. Post-traumatic Stress Disorder (PTSD): PTSD can

cause auditory hallucinations. You might hear voices or have ringing in your ear. You may also feel paranoid and suspicious of others.

Fever: Children sometimes hallucinate when they have high fevers. Lowering the fever stops them. Infection: Some serious infections or illnesses like

meningitis or septic shock can set off hallucinations. Hallucinations can be resolved if underlying causes are identified and treated accordingly.



