

Signs you had COVID-19 without knowing it

The COVID-19 virus may be older than we imagined. Someone may have had the infection and recovered. According to WebMD, the following obvious signs may indicate you are one of them.

STAR HEALTH DESK

- ❗ Winter colds are prevalent. If you experienced a cold in late 2019 or early 2020, it could have been COVID-19. A COVID can last two weeks or longer, although a cold only lasts a few days. Unlike a cold, COVID may have caused a fever and difficulty breathing.
- ❗ Feeling like you cannot breathe is a common symptom of COVID-19. You may have thought you had COVID-19-induced breathlessness. It could have been nervousness or a panic attack. Shortness of breath lasts longer with COVID. It has flu-like symptoms.
- ❗ A persistent dry cough could be a sign of COVID-19. It was not a cold-induced cough. It would have started moderately and gotten worse over five to seven days.
- ❗ We have been warned to wash our hands frequently and avoid touching our faces throughout the pandemic. COVID-19 can cause eye damage. The virus may have caused conjunctivitis (pink eye), watery eyes, or blurred vision.
- ❗ COVID-19 may also impact the heart. It can make it pound, flutter, or beat quickly. You may have felt tight in the chest. All of this can happen even after the virus has been cleared. This episode can last up to two weeks in mild cases and six weeks in severe situations.
- ❗ COVID-19 causes extreme fatigue. So, if you have acute exhaustion that did not go



away with rest, it could be a virus. The feeling can return days or weeks later.

- ❗ You may have been infected if foods and drinks tasted different (or had no taste) or if you could not detect odors for a few weeks. This is a mild case and affects about 80% of test positive.
- ❗ Antibodies are proteins made by the body to combat infection. The only way to tell for sure if you have COVID-19 is to get your blood tested for antibodies. Scientists are not

sure how well they will protect you if you have them. However, having such antibodies may reduce the risk of re-acquiring COVID.

- ❗ This virus mutation seems not to affect the virus's symptoms or severity. The mutation appears to be easier to propagate from person to person. The COVID-19 signs are the same as the original. So, you cannot tell which strain you had.

It is imperative to be aware of these signs of COVID-19 to have robust health.



Workplace violence against healthcare workers in Bangladesh

According to a recent study published in the International Journal of Public Health, workplace violence among healthcare workers in Bangladesh was very high (43.3%).

Of those, 84% reported non-physical violence, and 16% reported physical violence in the past year. Approximately 14.3% of victims reported being injured, and 22.4% quit their jobs due to violence. About 65% claimed no one investigated the event, 44% reported no one punished the offenders, and 79.7% were dissatisfied with the outcome.

Work shifts and working in an emergency department were linked to workplace violence (WPV). WPV is rampant among Bangladeshi healthcare workers. Reporting and managing WPV guidelines are urgently needed at all levels.

The study was supervised by the Chairman of the Department of Public Health of North South University Dr Mohammad Delwer Hossain Hawlader.



transporting the image to the Treatment Planning System (TPS), a new computer with upgraded software. Then, the radiation oncologist has to contour the target volume and Organ at Risk (OAR) correctly and meticulously. It is noted that accurate contouring leads to perfect planning and quality radiation treatment. Next, the medical physicist plans treatment after evaluating TPS data. The oncologist approved the best planning with less chance of normal tissue complication and sent all data to the Linear Accelerator (LINAC) machine. The medical technologist then treats accordingly. Bangladesh has all the treatment options.

There is a need for updated training for all the Radiotherapy team members to offer standard and quality radiotherapy.

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Conformal radiotherapy & medical physics

PROF DR KAZI MANZUR KADER

Cancer, a leading cause of death globally. Radiotherapy is essential in managing the cancer patient alongside chemotherapy or surgery for cure or palliation. About 60% of patients receive radiotherapy as definitive, adjuvant or palliative to surgery or chemotherapy each year. Radiotherapy aims to deliver a precise dose of radiation to the defined tumour volume without causing damage to the surrounding normal tissues.

However, medical physics applies concepts and methods of physics in medical science for diagnosis and treatment purposes. The newest development of radiation treatments is Three Dimensional Conformal Radiotherapy (3DCRT), Intensity Modulated Radiotherapy (IMRT), Image-Guided Radiotherapy (IGRT), Stereotactic Radio Surgery and Radiotherapy (SRS,

SRT), Rapid Arc or Volumetric Modulated Arc Therapy (VMAT).

A medical physicist usually completes a two-year Master's degree in Physics or a Bachelor of Medicine and Surgery. Oncologists rely on medical physicists for machine selection, acceptance testing, and radiation therapy quality control.

To control tumours rationally applying radiation at optimum dose, a radiotherapy team consisting of oncologists, radiologists, medical physicists, and medical technologists is required.

Conformal radiotherapy (3DCRT) is the advancement of radiation therapy where radiation is given to cancer areas with sparing the surrounding normal tissue by using a CT simulator, Multileaf Collimator (MLC), Treatment Planning System (TPS), & Linear Accelerator (LINAC) machine.

The first step is a CT scan of the patient with an immobilisation device and



DID YOU KNOW?

1.8 million excess deaths attributable to urban air pollution in 2019

In a The Lancet Planetary Health journal study, researchers looked at PM_{2.5} (fine particulate matter with a diameter of 2.5 micrometres or less) - the leading environmental risk factor for disease. Inhalation increases the risk of premature death from conditions such as cardiovascular disease, respiratory disease, lung cancer, and lower respiratory infection.

Globally, the average population-weighted PM_{2.5} concentration was 35 micrograms per cubic metre in 2019. This is seven times the World Health Organisation (WHO)'s 2021 annual average PM_{2.5} guideline. In 2019, PM_{2.5} was predicted to be responsible for 61 fatalities per 100,000 in cities. Although global urban average PM_{2.5} concentrations were consistent over this period, there were large variations by region.

Urban areas in South-East Asia (including India) saw the largest regional increases, with a 27% increase in average population-weighted PM_{2.5} concentration between 2000-2019. South-East Asian cities also saw the largest increase in PM_{2.5}-attributable mortality rates over this period, increasing by 33% from 63 to 84 in 100,000 people.

In 2019, almost 1.8 million people died because the WHO 2005 guideline for annual average PM_{2.5} exposure was exceeded by 86% of urban dwellers (2.5 billion people). According to the study, decreasing PM_{2.5} concentrations in urban areas over two decades did not equate to decreasing PM_{2.5}-attributable mortality rates, indicating that other demographic factors, such as population ageing and poor general health, are influential.

EVENTS

Management of Diabetes during Ramadan

STAR HEALTH REPORT

Diabetes is one of the four major non-communicable diseases (NCDs) contributing to global morbidity and mortality. There are over 150 million Muslims with diabetes worldwide. So, Ramadan has a major impact on Diabetes management in the Muslim population.

Because Diabetes is a metabolic disease, drastic food and liquid intake changes can cause complications. The International Diabetes Federation (IDF) and the Diabetes and Ramadan International Alliance (DaR) have launched a guideline for the healthcare professionals to educate their patients about Diabetes management during the holy month of Ramadan.

Under this campaign, over 300 allied doctors will monitor patients' blood glucose levels and advise them on Diabetes management during Ramadan. The Bangladesh Endocrine Society (BES) will provide all necessary materials, including daily blood glucose monitoring books, diet and exercise plans, and medication adjustments. Sanofi Bangladesh - A subsidiary of Beximco Pharmaceuticals Limited is the scientific partner in this novel and patient centric initiative. Based on the patient data, BES will later formulate a real-world evidence-based guideline specifically for Bangladesh.

All Diabetic patients who want to fast must consult their respective doctors, find out what to do to fast. Because, during the month of Ramadan, there will be differences in the lifestyle and, as a result, and changes in the intake of medicine for diabetic patients. So, it is important to educate the patients about the changed condition.



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