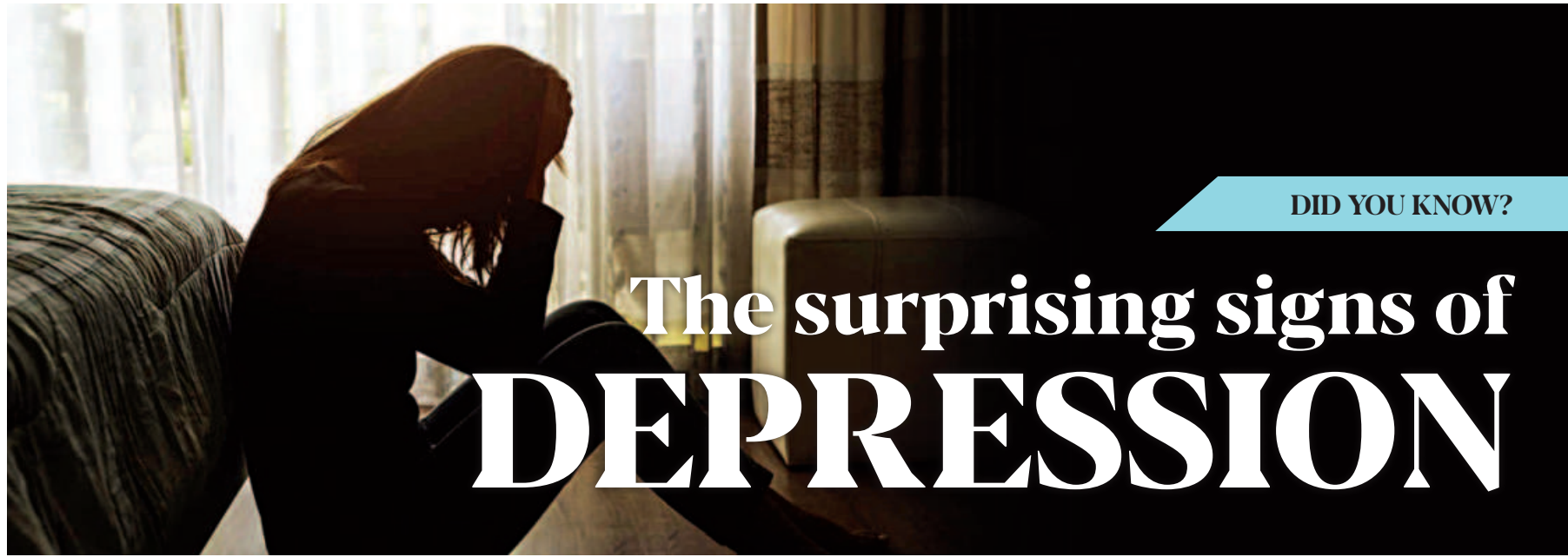




DID YOU KNOW?

The surprising signs of DEPRESSION

Depressed persons often display little emotion. However, they can also show too much. They might be impatient or eruptive. They may be overly gloomy, sad, worried, or fearful.

STAR HEALTH DESK

Depression is a prevalent mental illness. According to World Health Organisation, worldwide 5% people suffer from depression. Depression is the leading cause of disability globally and a significant contributor to the global illness burden. Find out some unusual signs of depression:

Shopping sprees: Do you shop too much? Do you hide your spending? For some depressed people, excessive shopping in stores or online may be a distraction or boost their self-esteem.

Drinking heavily: A third of persons with significant depression drink. If you drink to cope with worry or despair, you may be one of them.

Forgetfulness: Depression may cause forgetfulness. Prolonged depression or stress has been shown to boost cortisol levels impairing the memory and learning area of the brain.

Excessive internet use: Want to avoid real-life social interactions? Do you spend

too much time online? It may indicate depression. Over-using the Internet tends to lead to pornographic, social networking, and gaming sites.

Binge eating and obesity: Research revealed that depressed young individuals gained extra weight around their waist, increasing their risk of heart disease. Also, depression has been related to binge eating, especially in middle age.

Shoplifting: Depressed persons who shoplift value their sentiments over the object they stole. For some depressed people, theft gives them a sense of power and importance.

Back pain: Won't backache go away? Studies show that 42% of persons with persistent lower back pain are depressed.

Risky sexual behaviour: Depression is more commonly associated with lost libido than increased interest in sex. But some people use sex to cope with depression or stress. It can also be an indication of mania in bipolar disorder.

Exaggerated emotions: Depressed persons often display little emotion. However, they

can also show too much. They might be impatient or eruptive. They may be overly gloomy, sad, worried, or fearful. Some feel worthless or guilty excessively or inappropriately. That is the key. Depression may produce hyper emotion in someone who usually is non-emotional.

Problem gambling: Gambling may get you pumped up. Gambling more than recreationally might cause depression or gambling addiction.

Smoking: Need help quitting? Depressed people are more likely to smoke. Research shows depressed smokers often consume more than a pack a day and start smoking within 5 minutes of waking up. However, they can quit smoking if they are depressed.

Not taking care of yourself: The seatbelt has nothing to do with depression. Simple self-care becomes neglected due to sadness or poor self-esteem.

Depression is a frequent primary care illness that goes undetected and untreated. Untreated depression has a significant death risk. Most people with depression report vague inexplicable symptoms.

Human microbiome research excludes developing world

The bacteria in our bodies have been linked to colon cancer, ulcers, and cognitive diseases like Alzheimer's. However, a study published in PLOS Biology found that the human microbiome favours high-income countries like the United States and the United Kingdom. Over half of all publicly available microbiome samples come from Americans, despite making up only 4.3% of the world's population.

These findings raise questions about the field's applicability to developing nations and underrepresented groups. Microorganisms are known as the "human microbiome in the human body."

The microbiome comprises billions of bacteria that live everywhere, from the small



intestine to the eyeball. According to research, these microorganisms have wide-ranging effects on humans. For example, inflammatory bowel disease, stomach cancer, and diabetes have been linked to gut bacteria. Researchers have been exploring these links since the early 2000s. Their research included over 440,000 microbiome samples from worldwide archives like the National Institutes of Health and the National Institute of Genetics in Japan. These disparities exist due to economic and political influences on scientific research and logistical issues in developing countries.

The microbiome is influenced by genetics, geography, nutrition, and lifestyle. The authors argue that a lack of funding for microbiome research limits future microbiome-based medical therapies to specific nations or populations.

Source: PLOS Biology

Update on GERD management

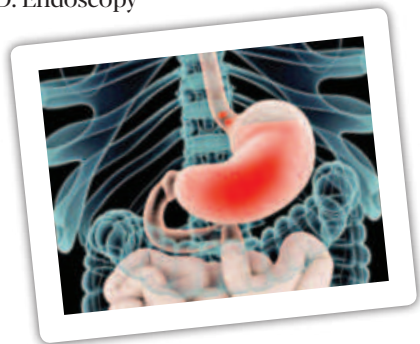
The American College of Gastroenterology recommends Patients with heartburn and regurgitation but no other symptoms should take a proton pump inhibitor once daily for 8 weeks. Gastroesophageal reflux (GERD) is diagnosed by a favourable clinical response to proton pump inhibitors (PPIs).

PPIs should be taken 30-60 minutes before a meal since they bind to proton pumps those meals stimulate. Relapsed PPI responders and PPI nonresponders should be examined for GERD. Endoscopy 2-4 weeks post-PPI (to maximise the chance to document esophagitis). The next phase is ambulatory pH monitoring (off therapy).

The authors advise individuals with no history of high-grade esophagitis or Barrett's oesophagus to use intermittent or "on-demand" PPI medication. Patients who need PPI medication should take the lowest effective dosage. While there are statistical links between long-term PPI medication and some "complications," the causality of most of these is questionable.

Although the evidence for beneficial diet and lifestyle changes for GERD is minimal, the authors advocate weight loss, quitting smoking, and avoiding eating before night. Elevating the bed's head or lying on a wedge and sleeping on the left side are also advised.

With no warning signs and satisfactory response to a PPI, primary care doctors generally restart PPI medication without additional review. Patients with erosive esophagitis or Barrett esophagitis should undergo endoscopy to rule out other causes of erosive esophagitis (e.g., eosinophilic esophagitis).



More than a quarter of women experience intimate partner violence in their lifetimes

STAR HEALTH DESK

According to a new study in The Lancet, one in every four women has suffered domestic abuse. Using data from the World Health Organisation's Global Database on the Prevalence of Violence Against Women, these new estimates show that before the COVID-19 pandemic, 27% of ever-partnered women aged 15-49 had experienced physical or sexual violence from an intimate partner, with 13% experiencing recent violence (within the past 12 months of the survey). Because this study relies on women's self-reported experiences and domestic violence is a sensitive and stigmatised topic, the real frequency of domestic violence is likely to be greater.

This new study uses population-based surveys, improved data quality, and updated methods to offer current prevalence estimates of intimate partner violence worldwide, up to and including 2018. This research shows that governments are not able to eradicate violence against women. Despite 20 years of development, the Sustainable Development Goals (SDG) aim of eradicating violence against women by 2030 remains unmet.

Inmate partner violence affects the lives

of millions of women, children, families and societies worldwide. Though conducted before the COVID-19 epidemic, the results are disturbing, as research shows that the pandemic aggravated factors contributing to intimate partner violence such as isolation, depression, and alcoholism.

The report also highlights the high rates of intimate relationship violence among teenage girls and women. Intimate partner abuse affects about one-quarter of women aged 15-19.

In 2018, 16% of ever-partnered teenage girls and young women aged 15-19 and 20-24 years experienced intimate partner abuse (within the past 12 months of the survey). The assault these young women face has long-term effects on their health.

Global Burden of Disease classifications revealed that high-income nations showed lower lifetime and past-year intimate partner violence rates among ever-partnered women aged 15 to 49, with regional variations pronounced for past-year intimate partner violence.

Preventing intimate partner violence is crucial and urgent. Governments, organisations, and communities must move quickly to minimise violence against women, particularly post-COVID reconstruction efforts.



Pregnancy and COVID-19 are a worrisome combination

SARS-CoV-2 infection increases the incidence of obstetric problems in pregnant women. Pregnancy increases the likelihood of SARS-CoV-2 viral complications.

This study looked at 2352 pregnant women who tested positive for SARS-CoV-2 during or within 6 weeks of pregnancy to see if SARS-CoV-2 infection increased the risk of obstetric problems. By comparison, 11,752 pregnant women with negative SARS-CoV-2 testing or no COVID-19 test or symptoms were found in a national maternal-fetal database.

Maturity-related hypertensive disorders of pregnancy, postpartum haemorrhage, or sepsis occurred in 13.4% of individuals with COVID-19 vs 9.2% of controls, yielding an adjusted relative risk of 1.41. The COVID-19 cohort had five fatalities, whereas the control group had none.

Patients with moderate or severe SARS-CoV-2 infections had the worst outcomes. COVID-19 also had a minor but significant correlation with preterm delivery and neonatal intensive care unit hospitalisation. This study would help physicians who are pregnant or planning to get pregnant.

The results suggest that COVID-19 immunisation should be encouraged before or throughout pregnancy.

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