

POLYCYSTIC OVARY SYNDROME

Mental health and lifestyle modification

The prevalence of anxiety and depression is high in PCOS. Visible features such as hirsutism (appearance of thick, dark hair in unwanted regions of the body), acne and alopecia (hair loss), menstrual irregularity, infertility, and obesity can be deeply affected stigmatising to women.

DR MILIVA MOZAFFOR

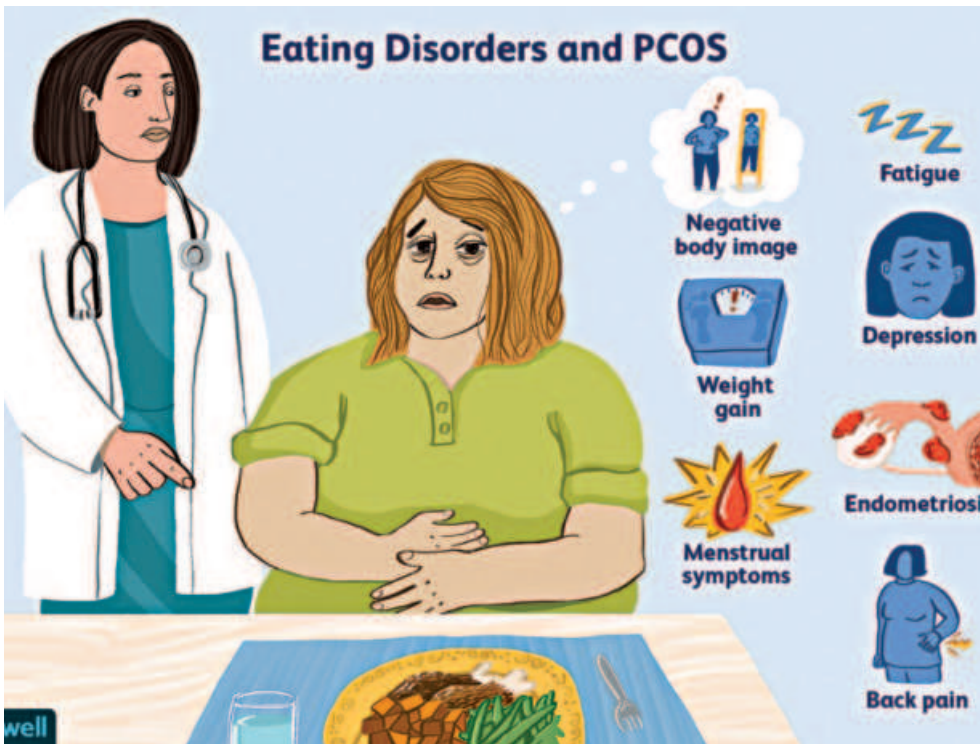
Polycystic ovary syndrome (PCOS) is a hormonal disorder common among women of reproductive age. Women with PCOS may have infrequent or prolonged menstrual periods or excess male hormone levels. The ovaries may develop numerous small fluid collections and fail to release eggs regularly.

PCOS is a chronic, complex and the most common endocrine disorder observed in women of reproductive age. Research shows that PCOS affects 6 to 10% of women of reproductive age. It is a significant public health issue. The prevalence is quite high and is increasing day by day. It is a syndrome to be prevented by awakening awareness among health workers and patients.

PCOS have a significant negative impact on women's health-related quality of life and psychological function. Globally, there has been an increasing focus on this aspect because it is a reflection of the true impact of the condition on the patients' lives.

The prevalence of anxiety and depression is high in PCOS. Emotional distress could have psychosocial and/or pathophysiological causes. Visible features such as hirsutism (appearance of thick, dark hair in unwanted regions of the body), acne and alopecia (hair loss), menstrual irregularity, infertility, and obesity can be deeply affected stigmatising to women. In a qualitative study on the subjective experience of PCOS, women described as feeling robbed of their self-concept essence of being feminine and attractive, thus making PCOS the "thief of womanhood."

It has been shown that active women with PCOS report fewer depressive symptoms than inactive women with PCOS. Many experimental studies that demonstrate positive outcomes of exercise in terms of PCOS management consider multiple lifestyle modifications, combining diet, physical activity, and motivational support sessions.



Lifestyle modification, including physical activity, is recommended as the primary management strategy for PCOS as it reduces insulin resistance, improves metabolic and reproductive features of PCOS and improves body image. Individualised exercise programs increase compliance and group or home exercise and walking as potential exercise modes for women with PCOS.

In the Australian guidelines for PCOS management, the authors suggest at least 150 minutes of physical activity participation each week. Physical exercise improves menstrual irregularity cardiorespiratory fitness and reduces mental disorders while decreasing waist circumference and body fat. Physical exercises are the non-pharmacological treatment of PCOS. So, it

is imperative to take into account mental health and lifestyle modification for PCOS patients.

PCOS is both preventable and curable. The multi-functional combined approach is needed to prevent and treat the disease. More importantly, girls and women should avoid carbohydrates and eat more fruits and vegetables. In addition, they must be careful not to get overweight and obese. So, stay healthy to prevent PCOS. If you feel PCOS-related symptoms physically, consult your doctor earlier to get proper treatment.

The writer is an Assistant Professor of Biochemistry & Molecular Biology, at Medical College for Women and Hospital, Uttara, Dhaka.



Act promptly to save lives and migrants go missing

Every year, thousands of migrants go missing or die along migration routes. Families of lost migrants confront catastrophic socio-economic, psychological, and legal implications. It is crucial to prevent migrants from dying or going missing by:

- Prioritising and cooperating in search and rescue operations to help migrants regardless of their migration status, including through clear and predictable disembarkation mechanisms that ensure that survivors are delivered to a place of safety and that all children receive adequate non-custodial care and reception;
- Supporting humanitarian organisations and commercial vessel crews providing vital assistance, healthcare, and protection to migrants on land and sea, without criminalising, blocking, or otherwise discouraging their activities;
- Frequent review of migration-related laws, policies, and practices to ensure they are compliant with international law and do not increase the risk of migrant deaths or disappearances;
- Enabling migrants and their families to establish, restore, or maintain contact along migratory routes and at destination;
- Creating and reinforcing opportunities for safe and regular migration that respects the right to family life and meets the needs of vulnerable migrants and practices for admission and stay based on compassionate, humanitarian, or other considerations.

SOURCE: WORLD HEALTH ORGANISATION

New guidelines on abortion to help countries deliver lifesaving care

STAR HEALTH DESK

The World Health Organisation (WHO) recently issued new guidelines on abortion care to protect women's and girls' health and avoid over 25 million unsafe abortions annually. Every death and damage caused by improper abortion is absolutely avoidable. Women and girls should therefore have access to abortion and family planning. With over 50 recommendations covering clinical practice, health care delivery, legal and policy activities, these guidelines improve abortion care.

Abortion is a simple and highly safe operation when performed with the assistance of trained professionals. Sadly, only around half of all abortions are performed safely, resulting in 39,000 deaths and millions more women hospitalised due to complications. Most of these deaths occur in low-income countries – 60% in Africa, 30% in Asia – and the most vulnerable.

The guideline includes basic primary care level measures to improve the quality of abortion care for women and girls. These include increasing task sharing among health providers, increasing the availability of medical abortion pills so more women can receive safe abortion services, and providing accurate information on treatment to all individuals who need it. Interestingly the guidelines advocate using telemedicine to support access to abortion and family planning services for the first time.

To know about the WHO guideline on safe abortion, please visit their website.



Vaccinating a mother against SARS-CoV-2 means vaccinating the newborn!

DR ABDULLAHEL AMAAN, DR KHAINOOR ZAHAN

Breastfed infants are better protected against different infectious diseases, such as gut infection (gastroenteritis), ear infection, urinary infection, sepsis (blood infection) as well as respiratory infections with a reduced frequency, duration and risk of hospitalisation than formula-fed infants. Moreover, such protection has been proved

to be continued even beyond the cessation of breastfeeding. The transfer of immunity molecules through breast milk is crucial in such protection against infections.

Breast milk includes many bioactive factors, such as immunoglobulins (IgA, IgM, IgG) which promote the infant's developing immunocompetence. Immunoglobulins are the most immunoprotected components in breast milk. IgA is considered dominant in protecting the infant's mucosal surfaces, IgM immediately recognises pathogens and stimulates innate immunologic activities, and IgG appears to be involved in immune surveillance in the intestinal lumen by binding to antigens phagocytising them and plays a role in developing adaptive immune responses. IgG is also able to prevent infection at the intestinal level.

At the beginning of the COVID-19 pandemic, scientists were in doubt regarding the safety of breastfeeding by the mothers suffering from Covid-19 and vaccinating the lactating mothers. From the beginning of vaccination against SARS-CoV-2, scientists have been trying to evaluate whether the vaccination against SARS-CoV-2 leads to antibody excretion into breast milk to the infant.

A recent study has explored an adequate number of antibodies against SARS-CoV-2 in the serum, and milk samples of SARS-CoV-2 vaccinated mothers. Another study also describes the presence of specific SARS-CoV-2 antibodies in the breast milk of mothers who have already been infected with SARS-CoV-2. Such explorations bring hope for the protection of exclusive and uninterrupted breastfeeding.



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, Bangladesh. Email: khainoorzahan@gmail.com

The need for lab tests in disease diagnosis

PROF M KARIM KHAN

Recently, I saw an eight-month-old kid who had constipation since birth. On query, the patient had delayed stool passage after delivery, neonatal jaundice history, and intelligence seemed lower than other children of the same age. I advised a thyroid hormone tests to rule out hypothyroidism. The parents agreed to run the tests, which confirmed hypothyroidism, and I prescribed thyroxine.

Today, I want to talk about the investigations rather than the diseases. A thorough history taking, physical examination, and lab tests are required to validate the suspected diagnosis. Doctors are sometimes accused of ordering needless tests. Lab investigations often are necessary to confirm the provisional diagnosis before starting the treatment. But investigations must be logical and cost-effective.

We do investigations to confirm the diagnosis and to exclude the differential diagnosis. Before asking the parents/patients to do some investigations, especially while asking other than routine investigations, we should explain the rationality of investigations; otherwise, some communication gaps will be there and they may think something else. Because of this lack of explanation, doctors are being blamed unnecessarily. Our goal must be treating each patient with compassion, empathy, and transparency.

The author is a Professor of Paediatrics at Community Based Medical College, Mymensingh. E-mail: mmukkhann@gmail.com



Appointment
02 22 22 62 466
10666

Plot 15 Road 71
Gulshan Dhaka 1212

www.uhlbd.com
facebook/uhlbd
info@uhlbd.com



United Hospital
Renal Care Centre
Country's best facility
to take care of Kidneys



Prof. Dr. Md. Nurul Islam



Dr. Tanveer Bin Latif



Dr. Tania Mahbub



Dr. Salina Akter

Kidney Care HEROES of United Hospital

United Renal Care Centre is the leading destination for treating patients with experienced consultants. We are not only committed to provide quality treatment, but also make you feel at home with our world-class care.

313,700+ Dialysis Sessions
115,300+ Nephrology OPD Consultations
9350+ Dialysis Patients
61 Dialysis Machines
39 Kidney Transplants



Bridge the knowledge gap
to better kidney care.