WORLD DROWNING PREVENTION DAY 2022

# Anyone can drown; no one should

Almost the last decade, drowning has claimed the lives of over 2.5 m people. It is a big international issue that has gone virtually unnoticed in terms of its significance. **According** to WHO. 235,600 persons drowned in **2019. This** figure is still considered an underrepresentation.

STAR HEALTH REPORT

Drowning is one of the top ten causes of mortality for children and adolescents aged 1 to 24 years old in every part of the world. In low- and middle-income nations, rivers, lakes, wells, household water storage vessels, and swimming pools account for more than 90% of drowning deaths. Flood-related disasters are affecting millions of people worldwide, owing in part to the expanding adverse effects of climate change, and drowning is the primary cause of death during floods.

The Western Pacific and Southeast Asia account for more than 60% of all drowning deaths. The Western Pacific area has the most significant rate of drowning deaths per 100,000 people, followed by Africa. Seasonal or severe weather occurrences, such as monsoons, are also a frequent cause of drowning. The majority of these deaths are avoidable using evidence-based, low-cost interventions

The World Health Organisation (WHO) has developed evidence-based drowning prevention strategies and thorough implementation guidelines. While the execution of these will vary depending on the situation, it is critical that the worldwide drowning prevention community is consistent and coherent in articulating the following six drowning preventive interventions:

• Erecting barriers restricting water access • Regulating access to water providing safe areas away from water such as crèches for

preschool children with a skilled childcare • Teaching swimming, water safety, and

safe rescue skills

• Instructing bystanders in proper rescue and resuscitation procedures,

 Setting and enforcing safe boating, shipping and ferry regulations

• Enhancing flood risk management To raise the awareness, July 25 is observed as the World Drowning Prevention day. On World #DrowningPreventionDay this year, WHO's theme is "do one thing" to

help save lives. WHO encourages using the hashtag #DrowningPrevention on social media, particularly during World #DrowningPreventionDay. We can do the

• Individuals can share drowning prevention and water safety knowledge with their family, friends, and coworkers, join up for swimming or water safety classes, or donate to local drowning prevention charities and organisations.

• Sharing water safety information in a public forum, launching campaigns, or designing or implementing new drowning prevention programmes are just some of the ways groups may help avoid drownings.

• Governing bodies have the power to announce new policies, methods or laws aimed at preventing drowning; create legislative or multi-sectoral roundtables to debate solutions to the drowning burden domestic and worldwide drowning prevention

Every one of us has the opportunity to save someone from drowning, regardless of where we are. There are many ways to help prevent drownings, including raising awareness of the problem, promoting knowledge and awareness that tested solutions exist, working with local or national governments to develop drowning prevention plans and policies, volunteering with a drowning prevention organisation, or knowing how to keep ourselves and our families safe when we are in, around, or on the water.

## Might metformin protect against hepatocellular carcinoma?

Metformin monotherapy and strict glycemic control were associated with lower risk in patients with diabetes and nonalcoholic fatty liver disease. Diabetes and nonalcoholic fatty liver disease (NAFLD) have well-established epidemiologic links; NAFLD, in turn, is a risk factor for hepatocellular carcinoma (HCC), which is typically mediated by steatohepatitis and cirrhosis. These findings raise the question of whether diabetes control - or specific diabetes medications - may reduce the risk of HCC.

Researchers in the U.S. identified 86,000 patients diagnosed with NAFLD and type 2 diabetes between 2004 and 2008. Approximately 500 patients developed HCC over a 10-year average follow-up period. Metformin monotherapy was associated with a significantly lower risk of HCC in analyses that controlled for numerous confounding variables. No other diabetes treatment, either alone or in combination, reduced the risk of HCC. Controlling for confounders such as diabetes, exceptional glycemic control (i.e., having glycosylated haemoglobin [HbA1c]) was also associated with lower HCC risk.

Metformin may protect people with diabetes from HCC. Metformin has in vitro anticancer

properties, and studies have linked it to lower cancer risk. The current observational findings support metformin monotherapy in NAFLD and diabetes patients, assuming good glycemic control can be maintained with this drug and lifestyle changes.



## Are proton-pump inhibitors associated with development of diabetes?

In a recent observational study, prolonged use of proton-pump inhibitors (PPIs) was associated with the development of diabetes. A casecontrol study from a National Health Service database in Italy addresses the same issue.

Fifty thousand adults (age≥40) who developed diabetes during a 5-year interval were compared with 50,000 people without diabetes, matched on age, sex, and an elaborate clinical status score. In analyses adjusted for numerous potentially confounding variables, researchers detected a significant relation between exposure to a PPI and a new diagnosis of diabetes.

Diabetes has become yet another condition associated with PPI use, but cause and effect remain unproven — as is the case with so many possible associations between PPIs and adverse effects. One reason not to ignore these findings is that a possible causal explanation has been proposed: Chronic acid suppression changes the gut microbiome, and changes in the gut microbiome have been associated with abnormal glucose metabolism.

For now, it might be reasonable to use these findings as the impetus to deprescribe PPIs in patients with prediabetes who use these drugs but have no compelling indication for them.

## Insight into arthritis and a suggested diet plan

### DR SHUPRIO PAUL

Arthritis is a disease condition which affects joints by causing inflammation, swelling and pain in the joints. Mostly, it affects the large joints (e.g., knee, elbow, wrist, ankle etc.) of the body, though it may also affect

There are more than 100 types of arthritis and arthritis-related conditions. It can occur at any age, sex, race or ethnicity around the world. However, studies suggest that it is

found more in women than men. There are two major

types - Osteoarthritis and Rheumatoid arthritis are seen generally. In addition, gout, lupus arthritis, psoriatic arthritis, secondary arthritis, ankylosing spondynus, etc., ar other types found in the population.

There are some typical signs and symptoms of arthritis. Swelling of the joint, redness on and around the joint, warmness and pain of the joints, and movement restriction of the joint typically occur. Furthermore, fever, fatigue, difficulty walking, muscle wasting, itching, and hair loss can also occur.

The Mediterranean diet is the highly recommended diet for an arthritic patient. It includes lentils, fatty fish, nuts, olive oil, whole grains, fruits and vegetables. fatty fish (e.g., Hilsa, salmon, tuna, sardine, eels, coral fish) contains a huge amount of omega-3 fatty acids, which help reduce joint inflammation.

Those who do not like fish can eat soybeans or tofu. Almonds, peanuts, pistachios, and olive oil

contain omega-3 fatty acids.

Low-fat milk, yoghurt, and paneer are rich in calcium and vitamin D, which benefit bones and joints. Arthritic patients can benefit from lentils, ginger, garlic, broccoli, potatoes, eggplants, cabbage, capsicum, spinach, and beans.

Citrus fruits (lemon, orange, pomelo), berries, grapes, cherries, strawberries, blueberries, etc., contain anti-oxidants that relieve symptoms.

Whole wheat, oats, and brown rice help reduce arthritic patients' c-reactive protein (CRP). Green tea, coffee,

> carrot juice, and tomato are beneficial. Drinking

a lot of water is highly

recommended. Red meats (beef, mutton), processed

meats, sugar, soft drinks, deep-fried items, processed and canned foods, margarine, and testing salt aggravate joint pain and inflammation. Soybean oil, sunflower

oil, and corn contain omega-6 fatty acids that arthritic patients should avoid. Gluten is found in flour, barley, and rye-made white rice that

aggravates arthritis. Chronic arthritis is caused by smoking and alcohol. Arthritis is a chronic disease that can deform a

joint and cause inability to move or walk. Consult a rheumatologist immediately after seeing signs and symptoms.

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## Reasons for **SWOLLEN FEET**

If one or both of your feet are swollen, it can be hard to move around. And it can hurt, too. It is not always clear why it happens, but some health conditions can make it more likely.

**Edema:** The body retains too much water. It makes feet, hands, and face puffy. Some women experience it around their period or after a long

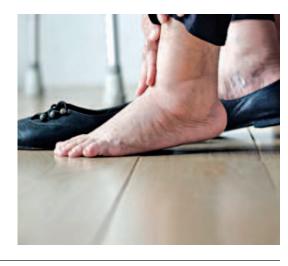
**Injury:** If you trip or take a wrong step, a swollen foot can signify a broken bone or a sprain. **Pregnancy:** Feet can swell as a natural part of pregnancy because a pregnant woman's body

holds on to more water. **Preeclampsia:** Many pregnant women have swollen feet, but if they also have a headache, nausea, trouble breathing, or belly pain, after 20 weeks of pregnancy, it could be a sign of this

Heart failure: This occurs when your heart does not pump blood as efficiently as it should. **Kidney disease:** Your kidneys filter blood. Ineffective pumps can cause swollen feet.

**Liver disease:** If you have hepatitis (inflammation in your liver) or drink heavily, it can cause chronic liver disease that shows symptoms like swollen feet.

Consult with the physician to identify the cause of your swollen feet until it causes bleak outcomes.



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