

Vitamin D supplement- ation to prevent fractures?

In a large, randomised trial, supplements did not prevent fractures in middle-aged and older adults.

Many people take vitamin D supplements for "bone health," but research has not shown it prevents fractures. 26,000 healthy, community-dwelling U.S. adults (age 50) were randomised to take 2000 IU of vitamin D3 or placebo daily in the VITAL trial. About 20% of participants took calcium supplements up to 1200 mg daily. 25-hydroxyvitamin D (25[OH]D) levels were 31 ng/mL at baseline.

During an average follow-up of 5 years, incidences of total fractures, nonvertebral fractures, and hip fractures were virtually identical in the vitamin D and placebo groups. A secondary endpoint of "major osteoporotic fractures" (i.e., hip, wrist, humerus, or clinical spine fractures) also occurred with identical frequency in the two groups.

Findings also were negative in subgroups defined by the history of fragility fractures and by use (or non-use) of calcium supplements or osteoporosis medications. Vitamin D supplementation did not prevent fractures even in subgroups with baseline 25(OH)D levels (24 ng/mL (-25% of participants) or 12 ng/mL (-2% of participants).



TIPS to lose 100 pounds or more

STAR HEALTH DESK

Losing weight takes time. Weight loss experts and people who have lost weight offer tips to cut calories, fight "hangry," make exercise easier, and more.

Go big for breakfast: Morning eaters lose more weight than night eaters. Some studies suggest starting the day with a high protein meal, especially warm, solid food, which makes you feel fuller and less hungry.

Keep a photo diary: Save daily food photos. Before snacking or eating, review them. You will remember what you have eaten. That may help you downsize or choose differently.

Use an app: Keep track of your eating habit by using an app. Recording food intake helps to lose weight.

Try a meal replacement plan: Under a licensed professional's care, you will eat one regular meal daily and swap the others for special shakes, soups, or bars. If you stick to it, you will see big results in 6 months to a year.

Set up food storage: Assign shelves to your pantry and fridge so healthy food is easily accessible. Put fresh vegetables and fruit at eye level



instead of in a drawer to grab them more easily.

Eat smart: Do not gamble with food. Stock up on ingredients to avoid ordering takeout. Maybe your veggie stir-fry can be their side dish.

Find a fan club: Weight loss is easier with group support than alone. You will gain perspective, encouragement, tips, and competition if that motivates you.

Try physical therapy: Connect with your body. A physical therapist helps people with medical issues and mobility issues. They will prepare you for the personal trainer. Your therapist will design a programme to improve balance, strength, and range of motion.

Work your muscles: Keep your muscles as you lose fat. Use an exercise ball for wall squats. These work most lower-body muscles at once.

Get in the pool: Swimming is a great non-impact, whole-body workout. The water supports you, reducing joint pressure. Combining cardio and muscle-building saves time. Try exercising in chest-deep water to reduce swelling, improve circulation, and relieve inflammation pain.

Look past the pounds: Despite

the scale, your body may improve. Remember your weight loss gains. Celebrate non-scale victories.

Get checked for sleep apnea: You might not be sleeping well. This sleep disorder affects overweight people. It can disrupt sleep without you noticing. Sleep deprivation alters hunger-controlling hormones, studies show.

Ask about weight loss medicine: Once you have lost 5 to 10% of your weight, your body adjusts to prevent further loss. Hunger hormones do not reach your brain, so you are still hungry. Ask your doctor if a prescription drug or OTC product can help you keep going.

Play down plateaus: Nothing you do moves the scale. Think "success" Instead, applaud your weight loss. If you have not changed in 3 months, revisit your diet and exercise plan.

Consider weight loss surgery: Weight loss surgery helps regain health and make permanent life changes.

It is not difficult to shed calories if you follow a combination of a regular healthy diet and exercise. If your lifestyle does not have you lose weight, consider a physician's opinion.



HAVE A NICE DAY Stress – The soundless enemy

DR RUBAIUL MURSHED

Today's life is easier "with a lot of gadgets," but behind our familiarity are many unexplainable illnesses. Modern life is full of stress. Stress is a foundational illness. People today feel more stress than they did 30/35 years ago, and those 45 to 64 feel it the most.

According to the Mayo Clinic, 'stress' symptoms may affect our health.

This affects our minds, bodies, and behaviours. Few people deal with stress in today's society. Communicating with friends and family helps temporarily. More stress on the digestive system, liver, and lungs causes chronic stress.

Before the Covid pandemic, a study found that 1 in 8 people (970 million) had a mental disorder,

with anxiety and depression being the most common. COVID-19 caused an increase in anxiety and depression in 2022. Stress causes anxiety, depression, and hypertension. When stressed, our body produces hormones. These hormones temporarily raise blood pressure by making our heart beat faster and narrowing our blood vessels. We also breathe faster and sometimes tense our muscles. Cortisol and adrenaline are released in response to stress. Some evidence links stress to type 2 diabetes. High-stress hormones may stop pancreatic insulin-producing cells from working properly, reducing insulin production. Chronic stress can be devastating. Unchecked stress can cause many health problems, so it is important to recognise and manage common symptoms.

E-mail: rubaiulmurshed@shomman.org



DID YOU KNOW?

Pediatric obesity is a complex condition with multiple subtypes

STAR HEALTH REPORT

Study suggests 8 medical conditions are common in U.S. children diagnosed with obesity, and approximately one-third of children in the United States are overweight or obese. A study publishing recently in PLOS Digital Health by Elizabeth Campbell at Drexel University, Philadelphia, Pennsylvania, United States, and colleagues suggest that childhood obesity may be associated with an array of underlying medical conditions.

Childhood obesity is linked to an increased risk of developing multiple comorbidities, including asthma, diabetes, hypertension, and psychological conditions. However, whether obesity is a single condition or is composed of unique phenotypes with different underlying causes is unknown. To identify clinically similar subtypes among a population of obese pediatric patients, researchers conducted a retrospective cohort study, accessing the electronic health records of 49,694 pediatric patients of Children's Hospital of Philadelphia diagnosed with obesity. Using a pattern mining algorithm, the authors analysed common condition trajectories surrounding pediatric obesity incidence and compared them to a control group with a healthy body mass index.

The researchers found eight classes of health conditions that



were highly prevalent among children diagnosed with pediatric obesity, including respiratory and sleep disorders, inflammatory skin conditions, asthma, seizure disorders, gastrointestinal/genitourinary symptoms, and neurodevelopmental disorders. The study had several limitations, including the potential for a false discovery rate and an arbitrary 10% prevalence threshold for classifying "high prevalence" conditions. Future studies must pinpoint the factors mediating the associations between pediatric obesity and the co-prevalent illnesses identified in the study.

According to the authors, "Obesity is a complex and socially significant health issue that may affect different clinical and demographic subtypes of pediatric patients differently.

Grouping all types of overweight and obesity into one clinical condition may conceal associations between risk factors and specific subtypes of obesity, which has implications for improving the prevention, recognition, and treatment of pediatric obesity. Our findings can support the work of public health researchers and practitioners who seek to address the social disparities component of the obesity epidemic."

Campbell adds, "Electronic Health Records represent valuable sources of data for use in research to investigate pediatric obesity and other pressing health issues. We hope our findings not only add to ongoing work combatting the obesity epidemic, but to methodological advances in using large complex datasets in clinical research."

Can Irritable Bowel Syndrome be treated naturally?

DR TRISITA SAHA BISWAS

Irritable bowel syndrome (IBS) affects the large intestine. It's a lifelong issue without a cure. It can be controlled by diet, lifestyle, and medication.

Symptoms include abdominal cramps, bloating, farting, and bowel changes. Others only have diarrhoea or constipation. Many have both. It comes and goes over time.

A family history of IBS increases the risk. Certain foods and stress trigger IBS. The doctor confirms the diagnosis by excluding other diseases. The treatment of IBS differs widely.

A food diary can help track what one eats and how

it makes one feel. If a portion of food is aggravating the condition, avoid it. Try to avoid skipping meals, eating frequently, and eating fatty, spicy, or processed food.

Instead, fresh homemade meals have been helpful. Caffeine should be avoided. Regular exercise, limiting smoking, and stress-reduction techniques are good lifestyle changes.

Your doctor may prescribe antidepressants, probiotics, or drugs. Living with IBS is difficult. Although there's no cure, diet and lifestyle changes can help.

The writer works as a Research and Policy Assistant in Centre for Research, Innovation and Development Action (CRIDA). E-mail: trisitasahabiswas132@gmail.com



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