



Birthweights below the 25th percentile linked to later developmental concerns

STAR HEALTH REPORT

Being born below the 25th percentile for birthweight may put a child at risk for developmental difficulties, according to a new study by Abiodun Adanikin of Coventry University, UK, and colleagues, published recently in the open access journal PLOS Medicine.

Babies that are too big or too small are believed to be at risk of poor birth outcomes and problems related to childhood development, but little is known about this relationship across the entire range of birthweights for non-premature babies. To fill this gap, researchers studied the development of more than 600,000 infants born after 37 weeks of gestation in Scotland.

At around two or three years of age, the children underwent evaluation for social development and/or fine motor, gross motor and communication skills. The researchers looked for associations between birthweight and early childhood developmental concerns, taking into account complicating factors, such as the child's sex and gestational age at delivery, as well as the health, ethnicity and socio-economic status of the mother.

The study showed that babies born below the 25th percentile for birthweight had a higher risk of developmental concerns compared to babies born between the 25th and 75th percentiles, with the smallest babies carrying the greatest risk. Babies born above the 75th percentile of weights did not have a substantially increased risk of developmental concerns compared to babies born in the middle range. The researchers conclude that having a low birthweight is an unrecognised and potentially important contributor to the prevalence of issues related to childhood development.

Traditionally, babies below the 10th percentile were believed to be at risk for developmental concerns. But the new study found a greater number of babies within the 10th to 24th percentile range of birthweights with these issues, simply because there are a larger number of babies within that population.

Laser in hemorrhoid treatment: A novel, safe and promising approach

BRIG GEN (RETD) PROFESSOR MD TANVIRUL ISLAM

Hemorrhoidal disease is ranked number one among colorectal diseases. Normally there are three hemorrhoid plexus in humans. These plexuses are normal part of the anal canal and have two main functions, they protect the mucosa of anal canal and prevent incontinence by closing the anal canal during rest.

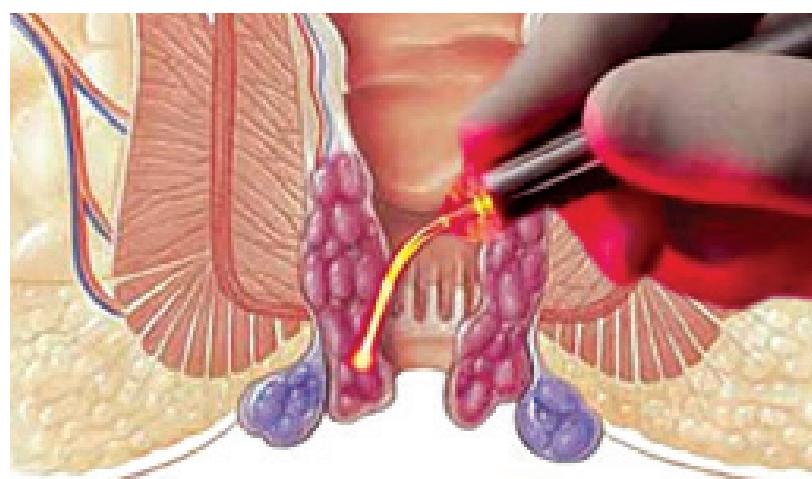
When these veins become dilated they turn to a morbid condition called hemorrhoidal disease, which affects more than 80% of the world population at least once in a lifetime. Straining promotes the congestion of these veins and speeds the development of the hemorrhoids; heredity also plays an important role and it is common to observe many cases in a same family. Pregnancy, weightlifting, and anything that increases intra-abdominal pressure contributes to vein dilation.

There have been described three types of hemorrhoids, the internal, the external and the mixed. Internal hemorrhoidal disease in general is divided in four grades.

Most specialists suggest that hemorrhoid disease grade I and II should be treated initially by conservative means, and operative means should be applied only in case of recurrence or failure to control the symptoms. On the other hand, in grade III to IV the treatment should be operative.

The most common procedures during the past 60 years used to be the open hemorrhoid removal and the closed hemorrhoidal dissection that are recognised worldwide.

Many methods have focused on curing hemorrhoids including rubber band ligation, sclerotherapy, cryosurgery, laser photoagulation, and stapled hemorrhoidopexy, doppler guided artery ligation, depending on the severity of the disease.



The use of laser began in the 1960s, when the Nd:YAG laser was first used for anorectal surgery. The energy of the Nd:YAG laser can penetrate water and is absorbed by the tissue, inducing a thermal effect which damages the tissue, and then the effect of photoagulation is achieved.

After that, the CO₂ laser was used for laser hemorrhoidectomy was performed using a carbon dioxide laser. The method of laser hemorrhoidectomy is similar to the procedure described by Milligan and Morgan except that all dissection and hemostasis is provided by the defocused CO₂ laser.

The most common techniques for hemorrhoid disease laser treatment are the HeLP technique, the LHP technique and recently the novel LSH technique or ELITE technique.

In HeLP technique a Doppler probe is used to identify the main hemorrhoidal vessel and then laser beam energy is applied to thrombose the vessel. Finally, after few days the hemorrhoid pile shrinks as a result of the blood flow stop caused by the external laser energy application.

Intra hemorrhoidal laser coagulation or laser haemorrhoidoplasty was first

described in 2007 and 2009 is one of the newer innovations in the management of haemorrhoidal disease. The principle of this minimally invasive technique is the coagulation of the haemorrhoidal plexus through the submucosal application of laser energy.

Recently the novel LSH technique or ELITE technique uses a special probe, containing a bare fiber within a special conical glass tip, ensuring a gentle application of laser energy.

In Bangladesh, many colorectal surgeons practise the use of Laser in the treatment of hemorrhoid. Most of the surgeons apply laser energy on three point (surface, submucosa and intrahemorrhoidal) of a single hemorrhoid, to get an effective outcome and so far the personal experience is satisfactory.

The existing data suggest that diode laser is a safe, painless and efficient alternative for the treatment of hemorrhoids, although there are still enough to be clarified. More perspectives, well organised studies with longer follow up are required to demonstrate the exact advantages of these techniques and especially to define the recurrence rate.

The writer is a Professor of Surgery at Universal Medical College & Hospital.

HAVE A NICE DAY

The power of kind touch

DR RUBAIUL MURSHED

There was a cover story on 'The Power of Touch' in a recent National Geographic issue. There have been studies in the medical field that are finding healthful benefits for patients in the form of nonverbal communication such as a pat on the hand or a gentle form of skin-to-skin contact.

The healing power of physical touch can be measured. Doctors have found, through laboratory tests, such as MRIs, that there are evident changes in the patterns of brain activity during touch. Certain types of endorphins are released. These endorphins combat stress hormones, resulting in a sense of relaxation and peace. Researchers have been working on physical touch and found a role of healing in the life of sick persons including of a cancer patient. However, it can be easy to forget that our human-to-human connections make a difference for our patients.

It is true that our life is much easier today with a lot of gadgets, yet each and every day a lot of unexplainable sicknesses are also approaching slowly behind our familiarity. But, we cannot sidestep the concern of objects like 'Respect, Affection and Care (RAC)'.

Yes, there is a great way of offering hope and reassurance through different types of communication skills including a sincere smile or kind facial expression. It is a way of connecting without saying a word. These can simply express, "I feel your pain. I see you. I realise what you're going through."

Although physical touch shows a genuine form of care and concern, it is not always welcomed due to some misconduct. Nevertheless, we need to explore more how doctors can consciously use their interest in humanity and the power of caring in their clinical work.

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Breakthrough in diabetes care

STAR HEALTH REPORT

Diabetes is one of the four major types of noncommunicable diseases (NCDs) that make the largest contribution to morbidity and mortality worldwide. The prevalence of diabetes is increasing in Bangladesh. In 2021, the International Diabetes Federation estimated 13.1 million people were living with diabetes in Bangladesh and projected to be almost doubled by 2025.

While managing diabetes, one of the prime concerns of healthcare professionals remains as how to

reduce HbA1c efficiently without triggering any other comorbidities.

(Sodium-glucose Cotransporter-2) Inhibitors, in that context, play a pivotal role in the diabetes treatment regime. Synovia Pharma brought a breakthrough new and innovative solutions to cater to the unmet needs of Bangladeshi patients, says a press release.

Eminent physician Professor A K Azad Khan, National Professor and President of the Diabetes Association of Bangladesh graced the launching event as the Chief Guest. Professor Md Faruque

Pathan, Professor of Endocrinology, BIRDEM General Hospital chaired the programme where Professor S M Ashrafuzaaman - Professor and President of Bangladesh Endocrine Society was present as the Special Guest.

Prof Indrajit Prasad, Head of Endocrinology, Dhaka Medical College Hospital presented 'Diabetes Management Focusing on CVD Outcome' and Prof Shamim Ahmed, National Institute of Kidney Diseases & Urology (NIKDU) presented 'Diabetes Management Focusing on Renal Protection.'

Call for new measures to tackle mental health issues at work

STAR HEALTH DESK

The World Health Organisation (WHO) and the International Labour Organisation (ILO) have called for concrete actions to address mental health concerns in the working population.

An estimated 12 billion workdays are lost annually due to depression and anxiety costing the global economy nearly US\$ 1 trillion. Two new publications which aim to address this issue are published recently - WHO Guidelines on mental health at work and a derivative WHO/ILO policy brief.

WHO's global guidelines on mental health at work recommend actions to tackle risks to mental health such as heavy workloads, negative behaviours, and other factors that create distress at work. For the first time WHO recommends manager training, to build their capacity to prevent stressful work environments and respond to workers in distress.

WHO's World Mental Health Report, published in June 2022, showed that of one billion people

living with a mental disorder in 2019, 15% of working age adults experienced a mental disorder. Work amplifies wider societal issues that negatively affect mental health, including discrimination and inequality. Bullying and psychological violence (also known as "mobbing") is a key complaint of

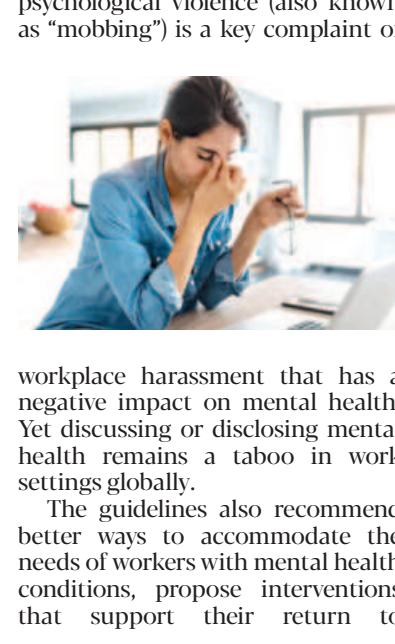
work and, for those with severe mental health conditions, provide interventions that facilitate entry into paid employment. Importantly, the guidelines call for interventions aimed at the protection of health, humanitarian, and emergency workers.

The ILO Occupational Safety and Health Convention (No. 155) and Recommendation (No. 164) provides legal frameworks to protect the health and safety of workers. However, the WHO Mental Health Atlas found that only 35% of countries reported having national programmes for work-related mental health promotion and prevention.

COVID-19 triggered a 25% increase in general anxiety and depression worldwide, exposing how unprepared governments were for its impact on mental health, and revealing a chronic global shortage of mental health resources. In 2020, governments worldwide spent an average of just 2% of health budgets on mental health, with lower-middle income countries investing less than 1%.

workplace harassment that has a negative impact on mental health. Yet discussing or disclosing mental health remains a taboo in work settings globally.

The guidelines also recommend better ways to accommodate the needs of workers with mental health conditions, propose interventions that support their return to



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