

More omega-3 fatty acids from seafood are associated with lower incidence of chronic renal disease

Dietary omega-3 polyunsaturated fatty acids (ω -3 PUFAs) might help prevent chronic kidney disease (CKD) through potentially favorable vascular effects. But studies of this question, based mostly on cross-sectional analyses and self-reported $\omega\mathchar`-3$ PUFA intake, have been inconclusive.

Researchers combined data from 19 prospective cohort studies (with 25,000 participants) in which baseline ω -3 PUFA biomarkers were measured in blood fractions or adipose

Participants tissue. were divided in quintiles based on their levels of seafoodderived -ω-3 PUFAs (i.e., DPA, EPA, and DHA) and plant-derived a-linolenic acid (ALA). During median follow-up of 11 years, patients in the highest quintile of total seafood ω -3 PUFAs

had a significant 13% lower risk for incident CKD (defined as first estimated glomerular filtration rate (60 mL/minute/1.73 m²) than did participants in the lowest quintile. Each individual seafood-derived ω -3 PUFA had a protective effect, but plant-derived ALA did not. The results were consistent across various subgroups.

Measuring biomarkers permitted individual analysis of the various ω -3 PUFAs and presumably reflected bioavailable ω -3 PUFAs more accurately than self-reported dietary intake. Although the correlations reported here do not establish causation, they are consistent with consensus dietary guidelines that include regular intake of seafood

A woman dies every two minutes due to pregnancy or childbirth

STAR HEALTH REPORT

Every two minutes, a woman dies during pregnancy or childbirth, according to the latest estimates released in a recent report by United Nations agencies. This report, Trends in maternal mortality, reveals alarming setbacks for women's health over recent years, as maternal deaths either increased or stagnated in nearly all regions of the world.

The report, which tracks maternal deaths nationally, regionally and globally from 2000 to 2020, shows there were an estimated 287,000 maternal deaths worldwide in 2020. This marks only a slight decrease from 309,000 in 2016 when the UN's Sustainable Development Goals (SDGs) came into effect. While the report presents some significant progress in reducing maternal deaths between 2000 and 2015, gains largely stalled, or in some cases even reversed, after this point.

In total numbers, maternal deaths continue to be largely concentrated in the poorest parts of the world and in countries affected by conflict. In 2020, about 70% of all maternal deaths were in sub-Saharan Africa. In nine countries facing severe humanitarian crises, maternal mortality rates were more than double the world average (551 maternal deaths per 100,000 live births, compared to 223 globally).

Severe bleeding, high blood pregnancy-related pressure, infections, complications from unsafe abortion, and underlying conditions that can be aggravated by pregnancy (such as HIV/AIDS and malaria) are the leading causes of maternal deaths. These are all largely preventable and treatable with access to high-quality and respectful healthcare.

Community-centered primary health care can meet the needs of women, children and adolescents and enable equitable access to critical



Ayesha Begum gave birth to her baby at Hope Hospital.

vaccinations, nutrition and family planning. However, underfunding of primary health care systems, a lack of trained health care workers, and weak supply chains for medical products are threatening progress.

Roughly a third of women do not have even four of a recommended eight antenatal checks or receive essential postnatal care, while some 270 million women lack access to modern family planning methods. Exercising control over their reproductive health – particularly decisions about if and when to have children – is critical to ensure that women can plan and space childbearing and protect their health. Inequities related to income, education, race or ethnicity further increase risks for marginalized pregnant women, who have the least access to essential maternity care but are most likely to experience underlying health problems in pregnancy.

"It is unacceptable that so many women continue to die needlessly in pregnancy and childbirth. Over services such as assisted births and 280,000 fatalities in a single year pre- and postnatal care, childhood is unconscionable," said UNFPA

Executive Director Dr Natalia Kanem. "We can and must do better by urgently investing in family planning and filling the global shortage of 900,000 midwives so that every woman can get the lifesaving care she needs. We have the tools, knowledge and resources to end preventable maternal deaths; what we need now is the political will."

The COVID-19 pandemic may have further held back progress on maternal health. Noting the current data series ends in 2020, more data will be needed to show the true impacts of the pandemic on maternal deaths. However, COVID-19 infections can increase risks during pregnancy, so countries should take action to ensure pregnant women and those planning pregnancies have access to COVID-19 vaccines and effective antenatal care.

The report reveals that the world must significantly accelerate progress to meet global targets for reducing maternal deaths, or else risk the lives of over 1 million more women by 2030.

Source: World Health Organisation

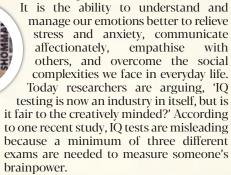
HAVE A NICE DAY The importance of EQ is changing fast

DR RUBAIUL MURSHED

"Holding on to anger is like grasping a hot coal with the intent of throwing it at someone else: you are the one who gets burned' – this famous quotation came to my mind when I read psychologist Daniel Goleman's book "Emotional Intelligence Why it can matter more than IQ".

Emotional intelligence or known as emotional quotient (EQ) is the ability to identify and regulate one's anger, and emotions and understand the emotions of others. A high EQ helps to build relationships, reduce tension and resolve conflicts. Goleman believes, "What matters for success, character, happiness, and lifelong achievements is a definite set of emotional skills - your EQ - not just purely cognitive abilities measured by conventional IQ tests."

IQ stands for 'intelligence quotient'. IQ tests are tools to measure intellectual abilities and potential. EQ is a skill too.



However, studies found that there are more factors to achieve the feeling of happiness and fulfillment as Goleman indicated that lifetime success depends 20% on a person's Intelligence Quotient (IQ), 40% on their Emotional Quotient (EQ), and the last 40% on their Adversity Quotient (AQ).

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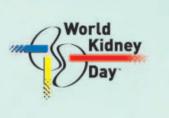


বিস্তানিত জানাত

Does masking prevent community-acquired respiratory viral infections?



Intermittent



A new meta-analysis raises the two forms of protection, in questions about efficacy of respirators and masks despite known poor adherence and other limitations highlighted by a secondary analysis.

challenged the concept that N95 respirators and surgical masks can lower risk for respiratory virus infections (RVIs). A new Cochrane review on this topic has reported that masking is not beneficial despite the authors' cautions about study interpretation and limitations. In an update of four Cochrane Library meta-analyses on differing physical interventions to limit RVIs, Jefferson and colleagues analysed 78 randomised controlled trials (RCTs; 6 of which were conducted

during the COVID-19 pandemic). Study settings included suburban schools, inpatient hospital wards, and innercity venues; adherence to interventions was often low.

Analysis of 19 trials of hand hygiene (71,210 participants) found a relative reduction of 11% in respiratory illness. Similar assessment of 12 trials (10 in a community setting) of surgical masks found no apparent benefit in preventing influenza-like illness (ILI) or laboratory-confirmed RVI. Analysis of 5 studies (all before the COVID-19 pandemic) comparing N95 respirators with surgical masks found a nonstatistically significant benefit of N95 respirators in preventing ILI but not laboratory-confirmed illness. The authors note that, while the results showed no benefit of N95 respirators or masks, high risk for bias and low adherence to the interventions interpreted as showing that limited the conclusions.

Although the initial study when they are not worn. found no efficacy difference for Source: Journal Watch

this analysis, the researchers sought to determine if household exposure to preschool children could have affected risk for RVIs in the study population. In 4476 The COVID-19 pandemic has HCW-seasons, while household exposure to preschool children had no effect on incidence of influenza infections, overall incidence of RVIs in HCWs progressively rose with exposure to 1 or ≥ 2 preschool children.

The RCT is often considered the gold standard of clinical trials, but as the study by Most et al. shows, unrecognised factors can still affect the results particularly for studies of RVIs, where individuals can be exposed to infection during other parts of their day and not simply in the controlled setting of a clinical

trial. The conclusions of the Cochrane review by Jefferson et al. are further limited in that it only assessed benefit the respiratory of protection for the wearer, and not for preventing viral transmission to others.

Also, the review's design led to the exclusion of laboratory studies on mask efficacy and well-executed non-RCTs, including a test-negative casecontrol study of respiratory protection and a differencein-differences analysis of the impact on COVID-19 incidence of discontinuing universal masking in public schools. Both studies found notable benefits of mask or respirator use for protection against COVID-19.

The body of evidence overwhelmingly supports the benefits of wearing masks; the Cochrane review might be best masks don't provide protection

fasting for insulintreated patients with type 2 diabetes?

STAR HEALTH DESK

Intermittent fasting – and one of its variants, "time-restricted eating" are increasingly popular approaches to weight management. But are these methods feasible and safe for people with diabetes, especially those who take insulin? To address this question, Austrian researchers conducted a study that involved 46 carefully selected insulin-treated patients with longstanding type 2 diabetes; at baseline, mean glycosylated hemoglobin (HbA1c) was 8.3%, mean weight was 100 kg, and mean daily insulin dose was 56 units.

Patients were randomised to either 3 nonconsecutive days of intermittent fasting weekly or to usual care. In the intervention group, patients ingested only 25% of their recommended caloric intake on fasting days; that intake was limited to a single meal (either breakfast or lunch). Compared with the control group at 12 weeks, the intermittent fasting group had significantly greater weight reduction (mean, 5 kg), HbA1c reduction (mean, 0.7%), and insulin-dose reduction (mean, 11 units). Notably, patients in the fasting group were given detailed insulin adjustment protocols for fasting days, and no severe hypoglycemia occurred.

This study suggests that intermittent fasting is feasible in selected insulin-treated patients with type 2 diabetes – provided that the patient is capable of following protocols to adjust insulin doses carefully on days when calories are restricted. But we still need longer-term data to assess safety over many months or years and to determine whether improvement in glycemic control and weight is sustained.



অভ্যাসগুলো বদলে ফেললে বদলাতে হবে না অনেক কিছুই

ডায়ালাইসিস বা কিডনি সংক্রান্ত যেকোনো প্রয়োজনে আমরা আছি **প্রতিদিন ২৪ ঘন্টাই** আপনার পাশে

