



Depressive symptoms as a risk factor for stroke

STAR HEALTH DESK

Depression is a common mental health problem that affects many people worldwide. A recent study looked at the relationship between depressive symptoms and stroke, which is a serious health condition that affects the brain. The study found that people who had symptoms of depression in the 12 months before having a stroke were more likely to have a worse outcome than those without depressive symptoms.

The study, published in the journal *Neurology* involved more than 26,000 participants from 32 different countries. The participants were asked to complete a questionnaire about their depressive symptoms. The study found that people who reported having depressive symptoms before a stroke were more likely to have a worse outcome after the stroke. This includes having more difficulty with daily activities and a higher chance of dying within the first month after the stroke.

The study did not find a clear reason why depressive symptoms might increase the risk of stroke. It is possible that depression may cause changes in the body that make people more susceptible to stroke. Alternatively, people who are depressed may be less likely to take their medications or follow their doctors' recommendations, which could increase their risk of stroke.

The study's findings suggest that people who have depressive symptoms may be at increased risk for stroke and should take steps to manage their mental health. It is not clear whether treating depression will reduce the risk of stroke, but it is always important to seek help if you are feeling down or depressed.

Sudden health problems after 50

STAR HEALTH DESK

As people age, they may experience sudden and painful ailments, some of which may indicate more significant health problems. These include:

Heart attack: Heart disease affects 735,000 people annually, and a 50-year-old man has a 50% chance of developing it. Common signs include chest pain, shortness of breath, and pain in the back, shoulders, or neck, accompanied by sweating, dizziness, or nausea. Maintaining a healthy weight, not smoking, and regular exercise can lower the risk.

Stroke: A stroke happens when blood flow to the brain is blocked, causing brain cells to die. Act fast if you experience weakness, numbness, confusion, or trouble speaking. Prevent strokes by controlling blood pressure, eating healthy, managing stress, exercising, and quitting smoking.

Aneurysm: Lifestyle changes to reduce heart disease and stroke risk may also lower the chances of developing an aneurysm. An aneurysm occurs when an artery's weak wall bulges outward, potentially causing internal bleeding or stroke. Symptoms include pain, nausea, dizziness, clammy skin, and rapid heartbeat.

Gallstones: Gallstones are hard pieces of bile that can cause intense upper abdominal pain. Obesity, diabetes, Crohn's disease, and lack of exercise increase the risk of developing them.

Acute pancreatitis: Pancreatitis is inflammation of the pancreas causing severe stomach pain, nausea, vomiting, fever and can be life-threatening. Gallstones, heavy

drinking, high calcium levels or high triglycerides can cause it. Seek immediate medical help if you have these symptoms.

Broken bones: Bones may become brittle and break as you age, especially in women who commonly experience osteoporosis. Calcium, vitamin D, and drugs can slow down or prevent further bone loss.

Vertigo: Vertigo can occur when tiny crystals in your inner ear that help with balance get dislodged, especially as you age. A doctor can treat it with head movements to reposition the crystals.

cause pain, bleeding, infections, or blockage of urine. Drinking plenty of water can help prevent them. They're more common in men than women.

Pneumonia: Bacterial pneumonia is more prevalent in people over 50. It is called pneumococcal pneumonia. As you age, your immune system weakens, making older people more susceptible. The Centres for Disease Control and Prevention (CDC) suggests a vaccine for everyone over 65.

Spinal stenosis: It develops slowly but appears abruptly. Arthritis narrows the spinal cord and nerve pathway in your backbone. Pinching or squeezing nerves can cause lower back or neck pain, numbness, or spasms. Drugs, manual therapy, or surgery may help.

Gout: This disease causes sudden pain and swelling in a joint, usually the big toe. Uric acid accumulation causes it. You are at risk if you eat red meat and shellfish, drink alcohol, or take certain high blood pressure medicines. Fructose, a soda sweetener, and fat also increase risk.

Pulmonary embolism: This condition occurs when a blood clot becomes lodged in a lung blood vessel. After 50, your odds of having one increase, so seek medical attention if you have chest pain, shortness of breath, or dizziness. You may also experience a cough with blood, leg aches, and clammy or bluish skin. An early sign of a blood clot is swelling or ache in one of your calf muscles. If you have heart illness, recent surgery, or were in a restricted position like an aeroplane or car for a long time, your risk increases.



Detached retina: If your retina detaches from your eye's outer wall, it will not get enough oxygen and can cause vision loss. Seek medical attention immediately if you experience floaters or flashes of light. This is more prevalent in individuals with severe near-sightedness or a history of eye conditions such as cataract surgery.

Kidney stones: Kidney stones are hard calcium clumps that can

HAVE A NICE DAY The sound of SILENCE

DR RUBAUL MURSHED



"If you do not understand my silence; you will not understand my voice" – to make these words easier to understand, 'Rumi', a great thinker and most popular poet of North

America said, "Silence is the language of the creator, all else is poor translation." The hidden powers of silence have a beauty that benefits those who practice it. This non-verbal communication which carries symbolic significance could be the best answer to anger or the right answer to an unwise person.

In the 21st century, studies are saying that silence and periods of calm stimulate brain cells and relieve tension, which can result in a higher sense of well-being, as people can then feel more relaxed and when this occurs, sleep quality also improves which is a vital issue in today's life.

Neuroscientists have found in animal studies that with silence each day, new cells develop in the hippocampus – a brain region that is linked to our memory, emotions, and ability to learn. A relatively older but reliable study also found that just 2 minutes of silence can be more calming than listening to relaxing music. This was attributed to changes in blood pressure and blood circulation to the brain.

These days, most of us are not good listeners; not interested to hear others' opinions. Sometimes, silence could be a golden strategy not only for us but for others too.

According to researcher Brent Metcalf (Tennessee), 'when we allow ourselves to be in silence, we allow our brains to hit the reset button and be refreshed by just slowing down.' This was judged to significantly improve mood states and reduce everyday stress and anxiety from all the chaos in our lives.

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Social health, brain reserve, and cognition

In a study conducted in Sweden, researchers analysed the impact of social health and brain reserve on the cognitive abilities of 368 individuals aged 60 years or above, who did not have dementia at the beginning of the study.

The participants' social health was categorised as poor or moderate-good based on questionnaire and interview responses, which included information on networking, engagement, and support. The researchers used total brain tissue volume (TBTv) as a measure of brain reserve, which is the sum of grey and white matter volume. Grey matter and white matter are two types of brain tissue.

The findings showed that individuals with moderate-good social health had better cognitive performance at baseline and slower cognitive decline than those with poor social health. Similarly, individuals with moderate-large TBTv had better cognitive performance at baseline and slower cognitive decline than those with small TBTv. However, moderate-good social health did not affect cognitive decline in individuals with moderate-large TBTv.

These results suggest that promoting social networking, engagement, and support, along with other healthy lifestyle behaviours, could promote brain health. Future studies that include biomarkers and a more diverse study population may help clarify the relationship between social health and brain reserve.



TB THERAPY how short can we go?

STAR HEALTH REPORT

Researchers have conducted a phase 2-3 open-label noninferiority trial to determine if a shorter treatment duration is possible for drug-susceptible pulmonary tuberculosis (TB). The trial compared the standard 6-month regimen of rifampin, isoniazid, pyrazinamide, and ethambutol (RIPE) to four different regimens that included rifampin-linezolid, rifampin-clofazimine, rifampin-linezolid, or bedaquiline-linezolid. All regimens were given along with isoniazid, pyrazinamide, and ethambutol, with the experimental regimens being administered in an initial 8-week course that was extended by 4 more weeks in patients with ongoing symptoms and a positive sputum smear. Patients who still had symptoms or relapsed were switched to standard treatment. Two regimens were discontinued on a pragmatic basis, and the remaining regimens were compared to the control group.

The trial enrolled 674 participants and the primary composite endpoint, which included death, ongoing therapy, or active infection at 96 weeks, was used to evaluate the efficacy of the regimens. The control arm had a 3.9% incidence rate of the primary composite endpoint, while the rifampin-linezolid and bedaquiline-linezolid arms had incidence rates of 11.4% and 5.8%, respectively. The bedaquiline-linezolid regimen

met the predefined noninferiority criteria, meaning that it was not significantly worse than the standard RIPE regimen. The mean total duration of therapy was 180 days for the control arm, 106 days for the rifampin-linezolid arm, and 85 days for the bedaquiline-linezolid arm. The incidence of adverse events was similar among the three groups, but acquired resistance to bedaquiline was observed in two patients in the bedaquiline-linezolid arm.

The trial's small sample size and relatively short follow-up period for TB mean that the results must be viewed with caution. However, the results offer hope that shorter TB treatment options will eventually become available, likely in a redesigned treatment strategy. The trial's findings also suggest that the concerns about the toxicity of bedaquiline and linezolid may be unwarranted, but the potential for drug resistance to bedaquiline is a cause for concern. Bedaquiline has a terminal half-life with subtherapeutic levels that can last several months, which may contribute to the development of resistance.

In conclusion, the trial's results suggest that shorter TB treatment options may be possible, but further research is necessary to confirm these findings. The development of drug resistance is a significant concern, and new treatment strategies must address this issue. Overall, the trial's findings are promising and offer hope for improved TB treatment options in the future.



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