



DID YOU KNOW?
Flu can trigger a heart attack, Dutch study suggests

STAR HEALTH DESK

Individuals diagnosed with flu are six times more likely to have a heart attack in the week after testing positive for the virus, according to a Dutch study published in The New England Journal of Medicine (NEJM) and being presented at the European Congress of Clinical Microbiology & Infectious Diseases (ECCMID 2023, Copenhagen, 15-18 April), underline the importance of vaccination and awareness of heart attack symptoms among flu patients and those treating them.

The study used results from 16 laboratories across the Netherlands and death and hospital records to produce a more complete picture. Of the 419 heart attacks, 25 were in the first seven days after flu diagnosis, 217 within the year before diagnosis and 177 in the year after flu diagnosis (not including the first seven days). Around a third of the individuals (139/401) died, of any cause, within a year of being diagnosed with flu. The researchers calculated that the individuals studied were 6.16 times more likely to have a heart attack in the seven days following a flu diagnosis than in the year before or after.

The influenza virus is known to increase the coagulation of blood and weaken fatty plaques that have built up in the arteries. If a plaque ruptures, a blood clot can form, blocking the blood supply to the heart and causing a heart attack. The researchers recommend strategies to prevent influenza infection, including vaccination, as well as advocating for a raised awareness among physicians and hospitalized flu patients for symptoms of heart attacks.

75 years of improving
PUBLIC HEALTH

STAR HEALTH REPORT

The World Health Organisation (WHO) was founded on April 7, 1948 with a mission to promote global health and ensure the highest level of health and wellbeing for everyone. This is why April 7 is observed World Health Day every year. WHO has achieved significant milestones over the years, such as the discovery of antibiotics, the development of vaccines for polio, and the establishment of the first International Health Regulations.

In the early years, WHO focused on mass campaigns against diseases like tuberculosis, malaria, yaws, syphilis, smallpox, and leprosy. WHO also created special programs like the Special Programme of Research, Development, and Research Training in Human Reproduction and the Special Programme for Research and Training in Tropical Diseases, which contributed significantly to the elimination of several diseases.

In 1978, the International Conference on Primary Health Care set the goal of "Health for All," paving the way for WHO's call for universal health coverage. WHO launched the Global Diarrhoeal Diseases Programme with Oral rehydration salts (ORS) in the same year, reducing annual deaths from diarrhoea in children under five from 4.6 million to under 365,000 by 2019.

WHO successfully eradicated smallpox in 1980 and endorsed the International Code of Marketing Breastmilk Substitutes in 1981 to promote breastfeeding. By 2022, 75% of countries had adopted legal measures to implement the Code's provisions, leading to a 50% increase in the percentage of exclusively breastfed babies.

In 1988, the Global Polio Eradication Initiative was launched, reducing polio incidence by over 99% by 2022. WHO's priorities shifted with the discovery of the Human immunodeficiency virus (HIV) in 1983 and the licensing of the first

antiretroviral medication in 1987.

The Integrated Management of Childhood Illness (IMCI) strategy was launched in 1995 to reduce global child mortality by 15%, and levonorgestrel emergency contraception was approved in over 100 countries in 1998.

The Global Alliance for Vaccines and Immunisation (now Gavi) was established in 1999 to improve access to vaccines, and the Millennium Development Goals (MDGs) aimed to reduce extreme poverty and included specific health goals.

In 2001, the United Nations General

Assembly adopted the Declaration of Commitment on HIV/AIDS, and created the Global Fund to fight AIDS, Tuberculosis, and Malaria. The WHO launched the "3 by 5" initiative in 2003 to provide antiretroviral treatment to 3 million people living with HIV by 2005.

WHO worked to develop influenza vaccines in record time for the emergence of the new H1N1 influenza virus in 2009. WHO also issued a menu of options in 2010 for raising resources and removing financial barriers to ensure all people have access to essential health services. WHO achieved significant milestones in global health during the years 2011-2015. These included adopting the Pandemic Influenza Preparedness Framework, setting global targets to prevent and control non-communicable diseases (NCDs), adopting an implementation plan on maternal, infant, and young child nutrition, endorsing the first global Comprehensive Mental Health Action Plan, adopting the Every Newborn Action Plan, responding to the Ebola outbreak in West Africa, and making important accomplishments in HIV treatment coverage and malaria elimination.

In 2016, the UN General Assembly adopted a political declaration on antimicrobial resistance (AMR) and called for the establishment of an inter-agency coordination group on AMR. The Global Strategy for Women's, Children's and Adolescents' Health was launched, and WHO declared Zika infection as a Public Health Emergency of International Concern. In 2020, the Access to COVID-19 Tools Accelerator (ACT Accelerator) partnership was launched to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines.

In 2021, HIV treatment coverage reached 28.7 million people, a ground breaking malaria vaccine for children was recommended, and tuberculosis prevention and care saved over 74 million lives since 2000. In 2022, four international agencies signed a framework to tackle human, animal, plant, and ecosystem challenges, and WHO released an updated edition of "Family Planning: A Global Handbook for Providers". As WHO celebrates its 75th anniversary in 2023, it reflects on past public health successes and motivates action to address current and future health challenges.

Source: World Health Organisation



HAVE A NICE DAY
A dark empath

DR RUBAUL MURSHED

Kindness, empathy, and dark empathy are different concepts. Although kindness and empathy both are valued and well-known practices. But, the term 'dark empath' is relatively new. Some described them as "A wolf in sheep's clothing". According to some researchers, 'dark empath' may be even more dangerous than narcissists.

A study has unveiled this personality type that shares similarities with even psychopaths or may prove to be even more dangerous. Dark empath may be further dangerous as they can control and manipulate others by using their feelings against them. The victim may be left questioning their own feelings, thoughts, and behaviours while believing they are at fault. Dark empath may also be even harder to identify than a narcissist.

A dark empath can be someone who uses cognitive empathy at the expense of others, often for individual gain. Cognitive empathy is one of three types of empathy outlined by psychologists. By definition, dark empathy is a trait describing someone who understands another's emotions but can not feel them. People with dark empathy could use gaslighting and charm to manipulate the people close to them.

We need to distinctly clarify the differences between empathy and loving kindness - they are two separate notions. Empathy is the ability to understand and relate to another person's feelings, while loving kindness is an active wish for the well-being of others. Undesirably, for those who have never heard of dark empathy, according to a study, it is more common than we may think. Some suggest that it is related to narcissism as a part of the "dark triad" (narcissism, Machiavellianism, and psychopathy).

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SLEEPLESS NIGHTS
understanding the causes, risks, and treatments for insomnia

DR NUR-A SAFRINA RAHMAN

Insomnia is a widespread sleep disorder that affects millions of people worldwide. The National Sleep Foundation recommends that adults get an average of 7-9 hours of sleep per night, yet research suggests that up to 30% of adults experience some degree of insomnia, with women being more likely to be affected than men.

Individuals with chronic insomnia (defined as difficulty sleeping at least three nights per week for three months or longer) are more likely to develop mental health disorders, such as depression and anxiety.

Causes and risks: Insomnia has various causes and can involve psychological, physical, and environmental factors. Stress and anxiety are common triggers of insomnia. Other psychological factors that may contribute to insomnia include depression, post-traumatic stress disorder, and bipolar disorder.

Physical health conditions



such as chronic pain, respiratory disorders, and neurological conditions can also interfere with sleep, as can certain medications. Lifestyle habits like irregular sleep schedules, excessive caffeine consumption, and lack of physical activity can also contribute to insomnia. Exposure to electronic devices before bedtime can disrupt sleep.

Treatment: Insomnia can be treated through a combination of behavioural and pharmacological interventions. Cognitive-behavioural therapy (CBT) is a widely used approach that aims to address the underlying causes of insomnia and promote healthy sleep habits.

Medications can be used to treat insomnia, but they have side effects and are not recommended for long-term use.

In recent years, researchers have investigated the potential of non-pharmacological interventions, such as mindfulness-based interventions, yoga, and exercise, as alternative treatments for insomnia.

Lifestyle changes such as avoiding caffeine and alcohol, establishing a regular sleep schedule, and creating a comfortable sleep environment can also be effective in treating insomnia.

Exercise has also been shown to be beneficial for insomnia.

Insomnia is linked with negative outcomes such as impaired cognitive function and increased risk of accidents and injuries. It can also worsen pre-existing medical conditions. Consultation with a healthcare professional is crucial in finding the best treatment for individual cases of insomnia.

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Just BREATHE!

Modern science has shown that regular pranayama is capable of treating asthma, stress-related disorders, anxiety and depression. Pranayama oxygenates and detoxifies the body, clearing the mind, strengthening the nervous system, balancing the two hemispheres of the brain, cleaning the aura, improving digestion, and releasing fears, insecurity, irritability, depression and other blocks.

To learn 14 breathing techniques from experts, join the free Facebook live sessions on Dhaka flow festival at 5 pm every day, starting Friday April 7.

Routine 3rd trimester ultrasound
can reduce undetected breech pregnancy and improve new-born outcomes

A study published in open accessed PLOS Medicine examined the impact of routine third trimester ultrasound scans and point-of-care ultrasound (POCUS) on the diagnosis of breech presentation and related perinatal outcomes. Accurate knowledge of foetal presentation is important for proper antenatal and intrapartum care.

The study found that both routine third trimester ultrasound scans and POCUS were effective in reducing the proportion of

undiagnosed breech presentations at term and improving neonatal outcomes. The use of routine ultrasound scans reduced undetected breech pregnancy rates by 71%, leading to better care before and during labour and improved outcomes for new-borns.

The study supports the policy of third trimester ultrasound scans for foetal presentation and suggests that future research should focus on exploring the cost-effectiveness of POCUS for foetal presentation.



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