WORLD CHAGAS DISEASE DAY, 14 APRIL 2023

Time to integrate Chagas disease into primary health care

- 6–7 million infected, worldwide
- Approximately 12,000 disease-related deaths, every year
- 30,000–40,000 new cases every year

In 2023 we are shining a spotlight on Chagas disease, the suffering it causes and are calling for equitable access to health care and services for everyone affected by the disease.

The theme for 2023 is **Time to integrate Chagas disease into primary health care**, so that universal care and surveillance start at the most decentralised level of the health system. In many countries, there are low detection rates (10%, frequently <1%) and frequent barriers to access adequate healthcare.

Chagas disease is prevalent among poor populations of continental Latin America but is increasingly being detected in other countries and continents.

It is often termed as a "silent and silenced disease" as the infected majority have no symptoms or extremely mild symptom. There are approximately 6-7 million people infected with Chagas disease worldwide, with 12,000 deaths, every year.

Call for action

- Share accurate, evidence-based and updated information about risks associated with Chagas disease.
- Be empathetic towards infected people or who those who have died due to Chagas disease.
- Countries should increase the investment in capacity and resources for prevention, diagnosis, control and surveillance, starting at primary healthcare level.
- Advocate for care, epidemiological surveillance, and increased investment, starting at primary healthcare level.
- Increase investments in Chagas disease patients' access to diagnosis, safe treatment, care, starting at primary care level.
- More research is needed on effective prevention and cost–effective interventions, including screening (blood, newborns and children, etc.), early case detection, prompt, accessible treatment of cases, vector control, hygiene and food safety.

ChatGPT at the point of care

STAR HEALTH DESK

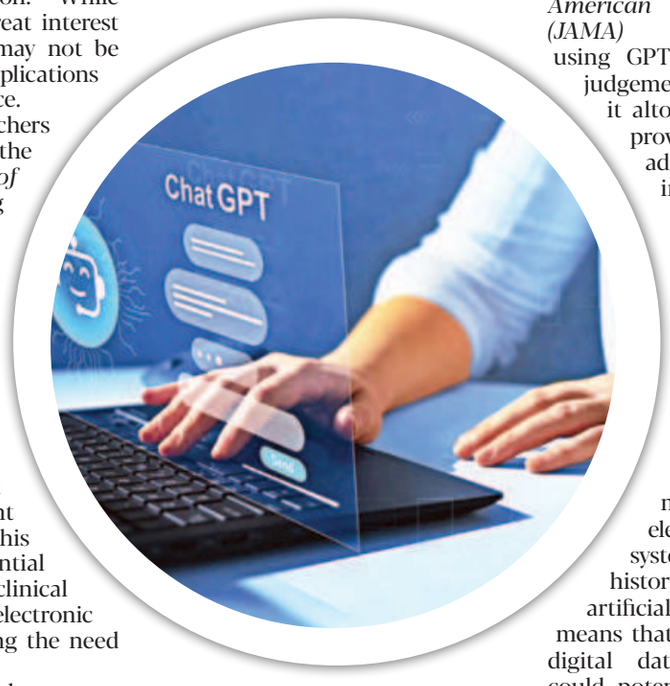
The use of artificial intelligence (AI) is increasingly being explored in the medical field to improve clinical practice. One such AI tool is ChatGPT, an online chatting interface based on the Generative Pre-trained Transformer technology. This large language model is trained on the entire internet corpus and can generate, summarising, synthesising text, and can do way beyond the conventional imagination. While the public has shown great interest in ChatGPT, clinicians may not be aware of its practical applications in routine medical practice.

Recently, researchers published an essay in the *New England Journal of Medicine* highlighting some of the specific ways in which ChatGPT, specifically the latest iteration GPT-4, could be used. In one example, GPT-4 listens to a recorded clinical encounter and generates a clinical note that captures the medical facts and psychodynamics present in the interaction. This technology has the potential to alleviate the burden of clinical documentation in electronic medical records, replacing the need for scribes in many cases.

Furthermore, it could generate a summary of a patient's medical history before a visit, streamlining the pre-visit chart review process. Patients could also use a chat-based service to query their records and receive understandable information and feedback.

Another potential use of GPT-4 highlighted in the essay is 'curbside consultation'. In this scenario, a clinician asks GPT-4 what to look for when evaluating a dyspnoeic patient with Chronic Obstructive Pulmonary Disease for exacerbation. GPT-4 generates a concise discussion of diagnosis and management. While the advice given by GPT-4 may not always be superior to existing online sources of medical information, the authors suggest that exploring longer conversations between clinicians and GPT-4 about complex patients could be beneficial.

Although artificial intelligence, including GPT, offers many benefits for medical practice, there are still



challenges that need to be addressed. One significant challenge is that large language models like GPT do not have an innate understanding of text. Instead, they synthesise text that appears intelligible but may "fill in the blanks" with information that is not necessarily grounded in truth.

This presents a potential risk, as GPT may reorganise and distil electronic health records in ways that misrepresent clinical reality. Furthermore, many electronic health record systems are poorly designed and contain clinically irrelevant, repetitive, disorganised, or outdated information. This issue highlights the importance of ensuring that GPT is used in a way that complements clinical expertise rather than replaces it.

The legal and ethical considerations surrounding the use of GPT in healthcare are also complex. The authors of a recent essay published in *Journal of the American Medical Association (JAMA)* distinguish between using GPT to augment clinician judgement and using it to replace it altogether. The former can provide clinicians with additional information and insights, while the latter poses risks to patient safety and autonomy. Additionally, the direct-to-consumer use of GPT for medical advice raises concerns about the quality of care provided and the impact on the patient-clinician relationship.

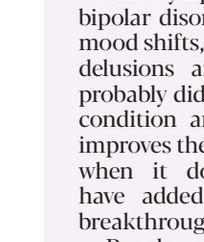
As healthcare moves towards a fully electronic health record system, the entire patient history will be accessible to artificial intelligence tools. This means that models that synthesise digital data and generate text could potentially alter any clinical encounter. Therefore, it is crucial to understand the potential benefits and drawbacks of these technologies and use them in a responsible and ethical way.

In conclusion, while there are many potential benefits to using GPT in healthcare, there are also significant challenges that need to be addressed. A thorough understanding of these issues is critical for using GPT in healthcare in a responsible and effective way.

HAVE A NICE DAY

Relationship with bipolars

DR RUBAIUL MURSHED



Having bipolar disorder can make life difficult. Bipolar disorder (previously called manic depression) is a mental illness that causes unusual shifts in a person's temper, activity levels, and concentration. These shifts can make it hard to carry out day-to-day tasks. They are easily distracted, easily irritated, and carry illogical thinking. They experience severe high and low moods.

These are called manic (or hypomanic) and depressive episodes. Bipolar disorder is commonly misdiagnosed as unipolar depression (major depressive disorder) as depressive episodes share symptoms with major depression. The term 'unipolar' means that this form of depression does not cycle through other mental states, such as mania. In contrast, bipolar conditions cause periods of both depression and mania. An incorrect diagnosis of unipolar depression carries the risk of inappropriate management with antidepressants, which can result in manic episodes and trigger rapid cycling.

Bipolar disorder and schizophrenia can also be confused, but they are different chronic mental health disorders. Some of the symptoms can overlap. However, bipolar disorder primarily causes extreme mood shifts, whereas schizophrenia causes delusions and hallucinations. Scientists probably did not fully understand how the condition arises or exactly how lithium improves the symptoms of bipolar patients when it does work. Recently doctors have added new medicine to make a breakthrough in therapy.

People with Bipolar Disorder may struggle with maintaining an idealistic relationship due to the many symptoms accompanying the diagnosis. The first step is to get diagnosed and treated for the condition. It is said that bipolar is an illness, not a hopeless destination. Many with bipolar disorders can have healthy relationships with the right treatment. If one's spouse fully accepts the diagnosis and resolves to get treatment, the couple could begin working together and survive the marriage.

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High-level discussion urges political action for AMR research

STAR HEALTH REPORT

Recently, the Global Leaders Group (GLG) on antimicrobial resistance (AMR) and the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) hosted a forum in which government leaders, policymakers, and scientists from across the globe united to address the need for strong partnerships between policy and research in developing solutions for one of the greatest health threats facing our world today, AMR.

AMR poses serious threats to human, animal and plant health, the environment, food security, economic development, and pandemic prevention preparedness and response. AMR is estimated to directly cause 1.27 million deaths globally each year. Without action, the World Bank states that by 2030 AMR could push up to 24 million people into poverty, specifically those in low- and middle- income countries.

As AMR becomes more prominent, antibiotics and other antimicrobial agents become ineffective and infections become difficult or impossible to treat, increasing the risk of disease spread, severe illness and death.

"Health is the foundation upon which all aspects of life are built, and it is the key to living a fulfilling and meaningful existence. However, despite our best efforts, our health is constantly under threat from various factors, and one of the most significant challenges we face today is AMR or antimicrobial resistance," said Her Royal Highness the Crown Princess Mary of Denmark during the forum's keynote address.

The focus on the role of research and innovation in the global response to AMR is essential among stakeholders and political leadership. The high-level meeting on AMR at the United Nations General Assembly in 2024 will allow for concrete, tangible commitments from political leaders in addressing AMR at a global level.

"During the COVID-19 pandemic we realised the value of working together and sharing knowledge nationally and internationally amongst clinicians, scientists and policymakers." said Annelies Zinkernagel, President of ESCMID and professor in infectious diseases and hospital epidemiology at the University Hospital Zurich, University of Zurich, Switzerland.

This event marked a step forward in collaboration and multi-disciplinary partnerships to ensure a future with effective antimicrobials.

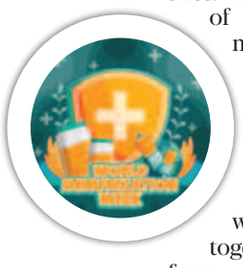
WORLD IMMUNISATION WEEK 2023

The big catch-up

STAR HEALTH DESK

World immunisation week, celebrated in the last week of April (24 to 30 April 2023), aims to highlight the collective action needed to protect people from vaccine-preventable diseases. The ultimate goal of world immunisation week is for more children, adults and their communities to be protected from vaccine-preventable diseases, allowing them to live happier, healthier lives.

For more than two centuries, vaccines have helped keep people healthy from the very first vaccine developed to protect against smallpox to COVID-19 vaccines. Since then, families and communities have entrusted vaccines to protect their loved ones. But the value of vaccines is measured by more than the number of doses given.



Each April, world immunisation week brings together people from around the world to highlight the importance of vaccines and how they protect people of all ages against many diseases, giving us the opportunity to pursue a life well-lived.

This year's campaign comes at a critical turning point for immunisation. After over two years of immunisation backsliding caused by COVID-19 pandemic disruptions, we must catch-up, restore and strengthen immunisation services to reach the millions of people missing out on the life-saving benefits of vaccines and stop outbreaks from accelerating.

In recognition of this historic moment for immunisation, world immunisation week 2023 will mark the beginning of a year-long campaign with the theme 'The Big Catch-up,' representing a global push to vaccinate millions of children and return to pre-pandemic vaccination levels.

Under the banner of '**The Big Catch-Up**', World Health Organisation (WHO) is working with partners to support countries to get back on track to ensure more people are protected from preventable diseases.