

Smokers urged to swap cigarettes for vapes in world first scheme

STAR HEALTH DESK

As part of the world first national scheme, almost 1 in 5 of all smokers in England will be provided with a vape starter kit alongside behavioural support to help them quit the habit as part of a series of new measures to help the government meet its ambition of being smokefree by 2030 - reducing smoking rates to 5% or less. Local authorities will be invited to take part in the scheme later this year and each will design a scheme which suits its needs, including deciding which populations to prioritise.

In a speech, Health Minister Neil O'Brien also announced that following the success of local schemes, pregnant women will be offered financial incentives to help them stop smoking. This involves offering vouchers, alongside behavioural support, to all pregnant women who smoke by the end of next year.

The government also consulted on introducing mandatory cigarette pack inserts with positive messages and information to help people to quit smoking.

Additionally, there will be a crackdown on illicit vape sales as part of measures to stop children and non-smokers take up the habit - which is growing in popularity among young people.

Supporting more women to have a smoke free pregnancy will reduce the number of babies born underweight or underdeveloped with health problems requiring neonatal and ongoing care. It will also reduce the risk of miscarriage and stillbirth.

Cutting smoking rates reduces the number of smoking-related illnesses needing to be treated, in turn reducing the pressure on the National Health Service (NHS), helping to deliver on our priority to cut NHS waiting lists.



Know the physical symptoms of depression for better management

STAR HEALTH REPORT

Depression can affect not only your mental state but also your physical health.

Sleep problems: Individuals who are depressed may experience difficulty sleeping, either struggling to fall asleep or waking up frequently. On the other hand, some people may sleep excessively.

Chest pain: Chest pain should be evaluated by a doctor to rule out potential medical issues. However, it can also be a symptom of depression and may increase the risk of heart disease, particularly in those who have had heart attacks.

Fatigue and exhaustion: Fatigue and exhaustion are common symptoms of depression, making it difficult to perform everyday activities, even after resting or sleeping for long periods. Experiencing chronic pain increases the risk of depression, and conversely, depression can cause pain as the two conditions share chemical messengers in the brain.

Aching muscles and joints: Living with chronic pain can increase the likelihood of developing depression. This is because the experience of constant pain can be exhausting and limit one's ability to carry out daily activities.

Additionally, depression and pain share chemical messengers in the brain, which can exacerbate both conditions. People who are depressed are three times more likely to experience regular pain, further highlighting the link between the two conditions. It is essential to seek professional help to manage both pain and depression to improve overall well-being.

Digestive problems: The brain and digestive system are closely linked, which means that stress and anxiety can lead to physical symptoms such as stomach-aches or nausea. Similarly, depression can also impact the gut, causing symptoms such as indigestion, diarrhoea, constipation, or nausea.

Headaches: Research indicates that there is a strong link between major depression and migraines. In fact, one study found that individuals

behaviours. Some individuals may experience a loss of appetite and have little interest in food, while others may find themselves overeating and struggling to control their intake. These fluctuations in eating habits can result in weight gain or weight loss, which can further contribute to feelings of low energy and self-esteem.

Depression has also been linked to the development of eating disorders, such as bulimia, anorexia, or binge eating disorder. These conditions involve problematic relationships with food and can have serious physical and mental health consequences. It is essential to seek professional help to manage both depression and eating disorders to improve overall health and well-being.

Back pain: Chronic pain can lead to depression, while depression can increase the likelihood of intense, disabling neck or back pain by four times.

Agitated and restless: Sleep issues and other depression symptoms can lead to irritability. Depression-related irritability is more common in men than in women.

Sexual problems: Depression can decrease your sex drive, and certain antidepressant medications can also affect sexual desire and performance. It is important to discuss medication options with your doctor if you experience these side effects.

Regular physical activity can release brain chemicals that improve mood and reduce pain sensitivity. While not a cure, it can help ease depression over time, alleviate fatigue, and improve sleep. Despite feeling low on energy, trying to incorporate exercise into your routine can be beneficial.



with major depression are three times more likely to experience migraines, while those with migraines are five times more likely to develop depression. The exact nature of this relationship is not yet fully understood, but it is thought that the two conditions may share similar underlying biological mechanisms.

Changes in appetite or weight: Depression can have a significant impact on appetite and eating

HAVE A NICE DAY

A kind road to happiness

DR RUBARUL MURSHED

If you want happiness for an hour, take a nap. If you want happiness for a day, go fishing. If you want happiness for a month, get married. If



you want happiness for a year, inherit a fortune. If you want happiness for a lifetime, help somebody else.

Good deeds with kindness can build a compassionate society and, thus, a happy world. Today, 'kindness' is considered a fundamental part of human existence. In

addition to technological advancement and economic enrichment, the value of kindness for happiness has not changed since Epicurus's time. Interestingly unlike kindness, happiness has a different meaning to each of us, filtered and defined through the course of each of our lives.

By definition, happiness is 'an inner state or harmony, feeling or attitude'. But, this can mean different things in different cultures. Danes often describe inner harmony in terms of 'HYGGE', which is something like coziness and comfortable pleasantness. They are often said to be the happiest country after Finland and Iceland.

So far, Nordic countries along with a couple of European and North American countries ranked in the top ten (World Happiness Report), well ahead of any Asian, African, or Australasian countries. But, measuring happiness precisely is as difficult as catching a selective butterfly. In large countries like India or the USA, even comparing people within the same borders can be difficult.

The United States is home to significant regional differences in personality characteristics. Southern Europeans tend to display more 'attachment anxiety', while the western regions breed more 'attachment avoidance'. Bhutanese people believe in 'karma' and that if they live a good life, and do good things, they would be better reincarnated in other lives. This faith prompts them to be kind-hearted people who do good deeds for each other. Bhutan is the first country in the world that has introduced a 'Gross National Happiness.' It measures people's quality of life, and makes sure that "material and spiritual development happen together". It has one of the fastest-growing GDPs in the world at the same time as maintaining its environment and its cultural identity.

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DID YOU KNOW?

Childhood adversity is linked to an increased risk of developing type 2 diabetes as young adults

According to a recently published article in *Diabetologia*, the official journal of the European Association for the Study of Diabetes (EASD), there is a higher likelihood for individuals who have undergone childhood adversity to develop type 2 diabetes (T2D) at a young age.

Adversity experienced during childhood, which can encompass events like maltreatment, illness in the family, and living in poverty, has been linked to an increased likelihood of developing type 2 diabetes (T2D) in early adulthood. Such experiences can trigger physiological stress responses that affect the nervous system, hormones, and immune system.

Additionally, they can impact

average of 10.8 years.

The authors found that the relative risks of developing type 2 diabetes following childhood adversity were lower among women than men across all groups. The study reveals that early interventions targeting the fundamental causes of childhood adversity, such as poverty and illness, could prevent some cases of type 2 diabetes in young adulthood.

The researchers also note that there is a close relationship between parental education levels and children's experience of adversity, which explains some of the observed association. The study is strengthened by its large size and freedom from selection



Adverse pregnancy outcomes are associated with increased prevalence of coronary atherosclerosis

A recent study published in The Journal of the American Medical Association (JAMA) has found that women with a history of adverse pregnancy outcomes (APOs) are at a higher risk of developing cardiovascular events.

The study, which analysed a population-based cohort of 10,528 women aged 50 to 65 in Sweden, found that 18.9% of women had a history of APO, with preterm delivery being the most common (9.5%) and gestational diabetes being the least common (1.4%).

The study revealed that women with a history of APO had a significantly higher prevalence of any coronary atherosclerosis than those without APO (32% vs. 28%). Preeclampsia and gestational hypertension were found to have the highest prevalence of coronary artery disease (CAD) among women with APO.

The association between APOs and CAD was found to hold true even among women with low 10-year risk for cardiovascular disease based on conventional risk factors. The authors of the study emphasised the importance of early and intensive risk-factor management in patients with a history of APO, as these data highlight the increased risk of CAD in these women.

According to the accompanying editorial, the independent risk of CAD following a hypertensive disorder of pregnancy is likely directly related to the effects of the disorder. However, individuals with a history of other APOs, such as gestational diabetes, are likely at increased risk due to conventional risk factors.



mental well-being and lead to unhealthy behaviours, including poor sleep, smoking, reduced physical activity, sedentary behaviour, increased alcohol consumption, and unhealthy eating habits. These behaviours can result in obesity and a higher risk of developing T2D. This was found by researchers at the University of Copenhagen in Denmark.

The study included children born in Denmark since 1980 and followed them from age 16 onwards. Out of 1.2 million participants, 2,560 women and 2,300 men developed type 2 diabetes during the study's follow-up period, which lasted an

or recall bias. The researchers concluded that identifying and addressing the risk factors for type 2 diabetes in early adulthood is crucial to public health, especially given the aggressive pathology of early-onset type 2 diabetes and the increased risk of complications.

The researchers suggest that early interventions targeting the root causes of childhood adversity could prevent or reduce the risk of developing type 2 diabetes in young adulthood. By addressing the negative impact of adversity on children's lives, a portion of the T2D cases that arise in early adulthood may be preventable.

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