



Superagers: older adults with razor-sharp memory show better mental health

A new study published in The Lancet Healthy Longevity journal suggests that older adults with razor-sharp memories, known as ‘superagers,’ enjoy better mental health and move more quickly than typical older adults. Superagers, in their eighties, have memory abilities comparable to those of people decades younger. They seem to resist the age-related decline in memory that most people experience as they get older.

Researchers found that superagers have more grey matter in key brain regions linked to memory function based on MRI scans. This extra grey matter is associated with better memory preservation over time. Surprisingly, superagers showed no differences in biomarkers or genetic risk factors for neurodegenerative diseases, indicating resistance to memory decline related to ageing.

The study involved a large group of older adults and identified factors associated with superaging. Faster movement speed and better mental health were the most common traits found in superagers. Despite similar reported exercise levels, superagers performed better in mobility and fine motor function tests, and they had lower levels of anxiety and depression than typical older adults.

The research also revealed that superagers had generally more active lifestyles in midlife, better sleep satisfaction, and a higher likelihood of having a musical background. They also demonstrated greater independence and scored higher on intelligence tests.

While the study sheds light on the factors associated with superaging, more research is needed to fully understand the mechanisms behind their exceptional memory and movement abilities. The findings may eventually help in developing strategies to preserve memory function in older people and prevent age-related memory decline.

Overall, superagers present a fascinating area of study, offering insights into the resilience of the brain and providing hope for better cognitive health in old age.

Anyone can drown, no one should

TRAIN bystanders in
SAFE RESCUE AND
RESUSCITATION



Set and enforce safe
BOATING, SHIPPING AND
FERRY REGULATIONS



IMPROVE FLOOD RISK
MANAGEMENT
locally and nationally



Install BARRIERS
controlling access
to water



Provide SAFE PLACES
away from water for
pre-school children,
with capable child care



TEACH school-age
children basic SWIMMING,
WATER SAFETY AND SAFE
RESCUE SKILLS



STAR HEALTH DESK

Drowning has caused over 2.5 million deaths in the last decade. The overwhelming majority of these deaths (90%) happen in low- and middle-income countries. Globally, the highest drowning rates occur among children aged 1–4 years, followed by children aged 5–9 years.

The human, social and economic toll of these losses is intolerably high, and entirely preventable.

In 2023, the 76th World Health Assembly adopted its first ever resolution on drowning prevention. The resolution accepts the invitation of the United Nations General Assembly for the World Health Organisation (WHO) to coordinate actions within the United Nations (UN) system on drowning prevention and facilitate the observance of World Drowning Prevention Day on 25 July each year.

Globally, 25 July is observed as the World drowning prevention day. To mark this year’s World Drowning Prevention Day, WHO will continue to focus on raising awareness on

drowning as a public health issue, reminding people that *anyone can drown, but no one should*.

They are also raising awareness on the six evidence-based, low-cost drowning prevention interventions that countries and organisations can use to drastically reduce the risk of drowning. These include actions for technical partners.

Drowning does not have a single cause, or a single solution. But it can be prevented.

Some governments have started the process of developing national strategies for drowning prevention. Groups hosted public awareness events and launched water safety campaigns. Countless individuals acted by learning and sharing new skills (swimming, safe rescue and resuscitation), or providing support to a drowning prevention group or activity.

One problem, many solutions - building on this momentum, WHO now asks countries and partners to respond to the call to action for global drowning prevention.

If you are not yet involved in

drowning prevention then do one thing. There is so much that can be done, whether you are an individual, a group (organisation or community) or a government.

If you have already started to work in your area on drowning prevention, then improve one thing. There is always an opportunity to engage a broader range of partners, identify parts of your efforts that are not working as well as they should, or connect with a high-risk group for drowning that your efforts have not reached yet.

If you are deeply engaged with drowning prevention and have a mature programme or a portfolio of programmes, then add one thing. Look for ways of adding to your portfolio of action, tackle a new part of the drowning context in your setting, or broaden your efforts to reduce drowning in other settings. There is always more that can be done.

Individuals can play a crucial role in preventing drowning and promoting water safety. Expand your knowledge on drowning prevention through reviewing resources.

HAVE A NICE DAY

The Stockholm syndrome

DR RUBAIUL MURSHED

The origin of the term *Stockholm syndrome* arose in the aftermath of a robbery that took place in Stockholm in 1973. This incident caused a remarkable development that continues today. After the release of the four hostages, they were not willing to press charges against the abductors. After psychological research, the psychiatrist, Nils Bejerot concluded that these people were suffering from something called the *Stockholm syndrome*.

This syndrome is a psychological response related to a coping mechanism for an abusive situation. It occurs when hostages or abuse victims’ bond with their abusers. People develop positive feelings towards their captors over time. This condition applies to situations including child abuse, tutor-student abuse, and sex trafficking.

There could also be relationship abuse between husband and wife, especially in poor socio-economic and disturbed families.

Signs of Stockholm syndrome may include confusion, depression, post-traumatic stress, phobias, nightmares, and insomnia. This behaviour could be deeply rooted in the victim’s fear of their abuser. Due to the extended time, the criminals may use tactics like ‘acts of kindness’ to manipulate their hostages. Captives might have confusing feelings towards the abuser.

But despite this becoming a well-known syndrome, it is not considered a mental disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Although by now there are many famous cases that have been regarded as Stockholm syndrome events, the condition rarely comes up seriously in neuroscience circles, as it is supposed to result from a rather specific set of circumstances, namely the power imbalances delimited in hostage-taking and abusive relationships.

Whatever the exact science behind it may be, there is still more to learn about Stockholm syndrome.

E-mail: rubaiulmurshed@shomman.org



Understanding Diabetes 1.5: A closer look at a less prevalent type of diabetes

DR NUR-A-SAFRINA RAHMAN

Diabetes is a common health condition that affects many people worldwide. There is a type of diabetes called “Diabetes 1.5” or “Latent Autoimmune Diabetes in Adults” (LADA) that many people may not know about. Based on certain studies, LADA might make up approximately 5% to 10% of the total number of diabetes cases.

Diabetes 1.5 is a type of diabetes that has features of both Type 1 and Type 2 diabetes. Like Type 1 diabetes, in case of LADA, the immune system attacks and damages the insulin-producing cells in the pancreas. This autoimmune process gradually leads to a decrease in insulin, which means that insulin therapy is needed. LADA progresses more slowly than Type 1 diabetes. LADA is similar to Type 2 diabetes.

People with LADA usually have a slim body and are more active than people with Type 2 diabetes. Type 1 diabetes usually starts in childhood or adolescence, while Type 2 diabetes is more common in older adults. However, LADA often appears in people between the ages of 30 and 50.

It is really important to accurately identify the type of diabetes so that we can manage and treat it effectively. Misclassifying LADA as Type 2 diabetes can cause delays in starting insulin treatment, which is important for preserving beta cell function.

LADA Diagnosis: Doctors need to do specific tests to tell the difference between LADA, Type 1, and Type 2 diabetes because they have similar symptoms.

1. **Blood tests:** A wide range of blood tests, including essential ones like fasting blood glucose levels, haemoglobin A1c (HbA1c) tests to determine the average blood sugar levels over the past few months, and autoantibody testing, will be required. LADA is identified by the presence of certain autoantibodies.

2. **C-peptide assessment:** This

measurement shows how much insulin the pancreas produces. Low levels of C-peptide may mean less insulin production, which is a key sign of LADA.

3. **The glucose tolerance test:** It is sometimes used to assess the body’s ability to process glucose after consuming a sugary beverage.

Strategies for prevention: Preventing Diabetes 1.5 (LADA) is challenging due to its autoimmune nature. In order to reduce the likelihood of complications, individuals can manage their blood sugar levels by implementing the following modifications to their daily routines.

- Consume a well-rounded diet that includes ample amounts of fruits, vegetables, lean sources of protein, and nutritious fats. Decrease the intake of unhealthy foods and sugary additives.
- Ensure that you engage in regular exercise, aiming for a minimum of 150 minutes per week at a moderate intensity level. This can enhance your body’s insulin response.
- Minimise the likelihood of issues by attaining and sustaining a balanced weight.
- Remember to regularly check your sugar, blood pressure, and cholesterol levels when you visit your doctor.
- Manage stress by practising calming activities such as yoga or meditation to prevent sudden decreases in blood sugar.
- Smoking and drinking too much alcohol can make diabetic complications more likely. It is best for people with diabetes to avoid or limit these habits.

If you have any concerns or questions about diabetes and how to manage it, talk to a healthcare professional. By doing this, you can get personalised advice and expert guidance that is specifically tailored to your unique situation.

The writer is a public health specialist.
E-mail: safrinarahman16@gmail.com



New study suggests inflammatory biomarkers may help predict dementia risk

New research published in the open-access journal PLOS ONE, which studied data from around 500,000 people, suggests that there may be a connection between inflammation in the body and the risk of developing dementia.

Dementia affects millions worldwide, and scientists are working to uncover its complex causes. Previous studies have indicated that inflammation, which is the body’s immune system response, might play a role in the development of dementia.

To explore this potential link, researchers analysed data from the UK Biobank study, which included various cognitive tests and inflammatory biomarker measurements. They looked at the participants’ cognitive performance both at the time of the biomarker assessment and years later, as well as any later dementia diagnoses.

The findings showed that higher levels of inflammatory biomarkers were associated with an increased risk of dementia diagnosis three to eleven years later. Additionally, elevated inflammatory biomarkers were linked to poorer performance in certain cognitive tests, like prospective memory, fluid intelligence, and reaction time, both at the initial assessment and years later.

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Consultant

Dr. M. A. Zulkifl
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