

Safeguarding against Nipah virus

Nipah virus (NiV) is a concerning zoonotic virus causing severe illness and death in Southeast Asia, primarily in Bangladesh and India. The COVID-19 pandemic highlights the importance of a unified One Health approach to prevent the transmission of pathogens from animals to humans.

The World Health Organisation (WHO) Southeast Asia Region has developed a strategy (2023–2030) for Nipah Virus Prevention and Control, targeting decision-makers and programme managers in zoonotic disease control. This strategy focuses on key components:

- Improve understanding of the socio-ecological aspects,
- Enhance policy, strategy, and regulatory capacity,
- Increase multisectoral, One Health System



capacity and readiness for detection, early warning, and response to cases and outbreaks.

- Enhance risk communication and awareness to reduce spillover and spread,
- Promote research and development,
- Promote behavioural changes to reduce risk,
- Improve the control of disease in domestic animals through enhanced biosecurity,
- Increase laboratory diagnostic capability in the human, animal, and wildlife health sectors,
- Increase surveillance and information sharing among the human, animal, and wildlife health sectors,
- Improve clinical diagnosis and case management,
- Develop and improve access to medical countermeasures; and
- Ensure resilience.

The eight-year plan tailors the strategy to each country's unique situation, anticipating varied resource allocations. WHO and its partners will advocate for and support member states in coordinating efforts across ministries and agencies involved in zoonotic disease prevention and control.



Health hazards of too much screen time

DR MUHAMMAD TOREQUL ISLAM

Without the use of colour screens, the present age is deprived of modernity. Especially for various needs, we have to use mobile devices and computers for a long time. Moreover, computer use has long been one of the main means of livelihood for many of us.

Current health science considers too much screen time to be a major health risk factor. For example, too much screen time results in myopia (nearsightedness) in humans. Higher-energy blue light on the colour screens can change eyesight over time. It is better to use the umbrella term “digital eye strain”, which is associated with many complications, including pain, redness, itching, blurry vision, sensitivity to light, dryness of the eyes, and several headaches or migraines. Dry eye problems are most common in young people, and migraine-like headaches occur after continuous screening for several hours.

Although there are some controversies about screen time, a common headache starts when you watch television or play video or computer games for more than 3 hours at a time. Usually, just a few minutes are enough to make the brain light-sensitive. So ‘too much’ time is not too long. People have

had the most screen time during the COVID-19 pandemic.

Research says that 50% of children who spend more than 5 hours of screen time a day suffer from digital eye strain, and 10% of them have eye itching and headaches. People with light sensitivity (photophobia), the second most common symptom of both concussion and post-concussion syndrome), should avoid too much screen time. Because blue light makes their brain hyperactive, which is one of the most common causes of migraines and brain injuries. It also causes dizziness, vertigo, or fatigue in humans.

Screening time of more than 2–5 hours a day can cause neck and shoulder discomfort and back pain. It is also related to obesity, exercise (or lack thereof), and general posture while viewing screens. Many studies consider too much screen time to be a major cause of depression, anxiety, and irritability. It is one of the major causes of emotional instability in humans.

According to the Mayo Clinic, smartphone thumb is a type of repetitive motion tendonitis that can cause pain and even lead to arthritis. A few minutes of screen time can delay melatonin release by several hours and desynchronize the body clock, which is linked to hormonal

imbalance and brain inflammation. In a word, too much screen time is a hindrance to human health.

So, too much screening should be limited. Their use should be stopped 1–2 hours before bedtime. Sharp blue light in the dark is more harmful to the eyes and brain. Because constant exposure to this type of light over time could damage retinal cells and cause vision problems such as age-related macular degeneration, it also results in cataracts, eye cancer, and growths on the clear covering over the white part of the eye.

All the things that we should follow are:

- (1) avoid arbitrary screen time limitations;
- (2) consider environmental factors, such as increasing ambient lighting, avoiding poor neck or body posture, and limiting screen use before you go to sleep;
- (3) take regular eye and movement breaks from the screen;
- (4) limit screen time when it causes pain or symptoms;
- (5) take extra precautions if you have photophobia, such as protective blue light glasses, screen light filters, apps, etc.

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HAVE A NICE DAY Breaking the ice

DR RUBAUL MURSHED

There are some health issues that are commonly stigmatised in our society. In some families, mental health conditions like mood disorders or Obsessive-Compulsive Disorder (OCD) may not have been openly discussed, while issues such as anxiety disorders or ‘short-temper’ are more commonly talked about.

In some environments, schizophrenia and personality disorders that affect the quality of life may be considered embarrassing or taboo. Unfortunately, misunderstandings between natural mood shifts and extreme mood swings can lead to unaddressed issues. Mood episodes in bipolar disorder are intense and often impair daily functioning. A study found that mood disorders, including major depression and anxiety, were the most common mental illnesses.

The primary reason for neglecting mental health illnesses is the lack of awareness, sensitivity, and importance surrounding the issue. Individuals with mental illnesses often face distress from close family members. They only treat sufferers with medication, ignoring psychotherapy and strong social support.

The prevalence of mental health disorders has been increasing rapidly. The increase in social media, economic disparity, and smaller family units have led to this trend. Misconceptions about mental illness are common and can have serious consequences for those affected. More people suffer from this condition than diabetes, cancer, or heart disease.

Untreated mental health conditions can lead to disability, unemployment, substance abuse, and suicide, as well as decreased quality of life. Experiencing physical health problems also increases the risk of developing mental health issues, and vice versa. There is a common saying, ‘It is okay not to be okay’ - in the 21st century, people no longer have to suffer in silence due to societal taboos.

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Managing long-term back pain: a comprehensive approach

DR MOHAMMAD ALI

Back pain is a pervasive health concern worldwide, ranking at the top of the Global Burden of Disease list. Nearly every adult experiences back pain at some point in their life. Previously, it was believed that back pain primarily afflicted those in developed countries and was often linked to prolonged periods of sitting. However, recent studies reveal that back pain is on the rise across developed, middle-income, and underdeveloped nations alike.

In Bangladesh, for instance, around 60% of adults suffer from back pain. This pain can manifest in three forms: short-term, medium-term, and long-term, with the latter presenting the most complex challenges as it persists for three months or even years.

What causes chronic pain?

Long-term back pain remains an enigma, baffling scientists and medical practitioners globally. While common perceptions suggest that disc prolapse, PLID, bone loss, or spondylosis are the culprits, MRI and X-ray reports often contradict these assumptions.

In most cases of long-term low back pain, these imaging studies reveal no significant bone or disc issues, and physical examinations do not uncover major muscle tension or other visible problems. This pain, shrouded in mystery, has been termed non-specific chronic low back pain, abbreviated as NSCLBP.

How is the disease diagnosed?

NSCLBP proves to be a complex issue, with its roots in multifaceted factors that range from psychological and socioeconomic conditions to minor bone loss or low PLID levels. To diagnose these problems, understanding the patient's medical history and lifestyle is essential, along with various pathological and radiological tests. In addressing this issue, cooperation between the doctor and patient is paramount, with the physician possessing a comprehensive understanding of

back pain.

What treatments are available?

Many patients suffering from chronic back pain have resorted to various medications for extended periods without experiencing the desired relief. Research consistently suggests that medication has limited efficacy in addressing long-term back pain. Similarly, conventional physiotherapy methods such as shortwave, microwave, traction, or ultrasound treatments yield suboptimal results. To commence treatment, it is crucial to rule out any red or yellow flag signs indicating complex underlying issues, such as cancer. In the absence of such concerns, multidisciplinary treatment should be considered, tailored to the patient's specific needs, for more favourable outcomes.

Expert advice

Patients with chronic low back pain are advised against using orthotics or waist belts. Resting excessively is unnecessary; instead, remaining active, regular walking, and seizing opportunities for physical activity are encouraged.

Engaging in social and religious activities can provide positive distractions and improve overall well-being. For Muslim patients without red or yellow flags, maintaining regular prayer routines is essential.

In conclusion, managing long-term back pain demands a holistic and patient-specific approach. Rather than relying solely on medication or traditional physiotherapy, a multidisciplinary strategy that considers the individual's unique circumstances can yield more promising results. By fostering cooperation between healthcare professionals and patients, we can better understand and alleviate the burden of chronic back pain.

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Breakthrough Meningococcal vaccine offers comprehensive protection for all serotypes

Vaccines are crucial for protecting against meningococcal infections, and there are different types for various age groups. Infants as young as 2 months, along with older children starting at 11–12 years, are recommended to receive vaccines targeting serogroups A, C, W, and Y.

In 2014, another vaccine for serotype B became available for high risk individuals aged over 10 years and adolescents. Currently, there are three vaccines covering serotype ACWY and two for serotype B.

PENBRAYA, a new pentavalent vaccine, includes all five serotypes. It uses *Neisseria meningitidis* serogroups A, C, W, and Y polysaccharides combined with tetanus toxoid (TT), and the MenB part is made up of recombinant lipidated factor H binding protein (FHbp) variants from serogroup B.

To test PENBRAYA's effectiveness, a phase 3 trial included participants aged 10–25 years in the US and Europe. Researchers compared PENBRAYA with separate administrations of other two types of meningococcal vaccines.

The results showed that PENBRAYA's response against all meningococcal serotypes was just as good, and this held true even for those who had previously received an ACWY-containing meningococcal vaccine. This highlights the vaccine's potential to provide comprehensive protection against multiple meningococcal strains.



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Paediatric Urology is a medical specialty that focuses on diagnosing and treating urological conditions in children, including the urinary tract system and the male and female genitalia. The urinary tract system includes the kidneys, ureters, bladder, and urethra, while the male genitalia includes the penis, testicles, scrotum, and the female genitalia is vagina.

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