Tobacco use declines despite tobacco industry's efforts to jeopardise progress

Globally, there are 1.25 billion adult tobacco users, according to the latest estimates in the World Health Organisation's (WHO) tobacco trends report out today. Trends in 2022 show a continued decline in tobacco use rates globally. With about 1 in 5 adults worldwide consuming tobacco, compared to 1 in 3 in 2000.

While the numbers have steadily decreased over the years, the world will make it to a 25% relative reduction in tobacco use by 2025, missing the voluntary global goal of a 30% reduction from the 2010 baseline. Only 56 countries globally will reach this goal, down four countries since the last report in 2021.

WHO urges countries to continue putting tobacco control policies in place and continue to

fight against tobacco industry interference and to accelerate efforts for tobacco control, as there is still much work to be done. "The Global Tobacco Industry Interference Index 2023," published by STOP and the Global Centre for Good Governance in Tobacco Control, shows that efforts to protect health policy from increased tobacco industry interference have deteriorated around the world.

Country surveys consistently show that children aged 13–15 years in most countries are using tobacco and nicotine products. To protect future generations and ensure that tobacco use continues to decline, WHO will dedicate this year's World No Tobacco Day to protecting children from tobacco industry interference.

In February 2024, countries are set to meet in Panama for the 10th Session of the WHO Framework Convention on Tobacco Control (FCTC) Conference of Parties, where the tobacco industry will try to influence global health policies by offering financial and in-kind incentives, interfering with countries rights to protect the health of their populations. Strengthening the WHO FCTC is a global health priority outlined in the Sustainable Development Goals.

Unveiling latent autoimmune diabetes: breaking barriers to accurate diagnosis and treatment

STAR HEALTH DESK

Diabetes mellitus (DM) is a complex disease spectrum, encompassing classic insulin-dependent type 1 diabetes (T1DM) and insulin-resistant type 2 diabetes (T2DM). However, there is a lesser-known form called latent autoimmune diabetes in adults (LADA), also referred to as Type 1.5 DM. In Japan, it is known as slowly progressive insulin-dependent type 1 diabetes mellitus (SPIDDM). LADA shares features of both T1DM and T2DM, making it challenging to diagnose.

The Immunology for Diabetes Society (IDS) outlines three criteria for diagnosing LADA: age over 35, positive autoantibodies to islet beta cells, and insulin independence for at least the first 6 months post-diagnosis. However, these criteria face challenges due to variations in physician preferences for insulin treatment. LADA is immunologically similar to T1DM, with lower antibody titers and a slower progression of immune destruction. Many patients initially misdiagnosed with T2DM later require insulin therapy.

Recognising LADA early is crucial to implementing appropriate strategies for delaying beta-cell destruction and reducing complications. Despite being an adult-onset condition, misdiagnosis remains common. Phyllisa Deroze, a patient initially diagnosed with type 2 diabetes, discovered she had LADA eight years later. The misdiagnosis led to ineffective treatments and a delay in proper management.

LADA's slow progression and similarities to Type 2 diabetes contribute to misdiagnosis, especially in patients over 30 who do not require insulin immediately. This delay can lead physicians to believe patients have type 2 diabetes, even as treatment becomes less effective over time. It becomes critical to look beyond common risk factors, such as obesity and family history, when diagnosing diabetes.

Kathleen Wyne, an endocrinologist, emphasises that misconceptions about race, weight, and age can lead to misdiagnoses. Despite not being inherently racial, these misconceptions can have an impact on LADA and the accuracy of diagnoses.

Despite making significant lifestyle changes and taking oral medications, some patients may not achieve adequate blood sugar control. This underscores the need for timely and accurate diagnoses to ensure appropriate treatments are initiated early in the disease course.

In conclusion, latent autoimmune diabetes in adults (LADA) presents a unique challenge in diabetes diagnosis. It combines features of both Type 1 and Type 2 diabetes, making it prone to misclassification. Implicit biases, particularly in relation to race, weight, and age, can further complicate accurate diagnoses.

Timely recognition of LADA is crucial for implementing effective strategies to delay disease progression and minimise complications, emphasising the importance of comprehensive and unbiased healthcare delivery.

HAVE A NICE DAY

Gaslighting - Part II

DR RUBAIUL MURSHED

Gaslighting can have lasting effects across various areas of a person's life, from school and work to family and personal relationships, ranging from mild to severe. Oddly, they never admit when they are wrong. Even if they mess up, they will not take the blame, preferring to blame someone or something else who is probably much soberer and kinder.

However, some unknowingly hurt others by using insensitive yet sharp or long-winded words, just to make the gossip more interesting. Although they unintentionally and unconsciously gaslight others, being subjected to gaslighting is undeniably challenging. These purposeless gaslighters eventually lose friends without realising the gradual reasons behind the erosion of their relationships and support networks.

Gaslighting, once confined to the realms of cinema, has become a stark reality for many. When dealing with gaslighting, it is crucial to establish clear boundaries, seek help from professionals, and surround oneself with supportive people. It is also important to consider how to assist those who are unintentionally engaging in gaslighting and behaving in a way without realising the serious effects on others.

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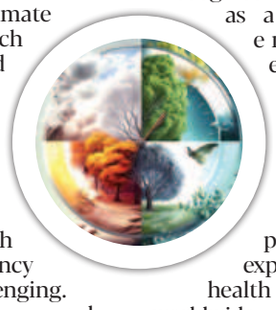
Climate change's hidden toll: The impact on global life expectancy

Climate change may reduce life expectancy by half a year, study suggests.

STAR HEALTH REPORT

In a ground breaking study published in the open-access journal PLOS Climate, researcher Amit Roy from Shahjalal University of Science and Technology and The New School for Social Research in the US highlights the direct link between climate change and human life expectancy. The study, conducted from 1940 to 2020 across 191 countries, sheds light on the hidden costs of climate change and introduces a novel composite climate change index.

Traditionally, the visible impacts of climate change, such as floods and heatwaves, are well documented, but understanding its direct correlation with life expectancy has been challenging. Roy's study employs temperature, rainfall, and life expectancy data, controlling for economic differences between countries using GDP per capita.



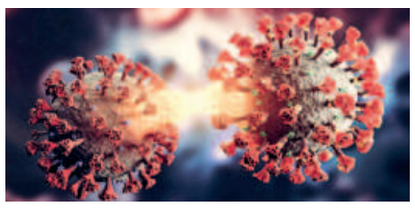
The findings reveal a stark reality: a global temperature increase of 1°C is linked to an average decrease in human life expectancy of approximately 0.44 years, equivalent to about 5 months and 1 week. Even more striking is the composite climate change index, which, with a 10-point increase, is estimated to decrease the average life expectancy by 6 months. Women and people in developing countries are the ones who feel this impact the most.

The study emphasises that the threat of climate change is not merely environmental but poses a direct risk to global well-being, underscoring the urgency of addressing it as a public health crisis. The composite index, a first-of-its-kind metric, aims to standardise the global conversation on climate change, making it accessible to the non-scientific public and fostering collaboration among nations.

Dr Roy stresses the need for immediate action, focusing on mitigating greenhouse gas emissions and adapting to the changing environment. The study serves as a call to recognise climate change as a global health emergency, emphasising that efforts to reduce emissions and proactive initiatives are vital to protecting life expectancy and the health of populations worldwide.

Looking ahead, Dr Roy suggests localised studies on specific severe weather events, like wildfires and floods, to complement the broader approach. These events, not fully captured by temperature and rainfall analysis alone, necessitate targeted strategies for regions facing unique climate challenges.

The study's overarching message is clear: the impact of climate change extends beyond environmental concerns to directly affect the longevity and well-being of billions. Urgent and collaborative efforts on a global scale are imperative to address this multifaceted crisis, safeguarding the future for generations to come.



Navigating COVID-19 in vulnerable patients: insights from dual antiviral therapy studies in the Omicron eraa

STAR HEALTH DESK

In managing COVID-19, researchers in Germany have delved into the challenges faced by immunocompromised patients, shedding light on effective strategies during the Omicron era. Dual antiviral therapy was the subject of two distinct studies run by Orth et al. and Götz et al. to combat prolonged viral shedding in people at high risk for serious illness.

Orth et al. observed 144 patients, with a significant 85% classified as immunocompromised, primarily due to factors such as solid organ transplantation (SOT) or hematologic malignancy (HM). Treatment regimens included a combination of direct-acting antivirals (DAAs) with or without anti-SARS-CoV-2 monoclonal antibodies (mAbs). Their findings revealed that the time to achieve a viral load below 106 copies/mL was notably prolonged in patients who initiated treatment more than 5 days after diagnosis and among those with immunocompromised conditions, particularly HM.

Multivariate analysis identified HM and delayed treatment initiation as significant factors associated with prolonged viral shedding. Similarly, Götz et al. managed 36 patients with diverse immunocompromising conditions, such as B-cell depletion and SOT.

Their study revealed that SOT recipients exhibited less prolonged viral shedding compared to B-cell-depleted patients. Notably, viral RNA was much harder to find in people who were getting dual antiviral therapy, which shows that it might work. Additionally, the duration of treatment played a crucial role, with therapy for over 10 days proving more effective in controlling symptoms.

These studies provide valuable insights into tailored approaches for managing COVID-19 in immunocompromised individuals during the current Omicron era.