



Enhancing well-being through therapeutic activities for individuals with Alzheimer's disease

Therapeutic activities play a vital role in enhancing the well-being of individuals with Alzheimer's disease, promoting happiness, relaxation, and overall health. These activities encompass a broad range of actions, from physical presence and social interaction to engaging in arts and crafts or interacting with pets.

Engaging in therapeutic activities can improve cognitive functioning, thereby enhancing the individual's ability to perform daily tasks and reducing the risk of emotional disorders. Moreover, these activities contribute to maintaining or improving the individual's quality of life, which is beneficial for both the person with Alzheimer's and their carers.

While it can be challenging to measure the exact effectiveness of therapeutic activities, it is essential to recognise that responses vary among individuals with Alzheimer's. Therefore, it is crucial to tailor activities to the person's interests, capabilities, and stage of the disease.

Starting therapeutic activities early in the disease progression is recommended, as individuals with Alzheimer's may begin to withdraw from normal activities before it becomes necessary. Customised activity plans based on the person's preferences and abilities should be developed, with regular assessments of hearing and vision to ensure effective communication during these activities.

Throughout the stages of Alzheimer's, various types of activities can be beneficial. In the early stages, cognitive, physical, social, expressive, and memory-based activities, such as trivia, fitness routines, storytelling, and cooking favourite recipes, can be particularly helpful.

In the moderate stage, daily living tasks like folding laundry and sorting items, as well as activities like pet playdates and arts classes, can provide meaningful engagement. In the severe stage, focusing on sensory stimulation, such as listening to music or enjoying aromatherapy, becomes crucial for promoting quality of life.

Overall, adapting therapeutic activities to the individual's changing needs and abilities is key to maximising their benefits and enhancing their well-being throughout the progression of Alzheimer's disease.

MANAGING EXTREME HEAT Understanding risks and protective measures

PROF GOLAM NABI

Globally, the environment is changing very rapidly, and one of its effects is the change in atmospheric temperature. In the last few decades, we did not face such hot and humid weather. Nowadays, temperatures surge up to 41-42°C, and due to high humidity, it feels like 44-45°C, which makes our lives miserable, especially for the elderly and children.

In health, the body core temperature is maintained at 37°C by the hypothalamic regulatory center. Heat is produced by cellular metabolism and lost through the skin by both vasodilatation and sweating, as well as through the lungs in expired air. Profuse sweating occurs when the ambient temperature is greater than 32.5°C and during exercise. The evaporation of sweat is a vital mechanism for cooling the body. If we stay for a long time in this weather, the following things happen:

Heat acclimatisation: Acclimatisation to hot climates takes several weeks. Sweat volume increases, and its salt content falls. Increased evaporation cools down the body.

Heat cramps: Painful muscle (usually leg) cramps often occur in well-acclimatised, fit young people when they exercise in hot weather. Cramps are due to low extracellular sodium caused by the replenishment of water but not salt during prolonged sweating. They can be prevented by increasing dietary salt and responding to combined salt and water replacement.

Heat illness (Heat exhaustion): In high environmental temperatures, particularly with high humidity, vigorous exercise in clothing that inhibits heat loss can provoke a sudden elevation in core temperature. Weakness, exhaustion, dizziness, and syncope, with a core temperature >37°C, define heat illness. Temperature elevation is more important than water and sodium



loss. Heat illness may progress to heat injury. Management involves removing oneself from the heat source, cooling with cold sponging and fans, and giving oxygen by mask if possible. Oral rehydration with salt and water (ORS) is given in the first 24 hours. In severe heat illness, IV fluids are needed, and isotonic saline is given depending on serum sodium. Careful monitoring is required. Secondary potassium loss must be corrected.

Heat injury (Heat stroke): Heat injury is an acute, life-threatening situation when the core temperature is >41°C. There is a headache, nausea, vomiting, and weakness. When the skin is hot, sweating is often absent but not invariably, even in severe heat injuries. Brain involvement leads to confusion, delirium, and coma. Heat injury develops in hot, humid, windless climates, even without exercise in appropriate clothing. Old age, diabetes, and certain drugs (alcohol, anticholinergics, diuretics, and phenothiazines) are precipitating factors. The pathogenesis of heat injury includes a fall in cardiac output, lactic acidosis, and intravascular coagulation. Management involves removing oneself from the hot area immediately, cooling with sponging and ice packs, and giving

fluids with caution, as hypovolemia is often absent. Prompt treatment is essential and leads to rapid and complete recovery; delay may be fatal. Prevention involves acclimatisation, fluid intake, and common sense.

These problems can be fatal and have grave consequences. Although we cannot change the weather or temperature, we can protect ourselves with the following measures:

- Avoid direct sun exposure; use umbrellas or caps when going out.
- Drink plenty of water, and always carry a water bottle.
- Restrict school children's outdoor activities; ensure well-ventilated classrooms with adequate fans or AC if possible. Teachers should ensure children drink frequently.
- Advise the elderly to stay hydrated and indoors.
- Arrange small water tanks in residential areas for street walkers and rickshaw pullers.
- Encourage affluent individuals to distribute bottled water to passersby in their communities.
- Ensure hospitals and clinics are trained to handle heat stroke cases effectively.

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MANAGING ECZEMA Essential tips for relief

Dealing with eczema involves adopting specific habits to alleviate symptoms. Here are some essential tips:

- 1. Keep your nails short:** Trim and file your nails smooth to avoid skin damage from scratching. If necessary, use your hand's side or top to scratch.
- 2. Cool down:** Use a refrigerated washcloth to numb itchy skin and reduce redness. For added relief, store moisturising creams in the fridge.
- 3. Wear natural fabrics:** Choose breathable materials like cotton, bamboo, silk, or Tencel. Avoid wool and synthetic fabrics that trap heat and cause sweating.
- 4. Stay cool at night:** Use all-cotton, bamboo, or silk sheets to regulate body temperature and prevent nighttime itching.
- 5. Choose loose clothing:** To avoid rubbing and irritation, wear loose-fitting clothes. Opt for fabric-covered elastic waistbands and simple bra styles.
- 6. Wash new clothes:** To remove irritating chemicals from new garments, wash them with unscented, mild detergent before wearing. An extra rinse cycle helps eliminate residues.
- 7. Alter itchy clothes:** Remove tags and cover seams with silk strips. Turn clothes inside out at home to avoid itchy seams.
- 8. Nighttime hand care:** Soak hands in warm water, apply fragrance-free cream, and wear cotton gloves overnight to lock in moisture.

9. Shower at night: Take a short, lukewarm shower before bed, and apply moisturiser within three minutes to keep skin hydrated.

10. To avoid drying out your skin, use gentle, fragrance-free soaps without alcohol, retinoids, or AHA.

11. Mind where you sit: To protect your skin on rough surfaces like grass or scratchy upholstery, use a towel or blanket.

12. Relax and destress: To manage stress, which can worsen eczema, incorporate relaxation techniques like meditation, walking, or listening to music.

Implementing these tips can help manage eczema more effectively, leading to improved comfort and symptom control.



Understanding and treating hyperpigmentation

Hyperpigmentation is a common skin concern characterised by dark patches caused by excess pigment within the skin due to increased melanin production. Melanin, responsible for skin colour, can become irregularly dispersed, leading to hyperpigmentation.

Post-inflammatory hyperpigmentation (PIH) often occurs after skin injury or inflammation, particularly in darker skin tones, lasting



longer and being more severe. Melasma, another common cause, manifests as tan patches on sun-exposed areas of the face, often linked to hormonal changes and sun exposure. Photoaging, resulting from cumulative sunlight exposure, presents as sun spots or lentigenes on chronically sun-damaged skin.

Treating hyperpigmentation requires patience and sun protection. Sunscreen with SPF30+ is essential to prevent exacerbations from UV exposure. While many hyperpigmentation types resolve over time, fading can take months or years.

Topical treatments like hydroquinone, retinoids, and vitamin C, along with procedures such as chemical peels and laser therapy, aid in resolution. Treatment efficacy varies based on the underlying cause, and prescription-strength management may be necessary in some cases.

Consulting a skincare expert helps determine the most suitable treatment approach and ensures safe and effective management.



Rights of disabled children in Bangladesh

RABEYA FERDOUS

Every child has the right to live independently. In Bangladesh, there is a significant population of disabled children, with 1.7 percent of children living with one of twelve defined disability conditions. However, disabled children in Bangladesh often lack proper facilities and face various challenges in their daily lives.

Security: Children need access to their five basic needs - food, shelter, education, clothing, and medical care.

Stability: A stable environment fosters healthy development in children.

Consistency: Maintaining a consistent routine helps children build confidence.

Emotional support: Emotional support from parents enhances a child's trust, respect, self-esteem, and independence.

Love: Balancing love and discipline is crucial for a child's well-being.

Education: Access to education is essential for a child's growth.

Positive role models: Positive role models provide guidance and support for children.

Structure: A structured environment boosts a child's confidence and development.

In Bangladesh, the Disability Act of 2013 aims to protect the rights of people with disabilities, including children. Despite this, disabled children still face challenges, with estimates ranging from less than 1.4% to 17.5% of children in Bangladesh being disabled.

The Disability Act 2013 outlines various rights for disabled individuals, including:

- Full and thriving life.
- Equal recognition and justice.
- Right of inheritance.
- Freedom of expression, opinion, and information.
- Accessibility.
- Participation at social, economic, and national levels.
- Education facilities and participation.
- Job accessibility.
- Compensation for disability during employment.
- Protection and facilities for a safe environment.
- Proper healthcare facilities.
- Legal and educational accommodations.
- Access to social facilities.
- Dependent care and rehabilitation.
- Participation in culture, entertainment, tourism, leisure, and sports.
- Bengali sign language access.
- Right to confidentiality.
- National identification, enrollment, and voting rights.
- Any other rights granted by the government.

Despite government efforts, disabled individuals still face challenges, including social isolation and stigma. However, there is a growing focus on rehabilitation services and improving the situation for disabled individuals in Bangladesh.

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