

Antidepressant discontinuation: what you need to know

If you or someone you know is considering stopping antidepressants, it is crucial to understand potential withdrawal symptoms. A recent study published in *The Lancet Psychiatry* sheds light on this issue, providing valuable insights for patients and healthcare professionals alike.

The study, which is the most comprehensive of its kind to date, analysed data from over 20,000 patients across 79 studies. It found that approximately one in six to seven patients (15%) experienced withdrawal symptoms directly related to stopping antidepressants. These symptoms, which include dizziness, headache, nausea, insomnia, and irritability, can be challenging but are not a sign of addiction.

Furthermore, about 3% of patients experienced severe withdrawal symptoms, leading some to restart antidepressant treatment. Though not inevitable, these symptoms can vary depending on the antidepressant used.

Importantly, the study highlights the need for open communication between patients and doctors when considering discontinuing antidepressants. Joint decision-making and careful monitoring are essential to ensure a smooth transition and minimise any potential discomfort.



While previous studies have suggested higher rates of withdrawal symptoms, this new analysis provides a more accurate picture. It distinguishes between symptoms directly caused by medication cessation and those influenced by patients' or practitioners' expectations.

Ultimately, the goal is to provide patients with evidence-based information to make informed decisions about their treatment. If you are considering stopping antidepressants, speak with your healthcare provider to discuss your options and develop a plan that prioritises your well-being. Remember, you are not alone, and support is available every step of the way.

Chronic and recurrent pneumonia in children: A changing paradigm of a common disease

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Pneumonia is a major respiratory problem in children, both in terms of the number of occurrences and the cause of death. The word, more specifically termed "pneumonitis", implies inflammation of lung cells. When the destructive process is at its peak, it thickens your respiratory membrane, resulting in problematic respiration along with fever, cough, and distress.

Conventionally, people believe that only various organisms can cause pneumonia, despite the existence of several non-infectious mechanisms that are alarmingly on the rise. Among the organisms are bacteria, viruses, fungi, and parasites, with the former two being the most common and originating from both community and hospital settings. The typical course of the disease involves an improved course with or without antibiotics, along with some supportive measures like oxygen therapy, etc.

If a child really has either recurrent or persistent pneumonia, we need to evaluate him/her thoroughly. We must clarify some important histories related to other similar diseases. Pulmonary tuberculosis (TB) should definitely come to mind at the top of the list, especially in our country. TB is somehow difficult to diagnose in children due to non-specific clinical features, difficulty in collecting samples to investigate, and the organism's scarcity.

We should take a history of weight loss, an evening rise in temperature, a persistent cough, less alertness, vaccination, and, most importantly, recent TB contact. Device-induced sputum and stool for GeneXpert are among the most commonly used samples for detecting TB organisms.

Many children used to vomit their feeds, especially liquid feeds, spontaneously or after coughing. Most of them have reflux disease, which drains the vomit from the digestive and respiratory paths and creates repeated pneumonia. We



advocate for the mother to feed the babies in a sitting or semi-sitting posture rather than lying, to offer small, frequent feeds, to prepare semi-solid to solid feed in place of whole liquid feed, and also to avoid rigorous shaking after meals. Some long-term medications help with these conditions as well.

A congenital heart defect may be a co-problem or primary culprit for recurrent or persistent pneumonia, mainly due to feeding problems and vomiting. Sometimes the aspiration of a foreign body into the respiratory tract ignites a long-lasting lung pathology. We used to have a history of choking, violent coughing during feeding, eating seeds or nuts, and also playing with small, rounded objects.

In recent times, we have observed a lot of children with congenitally deficient immunity. If a child presents with at least 4 ear infections, at least 2 serious sinus infections, or at least 2 pneumonias, along with 2 or more months on antibiotics with little

effect in a year, recurrent abscess, oral thrush, fungal infection, deep-seated infection, the same family history, and poor growth, we must think of primary immunodeficiency (PID). A PID panel assay will confirm the diagnosis.

These challenging patterns of pneumonia force the paediatric pulmonologist to use non-conventional, newer investigative techniques like fibre optic bronchoscopy. It serves both diagnostic and therapeutic purposes. Genetic testing and immune panel studies are also of critical use.

Last but not least, the old-school investigating technique, culture, and sensitivity test are crucial in detecting specific organisms and determining the appropriate antibiotic to use. More emphasis should be given to such recurrent or pneumonia cases to ensure a healthy lung and a better world.

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DID YOU KNOW? The benefits of epidural pain relief during labour

A recent study published in the *PubMed* investigated the impact of epidural pain relief during labour on serious health issues for mothers. The research included over 500,000 women who gave birth in Scotland between 2007 and 2019.

About 22% of these women opted for an epidural during labor. The study found that mothers who received an epidural were less likely to experience severe health issues after giving birth. In fact, they had a 35% lower risk of facing serious problems compared to those who did not receive an epidural.

Additionally, they were less likely to need critical care. Interestingly, the benefits of epidurals were even more pronounced for certain groups. For example, women who needed epidurals for medical reasons saw greater protection against severe health issues. Similarly, mothers who delivered their babies prematurely also benefited more from epidurals.

The study's findings highlight the potential importance of epidural pain relief during labour, especially for women at higher risk of complications. By making epidurals more accessible to these groups, healthcare providers may be able to improve maternal health outcomes and ensure safer childbirth experiences.

Overall, the research suggests that epidurals play a significant role in reducing the likelihood of serious health problems for mothers during and after childbirth. However, to fully understand the extent of their benefits and how to optimise them for different populations, further studies may be necessary.



WORLD BLOOD DONOR DAY 2024 20 years of celebrating giving: thank you, blood donors!



On World Blood Donor Day, celebrated on June 14, 2024, WHO, its partners, and communities across the world united behind the theme: 20 years of celebrating giving: thank you, blood donors!

The 20th anniversary of World Blood Donor Day is an excellent and timely opportunity to thank blood donors across the world for their life-saving donations over the years and honour the profound impact on both patients and donors. It is also a timely moment to address continued challenges and accelerate progress towards a future where safe blood transfusions are universally accessible.

The campaign's objectives are as follows:

- Thank and recognise the millions of voluntary blood donors who have contributed to the health and well-being of millions of people around the world.
- Showcase the achievements and challenges of national blood programmes, and share best practices and lessons learned.
- Highlight the continuous need for regular, unpaid blood donation to achieve universal access to safe blood transfusions.
- Promote a culture of regular blood donation among young people and the general public, and increase the diversity and sustainability of the blood donor pool.

Key messages:

- Safe blood saves lives.
- Blood is needed by women with complications during pregnancy and childbirth, children with severe anaemia, often resulting from malaria or malnutrition, accident victims, and surgical and cancer patients.

- Regular blood donation by a sufficient number of healthy people is needed to ensure that blood will always be available whenever and wherever it is needed.

- While the need for blood is universal, access to blood is not.

- Blood shortages are acute in low- and middle-income countries.

- Every single blood or plasma donation is a precious lifesaving gift; regular donation is the key to building a safe and sustainable supply.

- The wide participation of the population in regular blood and plasma donations ensures that everyone can access blood and plasma proteins when they need them.

- Ensuring the safety and well-being of blood and plasma donors is critical; it helps build commitment to regular donations.

- Thank you, blood donors. Your selfless donations have had a profound impact on the lives and well-being of hundreds of millions of people, as well as their families and communities across the world.

Source: World Health Organisation

HPV vaccine: a game changer in preventing cervical cancer

The HPV vaccine has been available to girls aged 12-13 since 2008, and catch-up programmes are available until age 19. Previous research showed that vaccinated women had significantly lower rates of cervical cancer, but uptake of the vaccine was lower in areas with more economic challenges.



A study published in the *BMJ* looked at the impact of the HPV vaccine on cervical cancer and precancerous changes in England. The study analysed data from the National Health Service's cancer registry between 2006 and




2020. It found that among women who received the HPV vaccine, the incidence of cervical cancer dropped by 83.9%, and the incidence of precancerous changes (CIN3) dropped by 94.3%. These benefits were even greater for women vaccinated at a younger age.

Interestingly, while more cases of cervical cancer still occurred in economically deprived areas, the relative reduction in cases was similar across all social classes. This means that the vaccine was equally effective in protecting women from cervical cancer, regardless of their socioeconomic background. This study highlights the importance of HPV vaccination in preventing cervical cancer and reducing health inequalities.


It emphasises that simple interventions like vaccination can have significant health benefits for individuals and communities. The researchers and editorialists urge healthcare professionals and policymakers to work together to ensure that more than 90% of girls and boys receive the HPV vaccine, thereby maximising its impact on public health.


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