

Dengue linked to heightened risk of depression

Research from Taiwan suggests that dengue fever may increase the risk of depression in both the short and long term. Hsin-I Shih and colleagues from the National Cheng Kung University and National Health Research Institutes analysed the medical records of nearly 50,000 people who had dengue fever and compared them with 226,670 people who did not have the disease. Their findings were published in the journal PLOS Neglected Tropical Diseases.

Dengue fever is caused by a mosquito-borne virus and can range from mild to severe, with some people experiencing long-term health effects. While previous research has linked dengue fever with psychiatric disorders like depression and anxiety, few studies have looked at the long-term risks.

To fill this gap, Shih and colleagues studied medical records from 2002 to 2015, focusing on whether dengue patients developed anxiety, depression, or sleep disorders after infection. They found that dengue patients were more likely to develop depression at all time points studied: less than three months, three to 12 months, and more than 12 months after infection. Sleep disorders were more common within three to 12 months post-infection, but there was no increased risk of anxiety overall.

For patients whose dengue was severe enough to require hospitalisation, there was a higher risk of anxiety within the first three months and sleep disorders within the first year. This group also had a higher risk of depression across all time frames.

These findings suggest a link between dengue fever and depression. However, more research is needed to understand whether dengue directly causes depression or if other factors are involved. The authors emphasise the importance of studying the mental health impacts of dengue infection further.



Over 3 million annual deaths due to alcohol and drug use, the majority among men

A new report from the World Health Organisation (WHO) underscores the profound impact of alcohol and drug consumption worldwide. In 2019, alcohol alone contributed to 2.6 million deaths annually, representing 4.7% of all deaths, with an additional 0.6 million deaths attributed to psychoactive drug use. Notably, the majority of these deaths—2 million from alcohol and 0.4 million from drugs—affected men.

WHO's Global Status Report on Alcohol and Health highlights that an estimated 400 million people globally live with alcohol use disorders, including 209 million with alcohol dependence. These disorders significantly increase the risk of chronic diseases and mental health conditions and contribute to preventable deaths and societal burdens.

Dr Tedros Adhanom Ghebreyesus, WHO Director-General, emphasises the urgent need for comprehensive actions to mitigate these impacts and ensure accessible treatment for substance use disorders. The report calls for global commitment to achieve Sustainable Development

Goal (SDG) target 3.5 by 2030, focusing on reducing substance use and improving treatment accessibility.

Despite a slight decline in alcohol-related death rates since 2010, the overall number remains alarmingly high, particularly in the WHO European and African Regions. The report identifies alcohol's role in various diseases, with 1.6 million deaths linked to noncommunicable diseases, 724,000 to injuries, and 284,000 to communicable diseases like HIV and tuberculosis.

Global per capita alcohol consumption decreased marginally, from 5.7 litres in 2010 to 5.5 litres in 2019. However, heavy episodic drinking—defined as consuming at least 60 g of pure alcohol on one or more occasions—remains prevalent, particularly among men, contributing to associated health risks and disabilities.

The report also highlights disparities in treatment accessibility, with significant gaps in coverage despite effective treatment options. Only a fraction of those in need receive treatment services, ranging from less than 1% to 35% across

reporting countries. Stigma, discrimination, and misconceptions about treatment efficacy further hinder access to and prioritisation of substance use disorders in health agendas.

To address these challenges, WHO calls for intensified efforts across eight strategic areas, including advocacy campaigns, strengthening prevention and treatment capacities, and enhancing training for health professionals. The implementation of the Global Alcohol Action Plan 2022–2030, focusing on the SAFER package, is emphasised alongside increased resource mobilisation and innovative funding mechanisms.

In conclusion, the WHO report underscores the global health and social impact of alcohol and drug use, advocating for coordinated international actions to reduce substance use and improve treatment accessibility. By prioritising these efforts, governments and partners can work towards mitigating the devastating consequences of substance use disorders and achieving global health goals by 2030.

Source: World Health Organisation

HAVE A NICE DAY Knowing more about 'morality'

DR RUBAUL MURSHED

Since the millennium, global unrest has surged, heightening the risk of social upheaval. Today, corruption remains a critical issue. While good governance and well-functioning institutions are vital in combating corruption, they are insufficient without a moral upliftment among the populace. Achieving a sustainable, corruption-free society hinges on fostering moral values. Moreover, as scholars delve into measuring happiness, they find that kindness—a key pillar of morality—significantly impacts not only individual happiness but also broader societal well-being.

Mental health promotion and wellness activities are gaining traction today, influenced by science and culture, which shape our "social ethos," including morality and lifestyle. Sadly, our education system often neglects moral education, leaving us uninformed about the importance of aiding the hugely impoverished community.

Studies show that unethical behaviour diminishes happiness, highlighting that moral education and health are essential social assets. Schools play a crucial role in nurturing young minds and enhancing their mental well-being. Introducing a science-based approach to morality could significantly boost our internal health and help us live in harmony with nature.

Japan's emphasis on moral education has gained recognition, particularly through the concept of "morality," developed by Japanese philosopher Dr Hiroike Chikuro. Founder of Reitaku University and the Morality Institute. He aimed to create a method for perfecting individual character by studying and practicing both traditional and contemporary moral values. His work underscores the impact of moral culture on mental health, especially among youth. Kindivists are going to honour the 100th anniversary of 'Morality' this year.

By integrating moral values at schools and religious centres, we can transform our society, fostering virtues such as kindness, forgiveness, and generosity.

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RETHINKING OBESITY A new approach to diagnosis and treatment

STAR HEALTH DESK

A groundbreaking framework for diagnosing and managing obesity in adults, launched by the European Association for the Study of Obesity (EASO) and published in Nature Medicine, challenges the traditional reliance on the Body Mass Index (BMI) alone. The framework aims to modernise obesity care by integrating the latest scientific insights, including advancements in medications targeting obesity.

Obesity is widely recognised as a complex, chronic condition characterised by abnormal or excessive accumulation of body fat, linked to various health risks. Despite this understanding, many current diagnostic practices primarily use BMI cut-off values, which may overlook individuals who would benefit from treatment due to factors like adipose tissue distribution and function.

The EASO Steering Group, composed of leading experts in the field, emphasises the need for a more nuanced approach. They highlight that BMI alone is inadequate as a diagnostic tool, advocating instead for considering body fat distribution, particularly abdominal fat, which significantly impacts health outcomes. Even individuals with a BMI below the conventional obesity threshold (BMI of 30) may experience health complications due to abdominal fat accumulation.

The new framework broadens the definition of obesity to include individuals with lower BMIs (>25–30 kg/m²) but elevated abdominal fat and associated medical, functional, or psychological impairments. This shift aims to prevent undertreatment of individuals who may not meet traditional BMI criteria but still face significant health risks.

Treatment recommendations outlined in the framework align with current guidelines, focusing on behavioural modifications such as nutrition therapy, physical activity, stress management, and improved sleep patterns as foundational strategies. Additionally, psychological therapy, obesity medications, and metabolic or bariatric procedures are recommended options, tailored to individual needs and preferences.

However, the committee notes a gap in current clinical guidelines, which often exclude individuals with lower BMIs from accessing medications or procedures



intended for obesity management. They propose revising inclusion criteria for clinical trials to better reflect the diverse clinical presentations of obesity, advocating for the consideration of waist-to-height ratio and the presence of associated health complications, regardless of BMI.

In particular, the framework suggests that obesity medications should be considered for individuals with a BMI of 25 kg/m² or higher, coupled with an elevated waist-to-height ratio and associated impairments. This recommendation serves as a call to pharmaceutical companies and regulatory bodies to adopt more inclusive criteria in future research on obesity medications.

Ultimately, the goal of this new approach is to align obesity management with practices for other chronic diseases, focusing on long-term health outcomes rather than short-term weight reduction. It underscores the importance of personalised treatment plans that consider disease severity, therapeutic options, potential risks, patient preferences, and barriers to treatment.

In conclusion, the framework represents a significant step towards a comprehensive, lifelong approach to managing obesity, aiming to improve overall health and quality of life for individuals affected by this complex condition.

Does coffee affect blood pressure?

Caffeine can temporarily raise blood pressure (BP), but the long-term effects of regular coffee drinking are less clear. In a study from Italy, published in the Journal of Hypertension, researchers looked at BP in 1,400 participants based on their daily coffee consumption: none, moderate (1–2 cups), or heavy (3 or more cups). They measured BP in the office, at home, and with a 24-hour monitor at the start of the study and after 10 years. Most participants kept the same coffee habits throughout the study.

The three groups had some differences at the beginning: heavy coffee drinkers were generally younger, more likely to smoke, and less likely to be on blood pressure medications. After adjusting for these differences, the only notable finding was



that heavy coffee drinkers had a slightly lower average office systolic BP compared to moderate and non-drinkers, both at the beginning and after 10 years. At either time point, there were no differences in BP readings taken at home or with the 24-hour monitor between the groups. Additionally, there were no differences in BP variability over 24 hours or in the development of new hypertension among the groups.

These results suggest that regular coffee consumption does not lead to clinically meaningful differences in BP or the incidence of hypertension. Patients can be reassured that a daily coffee habit is not likely to affect their BP.



The impact of heatwaves on children

RABEYA FERDOUS

A heatwave is an extended period of hot weather relative to the expected conditions of the area at that time of year, which may be accompanied by high humidity. Children face more vulnerable situations at this time. A few days ago we faced a heatwave. The Bangladesh government took different steps to overcome this situation. That time, the government closed the school and created different types of awareness among people.

The United Nations Children's Fund (UNICEF) said about 460 million children are exposed to extreme heat in South Asia, or 76 percent of children, compared to a third of children globally. The UN warns children in Afghanistan, Bangladesh, India, the Maldives, and Pakistan are at "extremely high risk" of the impacts of climate change, defining extreme high temperatures as 83 or more days in a year over 35 degrees Celsius (95 degrees Fahrenheit). Children cannot adapt as quickly to temperature changes and are not able to remove excess heat from their bodies.

According to UNICEF, 1 in 3 children in Bangladesh, or about 20 million children, are affected by climate change every day. Children are also exposed to adverse weather conditions such as heat waves, floods, river erosion, sea level rise, and other environmental shocks caused by climate change.

Heat waves have a bad impact on anyone's health, especially newborns, infants, young children, and adult children's health. Children cannot share their feelings with others like adults, and that's why they feel irritated over time.

A heat wave is simply a period of unusually hot weather that typically lasts two or more days. The temperatures have to be outside the historical averages for a given area.

According to UNICEF's 2021 Children's Climate Risk Index (CCRI), children in Bangladesh are at extremely high risk of the

impact of climate change.

Symptoms of a heatwave include:

- Heavy sweating
- Weakness
- Increased thirst
- Dizziness or fainting
- Muscle cramps
- Nausea or vomiting
- Irritability
- Headache

What steps should be taken?

- When a child faces heatstroke, you need to take the child to a cool place, give fluid with salt, and take out heavy clothing. Prevention is most necessary to avoid this situation.

- **Stay hydrated:** Give the child plenty of water, juice, or fruits.

- **Block direct sunlight:** Use curtains to reduce direct sunlight in your home.

- **Stay covered:** When children go outside, put on a light-colored dress; use sunglasses, a cap, a fan and an umbrella. breastfeeding babies more. Lactating mothers should drink plenty of water.

- **Remain indoors:** During 12:00 p.m.–4:00 p.m., stay inside the home.

- Indoor games like carrom and ludo are more suitable than outdoor games like football or cricket.

What steps should not be taken?

- Avoid vigorous activities in the sun.
- Avoid a journey in a local, crowded vehicle.
- Avoid tea, coffee, high-sugar drinks, and fizzy drinks.
- Avoid cooking between 2:00 p.m. and 4:00 p.m. It may increase the temperature at home. Don't walk barefoot.
- Avoid excessive energy loss.
- Avoid long-distance travel with the child.

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