

Early action can prevent nearly half of dementia cases

STAR HEALTH REPORT

A groundbreaking report from the 2024 Lancet Commission reveals that nearly half of dementia cases could be prevented or delayed by addressing 14 modifiable risk factors throughout life, starting in childhood. These factors include high cholesterol and vision loss, along with previously identified risks like smoking, obesity, and depression.

The report emphasises the importance of early and continuous intervention, even for those with a high genetic predisposition to dementia. It highlights 13 key recommendations for individuals and governments, such as treating hearing loss, staying cognitively active, and reducing vascular risks.

Using England as a case study, new research within the report suggests that implementing population-level interventions could lead to significant economic savings—around £4 billion—by tackling risk factors like excessive alcohol use, air pollution, and high blood pressure. This underscores the substantial public health and economic benefits of early preventive measures.

The Lancet Commission's findings stress that reducing dementia risks not only increases healthy life years but also decreases the time people spend living with dementia. By adopting the recommended policy and lifestyle changes, millions of lives could be improved, and the global burden of dementia significantly reduced.

The lead author Professor Gill Livingston from University College London stated, "It is never too early or too late to take action, with opportunities to make an impact at any stage of life."

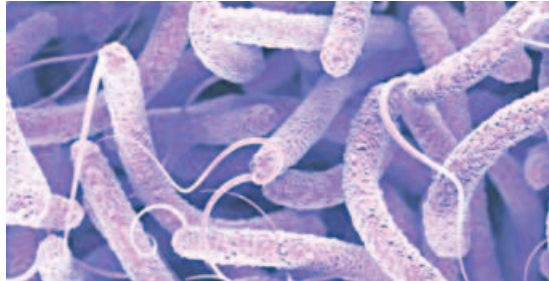


EL NIÑO AND CHOLERA How climate events influence disease outbreaks

New research suggests that an El Niño event may have aided the establishment and spread of a novel cholera strain during an early 20th-century pandemic, supporting the idea that climate anomalies could create opportunities for the emergence of new cholera strains. Xavier Rodo of Instituto de Salud Global de Barcelona, Spain, and colleagues present these findings in the open-access journal PLOS Neglected Tropical Diseases.

Since 1961, more than 1 million people worldwide have died in an ongoing cholera pandemic, the seventh cholera pandemic to have occurred since 1817. The drivers of past cholera pandemics have been unclear, but one hypothesis holds that anomalous climate conditions may act synergistically with genetic changes of *Vibrio cholerae*—the bacterium that causes the disease—to facilitate the spread and dominance of new strains.

To help clarify potential links between climate and cholera, Rodo and colleagues applied a variety of statistical and computational tools to historical records of climate conditions and cholera deaths in various regions of former British India during the sixth cholera pandemic, which lasted from 1899 to 1923. They also compared past conditions with climate and cholera data for the ongoing pandemic.



This analysis revealed that anomalous patterns of cholera deaths from 1904 to 1907 occurred alongside out-of-the-ordinary seasonal temperatures and rainfall levels associated with an El Niño event; the timing of these occurrences correlates with the establishment of a new invasive strain during the sixth pandemic. In addition, these historical climate conditions show similarities to strong El Niño events that have been associated with cholera strain changes during the ongoing pandemic.

These findings support the possibility that anomalous climate events could help facilitate the establishment and spread of new cholera strains.

The researchers then explored future possibilities for climate-facilitated emergence of new cholera strains using standard climate prediction models. They found that climate change-driven increases in climate variability and extremes could boost the chances of emergence of novel strains through the end of the current century.

Meanwhile, to deepen understanding of this deadly disease, the scientists call for further research focused on the interplay of cholera evolution and climate anomalies.

WORLD HEPATITIS DAY 2024 It is time for action

STAR HEALTH DESK

World Hepatitis Day, observed on 28 July, raises awareness of viral hepatitis, an inflammation of the liver that causes severe liver disease and cancer. This year's theme is **"It is time for action."** With a person dying every 30 seconds from a hepatitis-related illness, we must accelerate action on better prevention, diagnosis, and treatment to save lives and improve health outcomes.

There are five main strains of the hepatitis virus: A, B, C, D, and E. Together, hepatitis B and C are the most common infections and result in 1.3 million deaths and 2.2 million new infections per year. Despite better tools for diagnosis and treatment and decreasing product prices, testing and treatment coverage rates have stalled. However, reaching the WHO elimination goal by 2030 should still be achievable if swift action is taken now.

KEY MESSAGES

1. The liver's vital role:

A liver performs over 500 vital functions every single day to keep us alive, which underscores the importance of testing, treating, and preventing viral hepatitis. Hepatitis is an inflammation of the liver, usually caused by a viral infection or non-infectious agents (such as drugs, toxins, or alcohol).

While all hepatitis viruses cause liver disease, they differ in transmission modes, severity of illness, geographical distribution, and prevention methods. Types B and C lead to chronic disease and are the most common causes of liver cirrhosis, liver cancer, and viral-hepatitis-related deaths.

2. Rising deaths:

Deaths from viral hepatitis-related causes are increasing. Combined,

hepatitis B and C caused 1.3 million deaths in 2022. Around 304 million people are living with chronic viral hepatitis infection. Every day, 3,500 people die from hepatitis B and C infections, which equates to one death every 30 seconds. Over 6,000 people are newly infected with viral hepatitis each day.



3. Undiagnosed and untreated:

Nearly 220 million people with hepatitis B and nearly 36 million people with hepatitis C are undiagnosed. Most symptoms appear only when the disease is advanced, leading to diagnoses when serious liver disease or cancer has developed. Even after diagnosis, treatment and care coverage is astonishingly low. Of the 304 million people with hepatitis B and C, only 7 million are treated for hepatitis B and 12.5 million are cured of hepatitis C.

4. Prevention and action:

To eliminate hepatitis and achieve WHO's targets by 2030, simplified care services must ensure that all pregnant women with chronic

hepatitis B receive treatment and their infants get hepatitis B birth vaccines to prevent infection; 90% of people with hepatitis B and/or C are diagnosed; and 80% of diagnosed people are treated for hepatitis B or cured of hepatitis C. Despite the availability of affordable diagnostic tools and treatments, many people

still face out-of-pocket costs, and services are often only available at specialised hospitals.

Key actions include expanding access to testing and diagnostics, strengthening primary care prevention efforts, decentralising hepatitis care to bring it closer to patients, integrating hepatitis care within existing health services, engaging affected communities and civil society, and mobilising new funding avenues to support hepatitis elimination programs.

It is possible to make elimination of hepatitis into a reality. Now is the time to prioritise testing, treatment, and vaccination to meet the 2030 targets.

Source: World Health Organisation



Support for all breastfeeding moms

World Breastfeeding Week, celebrated in the first week of August, is supported by WHO, UNICEF, and numerous health ministries and civil society partners. The theme for 2024 is **"Closing the Gap: Breastfeeding Support for All."**

This campaign aims to celebrate the diversity of breastfeeding moms throughout their journeys, showcasing how families, communities, and health workers can support them. This year, the focus is on recognising breastfeeding moms, ensuring they are seen and heard, and sharing relatable experiences about the importance of multi-level support, including:

- Creating a societal environment that values women and breastfeeding.
- Establishing a women- and breastfeeding-friendly healthcare system.
- Respecting women's right to breastfeed anytime, anywhere.
- Offering robust community support.

Key messages for this year's campaign include:

- **Appreciation and support:** Let us appreciate breastfeeding moms and ensure they get the support they need.
- **Diverse forms of support:** Support ranges from staff welcoming breastfeeding in local cafés to maternity protections from governments.
- **Rights and protections:** Women everywhere have the right to respectful breastfeeding counselling and supportive laws and policies.
- **Normalisation and advocacy:** We can help ensure women feel able to breastfeed anytime, anywhere, and work to improve their position at home, work, and public life.

Join the campaign from 1 to 7 August with the hashtags #WorldBreastfeedingWeek and #TogetherForMoms, and let us work together to support breastfeeding moms everywhere.

Source: World Health Organisation

Recognising heart attack symptoms in women

STAR HEALTH DESK

Heart attacks can present differently in women compared to men, leading to potential misdiagnoses and delays in treatment. Understanding these differences is crucial for timely intervention and better outcomes.

Women do not always exhibit the classic heart attack symptoms that are often associated with men, such as intense chest pain radiating down one arm. While these symptoms can still occur in women, many experience more subtle or even silent symptoms that can be easily overlooked. Here are six common heart attack symptoms in women that everyone should be aware of:

1. Chest pain or discomfort:

Chest pain is the most common symptom of a heart attack in both men and women. However, women may experience it differently. It might feel like squeezing, fullness, or pressure anywhere in the chest, not just on the left side. It is as if something is tightening around the chest. It is



essential to note that this discomfort is usually significant and uncomfortable during a heart attack.

2. Pain in the arm(s), back, neck, or jaw:

Women are more likely than men to experience pain in these areas. This pain can be confusing, as it might not be centred on the chest or left arm but instead appear in the back or jaw. The pain can be gradual or sudden, waxing and waning before becoming intense. Report any unusual or unexplained pain above the waist, as it could be a sign of a heart attack.

3. Stomach pain:

Heart attack-related stomach

pain is often mistaken for heartburn, the flu, or a stomach ulcer. Some women describe this pain as severe abdominal pressure, akin to an elephant sitting on their stomach.

4. Shortness of breath, nausea, or lightheadedness:

Difficulty breathing without an apparent reason can be a warning sign of a heart attack, especially when accompanied by other symptoms. It can feel like running a marathon without moving. If you experience shortness of breath alongside other symptoms, it is crucial to seek medical attention immediately.

5. Sweating:

Women having a heart attack often

break out in a cold sweat, which feels more stress-related than exercise-induced perspiration. Check out if you experience this type of sweating without a clear cause, such as heat or hot flashes.

6. Fatigue:

Extreme tiredness, even after minimal physical activity, is a common symptom among women experiencing a heart attack. Patients often report feeling an unusual tiredness in their chest, making simple activities like walking to the bathroom difficult.

It is important to recognise that not everyone will experience all these symptoms. However, if you have chest discomfort, especially if accompanied by one or more of the other signs, it is critical to visit emergency department immediately. Early recognition and treatment are key to improving survival rates and outcomes for heart attack patients. By being aware of these symptoms, women can take proactive steps to protect their heart health and seek prompt medical attention when necessary.

A closer look: Understanding antidepressant discontinuation symptoms

Clinicians prescribing antidepressants often face the challenge of managing symptoms that patients experience when stopping these medications. While it is known that discontinuation symptoms occur, the frequency and severity have remained unclear. A recent meta-analysis published in Lancet Psychiatry aims to shed light on this phenomenon.

The analysis pooled data from 44 randomised trials and 35 observational studies, revealing that



the incidence of at least one discontinuation symptom was significantly higher in patients taking antidepressants compared to those on placebo (31% vs. 17%). Among randomised trials that included both antidepressant and placebo groups, this difference was smaller (8 percentage points). Severe discontinuation symptoms were found in 3% of patients on antidepressants, compared to less than 1% on placebo.

A liberal estimate suggests that 15% of patients discontinuing antidepressants will experience symptoms, though severe cases are much rarer, around 2%. Gradual tapering of the medication and occasionally switching to a longer half-life antidepressant like fluoxetine can help mitigate these symptoms. Recognising whether symptoms are due to withdrawal or a recurrence of the original condition is crucial for appropriate management.

TIPS

The consequences of untreated mitral regurgitation

Mitral regurgitation (MR) is a condition where the mitral valve in the heart does not close properly, allowing blood to flow backward into the left atrium when the left ventricle contracts. This can lead to a range of complications if left untreated. Understanding the potential consequences is crucial for those diagnosed with MR to take appropriate action and seek timely medical intervention.

Progressive heart failure:

One of the most significant risks of untreated MR is the development of heart failure. When the mitral valve leaks, the heart has to work harder to pump blood effectively. Over time, this increased workload can weaken the heart muscle, leading to heart failure. Symptoms of heart failure include shortness of breath, fatigue, swelling in the legs and feet, and persistent coughing or wheezing.

Atrial fibrillation:

Untreated MR can also lead to atrial fibrillation (AFib), a type of irregular heartbeat. The backward flow of blood into

the left atrium causes the atrium to expand and stretch, which can disrupt the heart's normal electrical signals. AFib increases the risk of blood clots forming in the heart, which can travel to the brain and cause a stroke. Symptoms of AFib may include palpitations, dizziness, and chest pain.

Pulmonary hypertension:

Pulmonary hypertension is another serious complication of untreated MR. The increased pressure in the left atrium can cause elevated pressure in the pulmonary veins and, subsequently, the pulmonary arteries. This condition leads to high blood pressure in the lungs, which can strain the right side of the heart and eventually lead to right-sided heart failure. Symptoms of pulmonary hypertension include shortness of breath, fatigue, chest pain, and fainting.

Endocarditis:

People with untreated MR are at a higher risk of developing endocarditis, an infection of the inner lining of the heart chambers and valves. The abnormal flow of blood

through the damaged mitral valve can create a suitable environment for bacteria to adhere to the valve. Symptoms of endocarditis include fever, chills, night sweats, fatigue, and unexplained weight loss. If left untreated, endocarditis can damage the heart valves further and lead to severe complications.

Reduced quality of life:

The symptoms associated with untreated MR, such as fatigue, shortness of breath, and swelling, can significantly impact a person's quality of life. Daily activities may become challenging, and the individual may find it difficult to maintain an active lifestyle. This can lead to a decline in physical and mental well-being.

Mitral regurgitation is a serious condition that requires timely diagnosis and treatment to prevent potentially life-threatening complications. If you suspect you have MR or have been diagnosed with it, it is crucial to follow your doctor's recommendations and seek appropriate treatment. Early intervention can help manage symptoms, prevent complications, and improve overall quality of life. Ignoring the condition can lead to severe and potentially irreversible damage to your heart and overall health.