



Why are night owls at greater risk of depression?

Mindfulness, total sleep quality, and alcohol consumption may help explain why people who stay up late have a greater risk of depression, according to a new study published in the open-access journal PLOS One by Simon Evans of University of Surrey, UK, and colleagues.

Previous research has shown that night owls who stay up late, called "evening chronotypes," have more depression symptoms than people who are early risers, or "morning chronotypes." In the new study, Evans and colleagues collected data from 546 university students using an online questionnaire. The data included self-reported information on the students' sleep patterns, mindfulness, rumination tendencies, alcohol use, and depression and anxiety levels.

The study confirmed that people with an evening chronotype were at a notably higher risk for depression and that the association could be explained by differences in mindfulness, sleep quality, and alcohol consumption. On average, evening chronotypes had poorer sleep quality, higher alcohol consumption, and acted with less mindfulness than morning chronotypes.

With those caveats in mind, the authors conclude that interventions aimed at mindfulness, sleep and alcohol use might have the potential to reduce depression risk, amongst young adults in particular.

The authors add: "With many young adults' experiencing poor mental health, these study findings are particularly important—many young adults tend to stay up late and the results point to how interventions could be implemented to reduce their risk of depression."

STAR HEALTH REPORT

Breast cancer remains the most common cancer among women worldwide. While medical science has made significant progress, the journey remains complex, particularly for younger women.

During a recent visit to Bangladesh, Dr Ma Jun, Consultant Medical Oncologist at the National Cancer Centre Singapore, and Dr Tan Si Ying, Consultant Surgical Oncologist specialising in breast surgery, shared valuable insights into the evolving landscape of breast cancer treatment, challenges faced by young women, and the importance of early detection.

Dr Ma Jun emphasised that understanding the subtype of breast cancer is critical in determining treatment. "We now classify breast cancer not just by how it looks under the microscope, but by whether it is hormone receptor positive, HER2 positive or triple negative," she explained. These classifications help determine whether a patient will benefit from chemotherapy, targeted therapy, or the increasingly used immunotherapy. Particularly in triple negative breast cancer, immunotherapy has become a promising addition.

For early-stage breast cancer, surgery remains the cornerstone of treatment. "Surgery is still considered curative in stages one to three," said Dr Ma. In contrast, for advanced stage four cancers, the goal shifts to disease control with systemic therapies, and surgery is often not required.

A notable concern in Bangladesh is the late presentation of breast cancer cases. Dr Ma highlighted a lack of awareness, cultural stigma, and limited access to screening facilities as major barriers. "Many women ignore early warning signs, and without national screening

programmes, cancers are often detected only when advanced," she noted.

Dr Tan Si Ying, who leads initiatives focused on young women with breast cancer in Singapore, added that younger patients face a distinctly different set of challenges. "The cancers tend to be more aggressive, and the psychosocial impact is much greater," she said. Younger women often face fears around fertility, body image, and the implications of



surgery on their personal lives, including marriage and motherhood.

Dr Tan also discussed advanced surgical options now available, including minimally invasive and oncoplastic techniques. "We work with patients to ensure both oncological safety and aesthetic outcomes," she explained. Reconstruction is often done in the same operation, reducing hospital stays and

emotional distress.

Fertility preservation is another vital concern for young patients. Dr Tan said, "We counsel women on options like egg freezing or ovarian suppression before chemotherapy, as treatment can lead to premature menopause." She stressed the importance of discussing fertility early in the treatment process, especially if chemotherapy is to begin quickly.

Genetic testing plays a growing role in managing breast cancer, especially for young patients and those with a family history. "Identifying BRCA gene mutations not only informs treatment but also helps in risk assessment for family members," said Dr Ma. In Singapore, those with positive BRCA mutations may be offered risk-reducing surgeries, which have shown to improve survival.

The doctors agreed that survivorship is an often-overlooked aspect of care. From managing side effects to returning to work, the path after treatment can be daunting. Singapore's healthcare system provides dedicated support, including psychological counselling and rehabilitation.

Public education remains key. In Singapore, campaigns target both adults and adolescents, promoting monthly self-examinations and school outreach programmes. "We created animated videos and digital content to raise awareness among secondary school students," Dr Tan shared.

Both experts urged for greater investment in awareness, screening, and multidisciplinary care in countries like Bangladesh. "Catching cancer early significantly improves survival," Dr Ma concluded. "And with the right support, even young women can live full, healthy lives after breast cancer."



BODY MASS INDEX Is BMI still useful as we age?

Body Mass Index (BMI) is widely used to assess weight status and define obesity. However, new research to be presented at the European Congress on Obesity (ECO 2025) suggests BMI may become less reliable with age. The study, conducted by researchers from Italy and Lebanon, including Professor Marwan El Ghoch, found that individuals with the same BMI can have vastly different body compositions depending on their age.

The team analysed 2,844 adults aged 20 to 79, all with BMI of 25 or above. Despite similar BMIs, older adults showed higher central fat and lower muscle mass in the arms and legs compared to younger participants. This "redistribution" of fat and muscle was most evident in middle-aged and older groups, particularly in the trunk region.

Professor El Ghoch explains that relying solely on BMI may be misleading, as it doesn't reflect age-related changes in fat and muscle distribution. These changes can increase the risk of chronic diseases without altering BMI. He calls for new, practical tools—such as the waist-to-height ratio and handgrip strength tests—to better assess body composition and health risks as people age. Long-term studies are needed to confirm these findings.



Neutropenic Fever: A silent emergency for bone marrow disorder patients

We have all experienced the familiar symptoms of fever—chills, aches, and warmth—but few truly understand its purpose. Fever is not a disease, but a signal: the body's immune system is responding to infection, with the hypothalamus raising the body's temperature to make it less hospitable to invaders.

Fever can appear in various forms—intermittent, remittent, continuous, or relapsing—each indicating different underlying causes. Among them, neutropenic fever is particularly alarming, especially for patients with bone marrow disorders or those undergoing chemotherapy.

Neutropenic fever occurs when a person with neutropenia (a dangerously low count of neutrophils, a type of white blood cell) develops a fever. It is a medical emergency as the body's immune defences are severely compromised.

Neutropenia may result from chemotherapy (common in leukemia treatment), bone marrow disorders like aplastic anaemia or myelodysplastic syndromes, infections, or side effects of certain medications.

A minor infection in such patients can rapidly become life-threatening. Those undergoing intensive chemotherapy, such as CLAG-M regimens for acute myeloid leukaemia (AML), or bone marrow transplants, are at particularly high risk, especially of invasive fungal disease (IFD) and serious infections like pneumonia or cellulitis.

Call to Action: Precaution is crucial

- **Immediate medical attention:** Fever of 38.3°C once, or 38.0°C sustained for over an hour, requires urgent evaluation (IDSA/NCCN guidelines).

• **Preventative medication:** Prophylactic antibiotics or antifungals are often prescribed.

• **Hygiene and isolation:** Frequent handwashing and avoiding crowded or sick environments is vital.

• **Regular monitoring:** Blood tests help detect early signs of neutropenia.

• **Dietary caution:** Avoid raw or undercooked foods that could carry harmful bacteria.

• **Family awareness:** Educate caregivers and patients on warning signs and the need for swift medical response.

• **Critical care readiness:** In severe cases, neutropenic fever may lead to sepsis, requiring ICU admission and life support interventions.

Given the weakened immune state of blood cancer patients, infections can escalate quickly. Early detection, strict hygiene, and rapid treatment are essential.

Neutropenic fever is a silent emergency, and with proper awareness and timely care, we can better protect vulnerable individuals—especially those fighting blood cancers—from its deadly consequences.

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WHO urges action as global tuberculosis services face crisis

On World Tuberculosis (TB) Day, observed on 24 March, the World Health Organisation (WHO) has issued an urgent call for investment to protect TB care and support services. TB remains the world's deadliest infectious disease, claiming over a million lives each year and devastating families and communities.

Global efforts have saved an estimated 79 million lives since 2000, but severe funding cuts now threaten to undo this progress. Rising drug resistance and ongoing conflicts across regions, particularly in Africa, the Middle East, and Eastern Europe, are worsening the situation.

Under the 2025 campaign theme Yes! We Can End TB: Commit, Invest, Deliver, WHO highlights the urgency of sustained action. "The world cannot abandon its commitments to end TB," said Dr Tedros Adhanom Ghebreyesus, WHO Director General.

Funding shortages are causing significant disruptions in high-burden countries, including shortages in health workers, diagnostics, surveillance, and drug supply chains. In 2023, only 26% of the US\$22 billion needed annually for TB prevention and care was raised.

WHO and its Civil Society Task Force have issued a joint statement calling for urgent, coordinated action, including securing domestic funding, safeguarding essential services, and improving monitoring systems.

WHO also launched new guidance to integrate TB and lung health into primary care, aiming for a more sustainable, comprehensive health approach.

TASHRIF AREFIN

For many in Bangladesh, traffic jams are an everyday reality—an inevitable part of modern urban life. While being stuck in traffic is often frustrating and draining, it does not always have to be wasted time. With a shift in mindset, those idle hours can be turned into opportunities for learning, entertainment, or simply unwinding.

One of the easiest and most accessible ways to make traffic bearable is by listening to a good podcast. Whether your interest lies in business, science, history, or personal development, podcasts offer a wealth of knowledge without any extra effort. Just plug in your earphones and you are set to learn on the go.

Educator and author Sadman Sadik, in his YouTube monologue Nijer Moto Kore Shomoy Katakate Parar Shadhinota, insightfully notes, "Right now, I am just a voice you're listening to, but the reason you're listening is because you can relate to some things with me... and that made you feel good." His words remind us that podcasts not only inform but can also provide comfort, making us feel a little less alone amidst the chaos.

Another enriching option is audiobooks. With countless titles available across genres, switching from traditional books to audio versions during



Three cities recognised for public health leadership at 2025 Healthy Cities Summit

At the 2025 Partnership for Healthy Cities Summit in Paris, three cities—Córdoba (Argentina), Fortaleza (Brazil), and Greater Manchester (UK)—were honoured for outstanding achievements in preventing non-communicable diseases (NCDs) and injuries. The event, co-hosted by Bloomberg Philanthropies, the World Health Organisation (WHO), Vital Strategies, and the City of Paris, brought together leaders from 61 cities to share effective public health strategies.

Michael R Bloomberg, WHO Global Ambassador for NCDs and Injuries, highlighted that over 80% of global deaths are caused by NCDs and injuries, yet they are largely preventable. "Cities are showing that with leadership and political will, progress is possible," he stated.



The award-winning cities are part of the Partnership's Policy Accelerator, which supports policy development and implementation.

Córdoba is transforming school food environments by banning sugary drinks and ultra-processed foods in schools by 2026. Fortaleza introduced its first legal framework for air quality monitoring, while Greater Manchester expanded smoke-free public spaces, including launching its first smoke-free park and resources to support NHS and other institutions.

Launched in 2017, the Partnership for Healthy Cities now includes 74 cities worldwide, collectively working to improve the health of 300 million people through targeted, impactful public health interventions.