### Details of Health Updates - V

#### Health Updates – News/New Researches

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65. Dementia

Chronic brain syndrome; Lewy body dementia; DLB; Vascular dementia; Mild cognitive impairment; MCI

A.D.A.M. Medical Encyclopedia

Last reviewed: September 26, 2011

Dementia is a loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior.

See also: Alzheimer's disease

Causes, incidence, and risk factors

Most types of dementia are nonreversible (degenerative). Nonreversible means the changes in the brain that are causing the dementia cannot be stopped or turned back. Alzheimer's disease is the most common type of dementia.

Lewy body disease is a leading cause of dementia in elderly adults. People with this condition have abnormal protein structures in certain areas of the brain.

Dementia also can be due to many small strokes. This is called vascular dementia.

The following medical conditions also can lead to dementia:

- Huntington's disease
- Multiple sclerosis
- Infections that can affect the brain, such as HIV/AIDS and Lyme disease
- Parkinson's disease
- Pick's disease
- Progressive supranuclear palsy

Some causes of dementia may be stopped or reversed if they are found soon enough, including:

- Brain injury
- Brain tumors
- Chronic alcohol abuse
- Changes in blood sugar, sodium, and calcium levels (see: Dementia due to metabolic causes)
- Low vitamin B12 levels
- Normal pressure hydrocephalus
- Use of certain medications, including cimetadine and some cholesterol-lowering medications

Dementia usually occurs in older age. It is rare in people under age 60. The risk for dementia increases as a person gets older.

Symptoms

Dementia symptoms include difficulty with many areas of mental function, including:
• Language
• Memory
• Perception
• Emotional behavior or personality
• Cognitive skills (such as calculation, abstract thinking, or judgment)

Dementia usually first appears as forgetfulness.

Mild cognitive impairment is the stage between normal forgetfulness due to aging and the development of dementia. People with MCI have mild problems with thinking and memory that do not interfere with everyday activities. They are often aware of the forgetfulness. Not everyone with MCI develops dementia.

Symptoms of MCI include:

• Difficulty performing more than one task at a time
• Difficulty solving problems or making decisions
• Forgetting recent events or conversations
• Taking longer to perform more difficult mental activities

The early symptoms of dementia can include:

• Difficulty performing tasks that take some thought, but that used to come easily, such as balancing a checkbook, playing games (such as bridge), and learning new information or routines
• Getting lost on familiar routes
• Language problems, such as trouble finding the name of familiar objects
• Losing interest in things you previously enjoyed, flat mood
• Misplacing items
• Personality changes and loss of social skills, which can lead to inappropriate behaviors

As the dementia becomes worse, symptoms are more obvious and interfere with the ability to take care of yourself. The symptoms may include:

• Change in sleep patterns, often waking up at night
• Difficulty doing basic tasks, such as preparing meals, choosing proper clothing, or driving
• Forgetting details about current events
• Forgetting events in your own life history, losing awareness of who you are
• Having hallucinations, arguments, striking out, and violent behavior
• Having delusions, depression, agitation
• More difficulty reading or writing
• Poor judgment and loss of ability to recognize danger
• Using the wrong word, not pronouncing words correctly, speaking in confusing sentences
• Withdrawing from social contact

People with severe dementia can no longer:

• Perform basic activities of daily living, such as eating, dressing, and bathing
• Recognize family members
• Understand language
Other symptoms that may occur with dementia:

- Incontinence
- Swallowing problems

**Signs and tests**

A skilled health care provider can often diagnose dementia by performing a physical exam and asking questions about the person's medical history.

The physical exam will include a neurological exam. Tests to check mental function will be done. This is called a mental status examination.

Other tests may be ordered to determine whether other problems could be causing dementia or making it worse. These conditions include:

- Anemia
- Brain tumor
- Chronic infection
- Intoxication from medications
- Severe depression
- Thyroid disease
- Vitamin deficiency

The following tests and procedures may be done:

- B12 level
- Blood ammonia levels
- Blood chemistry (chem-20)
- Blood gas analysis
- Cerebrospinal fluid (CSF) analysis
- Drug or alcohol levels (toxicology screen)
- Electroencephalograph (EEG)
- Head CT
- Mental status test
- MRI of head
- Thyroid function tests
- Thyroid stimulating hormone level
- Urinalysis

**Treatment**

Treatment depends on the condition causing the dementia. Some people may need to stay in the hospital for a short time.

Stopping or changing medications that make confusion worse may improve brain function.

There is growing evidence that some kinds of mental exercises can help dementia.

Treating conditions that can lead to confusion often greatly improve mental functioning. Such conditions include:
- Anemia
- Congestive heart failure
- Decreased blood oxygen (hypoxia)
- Depression
- Heart failure
- Infections
- Nutritional disorders
- Thyroid disorders

Medications may be needed to control behavior problems caused by a loss of judgment, increased impulsivity, and confusion. Possible medications include:

- Antipsychotics (haloperidol, risperidone, olanzapine)
- Mood stabilizers (fluoxetine, imipramine, citalopram)
- Stimulants (methylphenidate)

Certain drugs may be used to slow the rate at which symptoms worsen. The benefit from these drugs is often small, and patients and their families may not always notice much of a change.

- Donepezil (Aricept), rivastigmine (Exelon), galantamine (Razadyne, formerly called Reminyl)
- Memantine (Namenda)

A person's eyes and ears should be checked regularly. Hearing aids, glasses, or cataract surgery may be needed.

Psychotherapy or group therapy usually does not help because it may cause more confusion.

For information on how to take care of a loved one with dementia, see: Dementia - home care

**Expectations (prognosis)**

People with mild cognitive impairment do not always develop dementia. However, when dementia does occur, it usually gets worse and often decreases quality of life and lifespan.

**Complications**
Complications depend on the cause of the dementia, but may include the following:

- Abuse by an overstressed caregiver
- Increased infections anywhere in the body
- Loss of ability to function or care for self
- Loss of ability to interact
- Reduced lifespan
- Side effects of medications used to treat the disorder

**Calling your health care provider**

Call your health care provider if:

- Dementia develops or a sudden change in mental status occurs
- The condition of a person with dementia gets worse
- You are unable to care for a person with dementia at home
Prevention

Most causes of dementia are not preventable.

Quitting smoking and controlling high blood pressure and diabetes can help you reduce your risk of vascular dementia. This is dementia caused by a series of small strokes. Eating a low-fat diet and exercising regularly may also reduce the risk of vascular dementia.

References


Reviewed by: Luc Jasmin, MD, PhD, Department of Neurosurgery at Cedars-Sinai Medical Center, Los Angeles, and Department of Anatomy at UCSF, San Francisco, and CA. Review provided by VeriMed Healthcare Network. Also reviewed by David Zieve, MD, MHA, Medical Director, A.D.A.M., Inc.


66. Alzheimer's disease

Senile dementia - Alzheimer's type (SDAT); SDAT

Last reviewed: September 26, 2011

Dementia is a loss of brain function that occurs with certain diseases. Alzheimer's disease (AD) is one form of dementia that gradually gets worse over time. It affects memory, thinking, and behavior.

Causes, incidence, and risk factors
You are more likely to get Alzheimer's disease (AD) if you:

- Are older. However, developing AD is not a part of normal aging.
- Have a close blood relative, such as a brother, sister, or parent with AD.
- Have certain genes linked to AD, such as APOE epsilon4 allele

The following may also increase your risk, although this is not well proven:

- Being female
- Having high blood pressure for a long time
- History of head trauma
There are two types of AD:

- Early onset AD: Symptoms appear before age 60. This type is much less common than late onset. However, it tends to get worse quickly. Early onset disease can run in families. Several genes have been identified.
- Late onset AD: This is the most common type. It occurs in people age 60 and older. It may run in some families, but the role of genes is less clear.

The cause of AD is not clear. Your genes and environmental factors seem to play a role. Aluminum, lead, and mercury in the brain is no longer believed to be a cause of AD.

**Symptoms**

Dementia symptoms include difficulty with many areas of mental function, including:

- Emotional behavior or personality
- Language
- Memory
- Perception
- Thinking and judgment (cognitive skills)

Dementia usually first appears as forgetfulness.

Mild cognitive impairment is the stage between normal forgetfulness due to aging, and the development of AD. People with MCI have mild problems with thinking and memory that do not interfere with everyday activities. They are often aware of the forgetfulness. Not everyone with MCI develops AD.

Symptoms of MCI include:

- Difficulty performing more than one task at a time
- Difficulty solving problems
- Forgetting recent events or conversations
- Taking longer to perform more difficult activities

The early symptoms of AD can include:

- Difficulty performing tasks that take some thought, but used to come easily, such as balancing a checkbook, playing complex games (such as bridge), and learning new information or routines
- Getting lost on familiar routes
- Language problems, such as trouble finding the name of familiar objects
- Losing interest in things previously enjoyed, flat mood
- Misplacing items
- Personality changes and loss of social skills

As the AD becomes worse, symptoms are more obvious and interfere with your ability to take care of yourself. Symptoms can include:

- Change in sleep patterns, often waking up at night
- Delusions, depression, agitation
- Difficulty doing basic tasks, such as preparing meals, choosing proper clothing, and driving
- Difficulty reading or writing
Forgetting details about current events
Forgetting events in your own life history, losing awareness of who you are
Hallucinations, arguments, striking out, and violent behavior
Poor judgment and loss of ability to recognize danger
Using the wrong word, mispronouncing words, speaking in confusing sentences
Withdrawing from social contact

People with severe AD can no longer:

- Understand language
- Recognize family members
- Perform basic activities of daily living, such as eating, dressing, and bathing

Other symptoms that may occur with AD:

- Incontinence
- Swallowing problems

**Signs and tests**

A skilled health care provider can often diagnose AD disease with the following steps:

- Complete physical exam, including neurological exam
- Asking questions about your medical history and symptoms
- A mental status examination

A diagnosis of AD is made when certain symptoms are present, and by making sure other causes of dementia are not present.

Tests may be done to rule out other possible causes of dementia, including:

- **Anemia**
- **Brain tumor**
- Chronic infection
- Intoxication from medication
- Severe depression
- **Stroke**
- **Thyroid disease**
- Vitamin deficiency

*Computed tomography* (CT) or *magnetic resonance imaging* (MRI) of the brain may be done to look for other causes of dementia, such as a brain tumor or stroke.

- In the early stages of dementia, brain image scans may be normal. In later stages, an MRI may show a decrease in the size of different areas of the brain.
- While the scans do not confirm the diagnosis of AD, they do exclude other causes of dementia (such as stroke and tumor).

However, the only way to know for certain that someone has AD is to examine a sample of their brain tissue after death. The following changes are more common in the brain tissue of people with AD:
- "Neurofibrillary tangles" (twisted fragments of protein within nerve cells that clog up the cell)
- "Neuritic plaques" (abnormal clusters of dead and dying nerve cells, other brain cells, and protein)
- "Senile plaques" (areas where products of dying nerve cells have accumulated around protein).

**Treatment**

There is no cure for AD. The goals of treatment are:

- Slow the progression of the disease (although this is difficult to do)
- Manage symptoms, such as behavior problems, confusion, and sleep problems
- Change your home environment so you can better perform daily activities
- Support family members and other caregivers

**DRUG TREATMENT**

Medicines are used to help slow down the rate at which symptoms become worse. The benefit from these drugs is usually small. You and your family may not notice much of a change.

Before using these medicines, ask the doctor or nurse:

- What are the potential side effects? Is the medicine worth the risk?
- When is the best time, if any, to use these medicines?

Medicines for AD include:

- **Donepezil** (Aricept), **rivastigmine** (Exelon), and **galantamine** (Razadyne, formerly called Reminyl). Side effects include stomach upset, diarrhea, vomiting, muscle cramps, and fatigue.
- **Memantine** (Namenda). Possible side effects include agitation or anxiety.

Other medicines may be needed to control aggressive, agitated, or dangerous behaviors. Examples include haloperidol, risperidone, and quetiapine. These are usually given in very low doses due to the risk of side effects including an increased risk of death.

It may be necessary to stop any medications that make confusion worse. Such medicines may include painkillers, cimetidine, central nervous system depressants, antihistamines, sleeping pills, and others. Never change or stop taking any medicines without first talking to your doctor.

**SUPPLEMENTS**

Some people believe certain vitamins and herbs may help prevent or slowdown AD.

- There is no strong evidence that Folate (vitamin B6), vitamin B12, and vitamin E prevent AD or slows the disease once it occurs.
- High-quality studies have not shown that ginkgo biloba lowers the chance of developing dementia. DO NOT use ginkgo if you take blood-thinning medications like warfarin (Coumadin) or a class of antidepressants called monoamine oxidase inhibitors (MAOIs).

If you are considering any drugs or supplements, you should talk to your doctor first. Remember that herbs and supplements available over the counter are NOT regulated by the FDA.
Support Groups

For additional information and resources for people with Alzheimer's disease and their caregivers, see Alzheimer's disease support groups.

Expectations (prognosis)

How quickly AD gets worse is different for each person. If AD develops quickly, it is more likely to worsen quickly.

Patients with AD often die earlier than normal, although a patient may live anywhere from 3 - 20 years after diagnosis.

The final phase of the disease may last from a few months to several years. During that time, the patient becomes totally disabled. Death usually occurs from an infection or organ failure.

Complications

- Abuse by an over-stressed caregiver
- Bedsores
- Loss of muscle function that makes you unable to move your joints
- Infection, such as urinary tract infection and pneumonia
- Other complications related to immobility
- Falls and broken bones
- Harmful or violent behavior toward self or others
- Loss of ability to function or care for self
- Loss of ability to interact
- Malnutrition and dehydration

Calling your health care provider

Call your health care provider if someone close to you has symptoms of dementia.

Call your health care provider if a person with AD has sudden change in mental status. A rapid change may be a sign of another illness.

Talk to your health care provider if you are caring for a person with AD and you can no longer care for the person in your home.

Prevention

Although there is no proven way to prevent AD, there are some practices that may be worth incorporating into your daily routine, particularly if you have a family history of dementia. Talk to your doctor about any of these approaches, especially those that involve taking a medication or supplement.

- Consume a low-fat diet.
- Eat cold-water fish (like tuna, salmon, and mackerel) rich in omega-3 fatty acids, at least 2 to 3 times per week.
- Reduce your intake of linoleic acid found in margarine, butter, and dairy products.
Increase antioxidants like carotenoids, vitamin E, and vitamin C by eating plenty of darkly colored fruits and vegetables.

Maintain a normal blood pressure.

Stay mentally and socially active throughout your life.

Consider taking nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen (Advil, Motrin), sulindac (Clinoril), or indomethacin (Indocin). Statin drugs, a class of medications normally used for high cholesterol, may help lower your risk of AD. Talk to your doctor about the pros and cons of using these medications for prevention.

In addition, early testing of a vaccine against AD is underway.

References


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Reviewed by: Luc Jasmin, MD, PhD, Department of Neurosurgery at Cedars-Sinai Medical Center, Los Angeles, and Department of Anatomy at UCSF, San Francisco, CA. Review provided by VeriMed Healthcare Network. Also reviewed by David Zieve, MD, MHA, Medical Director, A.D.A.M., Inc.


67. Now, a Simple Blood Test to detect Lung and Breast Cancer

Last Updated: Thursday, September 27, 2012

Washington: Scientists claimed to have developed a simple blood test that can accurately detect the beginning stages of breast and lung cancer in just an hour.

Researchers from the Kansas State University developed the test that can detect cancer even before symptoms like coughing and weight loss start.

The test works by detecting increased enzyme activity in the body. Iron nanoparticles coated with
amino acids and a dye are introduced to small amounts of blood or urine from a patient.

The amino acids and dye interact with enzymes in the patient’s urine or blood sample. Each type of cancer produces a specific enzyme pattern, or signature, that can be identified by doctors.

"These enzyme patterns can also help distinguish between cancer and an infection or other diseases that commonly occur in the human body," researcher Stefan Bossmann said.

"For example, a person who smokes a lot of cigars may develop an inflammation in their lungs. That will drive up some of the markers in the test but not all of them. Doctors will be able to see whether there was too much smoke inhalation or if there is something more serious going on," he said in a statement.

Once the test is administered, comprehensive results - which include enzyme patterns - are produced in roughly 60 minutes.

The researchers have designed a second testing method that is anticipated to produce the same results in about five minutes.

In addition to early detection, the team said the test can be tweaked to monitor cancer. For example, patients being treated with drugs can be observed for drug effectiveness.

Similarly, doctors can use the dye in the test to determine if the entirety of a tumour has been successfully removed from a patient after surgery.

Researchers evaluated the test’s accuracy on 32 separate participants in various stages of breast or lung cancer. Data was collected from 20 people with breast cancer - ranging in age from 36 to 81 years old - and 12 people with lung cancer - ranging in age from 27 to 63 years old.

Twelve people without cancer were also tested as a control group. This group ranged in age from 26 to 62 years old.

A blood sample from each participant was tested three times. Analysis of the data showed a 95 per cent success rate in detecting cancer in participants, including those with breast cancer in stages 0 and 1 and those with lung cancer in stages 1 and 2.

PTI


68. Gut Bacteria can indicate Risk of Developing Diabetes

Last Updated: Thursday, September 27, 2012

London: A new research has shown that the composition of a person’s intestinal bacteria could play an important role in the development of type 2 diabetes.

The 1.5 kilograms of bacteria that we each carry in our intestines have an enormous impact on our health and well being. The bacteria normally live in a sensitive equilibrium but if this equilibrium is disrupted our health could suffer, researchers said.

“We have demonstrated that people with type 2 diabetes have a high level of pathogens in their intestines,” said professor Jun Wang from the University of Copenhagen’s Department of Biology and Novo Nordisk Foundation Center for Basic Metabolic Research.
In the new study, scientists examined the intestinal bacteria of 345 people from China, of which 171 had type 2 diabetes.

The team managed to identify clear biological indicators that someday could be used in methods that provide faster and earlier diagnosis of type 2 diabetes.

The research also demonstrated that people with type 2 diabetes have a more hostile bacterial environment in their intestines, which can increase resistance to different medicines.

Similar studies carried out on sufferers of type 2 diabetes in Denmark also discovered a significant imbalance in the function of their intestinal bacteria and composition. Future Danish studies will examine whether intestinal bacteria is already abnormal in people that are deemed to be at risk of developing diabetes.

“We are going to transplant gut bacteria from people that suffer from type 2 diabetes into mice and examine whether the mice then develop diabetes,” said another of the lead scientists behind the project, Professor Oluf Borbye Pedersen from the University of Copenhagen and centre director at LuCamp, the Lundbeck Foundation Centre for Applied Medical Genomics in Personalised Disease Prediction, Prevention and Care.

By working together, a team of scientists from the University of Copenhagen and the Beijing Genomics Institute (BGI) was able to make to several breakthroughs in the field of ‘metagenomics’.

Scientists working on the EU research project MetaHIT have uncovered more than 3.3 million genes from gut bacteria found in people from Spain and Denmark. These genes could play a key role in understanding and treating a range of serious illnesses.

According to Professor Karsten Kristiansen from the University of Copenhagen’s Department of Biology, the recent discovery is an important step in the comprehensive international research that is currently underway to investigate the interplay between intestinal bacteria and health.

“The European and Chinese working on the MetaHIT project were able to make important new discoveries about the relationship between intestinal bacteria and health. The new discovery indicates a possible connection between type 2 diabetes and the intestinal bacteria in Chinese people,” Kristiansen said.

“It is important to point out that our discovery demonstrates a correlation. The big question now is whether the changes in gut bacteria can affect the development of type 2 diabetes or whether the changes simply reflect that the person is suffering from type 2 diabetes,” the researcher added.

Wang’s research was recently published in the scientific journal Nature.

ANI

69. Smoking Linked with Early Pancreatic Cancer

Last Updated: Monday, October 01, 2012

Washington: Those who smoke and drink heavily may develop pancreatic cancer at an earlier age than those who don’t, according to a new US study.
Researchers from the University of Michigan Health System found that heavy smokers with pancreatic cancer were diagnosed around 62 years and heavy drinkers at age 61 - almost a decade earlier than the average age of 72.

Smoking is a strong risk factor for pancreatic cancer and alcohol has been shown to cause oxidative damage to the pancreas, which sets the stage for the inflammatory pathways that can lead to cancer, the American Journal of Gastroenterology reports.

The finding is based on study of 811 pancreatic cancer patients only indicate these habits can lead to developing pancreatic cancer earlier in life. The study does make a step toward understanding at what age screening for pancreatic cancer should begin - once widespread screening is available, according to a Michigan statement.

"As screening programmes are developed, an understanding of how personal features influence the age of presentation will be important to optimize the timing of those screenings," says gastroenterologist Michelle Anderson, assistant professor of internal medicine at Michigan who led the study.

Detecting pancreatic cancer early is difficult and contributes to the poor survival rates. By the time pancreatic cancer is diagnosed, it is frequently at an advanced stage and has spread to other organs.

Currently there are no tests available to easily find it in people who do not have symptoms. In the study, heavy smokers were defined as those who had more than a pack per day, and heavy drinking was measured at more than 39 grams a day, or about three average drinks per day.

IANS


70. Only two in 100 aware of Aphasia

Last Updated: Monday, October 01, 2012

Toronto: Only two of 100 people are aware of aphasia - a condition characterised either by partial or total loss of speech or the capacity to write. It affects a third of stroke victims, a Canadian study says.

Aphasia occurs when there is stroke damage to language and communication centres in the brain. It does not affect intelligence but can leave people unable to express themselves, find their words and respond when spoken to.

Thirty community volunteers trained by the York-Durham Aphasia Centre, a March of Dimes Canada programme, collaborated with researchers from two Ontario universities in a survey of 832 adults in southern Ontario.

They found that only two percent of respondents could correctly identify aphasia as a communication disorder affecting the ability to speak, understand, read or write, according to a statement of York-Durham Aphasia Centre.
"Aphasia is poorly understood," says neurologist Michael Hill, co-chairman of the Canadian Stroke Congress. "The sudden loss of language after a stroke creates huge challenges for individuals and their families." As many as 100,000 Canadians are living with chronic aphasia.

"About one third of all people who have strokes experience some degree of aphasia but despite this high prevalence, it just doesn’t get much attention," says Rick Berry, project coordinator, who worked with clinical coordinator and speech-language pathologist Ruth Patterson on the survey.

"We wanted to gather some Canadian data to compare with surveys that have been done in other countries," adds Berry.

These findings were presented at the Canadian Stroke Congress.

IANS


71. Chronic Diseases haunt Indians over 50

TNN | Oct 01, 2012,

NEW DELHI: This should serve as a wake-up call for India's 50 plus club, who face a serious risk for chronic diseases. A prevalence of risk factors study by the World Health Organization (WHO) conducted this year among males and females aged 50 or older across six countries, including India, has some worrying findings for Indians.

According to the Study on Global Ageing an Adult Health (SAGE), 87.9% men and 93.5% women in this age group have insufficient nutrition intake, while 24% men and 26% women have low physical activity.

Around one in four men and equal number of women suffer from high blood pressure. Nearly 63% men and 30% women are daily smokers.

Almost three in four men aged 50 and above and over four in five women have high risk waist hip ratio or abdominal obesity that greatly increases cardiovascular disease risk.

Nearly 1.3% males in the age group above 50 are obese. The case is worse for Indian women since 3% of them obese, according to United Nations Population Fund's (UNFPA) report on "Ageing in the 21st century" to be released on Monday.

"Risk factors for chronic diseases (such as smoking) vary by country. For example, 63% of men over 50 in India smoke, compared with only 11% in Ghana. In China, 51% of women over 50 have high blood pressure, compared with 27% in India. The biggest underlying risk factor for chronic disease in older people is high blood pressure, which can explain 12 to 19% of the total burden of disease in developing countries," says the UN report. India has around 90 million elderly and the figure is expected to increase to 315 million constituting 20% of the total population by 2050.
What should further wake up the Indian 50 plus age group club is a separate Indian study that confirms a steep out-of-pocket expenditure to pay health bills.

The study has been conducted jointly by UNFPA, Institute for Social and Economic Change (Bangalore), the Institute for Economic Growth (New Delhi) and the Tata Institute of Social Sciences (Mumbai) in seven states having a higher proportion of elderly population — Kerala, Tamil Nadu, Maharashtra, Orissa, West Bengal, Punjab and Himachal Pradesh.

Among those who were hospitalized (9%) in India, they spent 10 days of hospital admission on an average per episode and spent over Rs 8,800 on consultation, medicines and diagnostics.

In the case of out-patient treatment, the average expenditure was about Rs 1,230.

An elderly also spends Rs 500 every month towards medicines. Only 24% of the elderly go for general health check-ups spending about Rs 600 for each check-up.

Around 75% of the elderly live in rural areas of which over 48% are women and of this, 55% are widows. Nearly three out of five single older women are very poor and two out of three rural elderly are fully dependent. Additionally, there is an increasing proportion of elderly at 80+ ages and is more pronounced among women.

The report says, "The overwhelming burden of disease in older persons is from non-communicable diseases (NCDs). Ischaemic heart disease, stroke and chronic lung disease are the biggest killers. Visual and hearing impairment, dementia and osteoarthritis are the main causes of disability. These diseases affect older persons in developing countries far more than in the developed world."

It adds, "Older people in developing countries lose five times as many years from chronic lung disease and twice as many from stroke as in developed countries. This disparity is even greater for the poorest countries compared with the richest. Older people in developing countries also carry almost three times the burden of visual impairment as those in the developed world." The study also found that about 65% of elderly suffer from a chronic ailment of which arthritis/rheumatism, hypertension, cataract and diabetes are most prevalent, in that order. About one-third of the elderly suffer from two or more chronic ailments simultaneously.

Morbidity levels tend to be higher among females across all age groups of elderly.

Babatunde Osotimehin, executive director of UNFPA, says, "With one in nine persons in the world aged 60 years or over, projected to increase to one in five by 2050, population ageing is a phenomenon that we can no longer ignore. Increasing longevity is one of humanity's greatest achievements. Indeed, population ageing is cause for celebration."

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Almost three in four men aged 50 and above and over four in five women have high risk waist hip ratio or abdominal obesity that greatly increases cardiovascular disease risk.

Nearly 1.3% males in the age group above 50 are obese. The case is worse for Indian women since 3% of them obese, according to United Nations Population Fund's (UNFPA) report on "Ageing in the 21st
"Risk factors for chronic diseases (such as smoking) vary by country. For example, 63% of men over 50 in India smoke, compared with only 11% in Ghana. In China, 51% of women over 50 have high blood pressure, compared with 27% in India. The biggest underlying risk factor for chronic disease in older people is high blood pressure, which can explain 12 to 19% of the total burden of disease in developing countries," says the UN report. India has around 90 million elderly and the figure is expected to increase to 315 million constituting 20% of the total population by 2050.

What should further wake up the Indian 50 plus age group club is a separate Indian study that confirms a steep out-of-pocket expenditure to pay health bills.

The study has been conducted jointly by UNFPA, Institute for Social and Economic Change (Bangalore), the Institute for Economic Growth (New Delhi) and the Tata Institute of Social Sciences (Mumbai) in seven states having a higher proportion of elderly population — Kerala, Tamil Nadu, Maharashtra, Orissa, West Bengal, Punjab and Himachal Pradesh.

Among those who were hospitalized (9%) in India, they spent 10 days of hospital admission on an average per episode and spent over Rs 8,800 on consultation, medicines and diagnostics.

In the case of out-patient treatment, the average expenditure was about Rs 1,230.

An elderly also spends Rs 500 every month towards medicines. Only 24% of the elderly go for general health check-ups spending about Rs 600 for each check-up.

Around 75% of the elderly live in rural areas of which over 48% are women and of this, 55% are widows. Nearly three out of five single older women are very poor and two out of three rural elderly are fully dependent. Additionally, there is an increasing proportion of elderly at 80+ ages and is more pronounced among women.

The report says, "The overwhelming burden of disease in older persons is from non-communicable diseases (NCDs). Ischaemic heart disease, stroke and chronic lung disease are the biggest killers. Visual and hearing impairment, dementia and osteoarthritis are the main causes of disability. These diseases affect older persons in developing countries far more than in the developed world."

It adds, "Older people in developing countries lose five times as many years from chronic lung disease and twice as many from stroke as in developed countries. This disparity is even greater for the poorest countries compared with the richest. Older people in developing countries also carry almost three times the burden of visual impairment as those in the developed world." The study also found that about 65% of elderly suffer from a chronic ailment of which arthritis/rheumatism, hypertension, cataract and diabetes are most prevalent, in that order. About one-third of the elderly suffer from two or more chronic ailments simultaneously.

Morbidity levels tend to be higher among females across all age groups of elderly.

Babatunde Osotimehin, executive director of UNFPA, says, "With one in nine persons in the world aged 60 years or over, projected to increase to one in five by 2050, population ageing is a phenomenon that we can no longer ignore. Increasing longevity is one of humanity's greatest achievements. Indeed, population ageing is cause for celebration."

72. Screen-addicted Children may suffer Newest Mental Disorder

Sep 30, 2012

Melbourne: Children addicted to using electronic devices may suffer from "internet-use disorder", a newly discovered and serious mental illness, according to a new study.

Psychologists argue video game and internet addictions share the characteristics of other addicts, including emotional shutdown, lack of concentration and withdrawal symptoms if the gadgets are removed.

The formal inclusion of this new addiction in a worldwide psychiatric manual has been welcomed by Australian psychology professionals in response to a wave of "always-on" technology engulfing kids, the 'Sydney Morning Herald' reported.

"With kids, gaming is an obvious issue. But overall, technology use could be a potential problem", said Mike Kyrios, Professor of Psychology.

Other fallout can include devastating impacts for children and families as social interaction and even food are neglected in favour of the virtual worlds the children inhabit.

Australian experts contributed to the Australian Psychological Society's submission to the international manual, supporting the inclusion of an addiction focused on internet gaming.

The inclusion acknowledges risks posed by over-use of seemingly benign technologies, classifying internet-use disorder alongside other mental disorders that need further research before becoming a recognised mental illness that can be formally diagnosed.

Kyrios said once more research is invested in the disorder, it would allow health professionals to diagnose children with addictive behaviours from technology overuse and treat them appropriately, including strategies to change their obsessive over-reliance on being connected.

He said children with underlying obsessive compulsive disorders could be at risk from technology overuse.


73. Acid attacks: Now, 100% Medical cover, Rs 5 Lakh to Kin in Case of Death

Express news service
Sep 28, 2012

Chandigarh: The Haryana government recently amended the Relief and Rehabilitation of Women Acid Victims Scheme. Under the new amendment acid attack victims will now be fully re-imburased for their medical treatment including plastic surgery at high-end specialised hospitals. Various private hospitals have been included in a list of approved hospitals where acid attack victims can now get their treatment. A sum of Rs 5 lakh will also be given to the legal heirs of the victims who succumb to their injuries.
The list of approved hospitals, which originally contained just PGIMS in Rohtak, PGIMER in Chandigarh and AIIMS in New Delhi, has now been extended to include a number of private hospitals.

“Escorts Hospital, Batra Hospital, Sir Ganga Ram Hospital, Indraprastha Apollo Hospital, Rajiv Gandhi Cancer Institute, Maharaja Aggarsen Hospital and Charitable Trust in New Delhi, Fortis Hospital in Mohali, Drishti Eye Hospital and Sake Hospital in Panchkula have been added to the list,” said the director general of Haryan’s Women and Child Development Department.

The Relief and Rehabilitation of Women Acid Victims Scheme was originally launched in May, 2011 to provide relief to girls and women residents of Haryana who had become victims of acid attack.


74. Orthopaedic Study Conducted

Anuradha Mascarenhas
Oct 03, 2012

With the increasing number of accidents in Pune, the Sancheti Institute in collaboration with McMaster University, Canada, recently concluded a study to evaluate the characteristics and treatment of patients with fractures presenting to the emergency department across hospitals in India. Dr. Chetan Pradhan, Assistant medical director and head of the trauma department of the Sancheti institute has now been invited to the Orthopaedic Trauma Association Conference, to be held in Minneapolis, USA to deliver a lecture on the study. “With over 1300 patients recruited, our research centre aimed at understanding the standard of medical care prevalent in our country with an emphasis in difference of outcomes between private and public sectors,” he said.

World Elders Day Observed

World Elders Day was observed recently and according to the report released on October 1 by UNFPA and HelpAge International on Ageing in the 21st Century, by 2050 in India women over 60 years would exceed the number of elderly men by 18.4 million. “The population of the elderly is increasing at 3.9 per cent as compared to 1.9 per cent of the total population. As per HelpAge’s India study on Elder abuse, 31 per cent of the elderly interviewed reported facing abuse. The report has recommended the inclusion of the ageing and needs of the elderly in all national development policies,” a statement issued by HelpAge stated.

Skin and Hair Diagnosis

Dr Niteen Dhepe, of Skin City PG Institute spoke to media persons recently on the latest trends in hair transplantation and how diagnosis and treatment of all dermatological and trichology related problems is possible. Dhepe explained various methods such as Follicular Unit Hair Transplant (FUT) technology, Follicular Unit Extraction FUE and the Low laser therapy for hair transplant, how it is different, much easier and better and more economical on the pocket. Skin City Clinic was invited to the Mexico World Congress of Cosmetic Dermatology to speak on the long term results of laser hair removal in Indian skin.
**Nirmal Bharat Yatra Announced**

WASH United and Quicksand Design Studio announced the impending kickoff of the Nirmal Bharat Yatra (NBY). NBY is a toilet and hygiene mela that harnesses the passion for cricket, the glamour of Bollywood, the fun of interactive games towards creating a “masala” of positive excitement around the long-neglected issues of sanitation and hygiene across India. More specifically, the NBY raises awareness of and facilitates behaviour change around sanitation and handwashing with soap. In addition, it also tackles the persisting taboos around menstrual hygiene management (MHM) in India. Thorsten Kiefer, Executive Director of WASH United, says: “We have looked at the things Indians really are passionate and excited about and transposed them into a sanitation and hygiene context. What we are trying to do with the Yatra is to make toilets and hygiene cool and sexy.”


**75. Difficulty in Chewing Food Linked to Dementia Risk**

Last Updated: October 05, 2012

Washington: Your chewing ability can determine your mental abilities, according to new research from Karolinska Institute.

The older people become the more likely it is that they risk deterioration of cognitive functions, such as memory, decision-making and problem solving.

Research indicates several possible contributors to these changes, with several studies demonstrating an association between not having teeth and loss of cognitive function and a higher risk of dementia.

One reason for this could be that few or no teeth makes chewing difficult, which leads to a reduction in the blood flow to the brain. However, to date there has been no direct investigation into the significance of chewing ability in a national representative sample of elderly people.

Now a team comprised of researchers from the Department of Odontology and the Aging Research Center (ARC) at Karolinska Institute and from Karlstad University have looked at tooth loss, chewing ability and cognitive function in a random nationwide sample of 557 people aged 77 or older.

They found that those who had difficulty chewing hard food such as apples had a significantly higher risk of developing cognitive impairments.

This correlation remained even when controlling for sex, age, education and mental health problems, variables that are often reported to impact on cognition. Whether chewing ability was sustained with natural teeth or dentures also had no bearing on the effect.

The results are published in the Journal of the American Geriatrics Society (JAGS).

ANI

76. Brain Dead Girl gives New Lease of Life

Bindu Shajan Perappadan

Oct 05, 2012

“We realised our daughter would never return, so we decided to help others”

When 17-year-old Payal (name changed because her parents preferred not to reveal it) was declared brain dead on September 2, a day short of her 18th birthday, at a private hospital in the Capital, her parents made what they claim was the most difficult decision of their lives. “We decided to donate our child’s organs, and today we are proud to say that she has helped save the lives of three persons and helped restore sight to two others,” says Ajay Mathur, father of the deceased child.

The child had met with an accident on the outskirts of the Capital on August 23 and was admitted to BLK Super Specialty Hospital on August 25.

BLK Super Specialty Hospital Nephrology/Renal Transplant Services senior consultant and director Dr. Sunil Prakash says: “The patient was declared brain dead on September 2 and we harvested her organs including kidneys, liver and cornea. While one kidney was used for a patient in our hospital, a liver and kidney was used by Army Research & Referral Hospital, New Delhi, and her corneas were donated to the Centre for Sight.”

Speaking at a function organised by the hospital here on Thursday to felicitate the girl’s parents, Mr. Mathur said: “Donating her organs was an emotional decision for all of us. But we realised that our daughter was never going to return, so we decided to help others.”

Dr. Prakash said: “In India, thousands of patients die either for want of donors or because they had to wait for too long. Recent data shows that as many as 1.25 lakh Indians died in road accidents last year but only less than 20,000 of them had donated their kidneys, liver, pancreas or heart for potential recipients. In India, nearly 14 people are involved in fatal accidents every hour. Of these, one brain dead person could save 7-8 lives, which can overcome the shortage and prevent illegal activities of organ use.”


77. Unhygienic Britons are World`s Worst Flu-spreaders

Last Updated: Friday, October 05, 2012

London: Britons take fewer basic hygiene precautions like washing hands and sneezing into a tissue against catching flu than people in other countries, a new international study has found.

The survey by Harvard School of Public Health showed that just one in five cavalier Brits tried to keep away from people with flu-like symptoms and fewer avoided shopping centres or sporting events during the flu season.

Researchers carried out surveys in the UK, the US, Argentina, Japan and Mexico soon after the 2009 H1N1 swine flu pandemic, the `Daily Mail` reported.

Around 900 people were asked how they had modified their behaviour when there was a risk of
catching the virus. Britons consistently had the most careless attitude.

Flu expert Professor John Oxford, a virologist at the University of London, said the results were "terribly disappointing".

"We have a lot to learn about avoiding infection. One explanation is that we have become complacent because we think drugs will always be available but it’s very likely we will get a novel infection at some stage when it will be critical to do these basic things to stop us getting it," he said.

One in four Britons questioned said that when swine flu was sweeping the UK they covered their mouth or nose with a tissue more frequently when sneezing or coughing, or used their elbow or shoulder to catch a sneeze or cough.

This compared with 61 per cent of Americans, 77 per cent of Mexicans, 64 per cent of Argentineans and 48 per cent of Japanese.

Fifty-three per cent of Britons said they washed their hands more often, compared with 72 per cent of US citizens, 86 per cent of Mexicans, 72 per cent of Japanese and 89 per cent of Argentineans.

People from the UK were also the least willing to avoid hugging or kissing members of their family or friends during the pandemic.

Only 2 per cent of Britons said they followed this strategy, which was adopted by 46 per cent of Mexicans, 21 per cent of Americans and 19 per cent of Argentineans.

The question was not asked in Japan, where kissing is not the cultural norm.

Only one in five people in the UK tried to avoid being near someone with flu symptoms.

The study was published in The `Lancet` medical journal.

PTI


78. Contrary to Govt Claims, Leprosy on rise in Maharashtra

Last Updated: Saturday, October 06, 2012

Pune: Contrary to the official claims of elimination of leprosy in Maharashtra, the state is witnessing a constant increase in the number of fresh cases detected 2007 onwards.

"It was officially declared in 2005 that leprosy has been eradicated in Maharashtra. However, fresh cases are still being detected in the state," Sharadchandra Gokhale, founder president of the International Leprosy Union (ILU) claimed.

There is a further increase in the number of Multi-Bacilliary cases with child population accounting for 12 per cent of total detected cases, he said.

The ILU, which is headquartered in the city, had in its search campaign conducted in 173 blocks in the state last year had detected as many as 2,515 fresh cases, Gokhale said, emphasizing the need for a
door-to-door campaign to unearth fresh cases and timely treatment.

At present, the Annual New Case Detection Rate (ANCD) is 15.96 per cent per lakh population in Maharashtra, he said adding that the ILU had set up a human rights grievance cell in order to seek justice for the affected as the disease continued to be socially stigmatised.

"There is still no let-up in the stigma attached to the disease and discrimination against the leprosy-affected continues unabated," said Indranath Banerjee, an associate researcher attached to the ILU.

Of the 2,28,474 new leprosy cases detected in the world in 2010, the figure for India stood at 1,26,800, which accounts for 55.5 per cent, the data available with ILU shows.

"If the Union and state governments do not take serious note of this fact and initiate effective steps to eradicate leprosy, the problem would become more acute," Gokhale said.

To address the problems being faced by the Leprosy Affected Patients (LAP), the ILU has decided to constitute `LAP`s Human Rights Cell` to take their collective and individual grievances to the Human Rights Commission, he added.

Gokhale said the WHO has already alerted the Indian government on the situation concerning LAPs in the country, underlining a pressing need for conducting a fresh all-India survey to assess increase of fresh cases and its eradication.

PTI

79. 14 Novel Biomarkers for Type 2 Diabetes Identified
Last Updated: Friday, October 05, 2012

Washington: Researchers have identified 14 new biomarkers for type 2 diabetes, which can serve as basis for developing new methods of treatment and prevention of this metabolic disease.

The biomarkers can also be used to determine diabetes risk at a very early point in time. At the same time the markers enable insight into the complex mechanisms of this disease, which still have not been completely elucidated.

The researchers led by Anna Floegel of the German Institute of Human Nutrition (DIfE) and Tobias Pischon of the Max Delbrueck Center studied the blood of study participants from three different studies with respect to their metabolites (metabolomics).

The study was based on data and blood samples of the prospective EPIC-Potsdam study with more than 27,500 study participants, the Tuebingen family study and the KORA study. The study was conducted in collaboration with the German Center for Diabetes Research (DZD) and funded by the Federal Ministry of Education and Research (BMBF).

The aim of the current study was to identify metabolites in blood, which provide insight into the pathomechanisms of type 2 diabetes and in addition can be used as biomarkers to determine the disease risk.

To this end, the researchers studied a total of 4,000 blood samples. About 3,000 of these samples came from the EPIC-Potsdam study, nearly 900 samples from the KORA study in Augsburg and 76 from
the study in Tuebingen.

At the time the blood sample was taken, none of the study participants suffered from type 2 diabetes. However, during the average follow-up time of seven years, 800 Potsdam study participants and 91 Augsburg participants were diagnosed with type 2 diabetes.

The 76 participants in the Tuebingen study were already classified at the beginning of the study as individuals at high risk for type 2 diabetes. At the time the blood sample was taken, however, they were still healthy.

Jerzy Adamski and his team at the Institute of Experimental Genetics of Helmholtz Zentrum Muenchen analyzed the concentrations of 163 metabolites per blood sample. Fourteen of these metabolites exhibited a strong association with the development of type 2 diabetes.

“In addition to simple sugars, the 14 identified metabolites include various protein components and choline-containing phospholipids which play a role in the structure of cell membranes and in the transport of blood lipids,” said Anna Floegel, lead author of the study.

“Our findings particularly indicate a previously unknown role of phospholipids in type 2 diabetes development. This is a first clue which should definitely be pursued,” she added.

ANI


80. Botox offers Effective Treatment for Urinary Urgency Incontinence

Last Updated: Friday, October 05, 2012
Washington: A new study has found that Botox (onabotulinum toxin-A) injections to the bladder are as effective as medication for treating urinary urgency incontinence in women, but the injection is twice as likely to completely resolve symptoms.

These findings were reported by a National Institutes of Health clinical trials network including Loyola University Chicago Stritch School of Medicine (SSOM).

Urgency incontinence is urinary incontinence with a strong or sudden need to urinate. Traditionally, this condition has been treated with drugs known as anticholinergics, which reduce bladder contractions by targeting the bladder muscle through the nervous system. However, many women who take anticholinergic medications experience side effects, including constipation, dry mouth and dry eyes.

“Prior to this study, we reserved onabotulinum toxin-A for women who did not respond to traditional oral medication. However, this research supports the use of either of these approaches as appropriate first-line treatment in women,” said Linda Brubaker, MD, MS, co-author and dean, SSOM.

Women are twice as likely to experience urinary incontinence as men.

This study evaluated 241 women with urinary urgency incontinence. One group of participants received six-months of daily oral medication plus a saline injection. The other group received one injection of onabotulinum toxin-A (Botox) plus a daily oral placebo capsule. At the beginning of the study, patients had an average of five urgency incontinence episodes a day.
The average reduction in episodes over six months was 3.4 with oral medication and 3.3 with onabotulinum toxin-A. The proportion of women with complete resolution of urgency incontinence was 13 percent with anticholinergics and 27 percent with onabotulinum toxin-A. Quality of life improved in both groups without significant differences.

More participants in the anticholinergic group reported dry mouth (46 percent versus 31 percent) while the onabotulinum toxin-A group had more urinary tract infections (28 percent versus 15 percent) and more incomplete bladder emptying, requiring temporary bladder catheterization (5 percent versus 0 percent).

“These results will help doctors weigh treatment options for women and make recommendations based on individual patient needs,” said Dr. Brubaker, who is in the Division of Female Pelvic and Reconstructive Surgery, Loyola University Health System.

These findings were published in the latest issue of The New England Journal of Medicine.

ANI