



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE Day
Thursday 201901010

Happy childhood

For a happy childhood (The Hindu: 201901010)

<https://www.thehindu.com/opinion/op-ed/for-a-happy-childhood/article29629519.ece>



India requires multiple interventions to prevent mental health disorders among adolescents

With over 18% of India's population aged 10-17, the future of the country will be driven by this segment. The government has introduced many initiatives for their health, nutrition, education and employment. The goal should be for them to thrive, be productive adults and be happy.

Suicide among adolescents

But a happy childhood is fast becoming a challenge for many. Recent data suggest that mental health disorders are on the rise among 13-17-year-olds, with one out of five children in schools suffering from depression. According to the National Mental Health Survey of 2016, the prevalence of mental disorders was 7.3% among 13-17-year-olds. With many resorting to self-

harm, statistics suggest that suicide among adolescents is higher than any other age group. According to the Global Burden of Disease Study 1990-2016, in India, the suicide death rate among 15-29-year-olds was highest in Karnataka (30.7), Tripura (30.3), Tamil Nadu (29.8), and Andhra Pradesh (25.0). India's contribution to global suicide deaths increased from 25.3% in 1990 to 36.6% in 2016 among women. Though suicides among women have decreased overall, the highest age-specific suicide death rate among women in 2016 were for ages 15-29 years and 75 years or older.

Half of all mental health disorders in adulthood starts by 14 years of age, with many cases being undetected. Those who suffer from depression and anxiety in adulthood may often begin experiencing this from childhood and it may peak during adolescence and their early 20s.

Cardiac care

Tending to the heart: On cardiac care (The Hindu: 201901010)

<https://www.thehindu.com/opinion/editorial/tending-to-the-heart/article29334492.ece>

Targeting risk factors is key to reducing deaths due to cardiovascular diseases

The reinvention of the wheel can be painful. Taking lessons from those who have already run the wheel several revolutions and tweaking those lessons for domestic conditions might not be a bad idea. For India, there is indeed valuable learning from the results of the Prospective Urban Rural Epidemiology (PURE) study published in The Lancet this week. Studying the situation in 21 countries across five continents, categorised by income levels, researchers showed that while cardiovascular disease (CVD) is the leading cause for death overall, there have been some transitions, particularly in the high-income countries, which have managed to reduce the number of deaths from CVD. In low-income countries, including India, however, CVD is still the top killer, with death three times more frequent than that due to cancer. What flies in the face of logic is that the risk burden of CVD-linked mortality is inversely proportional — lower risk but higher mortality in low-income countries, and higher risk but lower mortality in high-income countries. PURE's analysis concluded that the higher mortality in poorer countries was likely due to other factors, including 'lower quality and less health care'. Access to affordable, quality health care is still a dream in many pockets in India. A great amount of out-of-pocket expenditure (according to Health Ministry data for 2014-15, nearly 62.6 % of India's total health expenditure) often frustrates continuation of treatment, or adherence to drug regimens. While some States have shown limited successes with government-sponsored health insurance schemes, the Centre's Ayushman Bharat Yojana will have to take much of the burden of hospitalisation for complications of non-communicable diseases. National and State schemes running on mission mode, including the National Programme for Prevention and Control of Cancer, Diabetes, CVD and Stroke will have to step up efforts to target people at risk with life-saving interventions.

While most of the predominant risk factors for cardiovascular disease present no startling medical revelation, it is significant that the single largest risk factor is a low education level. It

is no doubt part of the job description of the National Programme to modify this risk factor. However, governments will have to muscle up to tackle a rather startling finding — ambient air pollution and indoor air pollution have an impact on CVD and mortality. Household air pollution is the third top risk factor in low-income countries, according to the study. The need of the hour is out-of-the-box solutions combined with inspiration from models of those who seem to have belled this particular cat. Any plans that target the risk factors and prevent the onset of non-communicable diseases will clearly have to be truly game-changing, and incorporate the environmental angle as well.

Daily almond consumption

Daily almond consumption may help reduce facial wrinkles (The Tribune: 201901010)

<https://www.tribuneindia.com/news/health/daily-almond-consumption-may-help-reduce-facial-wrinkles/844804.html>

Daily almond consumption may help reduce facial wrinkles

"Almonds are a rich source of antioxidant vitamin E and deliver essential fatty acids and polyphenols."

LOS ANGELES: Daily consumption of almonds may help reduce the severity of facial wrinkles in post-menopausal women, claims a first-of-its-kind study to examine the effects of the nuts on skin health.

Researchers at the University of California (UC), Davis in the US found that a daily snack of almonds in place of other nut-free snacks improved measures of wrinkle width and severity in postmenopausal women.

The post-menopause is the time after which a woman has experienced 12 consecutive months of lack of menstruation.

In the 16-week randomised controlled trial, published in the journal *Phytotherapy Research*, 28 healthy postmenopausal women with Fitzpatrick skin type 1 or 2—characterised by increased tendency to burn with sun exposure—were randomly assigned to one of two groups.

In the intervention group, women ate almonds as a snack, which accounted for 20 per cent of their total daily calorie intake, or 340 calories per day on average (60 grammes).

The control group ate a nut-free snack that also accounted for 20 per cent of calories: a cereal bar, granola bar or pretzels.

Aside from these snacks, study participants ate their regular diets and did not eat any nuts or nut-containing products.

Skin assessments were made at the start of the study, and again at four weeks, eight weeks, 12 weeks and 16 weeks.

At each visit, facial wrinkles were assessed using high-resolution facial imaging and validated three dimensional (3D) facial modelling and measurement.

“These high resolution cameras allow for 3D reconstruction of any wrinkles so that they can be mapped for their key characteristics of width and severity. The severity score is a calculation of the depth and length of a wrinkle,” said Raja Sivamani, Associate Professor of Clinical Dermatology at UC Davis, and lead researcher on the study.

Skin barrier function was also assessed, by measuring sebum production and transepidermal water loss (TEWL).

Skin barrier function examines the strength of the skin barrier and how well it protects skin from moisture loss (TEWL) and from harmful irritants coming from the environment.

By the end of the study at 16 weeks, photographic image analysis showed statistically significant improvements for participants in the almond snack group compared to the control group, the researchers said.

They found that wrinkle width decreased by 10 per cent, while wrinkle severity reduced by nine per cent.

There were no significant changes in skin barrier function between groups, the researchers said.

“Almonds are a rich source of antioxidant vitamin E and deliver essential fatty acids and polyphenols. They are a smart choice for overall good nutrition,” said Sivamani.

“As seen in this study, almonds may hold promise as a food to include as part of a healthy ageing diet, especially for post-menopausal women,” he said.

However, the outcomes warrant future studies with expanded population groups and additional evaluations for signs of skin ageing, the researchers said.

Ageing is a long-lasting process so the findings from this study may be difficult to reproduce and generalise to extended periods of time, they said.

The researchers noted that skin-ageing is also multi-factorial in nature and although certain groups were excluded i.e. those with a smoking history, there is variance in ageing confounders, such as frequency of ultraviolet (UV) light exposure and emotional stress, which were outside the scope of the study. PTI

Drug Side effect (The Asian Age: 201901010)

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=13899579>

Drug side effect: J&J ordered to pay \$8 bn



New York, Oct. 9: A Pennsylvania jury ruled on Tuesday that US pharmaceutical giant Johnson & Johnson must pay \$8 billion in damages and interest for failing to warn that a psychiatric drug could cause breast growth in men.

Johnson & Johnson and its subsidiary Janssen Pharmaceuticals were blamed as plaintiff Nicholas Murray told the Philadelphia court that the drug Risperdal, prescribed to treat schizophrenia and bipolar disorder, had made him grow breasts.

The company challenged the ruling in a statement, calling the damages awarded "grossly disproportionate" with the initial award in the case of \$6,80,000.

"The company is confi-

dent (the ruling) will be overturned," the statement said, and "will be immediately moving to set aside this excessive and unfounded verdict."

In the statement, Johnson & Johnson accused the court of preventing their defense team from presenting "key evidence" on Risperdal labeling.

The company is facing a series of complaints in state courts for failing to properly warn of Risperdal's side effects, including in Pennsylvania, California and Missouri.

Risperdal, approved for the treatment of adults by the US Food and Drug Administration in 1993, brought in some \$737 million (672 million euros) in sales in 2018.

— AFP

NHM

NHM set to recruit 701 doctors, Bihar government 2,425 (Health World: 201901010)

<https://health.economicstimes.indiatimes.com/news/hospitals/nhm-set-to-recruit-701-doctors-bihar-government-2425/71360860>

Specialist doctors willing to serve in difficult areas will now get handsome salaries and perks. The National Health Mission (NHM) is in the process of recruiting 701 specialist doctors on contract basis in Bihar.

NHM set to recruit 701 doctors, Bihar government 2,425 PATNA: Specialist doctors willing to serve in difficult areas will now get handsome salaries and perks. The National Health Mission (NHM) is in the process of recruiting 701 specialist doctors on contract basis in Bihar. These doctors will be posted in places where medical professionals do not want to stay. The state health department is also in the process of recruiting 2,425 permanent doctors for government hospitals across the state.

The process related to appointment of permanent doctors has already been initiated by the health department. “The NHM will recruit the doctors on contract basis. In a bid to end the shortage of medical professionals permanently, the state government has also decided to recruit 2,425 doctors. The process will be completed within the next three months,” health department principal secretary Sanjay Kumar told TOI.

An official looking after appointment of 701 doctors for difficult areas said these doctors would be paid anywhere between Rs 1.50 lakh and Rs 2 lakh per month apart from getting hard area allowance and performance-linked incentives. “Since doctors avoid working in difficult areas, we have decided to pay them handsomely,” said the official.

The process for recruitment of service delivery staff on contract basis is also on. These staff will be responsible for implementing various health programmes of the government. There are altogether 250 vacancies for service delivery staff.

Sanjay said the department has also begun the process to appoint 4,000 medical officers and 9,130 grade ‘A’ nurses. These appointments may give some relief to health department which is reeling from shortage of staff.

As per the data shared by deputy chief minister Sushil Kumar Modi during an event to mark one year of Ayushman Bharat scheme on Monday, there was one doctor for 3,207 people in Bihar, though World Health Organization has set the parameter of one doctor per 1,000 people. The deputy CM had also said that states like Tamil Nadu (four doctors per 1,000 people) and Kerala (1.5 doctors per 1,000 people) were performing much better than Bihar.

Autoimmunity is now gaining importance in India: Dr Aparna Jairam / IVF experts, stakeholders congregated at ETHealthworld’s first edition of National Fertility Conclave / Cancer Genomics: The time to innovate; the time to change / Ayushman Bharat will bring uniformity in healthcare sector: Dr Naresh Trehan / India needs to be proactive in IP creation: Amber Malhotra / EVI, Hilleman Labs announce partnership to assess a new Shigella vaccine / Fertility Preservation – A wish coming true for cancer patients / Today we talk about living with cancer: Dato Dr. Ang Peng Tiam / Stigma attached to mental health continues to be a challenge: Dr. Natasha Kate Kothari / Apollo Spectra launches its first multi-specialty hospital in Gurugram

मानसिक रोग पर करीब आधे लोग तांत्रिकों की मदद लेते हैं

■ प्रमुख संवाददाता, नई दिल्ली

मानसिक स्वास्थ्य खराब होने पर आज भी 44 फीसदी लोग तांत्रिक या बाबा के पास जाना पसंद करते हैं। उन्हें लगता है कि इसका इलाज तांत्रिक के पास ही है। मानसिक स्वास्थ्य के प्रति लोगों की सोच आज भी जस की तस बनी हुई है। एक सर्वे से पता चला है कि 43 फीसदी लोग ही मानसिक बीमारियों को बीमारी समझते हैं और इलाज के लिए अस्पताल जाने की बात महसूस करते हैं। ऐसी बीमारियों के इलाज के लिए आसपास सेंटर नहीं हैं।

कॉस्मोस इंस्टिट्यूट ऑफ़ मेंटल हेल्थ एंड बिहैवियरल साइंसेस (सीआईएमबीएस) ने 7 राज्यों के 10,233 लोगों पर यह स्टडी की। सीआईएमबीएस के डायरेक्टर डॉ सुनील मित्रल ने कहा कि सर्वे के आधार पर मानसिक स्वास्थ्य सुविधा को बढ़ावा देने के लिए कई सुझाव भी आए हैं। 37 प्रतिशत लोगों ने ज्यादा से ज्यादा मानसिक चिकित्सा केन्द्र खोलने का सुझाव दिया। 48 प्रतिशत लोगों ने कहा कि वे जानते

7 राज्यों में किए एक सर्वे में सामने आए तथ्य

- 43 फीसदी लोग ही मानसिक बीमारी को बीमारी मानते हैं
- 26 फीसदी लोगों को 50 किलोमीटर दूर तक जाना पड़ता है इसके इलाज के लिए
- 87 फीसदी लोग मोबाइल फोन, ऐप, टेलिमेडिसिन के जरिए इलाज चाहते हैं
- 28 फीसदी ने कहा, इलाज आसान हो। 24 प्रतिशत चाहते हैं जागरूकता अभियान चले।



- 59 प्रतिशत लोगों ने कहा कि उनके घर के आसपास नशा मुक्ति केन्द्र ही नहीं है।

हैं कि उनके परिवार या दोस्तों में कोई व्यक्ति नशे की लत का शिकार है। डॉ. दीपाली बंसल के मुताबिक 55 प्रतिशत लोग मानसिक बीमारियों वाले लोगों को खतरनाक मानते हैं लेकिन यह गलत धारणा है। मानसिक बीमारी वाले लोग दूसरों के लिए खतरनाक साबित नहीं होते बल्कि दूसरों के खराब व्यवहार से पीड़ित जरूर होते हैं।

जीन एक्सपर्ट प्रणव अनम का कहना है कि कई ऐसी बीमारी हैं जो परिवार में

किसी को होती हैं तो उनके दूसरे को भी होने का खतरा रहता है। ऑटिज्म, बाईपोलर डिस्ऑर्डर, डिप्रेशन और सिजोफ्रेनिया जैसी स्थितियों में जिनेटिक कारण जिम्मेदार होते हैं।

सूइसाइड रोकने को वर्कशॉप: इंडियन मेडिकल एसोसिएशन ने युवा डॉक्टरों के बीच आत्महत्या के बढ़ते मामलों को लेकर प्री वर्कशॉप की। सामान्य आबादी की तुलना में मेडिकल छात्रों और डॉक्टरों की आत्महत्या दर बहुत अधिक है।

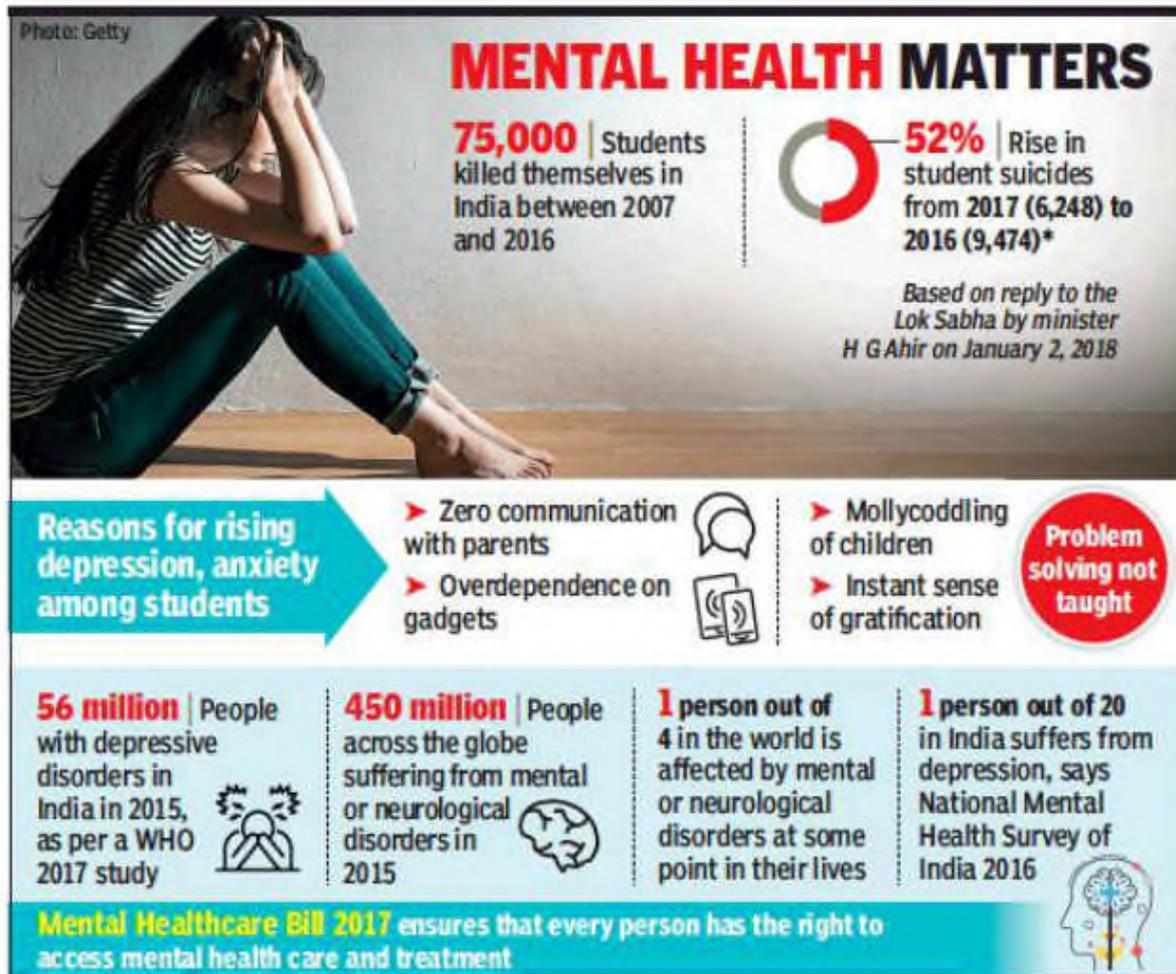
Anxiety

Delhi: Colleges need schooling on dealing with anxiety (The Times of India: 201901010)

<https://timesofindia.indiatimes.com/city/delhi/colleges-need-schooling-on-dealing-with-anxiety/articleshow/71512217.cms>

Read more at:

http://timesofindia.indiatimes.com/articleshow/71512217.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst



Mental healthcare

Access to mental healthcare is tough for 50% of people: Stud.. (The Times of India: 201901010)

Read more at:

CAUSE FOR CONCERN

13.7% Prevalence of mental illness in India as per National Mental Health Survey (2016)

28% of global suicides occur in India



Access to mental healthcare

49% had a mental health facility within 20km radius

26% reported no mental health facility within 50km radius

59% reported lack of any de-addiction service in their area

Awareness about mental health

57% not aware of any person with mental illness

28% did not consider suicide to be associated with mental illness

Insurance for mental healthcare

80% had no health insurance or thought mental health treatment was not covered

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Central health test

6 states, including WB, Bihar & MP, to lose 20% of Natio... (The Times of India: 201901010)

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Stent categorisation

Patients' group opposes stent categorisation... (The Times of India: 201901010)

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E-cigarettes

Why we banned E-cigarettes: When used by never-smokers, these can be a gateway for cigarette smoking and drug use (The Times of India: 201901010)

<https://timesofindia.indiatimes.com/blogs/toi-edit-page/why-we-banned-e-cigarettes-when-used-by-never-smokers-these-can-be-a-gateway-for-cigarette-smoking-and-drug-use/>

I have seen, as an ENT surgeon, many cancers attributable to tobacco use. As per estimates, two fifth of cancers in India are related to tobacco use. Nearly half of these cancer patients meet a painful death within 12 months of diagnosis. Their suffering and the ordeal of their relatives are behind my determination to fight this menace.

I do realise sensitivities involved in the field of tobacco control. However, there is nothing more important than wellbeing and happiness of our citizens. We cannot remain a mute spectator to 13.5 lakh Indians dying every year because of tobacco. One Indian dies every 10 seconds because of this lethal habit. These deaths are preventable and I will do all I can as health minister and responsible citizen to protect future generations.

I conceived the first ever anti-tobacco legislation in India. In 1997, the Delhi Prohibition of Smoking and Non-Smokers Health Protection Act was passed in the Delhi assembly. The Supreme Court later asked all states and the Centre to follow the Delhi model and enact similar legislation. Soon, there was a central legislation banning smoking in public places in 2002.

Our resolve for tobacco control is reflected in the preamble of the Cigarette and Other Tobacco Products Act (COTPA) 2003. This important bill was introduced in 2003 by late Sushma Swaraj and under the leadership of Atal Bihari Vajpayee in the face of stiff resistance of the tobacco lobby. The preamble states “it is expedient to prohibit consumption of cigarettes and other tobacco products which are injurious to health with a view to achieving improvement of public health in general as enjoined by Article 47 of the Constitution.” We are now looking to amend COTPA 2003 to plug its loopholes.

After becoming health minister in 2014, I resumed my fight against tobacco. Despite strenuous opposition, we succeeded in getting large size (85%) warning on tobacco packs along with the Quit line number. Free multilingual telephonic counselling is successfully assisting tobacco users quit the habit. I ensured better implementation of gutka and flavoured chewing tobacco ban. We also launched one of the most graphic anti-tobacco awareness campaigns on Indian television and cinema halls.

We also initiated steps to ban e-cigarettes in early 2014. Considering the need for engaging other ministries, we constituted committee of secretaries to accelerate tobacco control in India. It was heartening that, as per the Global Adult Tobacco Survey 2016, India has shown 17% relative decrease in tobacco consumption between 2010 and 2016 – the steepest ever reported in any part of the world.

With declining cigarette consumption globally, cigarette companies introduced e-cigarettes to remain profitable. These newer products are being deceptively promoted as a less harmful alternative to cigarettes. The liquid in the e-cigarette usually contains nicotine, which is toxic, highly addictive and known to be a lethal chemical. To make it more appealing to kids, more than 7,000 varieties of flavours are mixed in the liquid. Apart from nicotine, e-cigarette cartridges can also be used as delivery devices for addictive and harmful substances such as cannabis and opiates.

E-cigarette industry targets youth as potential customers – many of whom are never-smokers who view the devices as a form of recreation and sometimes a fashion statement. When used by never-smokers, these devices can be a gateway for cigarette smoking and other drug use. As per the US National Youth Tobacco Survey, e-cigarette use acquired epidemic proportions

and increased by 77.8% among high school students and by 48.5% among middle school students from 2017 to 2018, only in one year.

There is no conclusive evidence of “harm reduction” as well as any cessation benefits of these products. On the contrary newer evidence of harm is emerging, as demonstrated by the outbreak of severe lung disease due to vaping in New York where more than 400 people were affected and 12 reportedly died. Their use for cessation is not yet approved under the Drugs and Cosmetics Act.

Despite being sold illegally, as per GATS 2016, prevalence of e-cigarette smoking in India was 4%. Alarmed by these statistics and emerging evidence, various expert committees and institutions petitioned the ministry of health to ban e-cigarettes before they became an epidemic. Also, 18 states and two Union territories had already banned sale of e-cigarettes, vape, e-hookah and similar devices.

However, no legislation was available to ban these hazardous products across India. Therefore, on September 18, our government took a bold step by promulgating the Prohibition of Electronic Cigarettes (production, manufacture, import, export, transport, sale, distribution, storage and advertisement) Ordinance, 2019.

This path breaking decision will go a long way in accelerating tobacco control in India. Introduction of electronic nicotine delivery systems would have weakened our mission in this regard.

I would like to appeal to smokers to really resolve to quit completely rather than being nicotine dependent through unapproved alternatives. Nicotine replacement therapies through nicotine gums, lozenges and patches that are safe and duly approved under the Drugs and Cosmetics Act are also available. Prime Minister Narendra Modi has also highlighted the importance and urgency of e-cigarette ban in the UN and in his Mann ki Baat recently.

If you are so concerned about the health of citizens, why don't you grow a pair and ban combustible cigarettes just like you banned vape? Iâ

Capsule may spell end to painful insulin jabs

Capsule may spell end to painful insulin jabs (The Times of India: 201901010)

Read more at:

http://timesofindia.indiatimes.com/articleshow/71514720.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

Air pollutants

Air pollutants may kill hair follicles, make men go bald (The Times of India: 201901010)

Read more at:

http://timesofindia.indiatimes.com/articleshow/71514494.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst