



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Wednesday 20220202

बच्चों को टीकाकरण

पांच साल तक के बच्चों को टीकाकरण के लिए Pfizer और BioNTech ने मांगी इमरजेंसी इस्तेमाल की मंजूरी (Dainik Jagran: 20220202)

https://www.jagran.com/world/america-pfizer-biontech-see-emergency-authorization-for-covid-19-vaccine-for-kids-under-5-years-of-age-22432035.html?itm_source=website&itm_medium=homepage&itm_campaign=p1_component

दोनों दवा कंपनियों ने कहा कि फाइजर इंक और बायोएनटेक एसई ने आज घोषणा की कि यूएस फूड एंड ड्रग एडमिनिस्ट्रेशन (एफडीए) के अनुरोध के बाद कंपनियों ने फाइजर-बायोएनटेक कोविड-19 वैक्सीन के आपातकालीन उपयोग प्राधिकरण (ईयूए) में बदलाव करने के लिए एक रोलिंग सबमिशन शुरू किया है।

न्यूयार्क, एएनआई। कोरोना के बढ़ते खतरे के बीच, दवा कंपनियां, फाइजर और बायोएनटेक ने 6 महीने से 4 साल की उम्र तक के बच्चों के लिए अपने कोरोना वैक्सीन की आपातकालीन इस्तेमाल के लिए मांग की है। दोनों दवा कंपनियों ने कहा कि फाइजर इंक और बायोएनटेक एसई ने आज घोषणा की कि यूएस फूड एंड ड्रग एडमिनिस्ट्रेशन (एफडीए) के अनुरोध के बाद कंपनियों ने फाइजर-बायोएनटेक कोविड-19 वैक्सीन के आपातकालीन उपयोग प्राधिकरण (ईयूए) में बदलाव करने के लिए एक रोलिंग सबमिशन शुरू किया है।

फाइजर और बायोएनटेक ने कहा कि इस आबादी में तत्काल सार्वजनिक स्वास्थ्य की जरूरत के हिसाब से 6 महीने से 4 साल की उम्र के बच्चों (6 महीने से 5 साल की उम्र तक) के लिए इजाजत दी जाती है, तो फाइजर-बायोएनटेक वैक्सीन 5 वर्ष से कम उम्र के बच्चों के लिए उपलब्ध पहला कोरोना वैक्सीन होगा। फाइजर और बायोएनटेक ने कहा कि उन्हें आने वाले दिनों में ईयूए सबमिशन के पूरी होने की उम्मीद है।

बच्चों के अस्पताल में भर्ती की संख्या में वृद्धि

फाइजर के अध्यक्ष और मुख्य कार्यकारी अधिकारी, अल्बर्ट बौर्ला ने कहा कि कोरोना वायरस के कारण 5 वर्ष से कम उम्र के बच्चों के अस्पताल में भर्ती होने की संख्या बढ़ गई है। FDA के साथ हमारा पारस्परिक लक्ष्य भविष्य के विभिन्न प्रकार के वेरिएंट के लिए वैक्सीन तैयार करना है और लिए माता-पिता के लिए बच्चों को इस वायरस से बचाने में मदद का विकल्प प्रदान करना है।

उन्होंने कहा कि हम मानते हैं कि कोरोना के वर्तमान और संभावित भविष्य के वेरिएंट्स के खिलाफ लड़ाई के लिए 6 महीने से 4 साल की उम्र के बच्चों के लिए टीके की तीन खुराक की आवश्यकता होगी। यदि दो खुराक की इजाजत मिल जाती है तो माता-पिता के पास तीसरी खुराक के इंतजार के साथ टीकाकरण को शुरू करने का अवसर होगा।

कोरोना

सावधानी बरतें...गंभीर बीमारियों से पीड़ित लोगों को आसानी से अपना शिकार बना रहा है कोरोना (Dainik Jagran: 20220202)

<https://www.jagran.com/madhya-pradesh/bhopal-corona-infection-is-happening-early-to-people-suffering-from-serious-diseases-22432119.html>

कोरोना की तीसरी लहर में अब तक तीन दर्जन से ज्यादा

कोरोना की तीसरी लहर गंभीर रोग से पीड़ित लोगों को आसानी से अपना शिकार बना रही है। इनमें मधुमेह रक्तचाप हृदय रोग गुर्दे की बीमारी से पीड़ित लोग हैं। ऐसे लोगों की रोग प्रतिरोधक क्षमता सामान्य से कम होती है।

इंदौर, जेएनएन। दिसंबर के आखिरी हफ्ते से शुरू हुई कोरोना की तीसरी लहर में अब तक तीन दर्जन से ज्यादा मरीजों की मौत हो चुकी है। इनमें 17 वर्षीय किशोर से लेकर 95 वर्षीय बुजुर्ग तक शामिल हैं। चिंता की बात यह है कि कोरोना की तीसरी लहर उन लोगों को अपना शिकार बना रही है जो मधुमेह, रक्तचाप, हृदय रोग, गुर्दे की बीमारी जैसी गंभीर बीमारियों से पीड़ित हैं।

जानकारों के मुताबिक इन बीमारियों में शरीर की रोग प्रतिरोधक क्षमता सामान्य से कम हो जाती है। जब ऐसे मरीजों पर कोविड-19 वायरस का हमला होता है तो रोग प्रतिरोधक क्षमता कम होने के कारण शरीर वायरस से लड़ने में असमर्थ हो जाता है। जैसे ही वायरस हावी होता है, मरीज की हालत बिगड़ने लगती है। यह आवश्यक है कि गंभीर बीमारी से पीड़ित प्रत्येक व्यक्ति को समय पर कोरोना के दोनों टीके लगवाएं।

तीसरी लहर वैक्सीन की वजह से घातक नहीं थी

जनवरी में कोरोना की तीसरी लहर के दौरान 45 हजार से ज्यादा संक्रमित सामने आए, लेकिन इनमें से कुछ को ही अस्पताल में भर्ती कराने की जरूरत पड़ी। दरअसल, शहर की 80 फीसदी आबादी को कोरोना वैक्सीन लग चुकी है। वैक्सीन के कारण शरीर में बनी एंटीबॉडीज ने वायरस के हमले का डटकर मुकाबला किया और वायरस को मात दी। यही कारण है कि ज्यादातर लोगों में इस बीमारी का कोई गंभीर लक्षण नहीं दिखा।

इन बातों का रखें ध्यान

-शारीरिक दूरी के नियम का पालन करें, बहुत जरूरी होने पर ही सार्वजनिक स्थानों पर जाएं।

-घर से बाहर निकलते समय मास्क पहनना अनिवार्य है।

-दोनों कोरोना के टीके समय से लगवाएं, जिन लोगों को दोनों कोरोना के टीके लग गए थे, उनमें यह बीमारी गंभीर रूप नहीं ले पाई है।

दस दिन में कोरोना के नए मामले आधे घटे (Hindustan: 20220202)

<https://epaper.livehindustan.com/>

राहत : संक्रमण मामलों में लगातार आ रही गिरावट

23 जनवरी 3.33

24 जनवरी 3.06

25 जनवरी 2.55

26 जनवरी 2.85

27 जनवरी 2.86

28 जनवरी 2.51

29 जनवरी 2.35

30 जनवरी 2.34

31 जनवरी 2.09

01 फरवरी 1.67

(आंकड़े लाख में)

आफत : मौतों की संख्या छह दिन में दोगुनी हो गई

27 जनवरी < 573

28 जनवरी 627

29 जनवरी 871

30 जनवरी 893

31 जनवरी 959

01 फरवरी 1192

(स्रोत: स्वास्थ्य मंत्रालय)

इधर, दिल्ली में 2,683 नए केस, संक्रमण दर 5.09

दिल्ली में मंगलवार को कोरोना संक्रमण के 2,683 नए मामले सामने आए। वहीं, संक्रमण दर 5.09 दर्ज की गई। सक्रिय मरीजों की संख्या घटकर 16.5 हजार रह गई है। इस दौरान महामारी से 27 लोगों की मौत हो गई।

17.43

1.67

लाख संक्रमण के नए मामले आए देश में

1192

लोगों की जान गई एक दिन में संक्रमण से

लाख हैं देश में सक्रिय मामलों की कुल संख्या

India records over 1.61 lakh new Covid-19 cases, 1,733 deaths (The Indian Express: 20220202)

<https://indianexpress.com/article/india/india-records-over-1-61-lakh-covid-19-cases-1733-fatalities-in-24-hours-7752561/>

The active cases decreased by 1,21,456 to reach 16,21,603 — 4.20 per cent of the total infections — while India's tally of Covid-19 cases increased to over 4.16 crore.

A BMC health worker collects swab sample of an outstation passenger for COVID-19 test at Dadar station in Mumbai. (PTI)

Registering a downward trend in new Covid-19 infections for the third consecutive day, India reported more than 1.61 lakh cases on Wednesday, according to the Union Ministry of Health and Family Welfare.

However, the number of Covid-19 related deaths rose to 4,97,975 with 1,733 fatalities—up from 1,192 on Tuesday—the health ministry's data showed. The fresh cases and deaths have taken India's tally to more than 4.16 crore.

Active cases of Covid-19 were down by 1,21,456 to reach 16,21,603—4.20 per cent of the total infections. The daily positivity rate was recorded at 9.26 per cent, lower than Tuesday's 11.69 per cent. The weekly positivity rate was 14.15 per cent, data also showed.

The number of people who have recuperated from Covid-19 surged to 3,95,11,307, taking the national recovery rate to 94.60 per cent. Meanwhile, 17,42,793 Covid-19 tests were conducted in the last 24 hours, taking the total testing numbers to over 73.24 crore.

फिटनेस

रिटायरमेंट के बाद इन तरीकों से रखें खुद को फिट, एक्टिव और इंगेज (Dainik Jagran: 20220202)

<https://www.jagran.com/lifestyle/health-keep-yourself-fit-active-and-engaged-after-retirement-in-these-ways-22430046.html>

रिटायरमेंट के बाद जिंदगी खत्म नहीं बल्कि शुरू होती है। आपके पास भरपूर मौका होता है नई-नई चीजों को एक्सप्लोर करने का लेकिन साथ ही साथ उम्र के इस दौर में खुद को फिट रखना भी जरूरी है। तो कैसे करें फिटनेस मेनटेन आइए जानते हैं यहां।

काम से रिटायर होने के बाद एक अलग जिंदगी की शुरुआत होती है। ऐसी कई सारी चीजों को करने का मौका होता है जो नौकरी की भागदौड़ में मैनेज करना मुश्किल टास्क होता था खासतौर से फिट रहने का। लेकिन एक दूसरी समस्या भी रिटायरमेंट के बाद सामने होती है वो है उम्र की। जिसमें आप थकाने और भगाने वाली एक्टिविटीज़ चाहकर भी नहीं कर सकते। तो ऐसे में खुद को फिट रखने के और दूसरे तरीकों पर आपको फोकस करना चाहिए, जैसे...

1. हेल्दी खानपान

शुद्ध शाकाहारी भोजन करने से तन और मन दोनों ही शांत और स्वस्थ रहते हैं। बहुत ज्यादा तला-भुना, मिर्च-मसालेदार भोजन किसी भी आयु वर्ग के लिए सही नहीं होता। संतुलित और सादा भोजन बॉडी के कई जरूरी न्यूट्रिशन की पूर्ति करने के साथ इम्युनिटी को भी दुरुस्त रखता है जिससे बढ़ती उम्र में होने वाली कई बीमारियों से लंबे समय तक बचा रहा जा सकता है। खाने का टाइम और क्वांटिटी पर भी इस उम्र में ध्यान देना जरूर होता है।

2. एक्सरसाइज करने की आदत डालें

बढ़ती उम्र में शरीर में कई तरह के बदलाव आते हैं जिसकी वजह से नौजवानों जैसी भागदौड़ वाली एक्सरसाइजेस करना तो मुमकिन नहीं लेकिन अपनी क्षमतानुसार एक्टिविटीज़ और एक्सरसाइजेस तो की ही जा सकती हैं। जिसमें सबसे पहला नंबर आता है- मॉर्निंग, इवनिंग वॉक, जॉगिंग का। योगा, मेडिटेशन को भी आपको अपने रूटीन में शामिल करना चाहिए।

3. ब्रेन को एक्टिव रखें

खाली दिमाग शैतान का घर होता है। बेशक रिटायरमेंट के बाद आपके पास कुछ खास करने को नहीं होता लेकिन इसका मतलब ये नहीं कि आप पुरानी बातों और चीज़ों को देखकर उदास होते रहें बल्कि अपने ब्रेन को दूसरी चीज़ों में इंगेज रखें- जैसे बच्चों के साथ वक्त बिताएं, अपनी पसंदीदा चीज़ों को समय दें, कुछ नया सीखें आदि।

4. सोशलाइज़ करें

क्योंकि आपके पास समय ही समय है तो इसे किसी ऐसी चीज़ में व्यस्त रखें जिससे आपका दिमाग तरोताजा रहे और आपको खुशी मिले। बुक क्लब, गेम क्लब, डांस, राइटिंग क्लब्स जैसे कई ऑप्शन्स हैं जिन्हें आप ज्वॉइन कर सकते हैं। यहां आपको न सिर्फ अपना हुनर दिखाने का मौका मिलेगा बल्कि आपके ही तरह के और कई लोगों से बातचीत और जान-पहचान बढ़ाने का भी। जो बहुत ही अच्छा अनुभव होता है।

ओमीक्रोन

ओमीक्रोन का नया वर्जन तो और भी तेजी से फैल रहा! जानिए कितना खतरनाक है BA.2 (Navbharat Times: 20220202)

<https://navbharattimes.indiatimes.com/india/omicron-variant-latest-vesion-ba-2-is-more-infectious-than-original-know-how-dangerous-is-this/articleshow/89291074.cms>

कोरोना वायरस के नए वेरिएंट ओमीक्रोन का सब-वेरिएंट BA.2 मूल वेरिएंट से भी ज्यादा तेजी से फैलने वाला है। अलग-अलग हुई स्टडी में ये खुलासा हुआ है। ओमीक्रोन का नया वर्जन वैक्सीन का बूस्टर डोज लगवा चुके लोगों को भी संक्रमित करने की क्षमता रखता है।

नई दिल्ली : कोरोना वायरस (Coronavirus news) के बहुत ही तेजी से फैलने वाले ओमीक्रोन वेरिएंट (Omicron Sub-Variant BA.2) का नया रूप BA.2 और भी ज्यादा तेजी से फैल रहा है। नई स्टडी इस तरफ इशारा कर रही हैं। स्टडी के नतीजों से अब उन उम्मीदों को झटका लगा है कि ओमीक्रोन लहर के बाद कोरोना महामारी तेजी से खत्म हो सकती है। खास बात ये है कि BA.2 भारत में भी फैलने लगा है।

ब्लूमबर्ग की एक रिपोर्ट के मुताबिक, ऑनलाइन पब्लिश हुई यूनिवर्सिटी ऑफ कैलिफोर्निया की स्टडी बताती है कि ओमीक्रोन संक्रमण से उबर चुके लोगों में इतनी इम्यूनिटी नहीं बन रही जो बाकी वेरिएंट से संक्रमण को बचा सके। रिसर्च के मुताबिक, संक्रमण के बाद पैदा होने वाली नेचुरल इम्यूनिटी वैक्सीन के बूस्टर डोज से पैदा होने वाली इम्यूनिटी की महज एक तिहाई है। यानी कोरोना के खिलाफ लड़ाई में वैक्सीन ही उम्मीद की किरण है।

इसी तरह डेनमार्क में हुई एक अन्य स्टडी भी वैक्सीन की अहमियत को बता रही है। स्टडी के मुताबिक, ओमीक्रोन का सब वेरिएंट BA.2 ओरिजिनल वेरिएंट के मुकाबले बहुत ही ज्यादा तेजी से फैलने वाला है। हालांकि, जिन लोगों ने वैक्सीन लगवा ली है, वे संक्रमित होने पर बाकियों को आसानी से संक्रमित नहीं कर पाएंगे। लेकिन जिन लोगों ने वैक्सीन नहीं लगवाई है, वे संक्रमित हुए तो अपने संपर्क में आने वाले लोगों को तेजी से संक्रमित करेंगे।

इस स्टडी के मुताबिक BA.2 न सिर्फ बहुत तेजी से फैलने वाला है बल्कि ये वैक्सीन से पैदा हुई इम्यूनिटी को आसानी से भेदने की भी क्षमता रखता है। ओमीक्रोन का ये लेटेस्ट वर्जन वैक्सीन लगवा

चुके यहां तक कि बूस्टर डोज लगवा चुके लोगों को भी चपेट में ले सकता है। हालांकि, वैक्सीन लगवा चुके लोगों को वैक्सीन नहीं लगवाए लोगों के मुकाबले बहुत कम खतरा है।

दुनियाभर में कोरोना संक्रमण के नए मामलों में सबसे ज्यादा ओमीक्रोन के BA.1 सब वेरिएंट के हैं। इस बीच, ओमीक्रोन के नए वर्जन BA.2 भी कई देशों में पांव पसारने लगा है। फिलहाल BA.2 डेनमार्क के अलावा भारत, ब्रिटेन, दक्षिण अफ्रीका, अमेरिका, स्वीडन और नॉर्वे में फैल रहा है।

Faster spread of Omicron is not due to higher viral load (The Hindu: 20220202)

<https://www.thehindu.com/sci-tech/science/faster-spread-of-omicron-is-not-due-to-higher-viral-load/article38346036.ece>

Omicron has replaced the Delta variant, which was considered highly transmissible, in almost every country across the world

The Omicron variant became the dominant variant infecting both vaccinated and the unvaccinated persons in many countries just one month after the World Health Organization designated it a variant of concern on November 26, 2021. Two months since, Omicron has become the dominant variant in every country that is witnessing a new wave. In short, Omicron has replaced the Delta variant, which was considered highly transmissive in almost every country across the world.

One of the defining features of a new variant is the higher transmissibility than the existing variant. If the Delta variant was found to be highly transmissible when compared with the Alpha variant, the Omicron variant has been found to be extremely transmissive when compared with the Delta variant.

Early studies

Earlier studies suggested that the extremely high transmissibility of the Omicron variant was probably due to higher viral load in an infected person. The higher the viral load in a person, the greater are the chances that the infected person can successfully spread it to others. This is because the infected person tends to release larger amounts of the virus. While the Delta variant require a relatively longer period of exposure before a person gets infected, the Omicron variant has been found to spread within a few minutes of exposure.

But the results of a study posted in medRxiv preprint server (and is yet to be peer-reviewed) has found that the viral load is nearly the same with both variants — Delta and Omicron.

Backed by mutations

With the Omicron variant possessing many mutations that allows it to escape the immune system better even in previously infected or fully vaccinated people, the extremely high rate at which the Omicron variant is spreading might be due to inherent immune escape capabilities rather than the high viral load as it was previously thought.

A team led by researchers from the Harvard T. H. Chan School of Public Health in Boston, Massachusetts, obtained longitudinal, quantitative RT-PCR test results of swabs taken from the nose and throat of over 10,300 players from the National Basketball Association, the organisation responsible for professional basketball in North America. The period of study was restricted between July 5, 2021 and January 10, this year. From the beginning of the pandemic the players and other people associated with the Association have been undergoing regular testing. The league conducts frequent COVID-19 testing of its players and personnel.

The researchers used RT-PCR cycle threshold (Ct) values of less than 30 as a proxy for viral load. The PCR test amplifies the genetic material from coronavirus through multiple cycles. Since the coronavirus has RNA, it is first converted into DNA, and each cycle of amplification doubles the amount of DNA.

If there is just one DNA molecule to start with, the amount of DNA after 30 cycles of amplification will be one billion molecules. If there is more genetic material to begin with then fewer cycles of amplification would be sufficient to detect the DNA.

Surprising results

While the researchers were expecting that people infected with the Omicron variant would show higher viral load, the results were the just opposite. “The peak viral RNA based on Ct values was lower for Omicron infections than for Delta infections,” they write. For Omicron, the Cycle threshold (Ct) was 23.3, while for Delta the cycle threshold was 20.5. “These results suggest that Omicron’s infectiousness may not be explained by higher viral load measured in the nose and mouth by RT-PCR,” they write.

The clearance phase was also shorter for Omicron infections — 5.35 days — while for Delta it was 6.23 days.

Omicron and Delta

Another team led by researchers from the University of Geneva, Switzerland, went a step further to measure the number of infectious virus particles present on the swabs collected from 150 infected people. The results are posted on preprint server medRxiv, and the paper is yet to be peer-reviewed. They found that breakthrough infections caused by the Delta variant had lower number of virus particles than unvaccinated people with Delta infection.

Surprisingly, the number of virus particles in vaccinated individuals with Omicron infection was comparable with individuals with Delta breakthrough infections.

Contrary to the previous notion that people infected with Omicron have higher viral loads than those infected with the Delta variant, the study by the University of Geneva found that vaccinated people infected with Delta or Omicron had nearly similar viral loads.

Domestic Violence

Why domestic violence rose amidst the pandemic | In Focus podcast (The Hindu: 20220202)

<https://www.thehindu.com/podcast/domestic-violence-amid-the-pandemic-in-focus-podcast/article38360613.ece>

Swarna Rajagopalan speaks to us on whether there are mechanisms in place to help support survivors of violence through the pandemic

The National Commission for Women has said it had seen a 30% rise in complaints of crimes against women in 2021, compared to 2020. Nearly 31,000 complaints of crimes against women were received by the Commission for last year, the highest since 2014. Of these, over 6,000 were related to domestic violence and over 4,000 were to do with dowry harassment.

In 2020 also, the Commission had received a record high number of complaints, one quarter of them related to domestic violence -- in just April and May of that year, during the nationwide lockdown, 47.2% of the cases it received were of domestic violence, by comparison, barely 21% of cases received between January and March were to do with this.

Domestic violence has sometimes been referred to as the 'shadow pandemic' -- as the world faced an unprecedented crisis and lockdowns became the norm in several countries, not only did women find themselves locked in with their abusers at home, they also lost access to support services outside. The economic distress faced by millions exacerbated the problem.

In India, organisations working with women have reported a huge spike in cases -- men and women lost their jobs, many members of a family were forced to stay together often in small quarters -- not only did women have more household work than usual, they also had little access to the outside, and their support systems dwindled.

At the same time, many girls and young women who would ordinarily have been in school and college, have been confined to their homes -- potentially increasing their vulnerability to violence and also to the threat of cyber crimes.

Did we have any mechanisms in place to help support survivors of violence through the pandemic? What legal and social structures do we need to have? What happens when fewer women use public places, and will this have an effect on women's safety in the future? And how well has the Protection of Women from Domestic Violence Act, 2005 been implemented?

Domestic violence and women's health in India (Hindustan Times: 20220202)

<https://www.hindustantimes.com/ht-insight/gender-equality/domestic-violence-and-women-s-health-in-india-101643542371193.html>

The study has been authored by Shoba Suri, Mona, and Debosmita Sarkar

The focus of this paper is Domestic Violence—the most common form of GBV against women.(SHUTTERSTOCK)

The focus of this paper is Domestic Violence—the most common form of GBV against women.(SHUTTERSTOCK)

Gender-based violence (GBV) or violence against women and girls is regarded as a global pandemic that affects one in every three women across their lifetime. An estimated 736 million women become victims of intimate partner violence (IPV), or non-partner sexual violence, or both, at least once in their life. The international community has long acknowledged the severity of the problem. In 1995, the Beijing Declaration and Platform for Action called for the elimination of violence against women. A decade later, in 2015, the UN adopted the 2030 Agenda for Sustainable Development which included a global target to eliminate “all forms of violence against women and girls in public and private spheres.”

In 2016, the World Health Assembly Resolution 69 called for a global plan of action to strengthen the role of the health system within a national multi-sector response to address interpersonal violence, particularly against women and young girls. Despite all these mandates, however, 49 countries have yet to adopt a formal policy on domestic violence. This violence—which has serious short- and long-term consequences on women's health and well-being—disproportionately affects women in low- and lower-middle-income countries.

Women aged 15-49 years living in the least developed countries have a 37% lifetime prevalence of domestic violence. Among younger women (15-24), the risk is even higher, with one of every four women who have ever been in a relationship facing some form of violence. Indeed, domestic violence is an all-pervasive public-health concern that women face in various forms across different parts of the world. In England, for example, the 2020 Crime Survey reported a 9% increase from 2019 in domestic-abuse related crimes.⁹ In the United States (US), the number of women who have ever reported experiencing domestic violence increased by 42% from 2016. The 1993 United Nations Declaration on the Elimination of Violence Against Women defines ‘gender-based violence’ as “an act that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women (including threats of such acts), or coercion or arbitrary deprivation of liberty, whether occurring in public or private life.”

The focus of this paper is Domestic Violence—the most common form of GBV against women. This paper defines ‘domestic violence’ as any form of violence (physical, sexual, psychological and verbal) against women in a domestic setting of a marital home or, within an intimate relationship, that results in or is likely to result in physical or mental harm or suffering to, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It is often used interchangeably with IPV. In India, 30% of women have experienced domestic violence at least once from when they were aged and around 4% of ever-pregnant women have experienced spousal violence during a pregnancy. This paper studies the link between domestic violence and women’s sexual and reproductive health, across their life course. Existing literature point to a significant association between domestic violence, and the poor health and well-being of not only the women themselves, but the children they give birth to, and are expected by social norms to care for. Indeed, the impacts of violence against women lead to grave demographic consequences, including low educational attainment and reduced earning potential for the younger generations.

A 2017 study of India, Nepal, and Bangladesh found GBV to be a risk factor for unintended pregnancies among adolescent and young adult married women. Studies from different countries have also suggested moderate to strong positive associations between IPV and clinical depression. These analyses noted an increased risk of 2-3-fold in depressive disorders and 1.5- 2-fold increased risk of elevated depressive symptoms and post-partum depression among women who have been subjected to intimate-partner violence. These women reported more episodes of anxiety and depression, and increased risk of low birth weight babies, pre-term delivery, and neonatal deaths.

In one 2005 study, South Asian women in the US reported that domestic violence reduced their sexual autonomy and increased their risk for unintended pregnancy; many suffered abortions. A recent review of women from the US, India, Brazil, Tanzania, Spain, Sweden, Norway, Australia and Hong Kong found that domestic violence was associated with an increased risk of shortened duration of breastfeeding. Studies from Bangladesh and Nepal show the association between violence and women’s poor nutritional status, increased stress, and poor self-care. Also in Bangladesh, demographic health surveys show compromised

growth in children born to women suffering domestic violence. In India, domestic violence has been found to impact early childhood growth and nutrition. Another analysis of data from Pakistan showed a significant increase in underweight, stunting, and wasting among children of women subjected to domestic violence. There is no dearth, therefore, in evidence that shows a direct causal relationship between domestic violence and the growth and development of children.

Diet/ Nutrition

Include these vitamin D-rich foods in your diet for a healthy and strong body (The Indian Express: 20220202)

<https://indianexpress.com/article/lifestyle/health/vitamin-d-foods-sunlight-bone-health-7732775/>

"Our immune system requires essential vitamins and minerals to function properly and guard the body against illnesses and immunodeficiency problems," said Tanvee Tutlani, celebrity nutritionist

It is a well-established fact that a nutritious and balanced diet plays a huge role in maintaining one's health. As such, one of the common reasons for the growing prevalence of chronic diseases and obesity is lack of nutrition and poor eating habits, say experts.

"Our immune system requires essential vitamins and minerals to function properly and guard the body against illnesses and immunodeficiency problems," said Tanvee Tutlani, celebrity nutritionist, dietitian and corporate health educator, adding that vitamin D is one such important micronutrient required for optimal body functioning, normal immune functioning, and growth and development of bones and teeth.

"Deficiency of vitamin D has been associated with diabetes, cardiovascular diseases, weight gain, autoimmune disorders, neuromuscular diseases, flu, osteoporosis, cancer, etc. Since vitamin D is produced naturally in the skin in response to sunlight, it is also known as 'sunshine vitamin'. However, certain foods can help to ensure an adequate level of fat-soluble vitamin D in the body," she told indianexpress.com.

Mushrooms

Mushrooms are one of the most potent non-animal sources of vitamin D2, D3, and D4. Like humans, mushrooms tend to synthesise vitamin D when they are exposed to the ultraviolet

light of the sun. Include mushrooms in your diet at least four times a week to fulfil the body's vitamin D requirement.

Cow's milk

Pasteurised cow's milk usually contains vitamin D. However, the amount can vary from brand to brand. Most milk manufacturers add the micronutrient during milk processing voluntarily to make the product more nutritious. While milk does not have vitamin D naturally, it is loaded with calcium. Thus, the two nutrients work well together to strengthen bones with better calcium absorption. Drinking a glass of pasteurised milk every day can help prevent bone-related disorders and keep the body healthy.

Cheese

One of the most relished food items around the world, cheese contains a decent amount of vitamin D. Out of all kinds, ricotta and cheddar are the most rich sources. However, cheese is also packed with fats so make sure to have the food item in small amounts to maintain an optimal balance of nutrients. You can also opt for a reduced-fat version of cheese to reap maximum health benefits.

food Ricotta, and cheddar cheese are the most rich sources of vitamin D. (Photo: Pixabay)

Fortified yoghurt

Yoghurt is an easy and convenient snack that is not only great for gut health but also for the bones. Consuming fortified yoghurt can help to fulfill approximately 10-20% daily requirement of vitamin D. However, many yoghurt varieties contain high amounts of sugar, so check the nutrition label carefully.

Butter

Butter is not only packed with antioxidants, minerals, fatty acids, and zinc, but also vitamin D. One tablespoon of butter can fulfil approx. 11% of the daily intake of vitamin D. If you suffer from heart disorders, refrain from consuming butter.

Cereal and Oatmeal

Many cereal and oatmeal brands add vitamin D in their product. A bowl of heavily fortified cereal can help in preventing vitamin D deficiency and fulfil the fibre requirements of the body as well.

Eggs

Eggs are considered the best source of vitamin D. Eating two eggs every day can fulfil 82 per cent of your daily recommended intake of vitamin D. Make sure to eat the whole egg and not just the whites to keep up the vitamin D levels in the body. Since eggs are also rich in immune-boosting nutrients such as proteins, zinc, selenium, they boost immunity levels and keep the heart healthy.

Eggs are rich in immune-boosting nutrients such as proteins, zinc and selenium. (Photo: Pexels)

Salmon

One of the popular fatty fish, salmon is a great source of vitamin D and other important nutrients beneficial for bones and muscles. A 100 g serving of salmon fulfils around 66 per cent of the daily requirement of vitamin D.

Needle-free Covid vaccine

Zydus begins delivering its needle-free Covid vaccine to government (Hindustan Times: 20220202)

<https://www.hindustantimes.com/india-news/zydus-begins-delivering-needle-free-covid-vaccine-to-government-101643781116262.html>

The government had last year placed an order for 10 million vaccine doses for the national anti-Covid immunisation programme

NEW DELHI: Zydus Cadila has begun supplying its needle-free anti-Covid vaccine ZyCoV-D to the government, the company announced on Wednesday.

“The company has started the supplies of its Covid-19 vaccine ZyCoV-D to the government of India against their order from its newly commissioned, state-of-the-art Zydus Vaccine Technology Excellence Centre at the Zydus Biotech Park in Changodar, Ahmedabad,” said the company in a statement.

The government last year placed an order for 10 million vaccine doses for the national anti-Covid immunisation programme. The company is also planning to make the vaccine available in the market.

ZyCoV-D is the world’s first plasmid DNA vaccine. A three-dose vaccine, it is to be administered intradermally using the painless PharmaJet needle-free system called Tropis on day 0, day 28, and day 56.

The vaccine will be priced ₹265 per dose and the applicator ₹93 per dose excluding GST. The company said it has signed an agreement with Shilpa Medicare Limited, a contract manufacturing organisation, to produce doses of ZyCoV-D. It also has a pact with Enzychem

Lifesciences of the Republic of Korea for the manufacturing license and technology transfer for the vaccine.

“Zydus VTEC manufactures the drug substance for the needle-free DNA Plasmid vaccine, ZyCoV-D. The manufacturing process and in process material transfers within the plant are automated,” Zydus said in the statement.

The national drugs regulator granted the vaccine approval for restricted use in emergency situations for people aged 12 and above. The company earlier announced it should have a production capacity of about 10-12 million doses per month.

The Union health ministry has said the Zydus vaccine would initially be used in districts in Bihar, Jharkhand, Maharashtra, Punjab, Tamil Nadu, Uttar Pradesh and West Bengal having low first dose coverage. The vaccine will be rolled out nationwide later.

Cancer care

Impact of Covid on cancer care: Unaddressed problem and the possible solutions (Hindustan Times: 20220202)

<https://www.hindustantimes.com/ht-insight/public-health/impact-of-covid-on-cancer-care-unaddressed-problem-and-the-possible-solutions-101643631412106.html>

The piece has been authored by Dr Parth Sharma a registrar of the department of medical oncology, Christian Medical College, Vellore. And Dr Ashish Singh is associate professor and the head of the department of medical oncology, CMC Vellore.

Studies from India and abroad have shown that community-based cancer screening leads to a significant reduction in cancer-related deaths. (Photo by National Cancer Institute on Unsplash)

Studies from India and abroad have shown that community-based cancer screening leads to a significant reduction in cancer-related deaths. (Photo by National Cancer Institute on Unsplash)

The Covid-19 pandemic has had a catastrophic impact on cancer care. As of December 2021, Covid-19 infection has affected more than 250 million people causing nearly 5.5 million deaths worldwide. The direct impact of Covid has been widely studied, but attention needs to be drawn on the indirect impact of Covid on other illnesses like cancer. Cancer cases

increased by nearly 324% from 2017 to 2018 in India according to National Health Profile, 2019 data. However, a rise of only 29% in cancer cases was noticed from 2020 to 2021. This highlights a huge number of missed cases which will increase the burden on the health care system in the coming years.

A study done in England showed a substantial increase in avoidable cancer-related deaths as a result of the impact of an ongoing pandemic on cancer care. The total additional years of life lost (YLL) across oral, breast, and colon cancer were estimated to be 59,204–63,229 years. Between March 1 and May 31, 2020, there was a 54% reduction in the number of new cancer patients registered, and nearly half the patients were lost to follow-up in India according to a Lancet oncology study. Treatment was affected in terms of reduction in hospital admissions, decreased outpatient chemotherapy, decrease in major and minor cancer surgeries and decrease in radiotherapy administration. Cancer screening was either stopped completely or was running at less than 25% of the usual capacity at more than 70% of hospitals in India during these months. A multinational study done across 54 countries showed that although 55.34% of centres reduced services as part of a pre-emptive strategy, other common reasons included an overwhelmed system, lack of personal protective equipment, staff shortage, and restricted access to medications. This has led to a delay in diagnosis which has caused curable cancers to present in an advanced stage where only palliative treatment can be offered.

Increased incidence of advanced-stage disease and increased cancer-related mortality have been noticed in CMC Vellore, a leading cancer care centre in South India. The economic impact of Covid has made cancer care unaffordable for a majority of the population. Shortage of drugs and unknown effect of Covid on cancer patients has led to change in treatment protocols thus reducing the effectiveness of treatment. “After spending all his money on institutional quarantine after turning Covid positive during the first wave, a patient who had come to CMC from West Bengal for cancer treatment had to return home as he could not afford further stay in Vellore,” according to an oncologist from CMC Vellore. Abrupt withdrawal of funding and interruption of cancer-related research also affected thousands of patients worldwide who were dependent on clinical trials for their treatment.

Unlike the Covid-19 pandemic, the pandemic of non-communicable diseases like cancer is not so dramatically evident. The seemingly endless pandemic has already exposed our inefficient health care system. We need to now prepare ourselves to deal with the burden of chronic diseases. The health care system needs to evolve, and more focus needs to be laid on the primary health care system in our country. While capacity-building at the tertiary healthcare level is important, we need to also strengthen our community outreach programs and our primary health care centres.

‘Knowledge conquers cancer,’ has been widely embraced as the new tagline in the fight against cancer. Spreading awareness about common cancers and the associated risk factors is the need of the hour. Starting from school till the institutional level, masses need to be educated regarding risk factors and early signs of cancer. Studies from India and abroad have shown that community-based cancer screening leads to a significant reduction in cancer-

related deaths. Cancer screening hubs need to be established at the community level to screen for common cancers. The national programme for prevention and control of cancer, diabetes, cardiovascular disease, and stroke (NPCDCS, established in 2010) under the National Health Mission provides free screening for diabetes, hypertension, and common cancers in government hospitals. More screening camps need to be organised by the government under this national policy.

Capacity-building at the secondary and tertiary health care level needs to be focused upon to manage the existing backlog. Training in cancer diagnosis and treatment needs to be strengthened in our country. The total number of DM oncology seats at present is only 139 which is not enough for a country with nearly two million people being diagnosed with cancer every year. Lastly, government-funded cancer research to invent better cost-effective treatment regimens could help in tackling the overwhelming burden of this unaddressed epidemic of cancer.

India is one of the youngest populations in the world, its available workforce can be a solution to this growing problem. Addressing this emerging predicament will not only transform the health care industry but also present several opportunities for growth in the government sector, both in terms of revenue and employment. Covid-19, the biggest health emergency of our times has not only exposed the myriad of challenges and gaps in our health care system but also highlighted the importance of investing in the prevention and treatment of chronic diseases like cancer.

Dementia

Dementia: Seeing the same doctor each time may improve outcomes (Medical News Today: 20220202)

<https://www.medicalnewstoday.com/articles/dementia-seeing-the-same-doctor-each-time-may-improve-outcomes>

Recent research shows that people with dementia who have a high continuity of care receive care of a better quality than people who see different doctors.

The results showed that people who received follow-up care with the same doctor over time had fewer adverse health outcomes than those who did not.

Compared with people who saw multiple doctors over time, those in the high continuity of care group experienced fewer emergency hospitalizations, fewer adverse side effects of medication, and reduced incidence of delirium.

Lead author Dr. João Delgado and his team recently published the results of their study on dementia care in the British Journal of General Practice.

The researchers analyzed data from 9,324 people with dementia in a retrospective year-long follow-up study.

The aim was to determine whether a higher continuity of care resulted in better health outcomes and fewer cases of “potentially inappropriate prescribing.”

Potentially inappropriate prescribing can be defined as “prescriptions that introduce a significant risk of an adverse drug-related event when there is evidence for an equally or more effective alternative medication.”

Continuity in healthcare

People with dementia often have additional health problems, called “comorbidities,” that can complicate their care and require more complex treatment plans.

According to the authors of the new study, high continuity of care typically results in good relationships between doctors and the people they treat. This fosters good care, more accountability, and an increased sense of responsibility in the doctor.

Conversely, as the authors explain, “Lower continuity of care is associated with poorer medication management and worse health outcomes, including increased mortality.”

However, to date, there has been limited research into the effects of continuity of care for people with dementia. The current study goes some way toward filling that gap.

The importance of continuity

Having comorbidities increases the risk of adverse health outcomes caused by multiple drug interactions.

The participants in the study had, on average, 14.5 consultations with a doctor in 1 year.

The authors found that participants with a high continuity of care were less likely to face “extreme polypharmacy” — 10 or more prescriptions. They were also less likely to receive medications that could interfere with other drugs or otherwise worsen their symptoms.

For example, in the high continuity group, doctors were less likely to prescribe benzodiazepines, a class of drug that causes drowsiness, to people at risk of falling. This group was also less likely to receive drugs that cause constipation — a health issue that increases the risk of delirium in older adults.

As another example, participants in the high continuity group with urinary incontinence and high blood pressure were less likely to receive loop diuretics as a high blood pressure treatment. As the authors note, these diuretics “can exacerbate incontinence symptoms.”

Beyond the crucial importance of quality patient care, improving care for people with dementia would have significant financial benefits.

Conditions such as delirium and episodes of severe confusion are common in people with dementia and require additional hospital resources.

Overall, the study showed that people in the highest quartile — those who had the highest continuity of care — were 34.8% less likely to develop delirium, 57.9% less likely to experience incontinence, and 9.7% less likely to require emergency hospitalization than people in the lowest quartile of continuity of care.

Other measures of continuity, such as the dispersion of doctors seen and the number of sequential consultations with the same doctor, led to similar benefits. But the researchers did not observe the escalation of effect with each successive quartile that they did with their the main measure of continuity.

Study limitations

Dr. Delgado spoke with Medical News Today about some of the study’s limitations:

“The observational nature of this study provides data on statistical associations but cannot indicate causation. This study has, nonetheless, produced robust analyses, including adjustment for 14 chronic comorbidities, frailty, and use of health services.”

“Finally, the number of [potentially inappropriate prescribing] criteria available means associations with continuity of care may be affected by false discovery rates, and additional studies are required to reproduce these findings,” he added.

Pandemic inhibits continuity of care

MNT also spoke with the director of clinical services at Dementia UK, Paul Edwards, who explained:

“[Doctors] are undoubtedly facing undeniable pressure as they and other primary care services continue to be overstretched in the wake of COVID-19. [Doctors] often have limited time to treat and diagnose dementia as well as attend to other health issues families may be facing. This means families with dementia miss out on the care and support they urgently need.”

“It is refreshing to see a study provide objective evidence to support the well-recognized benefits of continuity of care,” Dr. Ian Neel, an associate clinical professor of medicine at the University of California, San Diego, who was not involved in the study, told MNT.

“As people age and develop increasing burden of disease, they [unwittingly] place themselves at risk of increasingly fragmented care delivered by subspecialists looking at individual problems rather than the person as a whole,” Dr. Neel continued, adding, “This can lead to suboptimal prescribing patterns and place the person at risk of harm.”

“This article adds strength to the argument that having a primary care provider who knows the patient’s values and complexities can lessen their risk of harm.”

– Dr. Ian Neel

Outlook

“The number of people with dementia has been rising steadily, and it is now one of the leading causes of death in the [United Kingdom],” Dr. Delgado, a research fellow at the University of Exeter Medical School, told MNT.

“In the absence of a cure, long-term care is particularly important. Treating people with dementia can be complex because it often occurs together with other common diseases.”

“Our research shows that seeing the same [doctor] consistently over time is associated with improved safe prescribing and improved health outcomes. This could have important healthcare impacts, including reduced treatment costs and care needs,” he concluded.

Welcome to the latest edition of our Medical Myths series. Today, to mark World Alzheimer’s Day, we will be tackling myths relating to both Alzheimer’s disease and dementia at large.

In our Medical Myths series, we approach medical misinformation head on. Using expert insight and peer reviewed research to wrestle fact from fiction, MNT brings clarity to the myth riddled world of health journalism.

Dementia is not a normal part of aging.

Today, an estimated 5.8 million ^{Trusted Source} people aged 65 years or older in the United States have dementia.

Due to the fact that the average lifespan of people in the U.S. has increased over recent decades, some experts project that by 2050, the number of older adults with dementia could reach 13.8 million ^{Trusted Source}.

Figures of this stature spark justifiable fear, and, as we have found in previous Medical Myths articles, fear tends to breed misconceptions.

In this article, we aim to dispel 11 of these myths.

1. Dementia is inevitable with age

This statement is not true. Dementia is not a normal part of aging.

According to a report that the Alzheimer's Association published, Alzheimer's disease, which is the most common form of dementia, affects 3% of people aged 65–74 years in the U.S.

As a result of the risk increasing as we age, 17% of people aged 75–84 years and 32% of people aged 85 years and older have a dementia diagnosis.

2. Dementia and Alzheimer's disease are the same thing

This is not quite correct. Alzheimer's is a type of dementia, accounting for 60–80% of all dementia cases. Other types of dementia include frontotemporal dementia (FTD), vascular dementia, mixed dementia, and Lewy body dementia.

The National Institute on Aging Trusted Source define dementia as “the loss of cognitive functioning — thinking, remembering, and reasoning — and behavioral abilities to such an extent that it interferes with a person's daily life and activities.”

Although dementias share certain characteristics, each type has a distinct underlying pathology.

Alzheimer's disease is associated with a buildup of so-called plaques and tangles in the brain. These structures interfere with brain cells, eventually killing them. In contrast, brain cell death in vascular dementia occurs due to a lack of oxygen, which can result from a stroke, for instance.

FTD, as another example, occurs when abnormal protein structures form in the frontal and temporal lobes of the brain, causing the brain cells in these regions to die.

3. A family member has dementia, so I will get it

A common myth is that dementia is purely genetic. In other words, if a person's family member has a dementia diagnosis, they are guaranteed to develop dementia later in life. This is not true.

Although there is a genetic component to some forms of dementia, the majority of cases do not have a strong genetic link.

As we learned above, rather than genetic factors, the most significant risk factor for dementia is age. However, if a parent or grandparent developed Alzheimer's when they were younger than 65 years, the chance of it passing on genetically is higher.

Early-onset Alzheimer's is relatively uncommon, though. It occurs in about 5.5% Trusted Source of all Alzheimer's cases.

As the majority of dementia cases are Alzheimer's disease, this means that most dementia cases are not hereditary. FTD, which is much less common, has a stronger genetic link, but if a parent or grandparent develops the condition, it does not mean that children or grandchildren are guaranteed to develop it.

Today, FTD affects an estimated 15–22 in every 100,000 Trusted Source people. Of these individuals, 10–15% have a strong family history of the condition.

4. Dementia only affects older adults

Age is a risk factor for dementia, but dementia can affect younger adults in rare cases. Some scientists estimate Trusted Source that, in people aged 30–64 years, 38–260 people in 100,000 — equivalent to 0.038–0.26% — develop early-onset dementia.

In the 55–64 age bracket, this increases to close to 420 people in 100,000, or 0.4%.

Medical Myths: All about COPD

5. Using aluminum pans causes Alzheimer's

In the 1960s, scientists injected rabbits with high levels of aluminum. They found that the animals developed neurological lesions similar to those that form in the brains of people with Alzheimer's.

Additionally, some studies Trusted Source have identified aluminum within the plaques associated with Alzheimer's. However, aluminum also appears in the healthy brain, and researchers have not established a causal link between this element and the disease.

Following on from these studies, myths still circulate that drinking from aluminum cans or cooking with aluminum pots increases the risk of Alzheimer's.

However, since those early experiments, scientists have not found a clear association between Alzheimer's and using aluminum pots and pans.

Although researchers will, eventually, establish the precise relationship between aluminum and Alzheimer's, consuming aluminum through the diet is unlikely to play a major role.

As the Alzheimer's Society explain: "Aluminum in food and drink is in a form that is not easily absorbed into the body. Hence, the amount taken up is less than 1% of the amount present in food and drink. Most of the aluminum taken into the body is cleaned out by the kidneys."

However, they also write that some research has found "a potential role for high dose aluminum in drinking water in progressing Alzheimer's disease for people who already have the disease."

6. Dementia signals the end of a meaningful life

Thankfully, this is not the case. Many people with a dementia diagnosis lead active, meaningful lives. Some people fear that if a doctor diagnoses them with dementia, they will no longer be able to go for a walk alone and will have to stop driving their vehicle immediately.

It is true that these adjustments may come in time as the condition progresses, but in mild cases of dementia, no changes Trusted Source may be necessary. As dementia worsens, changes to the way an individual leads their life are likely, but that does not mean that the person cannot lead a fulfilling life.

“Too many people are in the dark about dementia — many feel that a dementia diagnosis means someone is immediately incapable of living a normal life, while myths and misunderstandings continue to contribute to the stigma and isolation that many people will feel,” explains Jeremy Hughes, former Chief Executive of the Alzheimer’s Society.

“[W]e want to reassure people that life doesn’t end when dementia begins.”

– Jeremy Hughes

7. Memory loss always signifies dementia

Although memory loss can be an early symptom of dementia, it does not necessarily signify the start of this condition. Human memory can be unpredictable, and we all forget things occasionally. However, if memory loss is interfering with everyday life, it is best to speak with a doctor.

Although memory issues tend to be an early sign Trusted Source of Alzheimer’s disease, that is not the case for other forms of dementia. For instance, early signs and symptoms of FTD can include changes in mood and personality, language difficulties, and obsessive behavior.

8. Dementia is always preventable

This, unfortunately, is untrue. Importantly, though, certain factors can either reduce the risk of certain types of dementia developing or delay their onset.

For instance, the Lancet Commission’s 2020 report Trusted Source on dementia prevention, intervention, and care lists 12 factors that increase the risk of dementia:

less education

hypertension

hearing impairment

smoking

obesity

depression

physical inactivity

diabetes

low levels of social contact

alcohol consumption

traumatic brain injury

air pollution

Some of these factors are more difficult to modify than others, but working on changing any of them might help reduce the risk of developing dementia. The authors of the report explain:

“Together, the 12 modifiable risk factors account for around 40% of worldwide dementias, which consequently could theoretically be prevented or delayed.”

However, as Dr. Nancy Sicotte, a neurologist at Cedars-Sinai hospital in Los Angeles, CA, explains, “Reducing your risk requires starting these lifestyle changes from the get-go, not waiting until you’re 70.”

9. Vitamins and supplements can prevent dementia

Linked to the section above, this is also false. To date, there is no strong evidence that any vitamin or mineral supplements can reduce the risk of dementia. In 2018, the Cochrane Library conducted a review with the aim of answering this question.

Their analysis included data from more than 83,000 participants across the 28 included studies. Although the authors report “some general limitations of the evidence,” they conclude:

“We did not find evidence that any vitamin or mineral supplementation strategy for cognitively healthy adults in mid or late life has a meaningful effect on cognitive decline or dementia, although the evidence does not permit definitive conclusions.”

10. All people with dementia become aggressive

In some cases, people with dementia might find it increasingly hard to make sense of the world around them. This confusion can be frustrating, and some individuals might respond to the emotions in an angry manner. However, this is not the case for everyone.

In a study involving 215 people with dementia, 41% of the participants developed aggression during the 2-year study. When they looked at factors that increased the risk of developing aggression, the researchers identified two of the primary factors as physical pain and a low quality relationship between the person and their caregiver.

11. Dementia is never fatal

Unfortunately, dementia can be fatal. According to a 2020 study^{Trusted Source} among adults aged 70-99 years, dementia may be a more common cause of death than experts have traditionally thought. The authors “found that approximately 13.6% of deaths were attributable to dementia over the period 2000–2009.”

Dementia worries people, especially as they age, and this is justifiable in many ways. However, it is important to counter misinformation that might enhance concerns and stigma.

For now, researchers are working tirelessly to develop better ways to treat and prevent dementia. In the future, hopefully, science will reduce the impact of dementia and, therefore, the fear associated with the condition.