

Vol.1 No.7 Feb. - April 2008

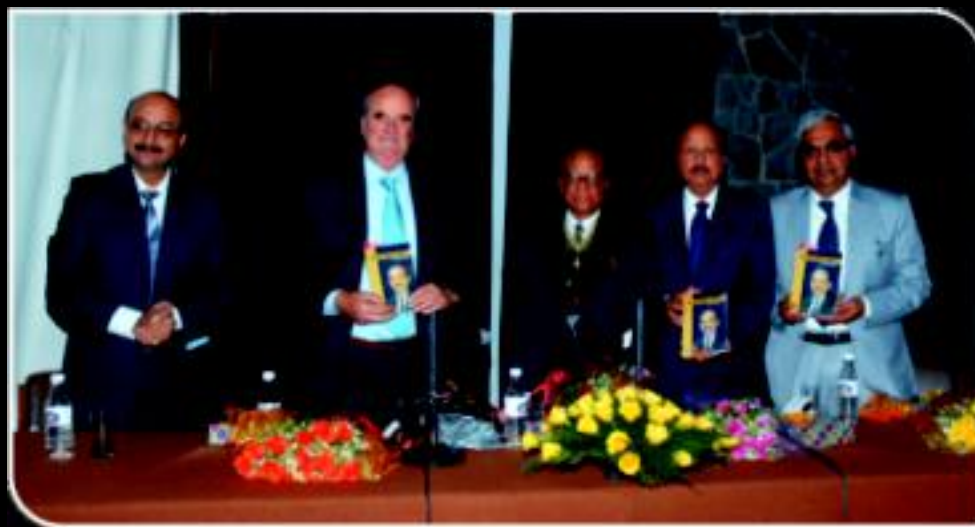
NHI Dialogue

Quarterly Health Magazine of Cardio Diabetes Research Society

Editor in Chief : V. K. Gujral



'Are You Good at Heart' Book Release



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reading

NHI Dialogue



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Insulin For
Your Child !

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How Much
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*Readers are advised to first
consult their doctor before
starting any therapy.*

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Cardio Diabetes Research Society
and
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Editorial Voice

Dear Readers,

We just can not thank you enough for the kind of encouragement that you all have extended. The NHI Dialogue is completing 2 years. Our next promise is to make it available as e- magazine on more than one web sites as well as the facility of posting the magazine on your e mail ID. So please send us your e mail IDs with consent for receiving the magazine.

As always there is an open invitation & request to send in your write-ups for printing.

Let us hope to make this magazine more and more interactive , utility based and popular!

Wishing you all a happy Valentine day, Basant Panchmi & Holi !!

Your's

Editorial Board

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Are You Good at Heart !!

Dr. Vinod Kumar Gujral's new book was released by Sir Mark Tully, Padmashree, Padmabhushan, on 17 th January 2008 at India International Centre, Lodhi Estate, New Delhi. The Guests of Honour were, Dr. M.P. Agarwal Chief advisor Delhi Diabetes Forum, Dr. R.R. Kasliwal Chief of Cardiology APOLLO, New Delhi & Medicity Gurgaon and Dr. A.K. Jhingan Chairman DDRC & CDRS.

The Release function was attended by more than 250 guests coming from all walks of life "The Book, 'ARE YOU GOOD AT HEART' describes how a balanced lifestyle can help us lead a fruitful, disease free & enjoyable life" said Sir Mark Tully and emphasized the need for scoring our Health Score periodically after trying various improvements.



The Book is published by Manoj Paperbacks who also published earlier two books of Dr. Gujral : Hope For Diabetics & Jeewan Madhumeh ke sang.

All enquiries about these books may be directed to : Balwant Negi at 011-41551128 & 9818419673

Insulin For Your Child !

- *Dr. A.K. Jhingan, Chairman CDRS*



Devices

Oh my God, do I have to give injections ?

Every caring parent will always feel that twinge of panic and unease. Injecting a child with insulin is a thing you have to get used to - if you are uncomfortable, it's important your child doesn't see that. But surprisingly, teenagers, and indeed some younger children, quickly become quite good at taking their own insulin. It's advised that both parents get skilled at this and so too others in the family like grandparents. Children who are preparing and injecting their own insulin must be supervised. This must be done to ensure that the dose is accurate, the insulin is actually injected, and the child doesn't use the same injection site day after day. By supervising, you demonstrate that it is an important thing to do and also that you care. It's obvious that when both parents are involved, the mutual support encourages the child to cope better.

But I'm scared of needles myself !

Children are quick to sense the feelings of their parents. Any fear or dislike you have of needles may make your child equally afraid. Remind yourself that the insulin injection allows your child to stay healthy. Make the injection time and process easier by talking through it, explaining how it will provide

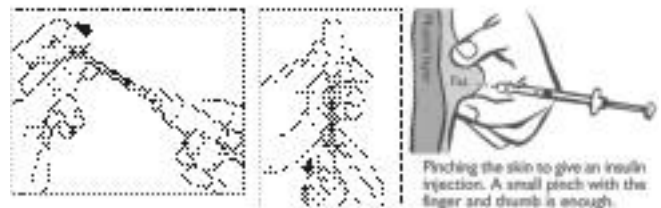
energy to grow and be active. End the shot with a joke or a hug to get your kid upbeat again.

Mama, I don't want to have any more injections please !

It's bound to happen – there will be a time your child says enough. Who would like injections day in and day out forever ? Not even adults! But you know it has to be done, and it's in your hands now to make your child realize that this too is now a normal part of everyday life. The same child who is absorbed in a game with friends and will continue to play after getting a scrape, will react very differently when it's injection time. You need to think of equally absorbing tidbits of chatter or stories to keep the mood going. Some days your child will take everything well but on other days it can be a battle. Pay attention to your child's overall emotional state, because your child will go through all kinds of phases with diabetes. Be aware that it will happen. Have plenty of love and sympathy ready and waiting when it does.

But how do I remove insulin from the vial ?

Draw air into the syringe in an amount corresponding to the prescribed amount of insulin. Then inject the air into the vial. Now invert the vial and draw up insulin little more than what is prescribed. Hold the vial vertically at eye level. Inject the excess amount of insulin, together with any air bubbles, back into the vial. Pull out the needle from the vial. You are now ready to administer the injection.



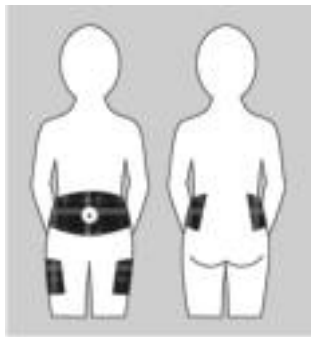


So how do I go about giving that injection?

Keep the insulin-loaded syringe and a dry cotton swab or tissue handy. Decide on the injection site and apply spirit. Gently pinch up the skin and fat into a broad fold with the thumb and

forefinger. Hold the syringe almost like a pencil – you’ll have a better control that way. Push the needle in quickly and firmly at a 45-degree angle to the lifted skin. Pushing the plunger in, injects the insulin. Let go of the skin slowly and then remove the needle. Using a dry swab, apply gentle pressure to the injection site to prevent bruising. In order not to injure the tissue beneath the skin, it is important to rotate the injection site in the chosen area. Disposable syringes must be discarded, so that they

do not cause harm to others. Glass and metal syringes have to be thoroughly cleaned before use.



For self-injection the easier sites are the front and outer sides of the thigh, and the abdomen.

How old must my child be to independently handle injections?

By 9 or 10 years of age, kids have the physical ability to draw up and give their own insulin. However, children at this age lack judgment and need you to supervise them into their teenage years. This means that you need to watch your child prepare the dose and insert the needle, check the expiry date on the insulin bottle, and remind your child to move injection sites around.

When children reach the age when they want to go on sleepovers or spend more time away from home, then it will become more important for them to show that they can safely manage their own diabetes routines. This is a gradual process for both parents and child. Many children learn to give their first needle or to try new sites at diabetes summer camps.

Help! The insulin leaked out of the injection site!

First, never try to guess the amount lost and never try to replace it. The risk of giving too much insulin is

just not worth it and may lead to a blood sugar reaction. Just note down the incident and take it into account next time, if the blood check is high. To reduce such occurrences, always check if something is adding pressure to the site like a chair or your own leg perhaps, inject slowly but firmly, count to 5 before removing the needle and then apply light pressure to the site to prevent blood or insulin coming out. Longer needles help.

What’s this bruise at the injection site?

It usually means the needle has nicked a tiny blood vessel. To reduce the chance of bruising, apply gentle pressure to the site with a dry piece of cotton or a clean finger after injecting. Also, be careful not to pinch the skin too tightly or insert the needle too slowly. If you have too much bruising, however, consult the doctor. Remember it can happen from time to time. It is not harmful.

And what are pre-mixed insulins? Are they better?

Pre-mixed insulins may be more convenient, but they don’t give you as much flexibility. With children, the insulin dose changes often due to growth and changes in appetite and activity. Ideally, families should be able to change doses of intermediate and fast-acting insulins. Pre-mixes don’t allow for this.

It’s turned red and it’s itchy too!

Some children are sensitive to spirit or one of the components of the insulin solution. The redness is probably just a localised allergic reaction. Changing the brand of insulin may help matters. In rare cases, kids could develop an allergic reaction to insulin but in most such cases the child eventually builds up a tolerance to the insulin and the reaction goes away.

What happens if I accidentally give too much insulin?

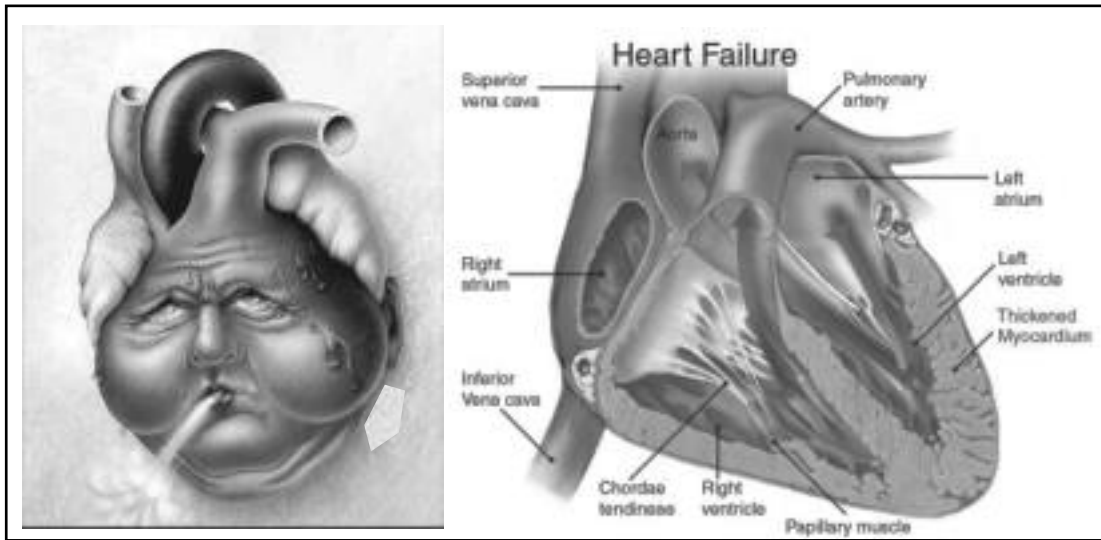
Relax, it’s a common enough mistake. If you’ve given too much insulin, contact your doctor for you’ll need to check your child’s blood sugar levels every 2 to 3 hours. You will need to give your child extra food to prevent the blood sugar level from falling too low.

Oops, an air bubble got injected in!

An air bubble under the skin by itself is not harmful. However, if you’re injecting air rather than insulin, your child may not be getting the full dose. This will

Facts About Heart Failure

- Dr. Vinod Sharma, Head, Cardiology NHI



1. What is heart failure?

Heart failure does not mean the heart has stopped working. Rather, it means that the heart's pumping power is weaker than normal. With heart failure, blood moves through the heart and body at a slower rate, and pressure in the heart increases. As a result, the heart cannot pump enough oxygen and nutrients to meet the body's needs. The chambers of the heart respond by stretching to hold more blood to pump through the body. This helps to keep the blood moving, but in time, the heart muscle walls weaken and are unable to pump as strongly. As a result, the kidneys often respond by causing the body to retain fluid (water) and sodium. If fluid builds up in the arms, legs, ankles, feet, lungs or other organs, the body becomes congested. Congestive heart failure is the term used to describe this condition.

2. What are the symptoms of heart failure?

The symptoms of heart failure are related to the changes that occur to your heart and body, and may be moderate to severe, depending on how weak your heart is. The symptoms can include:

Congested lungs. Fluid back up in the lungs can cause shortness of breath with exercise or difficulty breathing at rest which is often worse when lying flat in bed. Lung congestion can also cause a dry, hacking cough or wheezing.

Fluid and water retention. Less blood to your kidneys causes fluid and water retention, resulting in swollen ankles, legs and abdomen (called edema)

and weight gain. Symptoms may cause an increased need to urinate during the night. Bloating in your stomach may cause a loss of appetite or nausea.

Dizziness, fatigue and weakness. Less blood to your major organs and muscles makes you feel tired and weak. Less blood to the brain can cause dizziness or confusion.

Rapid or irregular heartbeats. The heart beats faster to pump enough blood to the body. This can cause a fast or irregular heartbeat.

If you have heart failure, you may have one or all of these symptoms or you may have none of them. In addition, your symptoms may not be related to how weak your heart is; you may have many symptoms but your heart function may be only mildly weakened. Or you may have a more severely damaged heart but have no symptoms.

3. What is the outlook for people with heart failure?

Your prognosis or outlook for the future will depend on how well your heart muscle is functioning, your symptoms, and how well you respond to and follow your treatment plan. With the right care, heart failure will not stop you from doing the things you enjoy.

4. What medicines are used to treat heart failure?

Common types of medications used to treat heart failure include :

- * Angiotensin converting enzyme (ACE) inhibitors
- * Angiotensin II receptor blockers (ARBs)

- * Beta-blockers
- * Digoxin.
- * Diuretics.
- * Blood vessel dilators.
- * Potassium or magnesium.
- * Aldactone.
- * Calcium channel blockers.
- * Heart pump medication.

5. What is cardiac rehabilitation ?

A cardiac rehab program is designed to help you exercise safely and maintain a heart-healthy lifestyle. The program generally includes a tailored exercise program, education and help with changing your risk factors (such as quitting smoking and changing your diet). Cardiac rehab programs also offer emotional support. The program allows you to meet others like yourself who can help you stay on track to maintain a healthier heart.

6. How much sodium can I have ?

If you have heart failure, you should consume no more than 2,000 mg (two grams) of sodium per day.

7. What symptoms warrant an immediate call to my doctor ?

If you have any unusual symptoms, do not wait until your next appointment to discuss them with your doctor.

8. When should I seek emergency care ?

Go to your local emergency department or call 9-1-1 if you have :

New chest pain or discomfort that is severe, unexpected and occurs with shortness of breath, sweating, nausea or weakness.

Fast heart rate (more than 120-150 beats per minute, or as directed by your doctor) — especially if you are short of breath.

Shortness of breath not relieved by rest.

Sudden weakness or paralysis (inability to move) in your arms or legs.

Sudden onset of a severe headache.

Fainting spell with loss of consciousness.

- Call your doctor immediately if you have :
- Unexplained weight gain — 1 kgs. in one day or 2 kgs. in one week.
- Swelling in your ankles, feet, legs or abdomen that has become worse.
- Shortness of breath that has become worse or occurs more often, especially if you wake up short of breath.
- A feeling of fullness (bloating) in your stomach with a loss of appetite or nausea.
- Extreme fatigue or decreased ability to complete daily activities.
- A respiratory (lung) infection or a cough that has become worse.
- Fast heart rate (above 100 beats per minute, or as directed by your doctor).
- New irregular heartbeat.
- Chest pain or discomfort during activity that is relieved with rest.
- Difficulty breathing during regular activities or at rest.
- Changes in sleep patterns, including difficulty sleeping or feeling the need to sleep a lot more than usual.
- Decreased urination.
- Restlessness, confusion.
- Constant dizziness or lightheadedness.
- Nausea or poor appetite.



NEWS FROM THE WORLD OF DIABETES

11-DEC-2007

Smoking Strongly Linked to Higher Risk for Type 2 Diabetes

TORONTO - Smokers appear to have a significantly higher risk of developing Type 2 diabetes compared to non-smokers - and that risk increases the more one lights up, an analysis of numerous international studies suggests.

In a review of 25 studies that pooled data from 1.2 million subjects from around the world, Canadian and Swiss researchers found that on average, tobacco users have a 44 per cent higher chance of developing the metabolic condition, which can lead to such complications as heart disease and kidney failure.

The link between smoking and diabetes appeared strongest among heavy smokers (20 or more cigarettes daily), who had a 61 per cent increased risk of developing the disease compared with non-smokers; lighter smokers (less than 20 a day) had a 29 per cent higher risk. The association was weaker for former smokers (23 per cent increased risk) than for active smokers.

“What we found is that smoking is indeed associated with the later development of diabetes, and it’s a remarkably consistent association in the combined results of these 25 studies,” said co-principal author Dr. William Ghali, a professor of medicine and community health sciences at the University of Calgary.

The analysis, which included studies published from 1992 to 2006 and followed participants in some cases for up to 30 years, appears in Wednesday’s issue of the *Journal of the American Medical Association*.

Although these observational studies show an association between smoking and the development of Type 2 diabetes, even taken together they cannot

prove tobacco use is directly responsible for the condition, Ghali said. (Only randomized controlled trials comparing smokers and non-smokers matched for age, sex and other factors could prove causality.)

“Smoking is often associated with other unhealthy behaviours that can lead to diabetes, including physical inactivity, poor diet and high alcohol consumption,” he said. “It might not be the smoking, per se, but those other mediating factors that are related to smoking and separately related to diabetes.”

Still, the relationship appears so strong - the risk rises the more one smokes - “it may be that smoking is associated independently . . . and (is) more likely to be a causal link,” Ghali speculated.

“In all of the studies, the smoking preceded the development of diabetes.”

Ghali said there is also a biological basis for pointing a finger at tobacco as a potential cause of Type 2 diabetes : some research suggests that smoking may lead to insulin resistance or inadequate insulin secretion, both hallmarks of the disease that results in the body’s inability to properly metabolize glucose (sugar).

As well, smoking is associated with cancer of the pancreas, the organ that produces insulin.

“In trying to put together a case for saying this is causal, it kind of catches the attention that there is obviously some toxicity to that particular organ,” Ghali said. “So it does make it compelling to say, well perhaps that’s yet another argument that there are effects on insulin secretion - and insulin secretion occurs in the pancreas.”

“So there’s lots of reasons not to smoke.”

Dr. Bernard Zinman, a diabetes expert at Mount Sinai Hospital in Toronto, said Tuesday the finding should provide a wake-up call to smokers.

“Right now, we’re clearly in the midst of an epidemic globally of diabetes,” said Zinman, who was not involved in the research review. “There’s no question that there are many factors that are contributing to the diabetes epidemic, the most important one of which appears to be the obesity epidemic and the fact that we’re far more sedentary.”

“So here we see there’s another risk factor - and the risk factor is a history of smoking.”

Besides being a known cause of several types of cancer and a contributor to cardiovascular disease, smoking is also associated with the development of intra-abdominal fat that boosts the risk for diabetes and heart disease.

“So in the context of healthy behaviours and healthy lifestyles, this is a very, very important observation, particularly in some countries where there isn’t that major effort to quit smoking,” said Zinman, pointing to Asia, Japan and China as examples where smoking rates remain high.

In an editorial accompanying the paper, Dr. Frank Hu and research fellow Eric Ding of the Harvard

School of Public Health say that given the rising incidence of Type 2 diabetes, it might be prudent for doctors to regularly check blood-sugar levels among current and former smokers.

As well, “recommendations for Type 2 diabetes prevention should incorporate smoking avoidance accompanied by lifestyle modification,” they write. “Although a frequent concern of smoking cessation is subsequent weight gain, moderately increasing exercise can largely minimize the approximately (4.4-pound) weight gain associated with stopping smoking, indicating that the public health issues of smoking, exercise and obesity are inextricably intertwined.”

“Major population prevention of Type 2 diabetes is achievable via avoidance of smoking and modification of lifestyle factors through a combination of healthy weight control, regular physical activity, moderate alcohol intake and proper diet.”

11-DEC-2007

Rosiglitazone Heart Risks Seen at the Population Level :

NEW YORK (Reuters Health) - The findings of clinical trials have linked the use of thiazolidinediones, a class of diabetes drugs, with congestive heart failure and possibly heart attacks. Now, new research indicates that these associations, at least with Avandia, also apply to individuals in the community, and not just clinical trials.

Dr. Lorraine L. Lipscombe, from the Institute for Clinical Evaluative Sciences in Toronto, and colleagues analyzed data for 159,026 older adults who were treated with at least one oral diabetes drug between 2002 and 2005 and were entered in an Ontario healthcare database. The subjects were followed through March 2006.

During an average follow-up period of 3.8 years, 7.9 percent of the patients were hospitalized for congestive heart failure, 7.9 percent were hospitalized for a heart attack, and 19 percent died, according to the researchers’ report in *Journal of the American Medical Association*.

Current thiazolidinediones use increased the risks of heart failure, heart attack and death by 60 percent, 40 percent, and 29 percent, respectively, compared with the use of other types of oral diabetes drugs.

Further analysis revealed that the risks were largely confined to patients who were using Avandia, known generically as rosiglitazone.

“These findings provide evidence from a real-world setting and support data from clinical trials that the harms of thiazolidinediones may outweigh their benefits, even in patients without obvious... cardiovascular disease,” the authors write.

More studies are needed to better define the risk-benefit ratio and the trade-offs associated with thiazolidinedione therapy and to explore if the treatment risks are confined specifically to rosiglitazone.

SOURCE : *Journal of the American Medical Association*, December 12, 2007.

How Much Is Too Much ?



Fewer than one third of physicians ask their patients who drink alcohol, "How often in the past year have you had more than 4 drinks on a single occasion (more than 3 drinks for women)?" They should ask.

Most patients do not know what the safe level of drinking really is for them.

We're all urged to drink responsibly, but what does that mean? Two standard drinks a day or a total of 14 a week for adult males with no alcohol history or contraindications. One a day or 7 a week for similar adult females except if they are pregnant when they should not drink at all. When a person consistently drinks above these levels or binge drinks,

unhealthful consequences are likely to occur. Most of us don't know that.

Excessive alcohol use can exacerbate, hide, or trigger other medical conditions, interfere with some medications, and contribute to serious injuries. If you don't ask, you won't know.

About 5% to 7% of the time, a screening may reveal a patient with alcohol abuse or dependence. Referral to a specialist for further evaluation and treatment will be in order because treatment for alcohol disorders is efficacious. Two thirds of patients who receive appropriate behavioral and/or pharmacologic treatment have reduced consequences from alcohol at 1 year.

There is good news coming for doctors who do screen and counsel their patients about alcohol. Insurers are starting to recognize its value and reimburse doctors for the time it takes. So I urge all physicians to learn and use the techniques of alcohol screening and brief intervention. And for their own health, follow the guidelines themselves.

A Precious Gift! - *By Krishna Kant Dongree*

A wise woman who was traveling in the mountains found a precious stone in a stream. The next day she met another traveler who was hungry, and the wise woman opened her bag to share her food. The hungry traveler saw the precious stone and asked the woman to give it to him. She did so without hesitation.

The traveler left, rejoicing in his good fortune. He knew the stone was worth enough to give him security for a lifetime.

But, a few days later, he came back to return the stone to the wise woman. "I've been thinking," he said. "I know how valuable this stone is, but I give it back in the hope that you can give me something even more precious. Give me what you have within you that enabled you to give me this stone."

Sometimes it's not the wealth you have but what's inside you that others need.A Precious Gift inside you.

Q. My daughter had been diagnosed as diabetes type 1 at age of 7 years, will she be able to grow like a normal girl & be successfully settled in profession & life ?

YES. A diabetic woman can work, travel and engage in activities like other women without diabetes. Early diagnosis, regular monitoring and management of diabetes is very much required to control diabetes effectively and have her perform as efficiently as any other. About one million women in the world around childbearing age have diabetes.



Rolled out in seven states; the plan widens focus to include five diseases accounting for 53% of deaths in India

Bhuma Shrivastava

New Delhi : In the first initiative of its kind, the Indian government has started a programme to prevent as well as map the extent of diabetes, cardiovascular diseases and stroke—chronic ailments that could cause life expectancy in the country to fall and have economic implications as well.

Creating awareness : Planning Commission deputy chairman Montek Singh Ahluwalia with health minister Anbumani Ramadoss during the launch of the pilot programme in New Delhi on Friday.

Launched on a pilot basis in seven states—Assam, Punjab, Rajasthan, Karnataka, Tamil Nadu, Kerala and Andhra Pradesh—for the first year, a budget of Rs. 1,620.5 crore has been allotted for the national programme to check these diseases in the five-year plan to fiscal 2012.

“This marks the transition from focusing largely on the Big Three (HIV, tuberculosis and malaria) to Big Five (diabetes, cardiovascular diseases, stroke, cancer and chronic lung diseases),” Union minister for health and family welfare Anbumani Ramadoss said at an event to launch the programme. Experts in his ministry feared “life expectancy in India could actually fall” on account of these diseases, he added.

According to the World Health Organization, the “Big Five” accounted for 53%, or 5.47 million, of the total deaths in India. K. Srinath Reddy, president of the Public Health Foundation of India, estimates the country could lose 18 million man years in 2030 on account of the ailments, double the number lost in 2000.

“Educational interventions that target behavioural change are important, but not sufficient. They need to

Rs. 1,620 crore pilot project to curb diabetes, heart diseases launched

be buttressed by policy interventions,” said Reddy.

The national programme—in the pilot stage, it will be run in one district in each of these seven states—has a three-pronged strategy. It will focus on surveillance or assessment of the prevalence of risk factors through Non-Communicable Diseases (NCD) cells established at the state and district levels. The surveillance will analyse tobacco consumption habits, blood pressure, body mass index, NCD mortality and episodes of stroke and paralysis in the population. The other two components are health awareness programmes for the general population and focused diagnosis, screening and disease management counselling for high risk sections as well as those suffering from these ailments.

“Awareness is a major problem with up to 60% population even in metros not knowing how to prevent diabetes. Out of every Rs. 100 spent in the programme, three quarters should be only spent on creating awareness on the risk factors,” said Delhi-based diabetologist Anoop Misra.

Another concern is the increasing incidence of diabetes and hypertension—two critical conditions leading to cardiovascular diseases—in rural areas, said Misra, due to urbanization, nutrition switches to high fat diets, migration and reduced physical activity.

Recognizing that these so-called “lifestyle diseases” no longer affect only the rich in urban setting, the new programme will be scanning the rural areas extensively.

One health activist said the government was trying to pack too much into the programme. A. Ramachandran, president of India Diabetes Research Foundation, called the Rs. 1,650 crore budget “a drop in the ocean”.

“The government has also diluted the programme by clubbing three diseases together. This may dissipate focused effort on diabetes which is a big problem for India,” he said, adding the US, UK and Australia had dedicated national diabetes programmes.

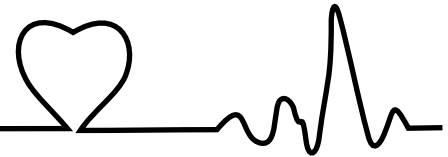
Allaying apprehensions on funding, minister Ramadoss said, “The outlay for health ministry has gone up to Rs. 136,000 crore in the Eleventh Five-Year Plan, up from Rs. 45,000 crore in the last, so funding is not going to be a hurdle at all.” The five-year plan runs



Winter Months and Heart and Blood Pressure

O.P. Yadava, Jagmohan Singh, Pramod Kumar
Sharma, Vikas Ahlawat

Department of Cardiac Surgery
National Heart Institute, New Delhi



It's a common knowledge that winter months are associated with higher incidence of events related to heart and brain like high blood pressure, higher chances of strokes (Paralysis) and higher incidence of heart attacks. Not only the incidence is high, but also the risk of life or suffering from permanent disability from these events increases during the winter months. Its therefore very important for us to realize as to why it happens and what measures one can take to prevent it.

It has been seen that with every one degree centigrade drop in temperature, the upper blood pressure (systolic) increases by 1.3mm of mercury and the lower blood pressure (diastolic) increases by 0.6mm of mercury. This variation in blood pressure is usually seen during the waking hours and not seen during the night time, is more pronounced in elderly people as compared to young people, and in those who are suffering from high blood pressure than in those who have normal blood pressures. Also this change in blood pressure is seen more in lean and thin people as compared to over weight people. It is not just simply the temperature, but something more than temperature, which occurs during the winter months which is responsible for this variation of blood pressure. Because it has been seen that even if the atmosphere is air conditioned, for example in the factories and the ambient temperature of the atmosphere is maintained at a constant level, even then in winter months, we tend to see an increase in blood pressure. This increase in blood pressure is related to multiple factors. For example :

1. There is a hormonal system in the body called sympathetic system which gets activated during winter months (this is the same system which helps us in moments of distress and stress and is responsible for fright and anger). This sympathetic over activity leads to increased

secretion of hormones called Adrenaline and Nor-adrenaline which increase the blood pressure, increase the heart rate and increase the oxygen demand and consumption of the heart.

2. The blood viscosity or thickness of the blood increases in the winter months as the platelets which are responsible for blood clotting also increase in number and volume. This leads to increased tendency of clot formation in the arteries which can lead to either stroke, if the clot form in the brain, or a heart attack, if the clot forms in the arteries of the heart.
3. Even cholesterol levels in the winter months increase and may lead to increased blockages.
4. Because there is absence of sweating, there is no loss of salt through sweat in winter months, so that there is increased salt or sodium concentration in the blood which leads to increased blood pressure and heart related events.

Because of mainly the above factors and some other minor ones, and may be some which we don't know today, the winter months are associated with increased disease and illnesses related to heart and blood vessels. We therefore, need to take extra precautionary measures in the winter months which are :

1. We should protect our self adequately during the winter months and wear additional clothing. It is recommended that clothing should be of three kinds.
 - a. Under garments which should preferably be of synthetic material because cotton tends to absorb sweat and remains moist while synthetic material is moisture repellent.
 - b. The second layer of clothing should be an

- insulating one like woolen pullover or jersey
- c. There should be third covering on the top which should be water proof and wind resistant.
 2. One should be very careful during exercising and one should avoid early morning or late evening outdoor exercises and try to adjust the exercise schedule to the hours with sun shine only.
 3. One should not exercise/walk/jog against the wind
 4. Those who are suffering from high blood pressure or heart diseases, must consult their physician so that the medications of blood pressure can be altered and suitably increased. Tablet of Aspirin should be taken to keep the blood thin in case there is any evidence of heart problem like blockages in arteries of the heart.
 5. Consumption of alcohol should be in moderation, as alcohol consumption leads to dehydration and dilatation of the arteries with loss of heat and may precipitate a heart related event. Also after taking alcohol, one must cover one self very adequately as the body tends to feel warm and one does not appreciate the ambient temperature as much.
 6. Elderly people tend to develop lower core temperature in the winter months as compared to young people and therefore they are more prone to events related to the heart in the winter months. Therefore it is very important that as the age advances, one take appropriate measures to keep one self warm as the natural ability to keep the body warm in elderly age group is impaired.
 7. It's a common tendency in the winter months to increase the calorie intake and reduce the level of exercise. One must therefore make it a point to exercise adequately, may be indoors, and out

doors only during the sun shine hours but exercise must be maintained during the winter months also.

8. It is a common knowledge and practice for people to take to higher fat content in the winter months under the erroneous impression that excess intake of Egg or Mutton and Chicken will maintain good health. Nothing can be further from truth as the blood cholesterol level as such during the winter month increases and by taking excessive cholesterol and non vegetarian food, one tends to increase it still further which predisposes to all forms of heart and brain ailments like heart attacks and strokes.

Role of Humidity and Temperature

Though deaths due to heart attacks are more in winter months, but heart attacks seem to follow a 'U' shaped curve. Deaths due to heart attacks are high at very low temperature, then it falls to its lowest level with a temperature of around 23° centigrade (moderate climate) but again the deaths due to heart attacks keep rising when the temperature exceed 23° centigrade. Therefore, even in summer months, the incidence of deaths from heart attacks is high and in this humidity too may play a role. There is linear correlation between deaths due to heart attacks and humidity – higher the humidity more the heart attack deaths. This is a specially true for elderly people and the exact genesis of the same has not been worked out till date. In a Greek study, the average daily heart attack deaths of those who are > 70 years of age was 3.53 in June and 7.03 in December and this was statistically highly significant. The most important factor deciding the daily death rate was the average daily temperature for the preceeding week. These were the findings of CLIMATE study carried out in Athens and reported online July 13, 2006 in 'Heart', a reputed catalogued journal.

MYTH “I will know when I develop diabetes, because I 'll feel sick !

Wrong. One third of diabetics in the world don't know they have it. Only a doctor can really tell you if your child has diabetes. Most children diagnosed with diabetes feel okay but still, extremely good care has to be taken. Else it could damage nerves, blood vessels even the heart. What's more, it may take years to show, so the damage needs to be prevented before it occurs.

Sex may not be the most important thing in life

But to most men, it's up there. So don't let erection problems keep you from a satisfying sex life. Learn about a condition called *erectile dysfunction, or ED*.

What is erectile dysfunction?

ED is when a man has problems getting or maintaining an erection long enough for sex. It happens when not enough blood flows to the penis.

ED isn't the same for all men. Some men aren't able to get an erection at all. Others can get one, but it's not hard enough for sex. And others get a hard erection but lose it before or during sex.

ED is a medical condition. So in most cases, erections will not improve without treatment.

A common issue :

ED is more common than you might think. More than half of all men over 40 have some difficulty getting and maintaining an erection. The fact is, guys at any age can experience ED.

Treatment works :

If you think you might have ED, there's something you can do. Ask your doctor about treatment. Most men with ED can significantly improve their erections. And better erections can mean better sex.

What causes ED :

Why erectile dysfunction (ED) happens

ED can be caused by things like stress or fatigue. But a lot of times, ED is not something that you can control. That's because it's often due to a physical problem that affects your blood flow.

Usually when a man is sexually aroused :

1. The brain sends an impulse telling the arteries in the penis to widen.
2. As a result, more blood flows to the penis.
3. When this happens, the penis expands and hardens. This causes an erection.

When a man has ED, the nerves or blood vessels in the penis don't work properly. This prevents blood from flowing to the penis. And that can prevent an erection.

Causes of ED

ED is often related to other health issues that can affect the flow of blood to the penis. No matter what the cause, treatment is usually effective.

Find out why these issues can affect blood flow :

Rate your sexual health

Could erectile dysfunction (ED) be keeping you from a satisfying sex life ? Take this short quiz. The results will tell you if you have signs of ED.

Your individual results are not stored or shared with anyone.

Share the results with your doctor. Your doctor can recommend an effective treatment, like VIAGRA. To get your results :

- q Print this page.
- q Circle the answers that best describe you.
- q Then add your scores to see if your symptoms of ED are mild, moderate, or severe.

Over the past 6 months :

1. How do you rate your confidence that you could get and keep an erection ?
 - q (1) Very low
 - q (2) Low
 - q (3) Moderate
 - q (4) High
 - q (5) Very high
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner) ?
 - q (0) No sexual activity
 - q (1) Almost never or never
 - q (2) A few times (much less than half the time)
 - q (3) Sometimes (about half the time)
 - q (4) Most times (much more than half the time)
 - q (5) Almost always or always

3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

- q (0) Did not attempt intercourse.
- q (1) Almost never or never.
- q (2) A few times (much less than half the time).
- q (3) Sometimes (about half the time).
- q (4) Most times (much more than half the time).
- q (5) Almost always or always.

4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

- q (0) Did not attempt intercourse.
- q (1) Extremely difficult.
- q (2) Very difficult.
- q (3) Difficult.
- q (4) Slightly difficult.
- q (5) Not difficult.

5. When you attempted sexual intercourse, how often was it satisfactory for you?

- q (0) Did not attempt intercourse.
- q (1) Almost never or never.
- q (2) A few times (much less than half the time).
- q (3) Sometimes (about half the time).
- q (4) Most times (much more than half the time).
- q (5) Almost always or always.

Add up your scores to get your total. The chart below will tell you if you have signs of ED. And whether it is mild, moderate, or severe.

Remember to talk to your doctor about your results. It's a great way to get the conversation started.

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Treatment options:

There are many treatments for erectile dysfunction (ED). The most common is oral medication, or tablets.

Of all the ED tablets, VIAGRA is the one doctors prescribe most. It has been shown to significantly improve erections for men with ED. [Learn more about VIAGRA.](#)

Here are some other treatments your doctor may tell you about:

Talk to your doctor

ED is a medical condition. If you are not satisfied with the quality of your erections, talk to your doctor. Only your doctor can decide which treatment is right for you.

Find a doctor who has a lot of experience treating ED. [Go to SexualHealthDoctors.com.](#)

Next section: Rate your sexual health

About VIAGRA

What is VIAGRA?

VIAGRA is a pill used by men to treat erectile dysfunction, or ED. It can help many men who have erectile dysfunction get and keep an erection when they become sexually excited. VIAGRA is also known by its scientific name, sildenafil citrate.

How does VIAGRA work?

VIAGRA is a prescription drug that works by increasing blood flow to the penis. VIAGRA enables many men with erectile dysfunction to respond to sexual stimulation. When a man is sexually excited, VIAGRA helps the penis fill with enough blood to cause an erection. After sex is over, the erection goes away.

How long will it take for VIAGRA to work?

In one study of prior VIAGRA users that were given a 100-mg tablet 2 hours after eating, it was proven to work in as little as 14 minutes. VIAGRA remains effective for about 4 hours.

Taking VIAGRA

How often can I take VIAGRA?

For most patients, VIAGRA can be taken once a day

as needed. In patients taking certain protease inhibitors (such as for the treatment of HIV), it is recommended not to exceed a maximum single dose of 25 mg of VIAGRA in a 48-hour period. As always, please consult with your doctor if you have any questions about taking VIAGRA.

Can I take VIAGRA with alcohol and food?

Yes. However, drinking alcohol can temporarily impair the ability to get an erection. To get the best results, it is best not to drink large amounts of alcohol before taking or while taking VIAGRA.

VIAGRA can be taken with or without food. When taking VIAGRA, a fatty meal—like a cheeseburger and fries—can slow your body's ability to absorb the drug. It may not work as quickly. So eat something with less fat if you can, or give yourself more time.

Can I take VIAGRA with other medicines?

Tell your doctor about any medicines you are taking. Do not start or stop taking any medicines before checking with your doctor or pharmacist. This includes prescription and nonprescription medicines or remedies.

What are the side effects of VIAGRA?

Like all medicines, VIAGRA can cause some side

effects. These are usually mild and don't last longer than a few hours. Some of these side effects are more likely to occur with higher doses of VIAGRA. With VIAGRA, the most common side effects are headache, facial flushing, and upset stomach. VIAGRA may also briefly cause bluish or blurred vision or sensitivity to light. If you experience chest pain, nausea, or any other discomfort during sex, or an erection that lasts longer than 4 hours, seek immediate medical help.

In rare instances, men taking PDE5 inhibitors (oral erectile dysfunction medicines, including VIAGRA) reported a sudden decrease or loss of vision in one or both eyes. It is not possible to determine whether these events are related directly to these medicines or to other factors. If you experience sudden decrease or loss of vision, stop taking PDE5 inhibitors, including VIAGRA, and call a doctor right away.

What if VIAGRA doesn't work?

It's possible that you may need to take VIAGRA 3 or 4 times before it works for you. Or you may need to try a different dose. VIAGRA may not be right for every man, but it has proven to be effective in up to 4 out of 5 men with ED. More information about how to take VIAGRA is available on this Web site. If VIAGRA isn't working for you, your best bet may be to speak to your doctor. Remember: always follow

WORLD DIABETES DAY Health Camp at Kalkaji Ext. Organised by CDRS & NHI on 14 th Nov 2007



More than 200 patients were benefited by the Free Blood Sugar, ECG, HbA1c, Eye Check-up, Nerve Testing and Expert Advice by Diabetologist Dr. V. K. Gujral and Cardiologist Dr. Vinod Sharma. The Eye check-up was done by Dr. Sudhir Bhatia