Medical Echo

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Expand your mind, Change your world

Contents

Editorial

Dear Doctor, October, 2012

May the Blessed occasion of "Eid-ul-Azha" grace you with Happinness and fill your home with peace. After few days later we will celebrate **"Eid-ul-Azha"** which signify the "Festival of Sacrifice", it is an important religious day, celebrated by Muslims worldwide.

We express our heartfelt thanks for your incredible support regarding our **Medical Echo.** This is really a great satisfaction for us to present 9th issue of Medical Echo in front you to share some recent information on medical technology and medical practices.

Day celebration is the cover topic of this issue. Here, we have focused on the campaigns of **World Mental Health Day, World Sight Day, World Arthritis Day, World Osteoporosis Day & World Stroke Day of 2012.**

In the section of **"Medical Case Echo",** we have presented one of the recent articles on **"Post traumatic stress Disorder"** from **"British Medical Journal",** which provides research oriented information that may heplful for your practice.

A number of amazing medical events and incidents have presented in the section of **"Medical Tit-Bits".**

Recent clinical update on **"Too much red meat ups stroke risk"** presented in our **"Clinical Echo"** section.

Finally, we would like to share with you regarding our corporate events. Recently **Mr. Syed Gias Hussain** has joined Apex Pharma Limited as **Managing Director** on 28th June, 2012. He has been working in top management positions of various companies in Syed Manzur Elahi Enterprises and has remained involved with the operations of Apex Pharma since its inception.

We want to maintain our strong relationship with you through this informative magazine.

Sincerely yours

(Dr. Mohammed Arman Ullah)
Head of Marketing
Apex Pharma Limited

Special Note :
Please visit our website for soft version of all issues of Medical Echo
(Home page>Doctors' Corner> Publications)

World Mental Health Day

10 October, 2012

Introduction: **World Mental Health Day** (October 10) is a day for global mental health education, awareness and advocacy. This day, each October thousands of supports come to celebrate this annual awareness program to bring attention to Mental Illness and its major effects on peoples' life worldwide.

Why: World Mental Health Day raises public awareness about mental health issues. The day promotes open discussion of mental disorders and investments in prevention, promotion and treatment. The treatment gap for mental, neurological and substance use disorders is formidable especially in poor resource countries.

History: It was the first Director-General of the World Health Organization (WHO) who suggested that the **World Federation of Mental Health** (WFMH) be created. George Brock Chisholm, a Canadian psychiatrist, envisaged the WFMH as an international, nongovernmental body to provide a link to 'grassroots' mental health organizations and United Nations agencies. A radical thinker, Chisholm's view that "health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" provided early direction for both the WHO and the WFMH. It was first celebrated in 1992 at the initiative of the **World Federation for Mental Health,** a global mental health organization with members and contacts in more than 150 countries.

Theme:

2012:"Depression: a Global Crisis"

2011: "The Great Push: Investing in mental health"
2010: "Mental Health and Long-term Illness"
2009: "Mental Health in Primary Care"
2008: "Making Mental Health a Global Priority"

Management of Depressive Disorders

Major depressive disorder has a prevalence of 5% in the general population and approximately 10% in chronically ill medical out patients. It is a major cause of disability and of suicide. If comorbid with a medical condition, depression magnifies disability, diminishes adherence to medical treatment and rehabilitation, and may even shorten life expectancy. Such comorbid depression may incrementally worsen health more than any combination of chronic diseases without depression.

Symptom of Depressive Disorder:

Psychological

1. Depressed mood. 2. Loss of interest 3. Reduced self esteem 4. Loss of enjoyment (anhedonia) 5. Suicidal thinking

Somatic

1. Reduced appetite 2. Loss of libido 3.weight change 4. Bowel disturbance 5. Sleep disturbance

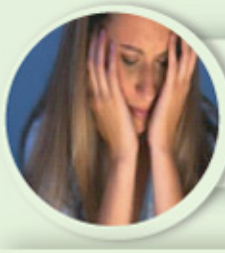
Treatment:

Antidepressant drugs are effective in patients whose depression is a complication of medical illness as well as in those where it is the primary problem. These agents are all effective in moderate and severe degree of depression.

SSRIs	Usual Daily Dose
Fluoxetine	20 mg
Sertraline	50-100 mg
Escitalopram	10-20 mg
TCAs	
Amitriptyline	75-150 mg
Doxepin	150-300 mg
Mixed norepinephrine/serotonin reuptake inhibitors	
Venlafaxine	75-375 mg

Ref: Harrisons's principles & Internal of Medicine 18th Edition

Myth & Facts of Depression



Myth: "It's normal for teenagers to be moody; teens don't suffer from "real" depression."

FACT: Depression is more than just being moody, and it can affect people at any age, including teenagers. Any change in personality or in daily activities must be questioned.

Myth: "Depression is contagious."

FACT: Depression is not an illness that can be transmitted by contact or by sharing or spending time with the ill person. However, depression does run in families and more than one member of a family can suffer from depression at any time in their life.

Myth: "Female adolescents are only looking for attention when they seem to be depressed."

FACT: Nearly twice as many women than men suffer from depression, even if they have no apparent cause, women can be severely depressed and in need of serious help.

Myth: "People who get depressed are weak."

FACT: Emotions and personality play a big role in development of depression, but chemical imbalances in the brain and genetic predisposition also contribute to the depression development process.

Myth: "If you get depression, you'll always be prone to it and it will affect you for the rest of your life".

FACT: Like all mental health problems most people do recover from bouts of depression with the right kind of treatment and support.

World Sight Day,

11 October, 2012

Introduction: **World Sight Day** is an annual day of awareness to focus global attention on blindness, visual impairment and rehabilitation of the visually impaired held on the second Thursday in October.

Why: **World Sight Day** is observed around the world by all partners involved in preventing visual impairment or restoring sight. It is also the main advocacy event for the prevention of blindness and for **"Vision 2020: The Right to Sight"**, a global effort to prevent blindness created by WHO and the **"International Agency for the Prevention of Blindness (IAPB)"**. An estimated 285 million people worldwide are visually impaired, and yet preventable causes are as high as 80% of the global visual impairment burden. 90% of blind people live in developing countries.

History: The world's population is ageing and people are living longer but blindness from chronic conditions is also rising, according to WHO. About 80 percent of the world's 45 million blind people are aged over 50 years. About 90 percent of blind people live in low-income countries, where older people, especially older women, face barriers to getting the necessary eye health care. Yet, many age-related conditions leading to blindness - such as cataract, refractive error and glaucoma - can be easily and cheaply treated or cured. Timely intervention can often delay or reduce their effects on vision.

Lions Clubs International partnered with blindness prevention organizations worldwide to commemorate the first **World Sight Day** on **October 8, 1998**. This event was later integrated into **VISION 2020**, a global initiative that the **IAPB** coordinates.

World Arthritis Day

12 October, 2012

Introduction: The word, Arthritis - 'Arth' implying joint, 'itis' implying inflammation. World Arthritis Day was marked here to raise awareness about arthritis in all its forms among the medical community, people with arthritis and the general public.

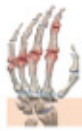
Why: The aims of World Arthritis Day are:

- To raise awareness of RMDs **(Rheumatic & Musculoskelatal diseases)** amongst the medical community, people with RMDs and the general public
- To influence public policy by making decision-makers aware of the burden of RMDs and the steps which can be taken to ease it
- To ensure all people with RMDs and their care givers are aware of the vast support network available to them.

History: World Arthritis Day was established in 1996 by Arthritis and Rheumatism International (ARI) and is celebrated each year on 12 October. World Arthritis Day is an ideal focus for organizations to raise awareness of issues affecting people with RMDs and for the individuals to support campaigns. World Arthritis Day was set up 2003 as a centre for campaign activities information & materials for organization representing people with rheumatic & musculoskelata disease (RMDs) individuals.

Theme:

2012: Move to Improve
2011: Move to Improve
2010: 'Let's work together'
2009: 'Work and Rheumatic Diseases'
2008: Think Positive',



Management of Arthritis

Osteoarthritis (OA) is the most common form of arthritis. It shows a strong association with ageing and is a major cause of pain and disability in the elderly. Pathologically, it may be defined as a condition of synovial joints characterised by focal loss of articular hyaline cartilage with proliferation of new bone and remodelling of joint contour.

Clinical Feature

" Patient over age 45 (often over age 60)
" Pain mainly related to movement and weight-bearing, relieved by rest
" Usually only one or a few joints painful (not multiple regional pain)
" Joint-line or periarticular tenderness
" Restricted movement (capsular thickening, blocking by osteophyte)
" Bony swelling (osteophyte) around joint margins

Investigation:

" A plain X-ray may show one or more of the typical features of osteo arthritis. Its main use is to assess severity of structural change, an issue if surgery is being considered.

" The FBC, ESR and CRP are normal in OA. Synovial fluid aspirated from OA knees shows variable characteristics but is predominantly viscous with low turbidity; accompanying CPPD and basic calcium phosphate may also be identified.

Treatment:

Analgesic and Anti-inflammatory Drugs

Nonsteroidal anti-inflammatory drugs (NSAIDs) are more effective than acetaminophen for osteoarthritis of the knee or hip. Their superiority is most convincing in persons with severe disease. Patients with mild disease should start with acetaminophen (2.6-4 g/d). NSAIDs should be considered for patients who do not respond to acetaminophen. High doses of NSAIDs, as used in more inflammatory arthritides, are unnecessary. Chondroitin sulfate and glucosamine, alone or in combination in used to reduce pain in patients with knee or hip osteoarthritis.

For patients with knee osteoarthritis and effusion, intra-articular injection of triamcinolone (20-40 mg) may obviate the need for analgesics or NSAIDs. Corticosteroid injections up to four times a year appear to be safe. Intra-articular injections of sodium hyaluronate reduce symptoms moderately in some patients.

Surgical Measures

Total hip and knee replacements provide excellent symptomatic and functional improvement when involvement of that joint severely restricts walking or causes pain at rest, particularly at night. Experimental techniques to repair focal cartilage loss in the knee by autologous chondrocyte transplantation are promising.

Ref: Davidson's principles & Practice of Medicine 22th Edition & CMDT, 2011

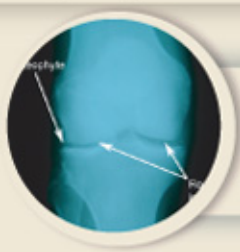
Myths & Fact of Arthritis

Myth: Osteoarthritis is a part of the aging process.

Fact: Although the incidences of osteoarthritis are greater among elderly people, the disorder's specific risk factors include obesity, joint trauma and repetitive use of joints in sports or work-related activities.

Myth: Pain due to osteoarthritis cannot be relieved.

Fact: Modern medical management is not only effective but is safer than before. Moderate physical exercises, lifestyle modifications, appropriate diet and surgery help reduce the pain. With these modalities, many patients are now able to lead a normal and productive life.

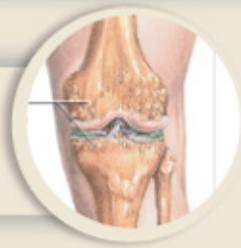


Myth: Osteoarthritis is diagnosed through lab tests and joint X-rays.

Fact: A thorough history and physical examinations are key to the early diagnosis of osteoarthritis. X-rays of the affected joint may not show joint-space narrowing or bony sclerosis until the disease is in its late stages.

Myth: Osteoarthritis just like other kinds of arthritis is an inflammatory disease of the joints.

Fact: Rather, osteoarthritis causes breakdown of the cartilage in the joints, which leads to joint pain and stiffness. Inflammation isn't normally seen in this progressive disease, although changes within the joint space occasionally because localized inflammatory responses, such as synovitis.



Myth: Once it sets in, osteoarthritis cannot be treated.

Fact: Although there is no guaranteed to cure for osteoarthritis, early diagnosis and management can help control the progression and symptoms of the disease. Management is aimed at pain reduction and disability prevention. Lifestyle modification is equally important as medications and physical therapy.

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LOVE YOUR BONES

embrace an active lifestyle calcium rich foods vitamin D

World Osteoporosis Day

20 October, 2012

Introduction: World Osteoporosis Day is observed annually on 20 October, and launches a year-long campaign dedicated to raising global awareness of the prevention, diagnosis and treatment of osteoporosis and metabolic bone disease, Organized by the International Osteoporosis Foundation (IOF), World Osteoporosis Day involves campaigns by national osteoporosis patient societies from around the world with activities in over 90 countries.

Why: Osteoporosis Day is an international event held annually in October. It highlights the importance of calcium in the development and maintenance of healthy bones and prevention of osteoporosis. Osteoporosis Day Campaign is the important role calcium-rich foods, such as dairy, play in the development and maintenance of healthy bones and prevention of osteoporosis throughout life.

History: World Osteoporosis Day was launched on 20 October 1996 by the United Kingdom's National Osteoporosis Society and supported by the European Commission. Since 1997, the day has been organized by the International Osteoporosis Foundation. In 1998 and 1999, the World Health Organization acted as co-sponsor of World Osteoporosis Day. The day also marks the launch of a year-long campaign to raise awareness of osteoporosis and metabolic bone disease. Since 1999 these campaigns have featured a specific theme.

Theme:

2012: Stop at One: Make Your First Break Your Last

2011: 3 Steps to Prevention: Calcium, Vitamin D and Exercise
2010: Signs and Symptoms of Spinal Fractures
2009: Advocate for Policy Change
2008: Advocate for Policy Change


A
BROKEN
WRIST
IS NOT THE
PROBLEM
Osteoporosis doesn't reveal itself until you break a bone, often at the wrist or spine. Prevent a larger problem by taking action now.
If you are over 50 and have broken a bone, get tested for osteoporosis.
STOP AT ONE
1 ASK A DOCTOR
If you have broken a bone, ask a doctor if it could be osteoporosis.
2 GET TESTED
If you're over 50 and have had a broken bone, get tested.
3 GET TREATED
If you have osteoporosis, ask a doctor about your treatment options.
Visit www.worldosteoporosisday.org for more information.
International Osteoporosis Foundation
WorldOsteoporosisDay October20 | LOVE YOUR BONES

Management of Osteoporosis

Osteoporosis is by far the most common bone disease. It is characterized by reduced bone mineral density (BMD), micro-architectural deterioration of bone tissue and an increased risk of fracture. The prevalence of osteoporosis and osteoporosis-related fractures increases markedly with age, reflecting the age-related decline in bone mass and the increased risk of falling in the elderly Fractures related to osteoporosis are a major public health problem in all developed countries, affecting up to 30% of women and 12% of men at some time in their life.

Clinical features:

The clinical presentation of osteoporosis is with fragility fractures, back pain, height loss and kyphosis, although many patients are asymptomatic. A common presentation is with radiological osteopenia in otherwise asymptomatic patients who are undergoing X-ray examination for trauma or another condition. Osteoporotic fractures can affect virtually any bone, but the most common sites are the forearm (Colles fracture), spine (vertebral fracture) and femur (hip fracture).

Investigations:

- o Measurement of Bone Mass Density (BMD)
- o Serum Calcium Level and Phosphate Level
- o Thyroid Function Test
- o ESR
- o Immunoglobulin Test

Management:

1. Bisphosphonates: bisphosphonate etidronate is given cyclically in a daily dose of 400 mg for 2 weeks, every 3 months, with administration of calcium supplements during the intervening period.
2. Hormone replacement therapy (HRT): HRT with oestrogen and progestagens prevents post-menopausal bone loss and reduces the risk of osteoporotic fractures.

3. Calcium and vitamin D supplements: Calcium is typically given in doses of 500-1000 mg daily, and vitamin D supplements in doses of 400-800 U daily. When given as monotherapy, calcium and vitamin D supplements have been shown to prevent fragility fractures in elderly institutionalised patients with vitamin D deficiency.

4. Calcitonin: Calcitonin is an osteoclast inhibitor which is effective in preventing post-menopausal bone loss and in the secondary prevention of vertebral fractures in patients with established osteoporosis.

Prevention:

1. Regular intake of Calcium and Vitamin D
2. Regular weight bearing exercise such as- walking, jogging etc
3. Avoid smoking and excessive amount of alcohol

Ref: Davidson's principles & Practice of Medicine 22th Edition

Myths & Facts of Osteoporosis

Myth: Only women get osteoporosis.

Fact: There are many misconceptions about osteoporosis, for example that it is "a woman's disease". One in every four men and one in every two women over the age of 50 will experience an osteoporosis-related fracture in their lifetime.

Myth: My mother has osteoporosis, so I am bound to get this disease too.

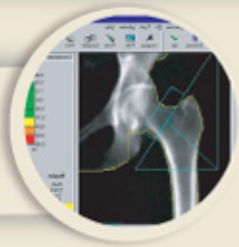
Fact: Women with a family history of osteoporosis are at an increased risk of developing the disease, but family history does not decide your destiny.

Myth: Osteoporosis is not that serious-its worst case scenario is a broken bone.

Fact: Osteoporosis is a very serious or deadly condition because the disease involves a quiet and pervasive deterioration of your bones that eventually cause your vertebrae to collapse or your hip to fracture. For some people, recovering from these fractures is difficult or even impossible.

Myth: A bone density test is painful and complicated.

Fact: This is a simple and comfortable exam. A bone densitometer looks like a large, padded exam table and measures bone density by using a small amount of radiation. You lie on your back, and a scanner passes over your spine and hip area. The test is painless and takes less than 10 minutes.



Myth: Osteoporosis cannot be prevented or treated.

Fact: Osteoporosis is 100% preventable. There are several things you can do early on to reduce your chances of getting osteoporosis, such as eating a diet high in calcium and vitamin D, doing weight-bearing exercises and avoiding excessive alcohol.

World stroke day

October 29, 2012

Introduction: World Stroke Day is observed on October 29 to underscore the serious nature and high rates of stroke, raise awareness of the prevention and treatment of the condition, and ensure better care and support for survivors. On this day, organizations around the world have facilitated events emphasizing education, testing, and initiatives to improve the damaging effects of stroke worldwide.

Why: Stroke has been and continues to be a widespread disease worldwide, afflicting over 15 million people each year. Of those 15 million, almost six million die and a further five million are left permanently disabled. A new person suffers a stroke every six seconds.

History: The idea to create a day of awareness began in the 1990s with the European Stroke Initiative. International Stroke Society and the World Stroke Federation merged to form the World Stroke Organization, which took over the management of World Stroke Day. The annual event was started in 2006 by the World Stroke Organization (WSO). The WSO declared a public health emergency in 2010. The WSO now has an ongoing campaign that serves as a year-round interface for advocacy, policy, and outreach to support strides and continue progress made on World Stroke Day.

Post-traumatic stress disorder

BMJ 2012;344:e3790 doi: 10.1136/bmj.e3790 (Published 25 June 2012)

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This is one of a series of occasional articles highlighting conditions that may be more common than many doctors realise or may be missed at first presentation. The series advisers are Anthony Harnden, university lecturer in general practice, Department of Primary Health Care, University of Oxford, and Richard Lehman, general practitioner, Banbury. To suggest a topic for this series, please email us at easilymissed@bmj.com

A 37 year old woman presented to her general practitioner with a two month history of low mood, poor sleep, and irritability. She was initially treated for depression with sertraline. Her mood improved slightly over six weeks, but, because of continued insomnia and irritability, her medication was changed to citalopram, with no further improvement. Through regular review and the building of a trusting relationship with her doctor, the patient felt able to disclose that she was experiencing intrusive images of past domestic violence. She was diagnosed with post-traumatic stress disorder and referred for trauma-focused cognitive behavioural therapy; over 15 sessions, this led to a substantial reduction in her symptoms.

What is post-traumatic stress disorder?

Post-traumatic stress disorder (PTSD) is a severe, prolonged, and impairing psychological reaction to a distressing event. The precipitating incident must be "exceptionally threatening or catastrophic"1 and can range from interpersonal violence and combat to accidents and natural disasters; sexual violence is a particularly potent cause.2 Serious illnesses or medical interventions can also precipitate PTSD if the individual perceived their own or someone else's health or life to be under threat. The individual repeatedly relives the event through intrusive imagery, bodily re-experiencing, nightmares, and flashbacks. Irritability, insomnia, and other symptoms related to increased arousal also occur. Sufferers usually have difficulty remembering aspects of the event and avoid reminders of it (see box of diagnostic criteria). Children may act out the traumatic event through repetitive play, drawings, and stories, and have frightening dreams without recognisable content.3 Adolescents with PTSD can show aggressive or withdrawn behaviour and can find it difficult to relate to their peers.

Why is it missed?

A survey of London general practitioners indicated that most significantly underestimate the prevalence of PTSD among their patients compared with what is expected from epidemiological data.11 Many were unfamiliar with guidelines, and referral rates for psychological therapy were low.11 After the 2005 London bombings, a screening and treatment programme for PTSD received only 14 referrals from GPs, but identified 184 additional severe cases.12 There are several reasons why PTSD is underdiagnosed or misdiagnosed. About 80% of PTSD cases are comorbid with other conditions, including depression, panic attacks, substance misuse, and personality disorders.2 Comorbid disorders are often erroneously treated as the sole or primary diagnosis. Patients might not volunteer re-experiencing symptoms because of shame or distress,13 yet specific inquiries about such features are only made infrequently once a comorbid condition has been diagnosed. Culture and language are additional barriers to the correct diagnosis. Some patients primarily express distress through somatic symptoms, and the psychological component can be missed.13 Descriptions of intrusive imagery and auditory re-experiencing can be misinterpreted as psychotic symptoms in patients with limited English.

Why does this matter?

Most treatments for anxiety or depression will be of limited effectiveness for PTSD, and patients might be incorrectly assumed to have a treatment-resistant anxiety or mood disorder. Although some sufferers remit without treatment, especially within the first year, others develop chronic symptoms and comorbid conditions2 and are at increased risk of suicide.14 Secondary adversities such as unemployment and separation can arise.13 PTSD in children can have long term negative

Diagnostic criteria for post-traumatic stress disorder (ICD-10 (international classification of diseases, 10th revision) classification of mental and behavioural disorders1)

A. Exposure to a stressful event or situation of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone

B. Persistent remembering or "reliving" of the stressor by flashbacks, vivid memories, recurring dreams, or by experiencing distress when exposed to reminders

C. Actual or preferred avoidance of reminders of the stressor

D. Either:
(1) Inability to recall, either partially or completely, some important aspects of the period of exposure to the stressor
(2) Two or more newly arising persistent symptoms of hyperarousal-difficulty in falling or staying asleep, irritability or outbursts of anger, difficulty in concentrating, hypervigilance, exaggerated startle response

For diagnosis, criteria A, B, C, and D should all be met within 6 months of the stressful event; delayed onset PTSD can be diagnosed after this time

How common is post-traumatic stress disorder?

- Post-traumatic stress disorder (PTSD) occurs in both adults and children
- Prevalence varies substantially between countries and contexts, being affected by differing rates of domestic, community, and organized violence, as well as rates of accidents and natural disasters
- In most contexts, PTSD is slightly more common in women than men2 4
- A typical estimated 12 month prevalence of PTSD is around 1-3% in adults and adolescents4-7
- The prevalence in childhood has been less well studied, and, although it seems lower, PTSD is underestimated in young children by parent report alone and by using adult oriented criteria.3 A large British survey found a prevalence of 0.14% in 5-15 year olds8
- In populations exposed to conflict and in refugee adults and children, prevalence is typically 10-30%[5 9 10]

consequences for psychosocial development and education; children's health and development can also be negatively affected by parental PTSD.15

How is post-traumatic stress disorder diagnosed?

PTSD is diagnosed by assessing the patient's symptoms against psychiatric diagnostic criteria in ICD-101 (see box) or DSM-IV (diagnostic manual of mental disorders, fourth edition),16 although these are to be substantially revised in forthcoming editions.3 A careful chronological symptom history is key, and patients should be offered time alone, whatever their sex or age. For patients with atypical or apparently treatment resistant mood or anxiety disorders, or unexplained physical symptoms, clinicians should consider asking about potentially traumatic events such as assault, accidents, and complicated childbirth.12 The 10 item Trauma Screening Questionnaire is a useful, validated, freely available tool to elicit symptoms of PTSD.17

How is post-traumatic stress disorder managed?

The National Institute for Health and Clinical Excellence (NICE) guideline for PTSD covers recommended treatment strategies for all ages.13 This and other major guidelines, based on systematic reviews of randomised controlled trials, concur that psychological interventions that include some exposure to reminders of the traumatic event are effective for both children and adults.18 These include trauma-focused cognitive behavioural therapy or eye movement desensitisation and reprocessing. In adults for whom these psychological therapies are not appropriate or are ineffective, paroxetine or mirtazepine may be offered in either primary or secondary care. Specialist psychiatric management is indicated if there are complex comorbidities, significant risk concerns, or a poor treatment response. PTSD is normally treated before mild or moderate comorbid disorders.13 Severe comorbid depression or substance misuse can be treated first if they might limit treatment engagement or contribute to significant risk to self or others.13 Contributors: RR had the idea for the article and developed this further with MF and LG. RR wrote the first draft, which was then expanded and revised by MF and LG. All authors have approved the final version of the manuscript. Competing interests: All authors have completed the Unified Competing Interest form at http://www.icmje.org/coi_disclosure.pdf (available on request from the corresponding author) and declare: no support from any organisation for the submitted work; no financial relationships with any organisations that might have an interest in the submitted work in the previous three years, no other relationships or activities that could appear to have influenced the submitted work. Provenance and peer review: Not commissioned, externally peer reviewed. Patient consent: Patient consent not required (patient anonymised, dead, or hypothetical).

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Key points

Post-traumatic stress disorder can be disabling and is often underdiagnosed as it may coexist with other mental health problems such as depression, panic attacks, substance misuse, and personality disorders

Re-experiencing a distressing event, hyperarousal, and avoidance are core symptoms

Patients often do not volunteer re-experiencing symptoms; clinicians are more likely to detect PTSD if they specifically inquire about distressing events and post-traumatic stress symptoms

Treatment with psychological or pharmacological therapy is effective for many patients, but patients with limited improvement or complex comorbidity require specialist management and have less favourable

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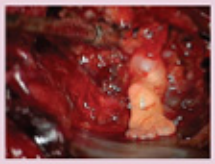


A newborn baby has had a tumour removed from his brain - containing tiny feet.

Paediatric neurosurgeon Dr Paul Grabb said an MRI scan showed little Sam Esquibel had a microscopic tumour. But when looked closer he saw one perfectly formed foot and the other partially formed body parts. Sam was just three days old and otherwise healthy when he went under the knife at Memorial Hospital for Children in Colorado Springs, Colorado. "To find a perfectly formed structure tumours like this are usually less complex than a foot or hand. The growth may also have been a case of so-called "foetus in foetu" in which a twin baby begins to form within another

Surviving A Spike Through the Head

Perhaps one of the most famous medical miracle stories told to students of neurology is that of Phineas Gage. In 1848, Gage was the foreman of a construction gang preparing the bed of a new railroad line, when an explosion forced a 3 feet 7 inch long rod through his head. The rod entered through the man's cheek and exited through the top of his head.

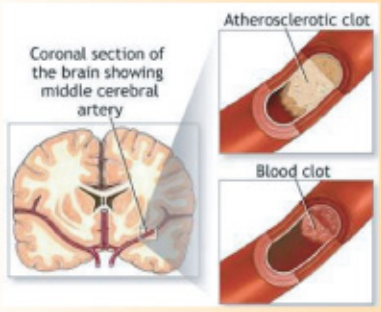
Miraculously, the rod was successfully removed by doctors, and Gage survived. Unfortunately, he experienced obvious personality changes, and eventually died eleven years later after suffering from increasingly severe seizures

Conjoined twins joined at the head separated successfully

These little girls were joined at the head at birth, and at 11 months, with the generosity of "Facing the World" a charity that helps disfigured children aided funding of this seriously difficult operation. The twins, also known as craniopagus twins, are a rare occurrence at 2.5 million births and most times this type of separation is never even attempted, due to the severity and complexity of such a surgery. However, lead surgeon David Dunaway stated that although there were many challenges, the surgery that took 4 separate attempts, in Great Ormond Street Hospital was successful. The 2-year-old Egyptian twins are separate individuals and appear to be healthy!

Too Much Red Meat Ups Stroke Risk

August 23, 2012



The atherogenic effects of consuming too much red meat have again been demonstrated by the largest meta-analysis to date showing that each increase in a single serving of fresh, processed, and total red meat consumption a day significantly increases the risk for total and ischemic stroke.

Joanna Kaluza, PhD, from Warsaw University of Life Sciences, in Warsaw, Poland, and colleagues from there and from the Karolinska Institute, in Stockholm, Sweden, found that the risk for total stroke increased by between 11% and 13% for each increase in a single serving of fresh, processed, and total red meat consumed per day.

Each daily increase in a single serving of fresh, processed, and total red meat consumption was also associated with a 12% to 15% increased risk for ischemic stroke.

In contrast, no significant association was observed between red meat consumption and risk for hemorrhagic stroke.

"Not all studies have shown a statistically significant association between red and processed meat consumption and risk of stroke. For example, a study in Japan observed no association," Susanna Larsson, PhD, from the Karolinska Institute, told Medscape Medical News. "So even though the associations were quite modest, results are still important because so many individuals consume red meat."

Ref: Medscape Medical News

New Managing Director of Apex Pharma Limited

Syed Gias Hussain

Mr. Syed Gias Hussain has joined **Apex Pharma Limited** as Managing Director on 28th of June, 2012. He has been working in top management positions of various companies in Syed Manzur Elahi Enterprises and has remained involved with the operations of Apex Pharma since its inception.

Mr.Hussain brings a wealth of experience to the Apex Pharma team.He played a key role in developing the standards for cGMP (Current Good Manufacturing Practice) during the establishment of APL's new manufacturing facility at Shafipur, Gazipur as a Director.

In his long and illustrious career, Mr. Syed Gias Hussain has achieved notable success in both the domestic and the international market. Mr. Hussain has led export-oriented Apex Adelchi Footwear Limited and Blue Ocean Footwear Limited successfully and both these companies have now become significant contributors to Bangladesh's export earnings. He has been instrumental in the success of Gallerie Apex (the retail wing of Apex Adelchi Footwear Limited). Under his leadership, Gallerie Apex has become the largest local branded retail chain in last ten years.

After comleting his graduation in finance Mr. Syed Gias got his MBA degree from the Institute of Business Administration of Dhaka University. He has always interested in the modernizing management systems and latest technology for enhancing production and business efficiency.

Mr. Hussain has joined Apex Pharma Limited to maintain the company's journey towards HONEST GROWTH. In the last few years, Apex Pharma Limited has invested heavily in the development of its production facility and human resources to create a broad portfolio of effective and safe pharmaceutical products and services. The rapidly growing company now aims at reaching out to consumers at all corners of the country and wishes to cement its position amongst the leading pharmaceutical companies of Bangladesh.

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