

# PROGRAM & ABSTRACTS



## 3<sup>rd</sup> REGIONAL PUBLIC HEALTH CONFERENCE

13-14 December 2012  
Dhaka, Bangladesh

Venue

Bangladesh Institute of Health Sciences (BIHS)  
Mirpur, Dhaka, Bangladesh



Organized by



Bangladesh Institute of Health Sciences (BIHS)  
Dhaka, Bangladesh



In collaboration with



Department of International Health  
University of Oslo, Norway



BIHS- a **BADAS** enterprise

13 December 2012 Thursday

**LECTURE SESSION I NONCOMMUNICABLE DISEASES**

- Chair* : Prof Hajera Mahtab (BIHS, Dhaka)
- 10.30-11.00** : **Dr Muhammad Saif-Ul-Haque**  
*Baqai Institute of Diabetology & Endocrinology (BIDE), Pakistan  
Diabetes and Ramadan*
- 11.00- 11.30** : **Prof Akhtar Hussain**  
*Dept of International Health, Faculty of Medicine, University of  
Oslo, Norway*  
Temporal changes in DM in rural Bangladesh over 10 years:  
Diagnosis and implication for Prevention

**LECTURE SESSION II PUBLIC HEALTH PRACTICE**

- Chair* : Prof Sandip Kumar Ray (KPC Medical College, Kolkata, India)
- 11.30- 12.00** : **Prof Dr Muni Raj Chhetri**  
*School of Health and Allied Sciences, University of Pokhara, Nepal*  
Issues and challenges of public health practices in Nepal

**LECTURE SESSION III MENTAL HEALTH**

- Chair* : Prof Tazul Islam (National Institute of Mental Health, Dhaka)
- Co-chair* : Dr Pradip Kumar Sen Gupta (BIHS, Dhaka)
- 12.00- 12.30** : **Dr Kingsley Agho**  
*School of Medicine, University of Western Sydney, Australia*  
The epidemiology of anxiety disorders in Australian adults with diabetes
- 12.30-13.00** : **Prof Dr Sheikh Farid Uddin Akter**  
*Dept of Community Medicine, International Islamic  
University Malaysia, Malaysia*  
Dementia and its impact on public health
- 13.00-14.00** : **Lunch & Prayer**

## THE EPIDEMIOLOGY OF ANXIETY DISORDERS IN AUSTRALIAN ADULTS WITH DIABETES

**Kingsley Agho**

*School of Medicine, University of Western Sydney, New South Wales, Australia*

Mental disorders are a major contribution to the global burden of disease in Australia. In 2007, it was reported that one in five Australian adults experience mental illness in any year and over 3.2 million Australians had a mental disorder in the previous 12 months. The purpose of this presentation was to examine the epidemiology of anxiety disorders in Australian adults with diabetes. The 2007 (n=8,463) Australian National Survey of Mental Health and Wellbeing (NSMHWB) data set were analyzed using Taylor series linearization method when estimating confidence intervals around prevalence estimates and logistic regression method to determine the odd ratios (OR). The variable of interest for analysis were 30 days, 12-month and lifetime DSM-IV anxiety disorders identified by the Composite International Diagnostic Interview. The results indicated that Australian adults with diabetes reported higher prevalence of 30 days, 12-month and lifetime panic disorder (PD), agoraphobia; specific phobias, generalised anxiety disorder (GAD) and post traumatic stress disorder (PTSD) than those without diabetes. Compared with those without diabetes, the odds for 30 days, 12-month and lifetime PD, agoraphobia; specific phobias, GAD and PTSD were greater which ranged from (OR=1.1 to OR=1.6) but lower odds for 30 days, 12-month and lifetime obsessive compulsive disorder (OCD) were reported and varied from (OR=0.5 to OR=0.8). This study reported that the risks of those with diabetes developing mental disorders are higher than those without diabetes. This research also serves as a benchmark for the prevalence and risk for anxiety disorders in Australian adults living with diabetes.

## DEMENTIA AND ITS IMPACT ON PUBLIC HEALTH

**SFU Akter<sup>1</sup>, ARM Fauzi<sup>2</sup>, AR Jamalludin<sup>3</sup>, S Sulong<sup>4</sup>, MA Aznan<sup>5</sup>, PI Chia<sup>6</sup>  
MMAK Khattak<sup>7</sup>, M Taher<sup>8</sup>**

*<sup>1,3</sup>Dept of Community Medicine, <sup>2</sup>Dept of Internal Medicine, <sup>4</sup>Human Genome Centre, Universiti Sains Malaysia, <sup>5</sup>Dept of Family Medicine, <sup>6</sup>Dept of Biotechnology, <sup>7</sup>Dept of Human Nutrition, <sup>8</sup>Dept of Pharmaceutical Technology, International Islamic University Malaysia*

Dementia is a clinical syndrome under the umbrella term "neurodegenerative disease". Inter alia, this term includes other diseases such as Alzheimer's disease (AD), Parkinson's disease (PD), Multiple Sclerosis (MS) and Autistic spectrum disorders (ASD). Dementia is characterized by a decline in cognitive functions without impairment in consciousness. It is a non-specific illness characterized by cluster of symptoms and signs manifested by difficulties in memory, attention, language, and problem solving beyond what might be expected from normal aging. Although it is far more common in the geriatric population, it may occur in any stage of adulthood. It is a global public health crisis. In South Asia, it is spreading at epidemic rate and future prevalence is calculated to be 71% of total older people in 2050 which is a rise of 304%. The overall prevalence among males and females doubled for every five years increase in age after the age of 65. Although it is largely a disease of older people, but 2% of those affected were less than 65 years of age. The increasing prevalence of dementia has dramatic effects on lives of millions of people throughout the world and on public health costs. While the worldwide costs of care-giving being calculated to be

604 billion USD in 2010, the estimated death rate to be more in the developing countries than in the developed ones. It is the fourth major cause of death in South Asian older people and affects women more than men. Social stigma, education, cost and physiological discrepancies make this a high ranking threat to the world especially South Asia. Dementia is likely to be a threat of utmost importance in South Asian region and it will cripple the health condition in this region if not control soon by the help of governments and/or other institutions by legislation, research and social awareness. There is no cure and/or the predictable tool for dementia yet but fortunately, there are some warning signs that one can look out

carefully and take certain steps to reduce the risk of dementia. The warning signs are: memory loss that affects day-to-day performance, difficulty in doing familiar tasks, confusion about time and place, problems in communication, difficulty in planning or solving problems, poor judgment, misplacing things, changes in mood, changes in behaviour, changes in personality, withdrawal from work, cessation of social networking. Notwithstanding, anyone may experience similar situations from time to time. The difference with dementia is that these characteristics will progressively get worse and affects detrimentally person's ability to live and function safely and independently. However, much can be done to improve the quality of life of people with dementia and the families who care for them. A number of risk factors such as physical inactivity, lower level of education, stress full occupation, high level of blood cholesterol associated with dementia are modifiable and may have potential as strategies useful in preventing or delaying dementia among older people.

## **BREASTFEEDING AND RISKS OF ADULT CHRONIC DISEASES**

**Iqbal Kabir**

*Bangladesh Breastfeeding Foundation, Dhaka, Bangladesh*

Appropriate infant and young child feeding can prevent about 19% of all U-5 deaths. Breastfeeding during early childhood has also been found to have protective effect on some adult chronic diseases such as cardiovascular diseases, type 2 diabetes, and risks of overweight/obesity in later life. A number of studies reported lower blood pressure, lower serum cholesterol, low blood glucose level and low prevalence of overweight/obesity. In contrary, few studies failed to detect such association. Objective: The purpose of this presentation is to describe the different studies, systematic reviews to produce evidence in protective effects of breastfeeding chronic diseases in later life.

A systematic review of 30 and 35 studies show that in a random-effect model the mean difference of systolic blood pressure was : -1.21 mm Hg (95% CI: -1.72 to -0.70) and diastolic blood pressure, mean difference; -0.49 mm Hg (95% CI: -0.87 to -0.11) and were lower in breastfed subjects. Breastfed subject had lower mean total cholesterol in adulthood (mean difference;- 0.18 mmol/L (95% CI: -0.30 to -0.06). Similarly, pooled analyses showed that, breastfed subjects were less likely to develop type 2 diabetes (OR: 0.63; 95% CI: 0.72 to 0.89). Systematic analyses of 39 studies showed a pooled OR: 0.78 (95% CI: 0.72 to 0.84) with significant lower risk of developing overweight/obesity during childhood and adolescent period.

Because, nearly all studies included in this analysis are observational, it is not possible to completely rule out the possibility that the results may be partly confounded by selection bias or residual confounders. Therefore, further longitudinal/cohort studies are needed to evaluate a direct causal effects/association of breastfeeding and its protective effect on chronic diseases in later life. Few studies including MINIMat study from icddr, Bangladesh is following a cohort of about 3300 babies since birth and who were counselled for breastfeeding to evaluate the protective effects of breastfeeding on chronic diseases in later life.