



## Health Insurance:

# The Goose that Lays the Golden Eggs (Part 2)

Where does my Health Insurance Dinar go?

1. The Dinar stops first at advertising, promotion, marketing the media and the like which take the first bite.
2. When it gets to the second stop; insurance company administrative, staff costs, rentals, recruiting, bonuses etc. take away some more fils off
3. Next it stops with the brokers, and they are so many. They grab only 100 fils off the flesh of my Dinar, for their brokerage!
4. Insurance companies tend to use what is known in their profession as TPAs (Third Party Administrators) who administers their claims on their behalf. We know that the Dinar sheds off around another 100 fils to pay TPAs. This is because it is cheaper for insurance companies to use an independent TPA rather than administering the claims themselves
5. There is usually an invisible distant reinsurer who maybe in South Africa, Australia, Europe or anywhere else in the world that tears off another variable bit of my Dinar.
6. We do not want to mention the under-the-table deals which strip my Dinar its guts and liver without my knowing about it. Such under-the-table deals of course do not exist, but another 100 fils are quite often shed off.
7. The next stop is the profit which the insurance company has to make after my Dinar is nearly depleted. This is the darling MLR (Medical Loss Ratio) of insurance companies. Insurance is all about this MLR. It indicates their profit. It ensures they make money. Losses are carried by their reinsurer.
8. Certain unscrupulous health insurers reward their “doctors” for denying claims by giving them a percentage of the savings they make on such denials
9. Nonpayment of bills by the insurers on the grounds of “customary, prevalent and reasonable”. The insurance companies decide on this, using low-tech, low-standard facilities as benchmarks, thus denying my treating doctor or the hospital their dues.

How much is left of my Dinar at the end of its journey when it gets to my doctor or the hospital at the end of its journey?


My guess is that it is in the region of 300 fils.


*(To be continued)*



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## FOCUS

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# FLU Facts



## What is Flu?

It is a contagious viral infection of the nose, throat and lungs, which often comes in winter.

## Types of flu viruses

These are Types A, B and C. The most common which causes outbreaks every year is type A and is a constantly changing virus. Type B causes small outbreaks and Type C is mild. Strains of influenza virus which cause flu may differ from year to year.

## Cause

It is transmitted from person to person via contagious droplets which are spread when an infected person sneezes and coughs.

## Symptoms

It causes fever up to 40 degrees Celsius, headache, muscle ache and stiffness, cough, chills, fatigue, malaise, sweating and loss of appetite. These symptoms usually last for 3-4 days after which one may have dry cough, runny nose and sore or scratchy throat which may last for another week.

## Complications

Certain individuals are at higher risk from complications of influenza but in most cases there is complete recovery within a week. The disease may however be complicated by tracheitis, bronchitis and bronchopneumonia (infections of wind pipe and lungs).

## Diagnosis

The evaluation of person with flu symptoms need thorough physical examination and in suspected cases of pneumonia a chest x-ray, complete blood count, sputum culture and throat swab cotton.

## Treatment

Usually no specific treatment is needed; the illness resolves in 7-10 days, although one may feel quite sick. One needs to have enough oral fluids and symptomatic treatment for fever and body aches with Paracetamol and rest at home.

**Medications:** Tamiflu 1 tab twice a day is sometimes given for 5 days. It blocks the effect of flu virus passage from one cell to another so it reduces the duration and complication of flu infection. It also decreases the contagiousness of the infected individual.

## Prevention

- Washing hands frequently as well as covering nose and mouth when coughing and sneezing if infected reduces transmission.
- Avoid vigorous nose blowing which can propel infected mucus into sinuses.
- Avoid contact with infected individuals during the first three days of their infection (most contagious period).

## Flu Vaccine

It can be given to any one over the age of six months.

Flu vaccine is recommended for:

1. Adults over 50 years of age.
2. Adults and children who have underlying chronic lung disease, asthma or heart disease.
3. Adults and children with diabetes, sickle cell disease and anaemia.
4. Individuals with decreased immune system as HIV or those who are on chemotherapy.
5. Adults and children in close contact and at high risk of complications.
6. Women who will be in their 2nd or 3rd trimester of pregnancy in the flu season from November to April.

## Side Effects

The flu shot does not cause side effects in most people. Few may get soreness, redness and swelling of the arm where the shot is given; it can last for 2 days but does not interfere with daily activities.



**Dr. Farooq Ahmed**  
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# Likeable, Loveable, Laughable or Pitiabile?

I remember, as a young medical student, the chapter on obesity was considered uninteresting and not a serious medical topic. Our teachers paid very little attention to the subject and we as students even less. The reason being that until recently obesity was not considered to be an illness. It was labeled a condition arising from poor discipline, over indulgence and laziness. It was believed that the only problem with being obese was that of looking good. But gone are the days when obese people were classified as being likeable, lovable, laughable and pitiabile or the other side of the spectrum, where being obese was a status symbol.

Obesity reduces ones life span by almost 50%, decreases the quality of life by 80% and is responsible for more than 30 other illnesses (comorbidities) including cancers. Studies have shown that obesity is the 2nd largest killer after smoking and billions of dollars are spent in treating obesity related comorbidities. In the past, society, governments and insurance paid very little attention to the obese – hopefully not any more.

Bahrain and its neighbours – Saudi Arabia, UAE and Kuwait all appear in the top ten “fat cat” countries and by 2020 are likely to head the list. So also for Diabetes Mellitus and other diseases related to obesity. Statistics suggest that up to 65% of women in Bahrain are over weight. This should send a wake up call to everyone including governments and insurance companies.

Obesity can be treated with exercise, diet, medications or with surgery. The first three would be useful in those who are over weight or obese. Once patients fall into categories of being morbidly obese or super obese the options are down to surgery. The reason being that diet, exercise and medications act slowly, are not consistent in how much they decrease weight, must be persevered with life long, and even then do not provide an adequate and sustained weight loss. Also once someone reaches a BMI of 35 or 40 even moving around becomes a difficult chore. All the same before one embarks on surgery a definite and committed effort must be made to try and decrease weight using the non surgical options.

## Know your BMI

BMI = weight in Kgs/(height in meters)<sup>2</sup>

25 to 30 – over weight

30 to 35 obese

35 to 40 severe obese

more than 40 morbidly obese

more than 50 super obese

Surgical options either decrease the size of the stomach and thereby limit the amount eaten or cause calories to be lost by causing malabsorption or a combination of both of these. Long term studies have shown that with surgery, weight loss can be adequate and sustained. In addition the risk of death or complications from surgery is negligible if done by people who are well trained and further the risk of an obese person dying of the disease is way higher than of

dying from the surgical procedure. Surgical options include the gastric band, the gastric sleeve, the vertical banded gastroplasty, the duodenal switch and the roux-en-y-gastric bypass [RYGB]. The RYGB is considered to be the “gold standard”.

Definitely take care of diet and exercise. When all else fails all is not necessarily lost!



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# PAIN Management

“Pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.”

Pain and its management are now being recognized as important components of medical care as evidenced by hospitals, health care providers including pain assessment as “The 5th Vital Sign.” The Anesthesia Department at the International Hospital of Bahrain recognizes the importance of pain management.

The Pain Service provides daily 24/7 coverage and management of patients with postoperative, post-traumatic, labour analgesia and other types of acute and chronic pain including cancer, Sickling crisis etc. It includes specialized interventions such as epidural analgesia, continuous peripheral nerve blockade or complex pharmacological management including patient controlled analgesia. The service is staffed by board certified anesthesiologists.

The Pain service is available to assist the surgical teams to devise a post operative pain management strategy tailored for the individual patient. This includes a full peri operative assessment which evaluates the patient’s pre-surgical pain threshold and function, the proposed surgery, the anesthetic plan, and post operative course.

Recommendations and options regarding pain adjuvants, regional anesthetic techniques are discussed. The patients are seen in the recovery room postoperatively and their pain is re-assessed. The Pain Service will visit the patient at least daily and more if necessary until the patient is comfortable on oral analgesics.

Assessment of pain severity is an important component of pain management. Being a subjective experience, it is influenced by psychological, cultural and other variables. Of the various scales available the Face Rating Scale and the Visual Analogue Score are used in our hospital. The Faces rating scale is more useful in patients with whom communication may be difficult. The patient is asked to point various facial expressions ranging from smiling face (no pain) to extremely unhappy, the one that expresses the worst pain. Visual analogue score (VAS) is a 10 cms horizontal line labelled 0 (zero) for no pain at one end to 10 for worst pain unbearable at the other end.

### Visual Analogue Score

Practice of pain management is a teamwork involving attending physician, anaesthetist, neurologist

and psychiatrist. It also involves other paramedics including psychologist, acupuncturist, physiotherapist and well trained staff.

The best revolution in pain service is inclusion of patient controlled analgesia, an advanced computer technology which allows patient to self administer precise dose of an opioid by pressing a button, the physician programs the pump to deliver specific dose, minimum interval between doses (lockout interval) and the maximum amount of the opioid that can be administered within safety limits. PCA is a cost effective technique which is proven to have high patient satisfaction.

Buddhist proverb says “Pain is inevitable , suffering is optional.” We aim for quality care, part of which is minimizing pain and making our patients as comfortable as possible.



Dr. Avijit Gaikwad MD Anaesthetist



Wong Baker Face Scale

# Should Adults Go for Braces Treatment?



**D**ental braces are used to correct the flaws in alignment of teeth by moving them and aligning them correctly. When braces were introduced to correct the crooked teeth, mostly children used to wear them. They are not only meant for children and young people, but also for adults. Adults don't like wearing braces as they are afraid that they will look funny or that they will be the subject of jokes at their work place. Now the adults and older people are changing their perception about wearing braces. Some celebrities like Tom Cruise, and Diana Ross also contributed to this scenario by gracing the magazine covers with their smiles enhanced by braces.



*“Braces are not only meant for children and young people, but also for adults”*

Adult braces are recommended for people who are over 18. There is no definite age to start treatment for adults. People who are near 50 years of age can also undergo orthodontic treatment to correct their teeth. The doctor checks the severity of the problem and recommends the braces to wear. The arch wires in the braces force the change in blood flow, which leads to bone remodeling in the tooth. The teeth are also moved in this process. A person undergoing orthodontic treatment should make several appointments with the doctor. The braces should be adjusted every month or two, to correct the movement of teeth. Generally a tooth will move approximately by 1mm during the orthodontic treatment, though the individual results vary widely. A typical orthodontic treatment with braces can take 1 year and 6 months.

Adults have to wear these braces for a considerable period of time before their treatment is completed. The advancement in technology also caused more people to embrace the braces to laugh heartily without embarrassment. Traditional braces made up of metal and alloys are clearly visible on teeth. The new braces are known as clear braces or invisalign braces, and they mix with the colour of the teeth and are almost invisible. No one will notice them until they observe keenly. You can attend parties, pose for photographs without embarrassment.

Braces are divided into different types based up on the material and the purpose they serve. Traditional braces or metal braces made up of stainless steel are the oldest and commonly used braces. They are very strong. Braces coated with gold are used for people who are allergic to nickel present in stainless steel. Some people also prefer to wear them to show that they are rich, and some simply like the look of it. Progressive braces or invisalign braces are used in less severe cases, to move the teeth gradually into position.

Post treatment care is necessary after the teeth are moved into position. The aligned teeth may move back into original position. To prevent this, retainers are used. The retainers prevent the teeth from moving back into former position. Some clear retainers are available which are almost invisible.

A person going to take orthodontic treatment should have an idea of the situation that he is going to face after he wears braces. Some people do not notice or do not care and some just make fun. It should be kept in mind that finally a person's character and his nature matter more than his physical appearance. Everyone including colleagues at work, family members will stop noticing the braces after a few days. Everything comes to normal. Some sacrifices are needed to have good-looking teeth and beautiful smile.



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# MANAGEMENT OF ACUTE DIARRHOEA IN CHILDREN



**D**iarrhoea and vomiting caused by gastroenteritis are common in children younger than 5 years.

Diarrhoea is increased frequency of watery or loose consistency of stools. It is more commonly caused by viral infection but may be caused by bacterial infection (*E.coli*, shigella, salmonella).

Diarrhoea and vomiting can lead to severe dehydration, which is serious, but gastroenteritis can usually be managed at home with advice from healthcare professionals. Diarrhoea usually lasts for 5–7 days and stops within 2 weeks. Vomiting usually lasts for 1–2 days and stops within 3 days.

## Look for signs of dehydration

1. sunken fontanelle [gaps in skull bone] in infants
2. sunken eyes and absence of tears
3. dry mouth and affected skin turgor [elasticity]
4. decreased urine output
5. altered responsiveness [irritable, lethargic]

The following children are at increased risk of dehydration:

- children younger than 1 year, especially those younger than 6 months
  - children who have passed six or more diarrhoeal stools in the past 24 hours
  - children who have vomited three times or more in the past 24 hours
  - children who have not been offered or have not been able to tolerate supplementary fluids
  - infants who have stopped breast-feeding during the illness
  - immunocompromised children
3. Hospitalization is required in children who are:
    - under 3 months of age with bacterial diarrhoea
    - show evidence of increased dehydration and deterioration despite giving ORS
    - toxic or have underlying systemic illness
    - having large volume, grossly bloody stools or significant abdominal pain

## Laboratory tests

### Stool

- Routine and Culture- if bacterial infection is suspected or there is blood and/or mucus in the stool.
- Rota virus antigen test.

## Management

1. Consult healthcare professional for stool test, medications and advise to prevent dehydration
2. In children with gastroenteritis but without clinical dehydration:
  - Continue breast-feeding and other milk feeds
  - Encourage fluid intake, but discourage the drinking of fruit juices and carbonated drinks
  - Give oral rehydration salt (ORS) solution (50ml/kg over 4 hours) as supplementary fluid to those at increased risk of dehydration and 5ml/kg of ORS after passage of each large watery stool.
  - Diet low in lactose, high in starch and low in fat (BRAT diet- Banana, rice cereal, applesauce and dry toast or crackers) should be given initially and then as tolerated, regular diet should be

## Prevention

- Breast milk offers distinct advantages and protection from diarrheal diseases and infants should be continued to be breast fed even during diarrhoeal episode
- Washing hands with liquid soaps after going to the toilet or changing nappies and before preparing, serving or eating food is the most important factor in preventing the spread of gastroenteritis
- Vegetables and fruits should be washed before use
- Avoid exposure of food to dust and flies
- Avoid drinking and eating outside food
- Infected child should not attend school or other childcare facility while they have diarrhoea or vomiting
- Vaccination- infants can be protected by giving Rota virus vaccine (oral)



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# The Importance of Prenatal Care

Many pregnant women feel that, there is absolutely no need for them to seek medical care during their pregnancy, either because they feel healthy, or because they may perceive antenatal care as an unnecessary expense. Eventually, they will deliver at home.

It is certainly true that :

1. Antenatal care and hospital delivery can be expensive, and maybe sometimes unaffordable.
2. Many pregnant women may deliver at home without any complications.

But it is also true that (and this is something that the general public is not aware of), with antenatal care , the incidence of both maternal as well as fetal mortality has dropped markedly. 100 years ago, it was common to see women dying during childbirth. Today, this is almost unheard of in places where antenatal care is available.

We, as obstetricians, agree that a majority of our patients are FORTUNATELY healthy pregnant women and their visits end up being just routine visits.

But the number of times where a major catastrophe, maternal or fetal, has been avoided by these “routine” visits, cannot be counted.

- » Blood tests are of vital importance. There are numerous examples where a simple blood type, if not done, can put a woman at risk of losing her baby every time she gets pregnant.
- » Ultrasound scans are and should not be done just to know the fetal gender, but mainly to make sure that the fetus is healthy.
- » Pregnant women with sickle cell anemia, a common condition in Bahrain, with serious complications during pregnancy, can now hope, with good antenatal care, to carry safely their whole pregnancy, and to deliver a healthy baby.
- » Diabetes during pregnancy is a major killer of fetuses.

What makes it worse is that it is a silent killer. The only way to detect it, and treat it effectively is by a “routine” antenatal care.

- » There are many “myths” in pregnancy that pregnant women take for granted, and that can make pregnancy a nightmare for a pregnant woman, or that can be even be dangerous. Antenatal care will eliminate these myths, such as exercise in pregnancy, eating and sleeping habits, sexual relationships, the use of medications, coffee, alcohol, etc.)

Other benefits of antenatal care, to name a few:

- ✓ Antenatal education for breast feeding, with its incredible effect of the reduction of infant mortality and morbidity
- ✓ Adequate nutritional supplementation.
- ✓ Vitamin supplementation, such as folic acid, iron, etc.
- ✓ Down’s syndrome screening;
- ✓ Various screening, such as hepatitis, and rubella with timely vaccination.

“Routine” antenatal care can make a major difference, a difference between a happy and a miserable family, a healthy or a retarded child, or even between life and death.

As obstetricians, we cannot emphasize enough the importance of adequate antenatal care. We certainly like to see healthy mothers and fetuses, but more importantly, we would like to keep them healthy.



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# Screening Mammograms

Screening mammogram is a radiographic examination of the breasts performed for early detection of breast cancer in asymptomatic women.

## When should an average woman start getting mammograms?

The topic has been controversial. The American College of Radiology recommends that women begin getting mammograms at age forty and annually thereafter.

There are instances when screening should start earlier. Patients with history of Hodgkin's disease treated with radiation or those with strong family history are candidates for earlier screening.

For routine mammography four views are obtained. Additional views may be required in some patients. The amount of radiation for routine mammogram is 0.2 rads (2mGray) equivalent to the amount of radiation a person would get on a plane ride from east to the west coast of America.

The risk for developing cancer due to bilateral mammography in a 45 year old is 0.0055%. Benefits of mammography are seen immediately, the potential side effects after 20-30 years.

## Comparison films

If the patient has multiple sets of prior films radiologists like to compare with the studies that are two years old.

Sensitivity of screening mammography depends on the density patterns (ACR). The sensitivity seems to decrease as the glandularity of the breast tissue increase.

## Difference between screening mammogram and diagnostic mammogram

A screening mammogram is performed on asymptomatic patients as part of routine annual surveillance. A diagnostic mammogram is performed when the patient has history of breast cancer or presents with breast related complaint /symptoms.

## Are there other types of breast screening?

Digital mammography is similar to film screen

mammography but images are acquired in digital form. Computer-Aided Design software augments diagnostic accuracy.

## Screening ultrasound

Sensitivity and specificity of screening ultrasound are not known. No randomized blind studies available. Present indications are for evaluation of breast nodule (solid or cystic), clinically occult mammography findings in dense breast tissue, supplementary examination of women with high risk breast cancer and guidance during intervention procedures. Screening MRI is probably not used in every day clinical practice. Present indications are pre-operative local staging, differentiation between post operative scar and recurrent carcinoma, and other uncommon conditions.

## Role of primary physicians

Is to recommend a mammogram. First remind that screening is for asymptomatic women and even if she has no symptoms, she needs mammogram. Reassure that mammography is not painful, although certain degree of temporary compression is necessary to obtain the images. Also reassure the patient that mammography is safe and the degree of radiation exposure is safe.

## What other information should the primary care physician give the patient prior to mammography?

Remind the patient to bring all the previous mammograms to the imaging center at the time of next examination. Also remind the patient she may be called back for additional views. The call back does not always mean something is wrong.

## Key points

- Annual screening mammography should begin at age 40.
- Mammography is still the best screening test to detect sub clinical breast cancer.
- The sensitivity of mammography is in the range of 83-95%.
- False negative rate is approximately 10-15%.
- An individual's risk of developing breast cancer increases with increasing age.
- Most breast cancers occur in women with no family history of the disease.



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# did you know

When looking for strawberry nutrition facts, you'll find that nothing packs a bigger nutritional punch than this little berry.

Prized in ancient Rome for their medicinal uses, strawberries are recognized as having more vitamin C than some citrus fruits. They are also high in fiber, folate, potassium and antioxidants, making them a natural means of reducing the chances of heart disease, high blood pressure and certain cancers.

With only 55 calories per one cup serving, and containing 140% of the recommended daily dose of vitamin C for children, it makes sense to add this fruit to your daily menus.

The fact that strawberries are available year round, offers you the perfect opportunity to add great taste and nutrition to your everyday meals. Research shows that 94% of Americans currently consume strawberries and it is strongly suggested that eating them more often will add to a person's overall long term health.

#### Measuring Strawberries

- 1 1/2 pounds = 2 pints or 1 quart
- 1 small basket = 1 pint
- 1 pint = 3 1/4 cups whole berries
- 1 pint = 1 2/3 cup pureed berries
- 1 pint = 2 1/4 cups sliced berries
- 1 cup = approximately 4 ounces

source: University of Illinois

#### Nutrition facts

Serving size: 1 cup fresh strawberries (166 grams)

Calories	50-55
Protein	1 gram
Carbohydrates	11.65 grams
Dietary Fiber	3.81 grams
Calcium	23.24 mg
Iron	0.63 mg
Magnesium	16.60 mg
Phosphorus	31.54 mg
Potassium	44.82 mg
Selenium	1.16 mg
Vitamin C	94.12 mg
Folate	29.38 mcg
Vitamin A	44.82 IU

## Health Tips

### Strawberry Fayre

Best made when strawberries are in season so that their nutrient content is at its highest. Pick locally grown fruit as these delicate fruit don't travel well. Often thought of as too acidic and bad for arthritics, the truth is exact opposite. Combined with the pear, peach and lemon, this is a 100-octane vitality juice.

Peach 1 stone removed  
 Pear 1 unpeeled  
 Lemon 1/2 with peel if thin skinned  
 Strawberries 16 oz

#### Vital Stats:

Super rich in Vit C. Rich in Vits A & E. Contains Potassium. Due to high content of natural salicylates [aspirin like substances] and ellagic acid in strawberries, this juice is a natural safe pain killer - specially for all forms of arthritis. It also has powerful anti-cancer properties.

