PREVENTIVE MEDICINE

Points to be covered in this topic

- 1. CHOLERA
- → 2. SARS
 - → 3. EBOLA VIRUS
 - 4. INFLUENZA
 - 5. ACUTE RESPIRATORY INFECTION
 - 6. MALARIA
 - 7. CHIKUNGUNYA
 - **8. DENGUE**
 - 9. LYMPHATIC FILARIASIS
 - **10. PNEUMONIA**
 - **11. HYPERTENSION**
 - 12. DIABETES MELLITUS
 - **13. CANCER**
 - **14. DRUG ADDICTION AND DRUG ABUSE**

CHOLERA

- Cholera, caused by V. Cholerae (Vibrio cholerae), is a severe infection or acute diarrhoeal disease.
- Cholera is caused by infection with Vibrio cholerae, a bacterium that can be spread by faecal matter, food or water.

Epidemiology

- Agent :- V. Cholerae
- Host :- Male, Female, Adult, Children
- Environment :- Vegetables, Contaminated water, Street food

* <u>Transmission</u>

- Cholera is transmitted by the faecal-oral route through contaminated water and food.
- Person to person infection is rare.
- * Incubation period
- Between 2 hours and 5 days.
- * Sign and Symptoms
- i. Dehydration
- ii. Vomiting
- iii. Loss of skin elasticity

- iv. Nausea
- v. Muscle Cramp
- vi. Hypotension
- vii. Cardiovascular Shock

Prevention and control

- i. Make sure to drink and use safe water to brush your teeth, wash, and prepare food and make ice.
- ii. It is safe to drink and use **bottled water** with **unbroken seals** and canned or **bottled carbonated beverages**, **vaccination given** and rehydration, IV fluids, and antibiotics.
- iii. Vaccination against cholera to traveler's to endemic countries and during public gatherings.
- * Critical Elements in Cholera Control
- 1. <u>Prevention</u> :- Improve access to safe water, promote sanitation and hygiene and health education on food safety.

2. Preparedness:- Train health personnel in detection , identifying, reporting and treating cases.

- 3. Response:- Detect, confirm, report and manage cases in order to prevent, spread, morbidity and mortality of cholera.
- 4. Effective Surveillance :- Routinely collect, Analyse and interpret data at the facility, district and national levels for early detection of an outbreak.
- Guidelines for Cholera Control proposed by the WHO

Verification of the Diagnosis	ll cases of diarrhoea should be investigated even on the slightest uspicion. For the specific diagnosis of cholera, it is important to lentify V. cholera in the stools of the patient.			
Notification	Health workers at all levels (community health workers and the multi-purpose workers) should be trained to identify and notify cases immediately to the local health authority.			
Early Case- Finding	n aggressive search for cases (mild, moderate, severe) should ade in the community.			
Establishment of Treatment Centres	It is necessary to establish easily accessible treatment facilities in the community.			
Rehydration Therapy	Oral rehydration therapy (ORS) Intravenous Rehydration:- Only for the initial rehydration of severely dehydrated patients who are in shock or unable to drink. The solutions recommended by WHO for intravenous infusion are: Ringer's lactate solution (also called Hartmann's solution for injection). Diarrhoea Treatment Solution (DTS). If nothing else is available, normal saline can be given because it is often readily available.			
<u>Sanitation Measures</u>				
Water Contro	All steps must be taken to provide properly treated or otherwise safe water to the community for all purposes (drinking, washing and cooking).			
Excreta Dispos	Provision of simple, cheap and effective excreta disposal system (sanitary latrines} is a basic need of all human settlements.			
Food sanitatio				
Disinfection	The most effective disinfectant for general use is a coal tar disinfectant with a Rideal-Walker (RW) co-efficient of 10 or more such as; cresol.			

<u>Vaccination</u>

Oral Vaccine :- Two types of oral cholera vaccines are available:

- i. Dukoral (WC-rBS)
- ii. Sanche and mORCVAX

Health education

It should be directed mainly to:

- (a) The effectiveness and simplicity of **oral rehydration therapy**.
- (b) Hand washing after **defecation and before eating**.
- (c) The benefit of cooked, hot foods and safe water & Food hygiene practices.

SEVERE ACUTE RESPIRATORY SYNDROME (SARS)

- Severe acute respiratory syndrome (SARS) is a serious form of pneumonia.
- Infection with the SARS virus causes acute respiratory distress (severe breathing difficulty), and sometimes death.
- In some cases there is rapid deterioration with low oxygen saturation and acute respiratory distress requiring ventilatory support.
- The earliest case was traced to a health care worker in China, in late 2002, with rapid spread to Hong Kong, Singapore, Vietnam, Taiwan and Toronto.
- As of early August 2003, about 8,422 cases were reported to the WHO from 30 countries with 916 fatalities.

* Caused by Coronavirus

- The most common symptoms:-
 - ✓ Fever, malaise, chills
 - ✓ Headache myalgia, Dizziness, cough
 - Sore throat and running nose

* Incubation period & Mode of transmission IP

2 to 7 days, commonly 3 to 5 days.

Transmission

- The primary mode of transmission appears to be through **direct or** indirect contact with respiratory droplets or fomites.
- The use of aerosol-generating procedures (endotracheal intubation, bronchoscopy, nebulization treatments) in hospitals may amplify the transmission of the SARS coronavirus.
- The natural reservoir appears is bat.
- It is the disease of Civet.
- The SARS virus can survive for hours on common surfaces outside the human body, and up to four days in human waste.
- The virus can survive at least for 24 hours on a plastic surface at room temperature, and can live for extended periods in the cold.
- Diagnostic tests required for laboratory confirmation of <u>SARS.</u>
- (a) Conventional reverse transcriptase PCR (RT-PCR) and real-time reverse transcriptase PCR (real-time RT-PCR) assay detecting viral RNA present in
 - Clinical specimens (e.g. Nasopharyngeal and Stool specimens)
 - ✓ The same clinical specimen collected on 2 or more occasions during the course of the illness (e.g. sequential nasopharyngeal aspirates)
 - ✓ Virus culture from any clinical specimen.

(b) Enzyme-linked immunosorbent assay (ELISA) and immunofluorescent assay (IFA)

- 1. Negative antibody test on serum collected during the acute phase of illness, followed by positive antibody test on convalescent-phase serum, tested simultaneously.
- A 4-fold or greater rise in antibody titre against SARS-CoV between an acute-phase serum specimen and a convalescent- phase serum specimen (paired sera), tested simultaneously.

Prevention

- As there is no vaccine against SARS, the preventive measures for SARS control are appropriate detection and protective measures which include:
- i. Prompt identification of persons with SARS, their movements and contacts.
- ii. Effective isolation of SARS patients in hospitals.
- iii. Appropriate protection of medical staff treating these patients.
- iv. Comprehensive identification and isolation of suspected SARS cases.
- v. Simple hygienic measures such as **hand-washing after touching patients, use of appropriate and well-fitted masks,** and introduction of infection control measures.
- vi. Exit screening of international travelers.
- vii. Timely and accurate reporting and sharing of information with other authorities and/or governments.

EBOLA VIRUS DISEASE (EVD)

- Ebola Virus Disease (EVD) Also Ebola hemorrhagic fever (EHF) is a severe, often fatal illness in humans.
- Ebola virus is one disease that is spreading faster.
- History of Ebola Virus The Ebola Virus first appeared in 1976, Sudan -Democratic Republic of Congo 431 fatality figures recorded in 1976.
- The incubation period is **2 to 21 days**.
- Signs & Symptoms
 - Fever fatigue
- ✓ Muscle pain
- Headache and sore throat
- ✓ Gastrointestinal symptoms including diarrhoea and vomiting.
- Abdominal (stomach) pain
- Unexplained hemorrhaging, bleeding or bruising.

Causes of Ebola virus disease

- EVD in humans is caused by one of the five strains of the Ebola virus
 - **Bundibugyo virus (BDBV)** \checkmark
 - Sudan virus (SUDV) \checkmark
- **Ebola virus (EBOV)**
- **Reston virus (RESTV)**
- Tai Forest virus (TAFV) \checkmark

Transmission

- Ebola is not an airborne virus. Unlike some other viruses, the Ebola virus can only be spread by body fluids.
- Ebola is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals such as chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines.
- The average EVD case fatality rate is around 50%.
- Vaccines
- ERVEBO® (Ebola Zaire Vaccine, Live also known as V920, rVSVAG-ZEBOV-GP or rVSV-ZEBOV) is approved by the U.S. Food and Drug Administration for the prevention of disease caused by Zaire ebolavirus.

Prevention & control strategy

- Risk reduction by avoiding contact.
- Reducing human to human transmission by use of PPE (Personal **Productive Equipment).**
- Contact tracing and monitoring Active surveillance -**Reporting/Notification**.
- Avoid contact with non-human primates and bats, including body fluids or raw meat prepared from these animals.
- Wash hands as needed
- Isolate the patient
- ✓ Wear protective clothing Dispose of needles and syringes safely
- **Dispose of waste safely** ✓
- Use safe burial practices ~
- Avoid physical contact

- Healthcare workers should understand the following basic principles of using PPE
- ✓ <u>Donning</u> :- PPE must be donned correctly in proper order before entry into the patient care area.
- ✓ During Patient Care :- PPE must remain in place and be worn correctly for the duration of exposure to potentially contaminated areas. PPE should not be adjusted during patient Set care.
- <u>Doffing</u>:- PPE must be removed slowly and deliberately in the correct sequence to reduce the possibility of self-contamination or other exposure.

Diagnosis

- ✓ Antibody-capture enzyme-linked immunosorbent assay (ELISA)
- Antigen-capture detection tests
- Serum neutralization test
- ✓ Reverse transcriptase polymerase chain reaction (RT-PCR) assay
- ✓ Electron microscopy
- Virus isolation by cell culture

INFLUENZA

- Influenza (the flu) is a contagious respiratory illness caused by influenza viruses.
- It can cause mild to severe illness and at times can lead to death.

Causes

- It is caused by a virus belonging to the MYXOVIRUS group which comprises of *Orthomyxo virus and Paramyxovirus*, but Influenza virus is an Orthomyxo virus.
- In virus classification, influenza viruses are RNA viruses, the types are:
- 🗸 Influenza virus A
- ✓ Influenza virus B
- Influenza virus C
- Incubation Period :- Time from exposure to onset of symptoms take 1 to 4 days, Peak shedding occur first 3 days of illness.

Transmission

- Influenza transmission is by three ways :-
- Direct transmission into the mucous membrane of a person.
- Airborne route that is via droplets (0.5-5 μm diameter).
- Contaminated surfaces, handles, etc.

Sign & symptoms

- Dyspnoea
- Bluish discolouration of skin
- Shortness of breath
- Confusion

Prevention and Control of Influenza

- Keep safe distance.
- Stay home, if possible, stay home from work, school and office.
- Cover mouth and nose with tissue when coughing or sneezing.
- Frequent hand washing will protect you from germs.
- Drink plenty of fluids and eat nutritious food.
- Manage stress.
- Get treatment and/or prevention of the infection with antiviral drugs.
- * Influenza vaccines
- 1. Inactivated subunit (TIV) intramuscular
- 2. Live attenuated vaccine (LAIV) intranasal
- * <u>Treatment</u>
- Amantadine and Rimantadine are active only against influenza A.

ACUTE RESPIRATORY INFECTION (ARI)

- Acute respiratory infection is a serious infection that prevents normal breathing function. It usually begins as a viral infection in the nose, trachea (windpipe), or lungs.
- Acute respiratory infections (ARIs) are classified as upper respiratory tract infections (URIs) or lower respiratory tract infections (LRIs).
- The upper respiratory tract consists of the airways from the nostrils to the vocal cords in the larynx, including the paranasal sinuses and the middle ear.

- The lower respiratory tract include the windpipe (trachea) and within the lungs, the bronchi, bronchioles, and alveoli.
- * Causes of acute respiratory infection Agent -

Bacterial	Bordetella pertussis, C. diphther Pneumonia and H. Influenza [type b]		diphtheria, [type b]	Step.
Viral	Adenoviruses, Respiratory Syncytia Rhinoviruses, Influenza, Coronaviruses		Syncytial maviruses	Virus,

* Mode of Transmission

- All the causative organisms are normally transmitted by the airborne route.
- The viruses do not survive for long outside the respiratory tract, the chain of transmission is maintained by direct person-to-person contact.

Symptoms

UPPER RESPIRATORY TRACT	LOWER RESPIRATORY TRACT
INFECTION	INFECTIONS
Common cold Headache Pharyngitis Stuffed or runny nose Sore throat Sneezing Muscle aches and pain	Severe and more productive cough A tight feeling in the chest Breathlessness

- Treatment
- Throat swab
- Lateral neck X-rays
- Chest X-ray
- CT scans

* <u>Prevention</u>

- i. Avoiding being in close contact with sick people.
- ii. Covering mouth and nose.
- iii. Staying home



MALARIA

- It is an intermittent & remittent fever caused by protozoan parasite which invade the red blood cell & it is transmitted by mosquitoes.
- Malaria is a protozoal disease caused by Plasmodium and transmitted to man by certain species of infected female Anopheles mosquito.
- Four kinds of malaria parasites infect humans includes; *Plasmodium falciparum, P. vivax, P. ovale and P. malariae.*
- Infected mosquitoes carry the Plasmodium parasite.
- Agent :- Female anopheles mosquitoes which bite to human and plasmodia enter the human body which cause malaria.
- Source of infection :- The parasite are spread to the people through the bite of infected female anopheles mosquito called malaria vectors. There are 4 parasite species that cause malaria in humans, they are Plasmodium Vivax, falciparum, malariae and ovale.
- Incubation period :- Gametocyte usually appear within 3 days of parasitemia with P. vivax & P. ovale after 10-14 days. The gametocyte phase is the period when malaria is ready to transmit form human to mosquito.
- Mode of transmission :-
- **1. Female Anopheles mosquitoes bite**
- 2. Blood
- ✓ Blood transfusion
- ✓ Needle-stick injuries
- Organ transplant
- ✓ The shared use of needles or syringes
- 3. Congenital malaria :- From a mother to her child during pregnancy before or during delivery
- Diagnosis :- By Microscopy use of blood film searching for and identification of malaria parasite, by Serological test, by Rapid diagnostic test (RDT) based on detection of circulating parasite antigen with a simple dipstick format.

- Complications :-
- ✓ Breathing problems
- ✓ Liver failure, jaundice
- ✓ Shock, dehydration, swelling and rupturing of the spleen etc.
- Prevention and control :-
- Protection against mosquito bites include the use of mosquito bed nets (preferably insecticide-treated nets)
- ✓ The wearing of clothes that cover most of the body, and use of insect repellent on exposed skin.
- ✓ More strategy and prevention is given in under national health programme chapter under NVBCD programme.
- Treatment
- Artemisinin-based combination therapies (ACTs).
- ACT is a combination of two or more drugs that work against the malaria parasite in different ways.
- Treatment for chloroquine-resistant malaria. Examples include Artemether-Lumefantrine (Coartem) and Artesunate-Mefloquine.

CHIKUNGUNYA

- Chikungunya virus is causative virus, an arthropod born virus a member of Alphavirus genus and Togaviridae family.
- It was first isolated in 1953 in Tanzania.
- It is an RNA virus.
- Causes of Chikungunya Virus
- Chikungunya is Caused by 'Chikungunya Virus' (CHIKV).
- Incubation period :- 4-7 days
- Transmission :- Chikungunya is a mosquito borne viral disease transmitted in human by an alpha virus that is spread by the infected 'Aedes aegypti' & 'Aedes albopictus' mosquitos.



Virus is carried in its body and the virus multiples in the Gut.

And passes the virus to healthy people when it bites them.

Manifestation of illness between 1 to 12 days.

- * Epidemiology of Chikungunya
- It was first described during an outbreak in southern Tanzania in 1952.
- Signs & Symptoms
- i. High fever (40°C/104°F)
- ii. Joint pain (ankle, knees, wrists or phalanges)
- iii. Joint swelling
- iv. Rash
- v. Headache
- vi. Muscle pain
- vii. Nausea
- viii. Fatigue
- * Prevention of Chikungunya
- Insecticides or biological control agents can be used.
- Using insect repellents with substances such as DEET, icaridin, PMD or IR3535.
- Wearing **bite-proof long sleeves and trousers** also offers protection.
- Securing screens on windows and doors at house will help to keep mosquitoes out of the house.
- * Diagnosis of Chikungunya
- Enzyme-linked immunosorbent assays (ELISA), may confirm the presence of IgM and IgG anti-chikungunya antibodies.
- ✓ RT-PCR









SYMPTOMS OF

HKUNGUNYA







Headache

Treatment of Chikungunya

- Treatment is directed primarily at relieving the symptoms, including joint pain using anti-pyretics, optimal analgesics and fluids.
- There is no commercial Chikungunya vaccine till date.

DENGUE

- Dengue fever is a self limiting disease caused by Dengue viruses (ARBOVIRUS).
- > Dengue virus :-
- 4 Serotypes: DENV-1, DENV-2, DENV-3, and DENV-4
- Family:- Flaviviridae
- Single stranded RNA virus
- * Signs & Symptoms
- i. Sudden, high fever with chills.
- ii. Intense headaches
- iii. Pain behind the eyes
- iv. Severe joint and muscle pain
- v. Fatigue
- v. Anorexia
- vi. Constipation
- * <u>Complication</u>
- ✓ Seizures
- 🗸 🖌 Brain damage
- Blood clots
- Damage to the liver and lungs
- ✓ Heart damage ,shock, death
- Diagnosis of Dengue Fever
- i. Complete blood count (CBC or CBP)
- ii. Dengue Serology Test (Dengue IgG & IgM)
- iii. Dengue Virus Antigen Detection (NS1)



- vi. Colicky pain
- vii. Sore throat



Preventive & control

- i. Use mosquito repellents, even indoors.
- ii. When outdoors, wear long-sleeved shirts and long pants tucked into socks.
- iii. When indoors, use air conditioning if available.
- iv. Make sure window and door screens are secure and free of holes.

Treatment

- i. There is no specific medicine to treat dengue infection.
- ii. Use pain relievers with Acetaminophen and avoid medicines with Aspirin, which could worsen bleeding.
- iii. Take rest, drink plenty of fluids.

LYMPHATIC FILARIASIS

- Lymphatic filariasis commonly known as elephantiasis is a neglected tropical and vector borne parasitic disease.
- The disease is caused by thread-like, parasitic filarial worms:- Wuchereria bancrofti (about 95% cases), Brugia malayi and Brugia mori.
- These are spread by blood-bleeding black flies and mosquites.
- This disease belongs to the group of disease called Helminthiasis.
- Incubation period :- 4 weeks to 8 to 16 months.

Sign & symptoms

- i. Severe swelling
- ii. Blocked lymph ducts
- iii. Massive leg swelling
- iv. Impaired lymphatic drainage
- v. Thickened skin tissue

- vi. Fibrotic skin tissue
- vii. Brawny skin color
- viii. Skin ulceration
- ix. Pebbly skin appearance
- x. Verrucous skin appearance

* Mode of Transmission

- Filariasis is transmitted by the bite of infected vector mosquitoes.
- It passes through the punctured skin or may penetrate the skin on its own and finally reach the lymphatic system.

Prevention

- i. Avoiding mosquitoes or taking precautions to reduce your risk for mosquito bites.
- ii. Getting rid of mosquito breeding areas.
- iii. Using mosquito nets.
- iv. Wearing insect repellents.
- Wearing long-sleeved shirts and pants in areas with a lot of mosquitoes.
- <u>Treatment</u>
- i. Taking Diethylcarbamazine (DEC), Albendazole and Ivermectin as a preventive treatment before traveling to areas prone to infection.

PNEUMONIA

- Pneumonia is an infection in one or both lungs.
- Pneumonia causes inflammation in the alveoli.
- The alveoli are filled with fluid or pus, making it difficult to breathe.
- "Inflammation and consolidation of lung tissue due to an infectious agent".
- * <u>Causes</u>

Bacteria	Streptococcus Pneumonia, Haemophilus Influenza type B (Hib).
Virus	Respiratory Syncytial Virus, Influenza Virus, Para- influenza Virus.
Fungi	Coccidioides, Blastomyces, Aspergillus, Cryptococcus, Pneumocystis Jiroveci Pneumonia.

* <u>Types</u>

- Pneumonia is classified on two types:-
- i. <u>Type 1</u> :- Lobar pneumonia and Bronchopneumonia.
- ii. <u>Type 2</u> :- Community-acquired pneumonia (CAP) and Hospitalacquired pneumonia (HAP).

Type 1	Lobar pneumonia	Lobar pneumonia affects one or more lobes of the lungs . Each lung is composed of lobes, which are defined sections of the lung.		
	Bronchopneumonia	Bronchopneumonia can affect areas throughout both lungs. It's often localized close to or around the bronchi.		
Types -2	Hospital-Acquired Pneumonia (HAP)	This type of bacterial pneumonia is acquired during a hospital stay. It can be more serious than other types, as the bacteria involved may be more resistant to antibiotics.		
	Community- acquired pneumonia (CAP)	Community-acquired pneumonia (CAP) refers to pneumonia that's acquired outside of a medical or institutional setting.		
	Ventilator- Associated Pneumonia (VAP)	When people who are using a ventilator get pneumonia, it's called VAP.		
	Aspiration Pneumonia	Aspiration pneumonia happens to inhale bacteria and enter into the lungs from food, drink, or saliva. This type is more likely to occur those who are having swallowing problem or sedate from the use of medications, alcohol or other drugs.		

* Sign & symptoms



✤ <u>Diagnosis</u>

- i. Blood tests
- ii. Chest X-ray
- iii. Pulse oximetry
- iv. Sputum test
- v. CT scan
- vi. Pleural fluid culture

Prevention & control

- Quit smoking, smoking makes more susceptible to respiratory infections, especially pneumonia.
- Regular hand wash with soap and water.
- Cover your coughs and sneezes.
- Maintain a healthy lifestyle to strengthen your immune system.
- Get enough rest, eat a healthy diet and get regular exercise.

Pneumonia complications

TRICKS :- SLAP HER

- S Septicaemia
- L Lung abscess
- A ARDS (Acute respiratory distress syndrome
- **P** Parapneumonic effusions
- H Hypotension
- E Empyema
- **R** Respiratory failure / renal failure

* <u>Treatment</u>

 Antibiotics :- Clarithromycin or Azithromycin or Doxycycline Piperacillin/Tazobactam, Cefepime, Imipenem, Meropenem plus
 Respiratory Fluoroquinolone :- Moxifloxacin,Levofloxacin
 iii. β-lactam :- (High-dose Amoxicillin or Amoxicillin/Clavulanate)





Vaccines

- i. Prevnar 13
- ii. Pneumovax 23
- iii. Flu vaccine
- iv. Hib vaccine

HYPERTENSION

(Pneumococcal conjugate vaccine, 13-valent) Suspension for intramuscular injection 1 pre-filled syringe (each 0.5 mL)

Wyeth

 Hypertension, is a high or raised blood pressure, is a condition in which, the blood vessels have persistently raised pressure. It is also known as high blood pressure.

to be sold on the prescription of a egistered medical practitioner only

The SBP (Systolic blood pressure) will be more than or equal of 140 mmHg. and DBP (diastolic blood pressure) will be more than or equal of 90 mmHg.

Blood Pressure

Category

Normal

Elevated

High Blood Pressure

High Blood Pressure

Hypertensive Crisis

(consult your doctor immediately)

(Hypertension) Stage 2

(Hypertension) Stage 1

Systolic mm Hg

(upper number)

Less than 120

120 - 129

130 - 139

140 or higher

Higher than 180

and/o

and

and

and lor

Diastolic mm Ho

(lower number)

Less than 80

Less than 80

90 or higher

Higher than 120

80 - 89

- Hypertension is divided into two types:-
- 1. Primary hypertension or Essential hypertension
- 2. Secondary hypertension or Malignant hypertension
- Signs and Symptoms
- i. Headache
- ii. Nausea
- iii. Vomiting
- iv. Dizziness
- v. Blurred or double vision
- vi. Nose bleeds
- vii. Heart palpitations
- viii. Breathlessness

Prevention of High Blood Pressure

- i. Eating a Healthy Diet
- ii. Getting Regular Exercise
- iii. Being at a Healthy Weight
- iv. Limiting Alcohol
- v. Not smoking and managing stress.



* Prevention and Control of Hypertension

- Dash therapy & Dash diet :-
- i. The DASH diet (Dietary Approaches to Stop Hypertension) is a dietary pattern for hypertensive patients.
- ii. The DASH diet is rich in fruits, vegetables, whole grains and low-fat dairy foods.
- iii. It includes meat, fish, poultry, nuts and beans and is limited in sugarsweetened foods and beverages, red meat and added fats.
- Treatment (Medication for High Blood Pressure)
- Some of the medications used to treat hypertension include:-
- i. Beta-blockers
- ii. Diuretics
- iii. ACE inhibitor
- iv. Angiotensin II receptor blockers (ARBs)
- v. Calcium channel blockers
- vi. Alpha-2 agonists

DIABETES

- Diabetes mellitus is a group of **metabolic disorders** in which a person has high blood sugar, either because the body does not produce enough insulin, or because cells do not respond to the insulin that is produced.
- Types of diabetes mellitus
- <u>Type 1 diabetes</u> :- results from the body's failure to produce insulin, and presently requires the person to inject insulin.
- <u>Type 2 diabetes</u> :- results from insulin resistance, a condition in which cells fail to use insulin properly, sometimes combined with an absolute insulin deficiency.
- ✓ <u>Gestational diabetes</u> :- is when pregnant women, who have never had diabetes before, have a high blood glucose level during pregnancy. It may precede development of type 2 DM.

* Sign and symptoms

- i. Feeling more thirsty than usual.
- ii. Urinating often.
- iii. Losing weight without trying.
- iv. Presence of ketones in the urine.
- v. Feeling tired and weak.
- vi. Feeling irritable or having other mood changes.
- vii. Having blurry vision.
- viii. Having slow-healing sores.

* <u>Risk factors</u>

- i. Family history of diabetes
- ii. Alcohol use.
- iii. Tobacco use.
- iv. Stress full lifestyle.
- v. Unhealthy diet
- * Management of diabetes
- i. Physical activity
- ii. Use of drugs
- iii. Diabetes education and counselling
- iv. Oral blood sugar lowering tablets
- v. Insulin injection
- Prevention & control
- Eat healthy foods :- more vegetable and fruits
- Diet and anti-diabetic drugs
- Diet and insulin Routine check up of BP
- Visual acuity, weight and blood glucose
- Glycosylated hemoglobin estimation
- Self care
- Diagnosis
- i. Urine examination
- ii. Blood sugar testing



* <u>Treatment</u>

- i. Sulfonylureas
- ii. Glinides
- iii. Thiazolidinediones
- iv. DPP-4 inhibitors
- v. GLP-1 receptor agonists
- vi. SGLT2 inhibitors

CANCER

 Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells.

* Types of Cancer

- i. Bladder Cancer
- ii. Breast Cancer
- iii. Colorectal Cancer
- iv. Kidney Cancer
- v. Lung Cancer- Non-small Cell
- ✤ Cause of cancer

- vi. Lymphoma Non-Hodgkin's
- vii. Melanoma
- viii. Oral and Oropharyngeal Cancer
- ix. Pancreatic Cancer
- x. Prostate Cancer
- xi. Thyroid Cancer
- xii. Uterine Cancer
- i. Life style factors:- Tobacco smoke, Alcohol
- ii. Environmental agents, Viral or Genetic factors
- iii. UV radiation in sunlight.
- iv. Cancer causing factors related to Bacteria and viruses:
- ✓ Helicobacter pylori (*H. pylori*, which causes gastritis).
- HBV, HCV (hepatitis viruses that cause hepatitis).
- HPV (human papilloma virus, papilloma virus, which causes changes eg. Cervical cells).
- EBV (Epstein-Barr virus, the herpes virus that causes inflammation of the throat lymphoid).
- * Sign and symptoms
- i. Fatigue.
- ii. Lump or area of thickening that can be felt under the skin.
- iii. Weight changes, including unintended loss or gain.
- iv. Skin changes, such as yellowing, darkening or redness of the skin, sores that won't heal, or changes to existing moles.
- v. Changes in bowel or bladder habits.

* <u>Risk factors</u>

- i. Alcohol and cancer
- ii. HPV and cancer
- iii. Tobacco and cancer
- iv. Family health history and cancer

Diagnosis

i. Biopsy

- ii. Urine and blood tests
- iii. Computerized tomography (CT) scan, bone scan, magnetic resonance imaging (MRI), positron emission tomography (PET) scan, ultrasound and X-ray

Prevention and control

- i. Control of tobacco use and alcohol consumption
- ii. Personal hygiene
- iii. Radiation
- iv. Occupational exposure
- v. Immunization
- vi. Air pollution
- vii. Treatment of pre- cancerous lesions
- viii. Cancer education

Treatment

- i. Surgery with chemotherapy
- ii. Radiation therapy
- iii. Bone marrow transplant
- iv. Immunotherapy
- v. Hormone therapy
- vi. Drugs :-
- ✓ Gemcitabine
- ✓ Carboplatin
- Oxaliplatin
- ✓ Etoposide
- Topotecan

DRUG ADDICTION - DRUG SUBSTANCE ABUSE

- Drug Abuse means unnecessary use of too many drugs, the unwarranted use or non- use of any drug, the inappropriate use of drugs and coercive use of drugs.
- Drug Addiction means continued use of a substance for a purpose other than food amount to addiction.
- **Drug dependence** means a permanent physiological change causing an individual to persistently crave the consumption of particular substance.

Agent factor :-

- These are the list of drug or substances which can produce dependency or addiction.
- They are alcohol, opioids, cannabinoids, sedatives or hypnotics, cocaine, caffeine and other stimulating agents, hallucinogens, tobacco, volatile solvents and other psycho- active substances.
- CAUSES OF DRUG ADDICTION
- i. Family history of addiction.
- ii. Mental health disorder.
- iii. Peer pressure.
- iv. Lack of family involvement.
- v. Taking highly addictive drugs.
- * <u>Stages of addiction</u>

Stage-1	Curiosity is the motivator
Stage-2	User is thinking more about drugs
Stage-3	User think they drug wont hurt them, Peer groups uses
Stage-4	User uses the drug to avoid being sick

Drugs causes addiction

• Example :-

Marijuana,Heroin,Alcohol,Tobacco,LSD,Speedball,MDMA,Ketamine,and Crystal METH.

✤ <u>Side effects</u>

- i. Loss of appetite
- ii. Headaches
- iii. Anxiety
- iv. Elevated blood pressure
- v. Chest pain
- vi. Irregular heartbeat
- vii. Difficulty in urinating
- viii. Changes in body temperature
- Prevent and control
- 1.Understand the reason why people use drugs and alcohol.
- ✓ Abusing an addictive prescription medication
- ✓ Self-medication, genetic and family history
- 2. Avoid temptation and peer pressure
- **3.Practice healthier living habits**