

Hello,

It is festive season; and there is excitement in the air. Though it is the same story every year, accept it or not, Diwali days are still special.

So, Very Happy Diwali and New Year to you!

Back to business..

Scariest disease these days, for health care providers like us & to lay people seems to be HIV. Why are we so scared of it? Is it lack of complete understanding of disease? Or is it the stigma associated with it? I am not sure; but here is a paper from Indian Journal of Community Medicine, assessing the attitude of rural community from Goa, towards HIV/AIDS affected people. Interestingly the study found that discriminatory attitudes are low as far as home care, equal work opportunity and equality in health care is concerned. But many participating people questioned the right of HIV infected person to secrecy of his HIV status. (Page 2)

Then, we may take a look at, another important disease causing lot of morbidity and indirectly mortality – diabetes. This very well planned and well executed study from Indian Journal of Biochemistry, analyzed the prevalence of Insulin Resistance in first degree relatives of type-2 diabetes patients. The study found that prevalence of Insulin Resistance in first degree relatives to be quite high. This is known and accepted thing, but you should see the way these guys went about studying it. (Page 3)

Hyponatremia is quite frequent in ICCU settings, and it is important to differentiate between SIADH and CSWS (Cerebral Salt Wasting Syndrome); because management is diametrically opposite. This paper from Indian Journal of critical care addresses this very issue. It would be useful to look at the table of differences between the two entities. (Page 4)

Last abstract this month is from Indian Journal of Cancer, people studying it are from the illustrious institute AIIMS. They have studied prognostic factors and clinical features of early breast cancer. The guys found that the age at presentation is significantly early than reported in Western literature and nodal involvement was single most important prognostic factor. Facts and figures are reproduced here. (Page 5)

Phew! That took some effort!

I hope you are noting & enjoying the peppering of quotes and jokes here & there.
Bye!

~ Sachin

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(Cont, 1)

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Discriminatory Attitudes of a Rural Community Towards People with HIV/AIDS:
Experiences From Goa

From the moment scientists identified HIV/AIDS, social responses of fear, denial, stigma and discrimination have accompanied the epidemic. Discrimination has spread rapidly, fuelling anxiety and prejudice against groups most affected as well as those living with HIV/AIDS. This study assesses the attitudes of a rural community in Goa, regarding people infected with HIV/AIDS, in order to gauge the degree of discrimination at the community level. The study had a broad objective of providing baseline data to programme planners, to assist them in designing appropriate care and support programmes for HIV infected individuals.

Table I - Attitudes of the Community Towards HIV/AIDS Infected Individuals

Situations	Males n=295		Females n=265		Total n=560	
	No	(%)	No	(%)	No	(%)
1. Care of a family members with HIV/AIDS						
Positive attitudes	278	(94.2%)	264	(99.6%)	542	(96.8%)
Negative attitudes	6	(2.0%)	0	(0%)	6	(1.1%)
No response	11	(3.8%)	1	(0.4%)	12	(2.1%)
Total	295	(100%)	265	(100%)	560	(100%)
2. Allowing HIV infected individuals to work with others						
Positive attitudes	275	(93.2%)	226	(85.3%)	501	(89.5%)
Negative attitudes	3	(1.0%)	9	(3.4%)	12	(2.1%)
No response	17	(5.8%)	30	(11.3%)	47	(8.4%)
Total	295	(100%)	265	(100%)	560	(100%)
3. Provision of health care to HIV infected individuals						
Positive attitudes	256	(86.8%)	236	(89.1%)	492	(87.8%)
Negative attitudes	6	(2.0%)	0	(0%)	6	(1.1%)
No response	33	(11.2%)	29	(10.9%)	62	(11.1%)
Total	295	(100%)	265	(100%)	560	(100%)
4. Revelation of HIV status						
Positive attitudes	36	(12.2%)	28	(10.6%)	64	(11.4%)
Negative attitudes	246	(83.4%)	223	(84.2%)	469	(83.8%)
No response	13	(4.4%)	14	(5.2%)	27	(4.8%)
Total	295	(100%)	265	(100%)	560	(100%)

Conclusions:

It appears that discriminatory attitudes are low as far as home care, equal opportunity at work and equality in health care are concerned. However, a large majority of respondents did not accept an HIV infected individual's right to keep his HIV status a secret. A possible reason could be the perception that revelation of the HIV status would help them to provide care to the infected individuals as well as to protect themselves from getting infected.

In terms of economy, health and education, the state of Goa ranks at number one position among all other Indian states. With its health and social parameters comparable to the developed world, the low level of social discrimination towards HIV/AIDS infected individuals in Goa is quite plausible and is a heartening news to programme managers planning care and support programmes for HIV infected in the state.

(Cont 2)

Indian Journal of Clinical Biochemistry, 2005, 20 (2) 10-17
PREVALENCE OF INSULIN RESISTANCE IN FIRST DEGREE RELATIVES OF TYPE-2 DIABETES MELLITUS PATIENTS: A PROSPECTIVE STUDY IN NORTH INDIAN POPULATION
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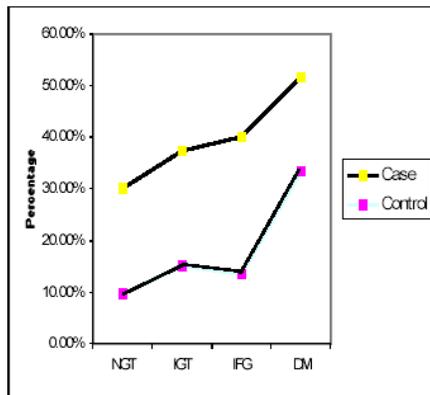


Fig. 1. Prevalence of insulin resistance (as measured by HOMA_{IR}) between cases and controls having NGT, IGT, IFG and DM

Table 1. Clinical and metabolic descriptors of the study population

Variables	Cases			Controls		
	n	M ± SD	Range	N	M ± SD	Range
Age (Yrs.)	172	35.314±10.303	15-74	178	40.955±12.067	17-66
Weight (Kg.)	172	23.979±3.077	14.02-38.86	178	23.778±2.366	40-70
FPG (mg/dl)	172	98.734±31.204	53-303	178	94.213±11.756	72-126
PPG (mg/dl)	172	143.65±53.95	69-558	178	128.57±23.856	96-214
Insulin (U/ml)	172	30.288±18.004	7.5-140	178	18.32±8.388	6.5-46
TG (mg/dl)	172	131.313±48.51	38-384	178	102.89±19.126	72-116
HDL (mg/dl)	172	42.163±12.187	16-110	178	41.303±7.200	22-55
HOMA _{IR}	172	7.462±5.218	1-39.41	178	4.335±2.279	1.54-12.44
Mffm/l	172	5.121±1.029	2.91-8.32	178	6.104±0.733	4.25-8.02

This table denotes the clinical and metabolic descriptors of the study population. Age of the first degree relatives (FDRs) was between 15-74 years with a mean of 35.3±10.3 years, while that of controls ranged between 17-66 years with a mean of 40.95±12.06 years.

Abbreviations
 FPG (Fasting Plasma Glucose), IFG (Impaired Fasting Glucose), PPG (Postprandial Plasma Glucose), TG (Triglycerides), HDL (High Density Lipoproteins), HOMA_{IR} (Homeostasis Model Assessment for Insulin Resistance), Mffm/l (Insulin sensitivity index corrected for fat-free mass).

ABSTRACT

A total of 172 first degree relatives (FDRs) and 178 controls were included in this study. All the cases and controls were subjected to various anthropometric measurements, fasting and postprandial glucose estimation, fasting insulin measurement and fasting lipid profile.

Results revealed the prevalence of Impaired Fasting Glucose (IFG) (cases 37% Vs controls 11.6%), Impaired Glucose Tolerance (IGT) (cases 34.3% Vs controls 11.2%) and diabetes (cases 11.05% controls 3.37%) was significantly higher in first degree relatives.

Insulin resistance was measured using various methods, which included fasting plasma insulin (FPI), Homeostasis Model Assessment for Insulin Resistance (HOMA_{IR}), insulin sensitivity index (ISI) (Mffm/l).

Though HOMA is taken as gold standard for measurement of IR globally, our study observed fasting plasma insulin representing high sensitivity (89.7%) and specificity (93.3%) as compared to HOMA. Thus FPI had emerged in this work as a simple and reliable test for diagnosing insulin resistance across the population susceptible to develop diabetes including FDRs.

(Cont 3)

Hyponatremia in neurological diseases in ICU

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Table 1: Differences between syndrome of inappropriate ADH secretion and cerebral salt wasting syndrome

Parameter	SIADH	CSWS
Clinical signs of dehydration	absent	present
Central Venous Pressure	normal to high	low
Urine sodium	mild elevation	marked elevation
Serum uric acid	low	normal or low
Blood urea nitrogen to creatinine ratio	low	normal or high
Haematocrit	normal	high
Serum potassium	normal	high or normal
Serum Albumin	normal	high
Serum Natriuretic Peptides	normal	elevated
Management	fluid restriction	fluids and salt

Abstract:

Hyponatremia is the commonest electrolyte disturbance encountered in the neurological and neurosurgical intensive care units.

It can present with signs and symptoms mimicking a neurological disease and can worsen the existing neurological deficits.

Hyponatremia in neurological disorders is usually of the hypo-osmolar type caused either due to the Syndrome of Inappropriate Secretion of Anti Diuretic Hormone (SIADH) or Cerebral Salt Wasting Syndrome (CSWS).

It is important to distinguish between these two disorders, as the treatment of the two differ to a large extent. In SIADH, the fluid intake is restricted, whereas in CSWS the treatment involves fluid and salt replacement.

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Humor in a Varicose Vein

Doctor's dictations as reported in the Journal of Polymorphous Perversity:

- * *The patient has been depressed ever since she began seeing me in 1983.*
- * *The patient left the hospital feeling much better except for her original complaints*
- * *Discharge status: Alive but without permission.*
- * *The patient is a 79-year-old widow who no longer lives with her husband.*
- * *The patient refused an autopsy.*

(Cont 4)

Clinical features and prognostic factors of early breast cancer at a major cancer center in North India

BACKGROUND: Data on the clinical profile of early breast cancer (EBC) from India is scant. Due to differences in genetics, environment, lifestyle, socio-demographic structure and ethnicity, the presentation and behavior of breast cancer in India may be different.

AIMS: To analyze the clinical presentation and outcome of EBC patients.

CONCLUSIONS: The median age at presentation was 47 years, significantly lower than most Western figures. The majority (86.4%) had a lump size > two cm. BCS was done in only 11% and the rest underwent MRM. Nodal involvement was the significant prognostic factor

Table 1: Clinical and pathological staging of 487 early breast cancer cases

Staging Tumor size	Clinical		Pathological	
	No. Patients	(%)	No. Patients	(%)
T1	55	(11.3)	134	(27.5)
T2	361	(74.1)	296	(60.2)
T3	60	(12.3)	29	(6.0)
Tx	11	(2.3)	26	(5.3)
Nodal status				
ND	254	(52.2)	246	(50.5)
N1	225	(46.2)	217	(44.6)
Nx	8	(1.6)	24	(4.9)
Stages				
I	38	(7.8)	79	(16.2)
II a	189	(38.8)	180	(37.0)
II b	232	(47.6)	183	(37.6)
III	21	(4.3)	16	(3.3)
Unknown	7	(1.4)	45	(9.2)

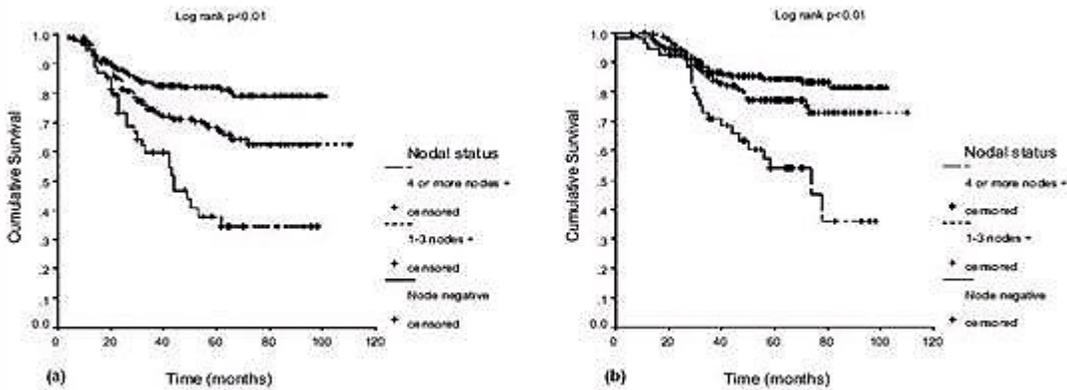


Figure 2: Kaplan-Meier curves of disease-free (a) and overall survival (b) for 487 patients with early breast cancer, depending upon the number of lymph nodes involved

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Give a man a fish and you feed him for a day; teach him to use the Net and he won't bother you for weeks.

Seek ye first the good things of the mind, and the rest will either be supplied or its loss will not be felt.

-Sir Francis Bacon

(End, 5)