

YourHealthNews

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Naturally, stress is a reaction of our body to any kind of demand or threat. It is a coping mechanism of our body. However, it becomes a health issue when a person feels that the demands become overwhelming, which makes it difficult to cope. In these circumstances, where the ability to cope is reduced, it is when various health conditions can occur; such as anxiety and/or depressive disorders. It is also an important factor that may aggravate well-being of people with chronic conditions.

Ways of de-stressing is important in stress management. Amongst these are regular exercise, good sleep routine, conflict avoidance, relaxation techniques and healthy diet. The latter being studied extensively due to its relevance in lowering risk of having chronic diseases, like

Stress may be reduced in women by consuming fruits and vegetables, study shows

cardiovascular diseases and diabetes.

In a latest study, conducted in



Australia, it probed the relationship of fruit and vegetable intake and the occurrence of stress in middle-aged and older Australians.¹

The study was participated by more than 50000 volunteers. A two year follow-up time was also done.

Results of the study showed that consuming fruits and vegetables is related to a decreased incidence of stress. This association is still significant even after adjusting sociodemographic and other lifestyle risk factors.

Interestingly, the study also found that women compared to men have a stronger association of consuming fruits and vegetables and a lower incidence of stress.

Although, the study had a short follow-up time, which may have been inadequate to look into the long-term association between fruit and vegetable consumption and stress, it provided evidence that our diet should be high in fruits and vegetables to improve our general health.

Shingles can increase risk of stroke, study reveals

Shingles or herpes zoster is a common condition that usually affects older people. It is caused by the reactivation of latent or “sleeping” Varicella-Zoster virus (VZV), which also causes chickenpox, in the dorsal root ganglion. This reactivation of VZV can cause other neurologic complications; but most are rare.

One of this neurologic complication is the published reports on the higher risk of strokes in patients who had shingles. However, there are inconsistent results around this

association between herpes zoster infection and stroke.

To address this, a study was conducted by researchers from the University of British Columbia.²

The investigators conducted a systematic review and analyzed nine observational studies.

Results of their analysis revealed that there is an increased risk for developing stroke, either ischemic or hemorrhagic, in patients who had shingles. The risk is highest

amongst patients in the first month following herpes zoster infection. Although the risk is still elevated one year after herpes zoster infection, the risk declines overtime.

With the results of this study, it is advised that older individuals be immunized with a herpes zoster vaccine. Having a vaccination against shingles, does not only prevent the occurrence of the condition, but also prevents the rare neurologic complications of the disease.

Rivaroxaban better than aspirin in venous thromboembolism

Venous thromboembolism (VTE) is a clinical condition where blood clot formation occurs in the vein. Two distinct disorders comprise VTE; namely, deep vein thrombosis and pulmonary embolism.

In the prevention of recurrent VTE, long-term use of anticoagulants raise bleeding concerns.

This concerns were addressed in a clinical trial³ that investigated whether an anticoagulant or aspirin

is a better choice for long-term treatment of VTE. The trial included more than 3000 patients with VTE,



and were randomly assigned to receive a once-daily dose of 10 mg rivaroxaban, 20 mg rivaroxaban or 100 mg aspirin. The treatment were given for up to a year.

Researchers reported that the risk of a having a recurrent VTE was significantly lower in the rivaroxaban in comparison to aspirin. Bleeding tendencies were also noted to be similar to that of aspirin.

The rates of adverse events in all treatment groups were found to be similar.

In general, the study provided an answer for a possible option in the extended treatment of VTE.

Antibiotic comparable to corticosteroid in the treatment of Bullous Pemphigoid

In the treatment of medical conditions, scientific breakthroughs are important, especially in diseases where management has not changed in the past few decades.

Take the case of Bullous Pemphigoid, a rare autoimmune blistering condition that affects the elderly, which is treated commonly with an oral prednisolone (a corticosteroid). However, the use of corticosteroid is linked with clinically significant

adverse reactions, which are serious and may also be fatal. It is, therefore, paramount to seek

alternative therapeutic drugs that can provide blister control without the substantial side effects of corticosteroids.

In a recent clinical trial⁴, which was conducted in various skin centers in the UK and Germany, it investigated if doxycycline (a known tetracycline antibiotic) can provide short-term blister control when compared to a standard prednisolone treatment.



This trial, aptly called the BLISTER (The Bullous Pemphigoid Steroids and Tetracycline) Study, recruited 253 participants who were randomly administered with doxycycline or prednisolone in a span 52 weeks.

According to their data, investigators found that 200 mg daily dose of doxycycline results in acceptable effective blister control of bullous pemphigoid in the short-term. This is without the potential serious adverse

effects of oral corticosteroids.

Additionally, it also revealed that the relapse rates for both treatment

arms were also similar.

With this promising results, management of patients with bullous pemphigoid may include initial treatment with doxycycline to control blisters. This will provide not just control of the skin condition, but offer a safer option for treating this chronic condition.

ACID-SUPPRESSING DRUG, KNOWN AS PPI, EFFECTIVE FOR FUNCTIONAL DYSPEPSIA

Functional dyspepsia (FD) is a common recurring gastrointestinal condition that manifests as an epigastric pain or discomfort with no known organic cause. Treatment usually involves the use of acid suppressing drugs, namely, proton pump inhibitors (PPI), histamine-2 receptor antagonists (H2RA) and prokinetics. Amongst these drugs, PPI is considered to be beneficial on people with FD.

In a new study⁵, which analyzed 23 clinical trials with more than 8000 participants, the authors investigated the use of PPI in the treatment of FD.

Their review showed that PPIs are efficacious in the treatment of FD when compared to placebo, H2RA and prokinetics. These drugs presented significant results in improving symptoms when compared to placebo. While PPI is slightly better in comparison to H2RA and prokinetics in the treatment of FD, studies analyzed were few and of low quality. Hence, additional studies are needed to address this.

Furthermore, investigators has also shown that PPI are well tolerated and has no significant adverse effects when compared to placebo, H2RA and prokinetics.

In general, PPIs reduce symptoms related to functional dyspepsia. Treatment of this acid-suppressing drug provides better outcomes for patients suffering this common gastrointestinal condition.

References:

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