

# VivaHealth Magazine

VIVA HEALTH MAGAZINE

MARCH 2022

THE POWER OF  
THE PATIENT'S VOICE

WATCH YOUR  
CHILDREN VERY WELL...

THE OTHER  
HYPERTENSION

THE WEIGHT  
LOSS JOURNEY

MENTAL HEALTH  
GAP IN GHANA

ORAL

INFECTIONS  
THAT CAN BE  
LIFE-THREATENING

COVER  
DR. ROSELINE  
OKORO

DO NOT JUICE YOUR  
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VEGETABLES AGAIN



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# Message from the Editors

**Happy New Year 2022! After much anticipation, and after much sweat, the long wait is over and a new issue of your only health and wellness magazine; VivaHealth is finally here. We aim to serve health and wellness with not a boring moment in sight.**

After taking off in 2019, we had hoped to maintain the momentum that would put this magazine on your hands regularly. However, after the third issue, we needed to take a pause to reassess the product we were delivering. We took the time to evaluate our business model and the content we wanted to present. We also had to determine how best to serve our readership, by understanding you better so we could give you what you want and need. COVID-19 also affected our ability to deliver, and we had to reorganize our workflow and rebuild our team. We are back, and we believe we have put together our best episode yet. We continue to be committed to our core goal: to demystify, promote and encourage healthy living among the Ghanaian public by publishing relevant content. Ghana has a range of magazines on various topics but none handles health and wellness in a way that appeals to a vast majority of readers and offers a wide platform for health providers in the industry to sell their services. We intend to fill this void with VivaHealth. We write in simple language using real-life examples without the technical jargon, so that anyone can understand and be effectively informed. We hope that you join us on this ride, as we stay on course to become an authoritative magazine in the promotion of healthy living and sound medical counsel. Thank you, TheVivaHealthTeam.

Major Dr. Carl Wutsugah





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# Annual Dental Review

For our series on oral care, this issue of Viva Health magazine brings advice from Dr. Patrick Bannerman-Agbesi, on why it is important to see your dentist regularly. He also touches on oral infections, the dangers they pose, and how to avoid them.

Our teeth are meant to last us a lifetime, but their ability to serve us is only as good as how well we take care of them. Care of your teeth goes beyond general dental hygiene; it also requires regular visits to your dentist - and the younger you are when you start, the better. Our limited medical infrastructure, financial concerns and cultural attitudes about seeking out preventative medical care likely contribute to how rarely Ghanaians visit dentists. These rare moments, overwhelmingly for emergency reasons, are highlighted by chaotic scenes in overcrowded facilities that make subsequent visits even less likely. Factor in the high cost of private dental care and an annual review increasingly looks like a luxury. This notwithstanding, you should still visit a dentist at least twice a year, for prophylactic scaling and cleaning and general examination.

**If you wait for pain to motivate you to make an appointment with your dentist, you are probably in more trouble than you fear.** This is because some of the issues that affect the gum are often painless and do not interfere with daily habits for a long time - sometimes for years. Additionally, seeking over the counter remedies and other DIY solutions to address issues such as bad breath, bleeding gums and deposits between the teeth, may only serve to mask underlying problems, making that inevitable visit to the dentist far more unpleasant. Some of these symptoms

indicate Gingivitis and Periodontitis. They start off as a buildup food, bacteria and saliva close to the teeth which cannot be removed by daily toothbrushing. The bi-annual visit cleaning session can and does get rid of these deposits. After 6 months, the bacteria involved become more virulent and cause more harm to the supporting structure of the tooth; and as we get older this can be more severe, even resulting in the loss of teeth. Contrary to popular Ghanaian opinion, losing teeth, particularly at an advanced age is not normal.

A typical dental care appointment may take between 8 and 20 minutes depending on the skill level of the clinician, the quality of equipment, the severity of the dental problem and the tolerance of the patient. Think of it as a trip to the car wash for a pressure wash: the equipment is used to dislodge debris that house harmful bacteria after which the teeth are polished to smoothen them and reduce opportunities for adhesion by new debris. To prevent dental pain, make it a habit to visit your dentist frequently. A good maintenance regime keeps your teeth functional throughout your life.

While maintaining oral hygiene and regular visits to the dentist are good practices to observe, it is still important to be aware of more serious conditions. Oral infections such as tooth decay and gum disease are quite prevalent, and yet most people do not take them seriously, even though these

infections can be life-threatening. Cavities form when food particles remaining on the surface of the teeth are fed on by bacteria. These bacteria are most active while you sleep - which is why it is advisable to brush your teeth before you go to bed. The initial cavity is painless, allowing the bacteria time to make their way to the pulp - the innermost part of the tooth. The ensuing infection can then spread through the bone eventually ending up in and around the jaw and neck areas. This condition is called Ludwig's Angina. It is a medical emergency that can be fatal. Ludwig's Angina makes eating and breathing difficult, resulting in the affected person needing a feeding tube and breathing support. The infected areas may begin to peel and rot, requiring additional procedures to improve their appearance and odour. While cavities do not usually end in serious illness or death, they can be a greater threat to persons with weak immune systems or other underlying health problems. This is why regular health checks - and this includes dental checks - are important.

Remember your teeth are meant to last you a lifetime, so keep them well.

**Dr Patrick Bannerman-Agbesi is a General Dentist with a special interest in Orthodontics at the Sam J Specialist Hospital, Accra. Instagram**

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# To Juice or Not Juice

## - That is the question?

Jeffery Eduku Mozu, MBChB

**M**any of us believe that juice is a quick and easy way to get all of the benefits of fresh fruit and vegetables without the associated work and waste. That is a lie. Studies have shown that eating whole fruits is linked with many health benefits like reducing the incidence of type two diabetes and a better metabolic profile. However, the same cannot be said for fruit juice. The science does not show similar benefits from fruit juice; if anything, it shows the opposite: consuming juice regularly, even if it's from natural fruits, increases your risk of type-2 diabetes.

A small study published in the European Journal of Nutrition investigating the differences between fresh fruit and juice and their effect on human health showed that clear apple juice did not contain the polyphenols and pectins that were present in the fibre of fresh apples. Polyphenols and pectins are fibre-based components necessary for lowering cholesterol levels which are lost in the process of manufacturing juice. While this was a study involving only 23 subjects - hardly making a conclusive case - other studies have come to similar conclusions,

at least, on the benefits of fresh whole fruits: two studies of over 150,000 female subjects spanning 25 years and separate concurrent study of over 35,000 male subjects showed that consumption of fruit juice was associated with higher risks of type-2 diabetes. These studies also showed that the consumption of whole fruits and vegetables - blueberries, grapes and apples in particular - was significantly associated with lowering the risk of type-2 diabetes.

**I**t is currently thought that many of the compounds contained in fruits and vegetables are bound to their fibre. So, always choose whole fruits and vegetables over juice; but if juicing cannot be avoided, I recommend making your juice at home and keeping the fibre in the mix.

By Jeffery Eduku Mozu, MBChB,

# Mental health Gap in Ghana

**A**ccording to the World Health Organization (WHO), it is estimated that of the 21.6 million people living in Ghana, 650,000 are suffering from a severe mental disorder and a further 2,166,000 are suffering from a moderate to mild mental disorder. The treatment gap is 98% of the total population expected to have a mental disorder.

Mental, neurological, and substance use disorders are common all over the world. The gap between what is urgently needed and what is available to reduce the burden is still very wide.

Mental health services are provided at most levels of care but on a relatively small scale. The majority of care is provided through specialized psychiatric hospitals, which are mostly close to the capital and serve only a small proportion of the population, with relatively low government provision and funding for general hospital and primary healthcare-based services. The few community-based services available, are private.

**T**he level of knowledge and standard of care offered to people with mental disorders by general practitioners and primary care services is generally not the best. Most general practitioners avoid seeing people with mental health conditions and end up referring them to already overburdened mental health professionals. The area has generally been neglected by health care professionals due to stigmatization; but also because it is not seen as a lucrative career choice.

As stated earlier, having health professionals in the right places with the right skills is very important but the availability of medication is equally as important. Treatment without medications has no benefit to the patient suffering from the disorder.

Experience has shown that even if services are made available, it is only with efforts to increase community awareness that the services are properly utilized. To this effect it is important to spread awareness with human right messages and positive message about mental health issues. Over the years there has been a bit of improvement in closing this gap but we still have a long way to go as a country.

Written by:  
Mwini-Numbu Nacaley

*Mwini-Numbu Nacaley*





# Oral Infections That Can Be Life Threatening

**W**hile maintaining oral hygiene and regular visits to the dentist are good practices to observe, it is still important to be aware of more serious conditions. Oral infections such as tooth decay and gum disease are quite prevalent, and yet most people do not take them seriously, even though these infections can be life-threatening.

Cavities form when food particles remaining on the surface of the teeth are fed on by bacteria. These bacteria are most active while you sleep - which is why it is advisable to brush your teeth before you go to bed. The initial cavity is painless, allowing the bacteria time to make their way to the pulp - the innermost part of the tooth. The ensuing infection can then spread through the bone eventually ending up in and around the jaw

and neck areas. This condition is called Ludwig's Angina. It is a medical emergency that can be fatal. Ludwig's Angina makes eating and breathing difficult, resulting in the affected person needing a feeding tube and breathing support.

**T**he infected areas may begin to peel and rot, requiring additional procedures to improve their appearance and odour. While cavities do not usually end in serious illness or death, they can be a greater threat to persons with weak immune systems or other underlying health problems. This is why regular health checks - and this includes dental checks - are important.

**Dr Patrick Bannerman-Agbesi, General Dentist (with special interest in Orthodontics). Sam J Specialist Hospital, Haatso-Ecomog. Instagram @sneakerdentistgh**





# Why Exercises Is Good For Your Mental Health

By Dr Carl Nutsugah

Exercise does more than just tone your abs and arms. Working out regularly can improve your mood and self-esteem, reduce stress and anxiety and more.

**Regular exercise can reduce your risk of chronic conditions,**

like diabetes and heart disease, but its also really important for our mental health. Heres more about how exer-cise can boost your mood, reduce stress and benefit you in ways you might not have real-ized.

## Mental benefits of exercise

Research, amongst sports men in Ghana, shows regular exercise can:

- Reduce stress
- Improve self-esteem
- Boost energy levels
- Lower anxiety
- Lift your mood

In addition, exercise may help you sleep better and increase your interest in sex, two other lifestyle habits that may reduce stress and improve your mood. Take your exercise outdoors to get an even bigger boost; and even when you're exhausted and desperate for rest, you're likely to feel a great degree of self-satisfaction and even a new sense of energy and an assurance that your problems are not as big as they might have previously seemed.

**Exercise stimulates positive endorphins, clears your head and lifts your mood. This is why exercise is increasingly being prescribed as a mood-booster – and the results are arguably more important than the ones you see around your waistline.**



# The Weight Loss Journey; Musings Of A Traveller.

Weight loss is one of the most talked and read about topics of the 21st Century and social media platforms are replete with content and advertising on what seems to be an infinite – and often overwhelming – number of weight loss solutions and programmes. A beginner on their weight loss journey is likely to get lost in it all and might stumble from one too-good-to-be-true method to the next, all the while being inundated with scenes of grunty and sweaty men and women lifting weights and performing impossible fitness routines on YouTube, Instagram and TikTok. The whole thing can prove daunting for someone just looking to lose a few kilograms for an event, to fit into a desired outfit, or simply for general health and wellbeing.

Often, weight loss means nothing to the average person – until it suddenly does. Without warning, your midsection looks rounder, clothes feel tighter, and your walk feels heavier, or better yet you receive the quintessential Ghanain tongue-in-cheek comment about coming into money.

Social pressure or waning self-esteem might make you want to jump into one of the many quick and easy weight loss programmes, but that is the last thing you should do - no matter how effective they may seem. What you need is a programme that is suited for your specific needs, is long-lasting and is - most importantly - sustainable:

I would attempt give a few tips that may help make this journey a little less winding, with promising more sustainable results.

1. Choose diets and exercise programmes that are pocket-friendly, simple and can easily be woven into your current lifestyle.
2. Drink plenty of water and reduce snacking, impulse buying or mindless emotional eating. Most supposed hunger pangs could be solved with 'snack-distancing' and a refreshing glass of water. Indulge in a fun hobby to avoid eating out of boredom.
3. Listen to your body and love it. Many instances of bloating, indigestion and

progressive weight gain could be slowed or completely stopped by recognizing and listening to the signals your body gives you when you are full..

4. Be consistent. Choose a programme that works for you and stick to it until you discover something more effective. Weight gain does not happen overnight – and neither does weight loss.

5. Set your own goals and celebrate reaching them. Don't seek external validation; rather learn to encourage yourself, keep a positive attitude and don't compete with anyone else.

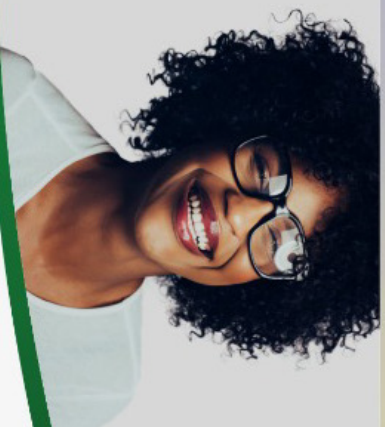
There are many more tips you are sure to discover along the way. Remember to aim towards holistic health, not only in your body but in your mind and social relationships. Weight loss is a journey; travellers on this road should be sure to enjoy it!

**DR AMA ASANTEWA SEYIRAM DAKE**

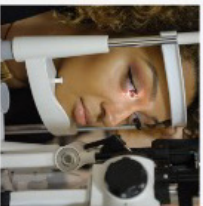




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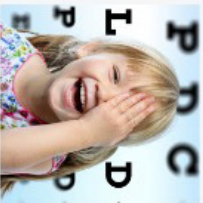
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## COVER STORY

# Dr. Roseline Okoro - Achieving a lifelong dream in the middle of a pandemic

The Viva Health team sat down with Dr. Roseline Okoro to discuss her career and how it has been affected by COVID-19. In fact, “sat down” is a euphemism – per the times that we find ourselves in, our conversation with her was on a virtual platform.

**D**r. Roseline Okoro is an impressive individual. She has conquered academia – in three separate disciplines – and has a growing portfolio in the entertainment industry, all while serving her community as a doctor.

A recent graduate of the Family Health University College Medical school, she has begun her medical career as a house officer at the Greater Accra Regional Hospital in Ridge. Although Dr. Okoro has always wanted a career in medicine, she did not get there in a hurry. Her university life began with Biochemistry studies at the Kwame Nkrumah University of Science and Technology where she obtained her Bachelor of Science degree. After KNUST, she developed an interest in the Oil and Gas industry, leading her to pursue a Master's Degree in Environmental Management at the Glasgow Caledonian University, Scotland. After a few years in the industry, which she admits were successful and lucrative, she began wondering how her life could be of greater influence and how she could do more good in the world. **“I wanted to do something more impactful, and I decided that it was finally time to pursue my lifelong passion for medicine.”**

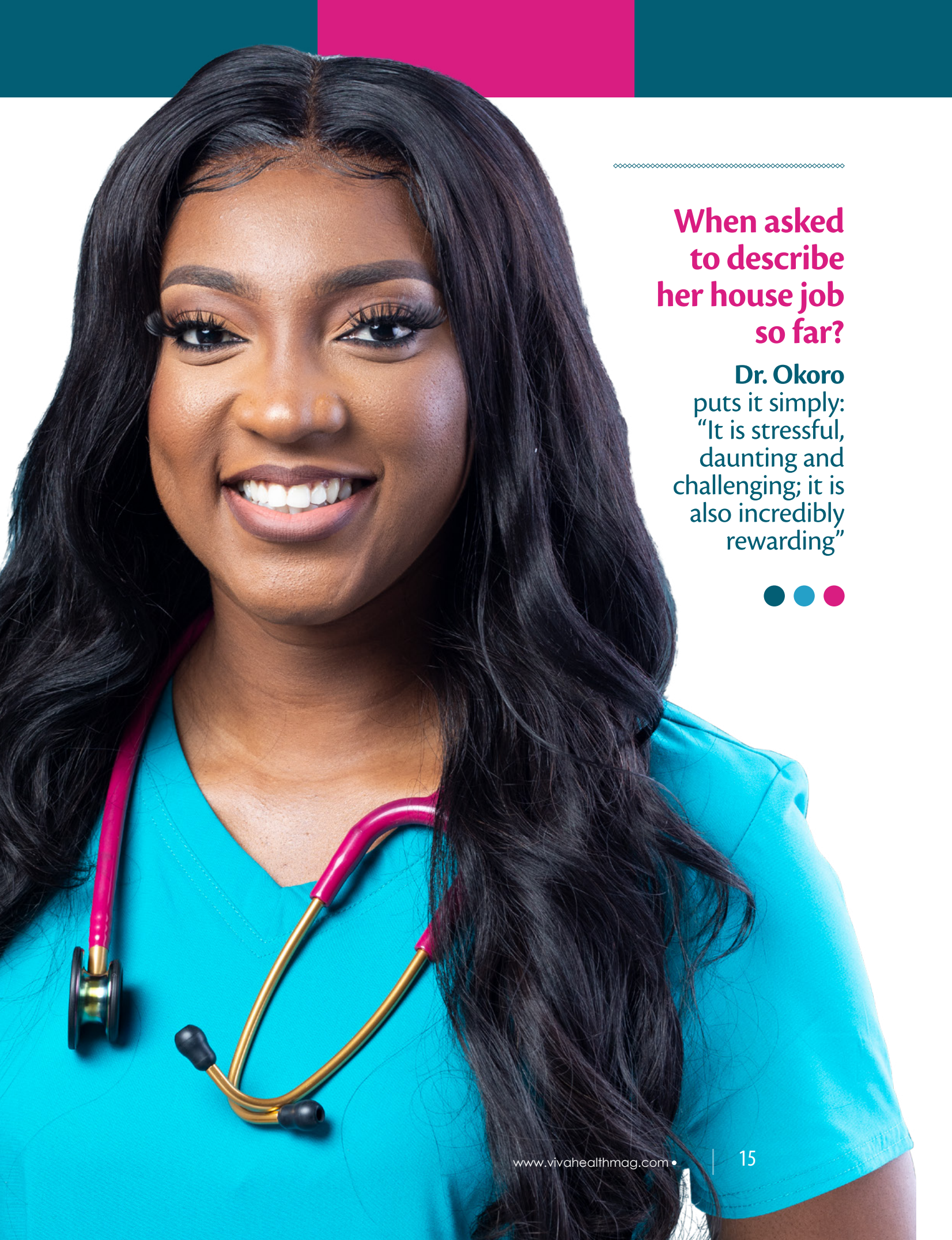
Dr. Okoro's medical studies did not go without incident. Her final year was supposed to be a high-energy period punctuated by in-person consultations, skills tests, and written and oral examinations. Instead, COVID-19 brought the world to a halt – Dr. Okoro's final year included. A lot of coursework that would have taken place in the consulting room, on the ward, and in the theatre was moved to virtual platforms. Many adjustments had to be made – least of all with shaky internet connections and other associated technical issues. Interaction with her instructors and colleagues also took on a new character, and she had to adjust. Communicating without eye contact, managing her attention in virtual sessions, and finding other innovative ways to engage with her work and responsibilities. The uncertainty brought by COVID-19 also affected her graduation. After months of delays and postponements, Dr. Okoro took her oaths in November 2020 and went on to begin her medical career at the Greater Accra Regional Hospital.

**When asked to describe her house job so far, Dr. Okoro puts it simply: “It is stressful, daunting and challenging; it is also incredibly rewarding”** and adds that while she occasionally questions her decision to pursue medicine, she feels very fortunate to work with the team she is a part of at Ridge. “The work itself is stressful, but my bosses are not. They do everything they can to be helpful and encouraging.” On her current Obstetrics and Gynecology rotation, she has begun to realize that a different specialty might be a better fit, even though obgyn was her favorite during her time in medical school. She is eager to see what her other rotations will teach her as she continues to navigate her way through her budding medical career.

The pandemic didn't just affect her studies; it has changed the nature of the work. Dr. Okoro realized she had to prepare herself for a different strategy in not only treating, but engaging with patients, even in her Gynecology rotation where COVID-19 treatment is not the focus. “We already expect a high-pressure work environment,” she says. “Taking new and unusual precautions has been an adjustment. We go into the environment more aware of the risk that exposure poses, and the effect it can have, not only on the work we do but also on our lives at home.” The heightened urgency and higher expectations, all combined with the high-pressure environment the clinical arena already is have not changed her outlook: “If anything,” she reflects, “it has enhanced my ability to maintain a positive attitude and my ability to solve problems – even unusual ones.”

Indeed, despite all the precautions Dr. Okoro took, she still contracted COVID-19. She found out after having her family tested for the virus out of concern for her father, who is in his seventies and with whom she shared a home at the





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as it turned out, was also infected. “Panic” was her reaction to the news, “this was earlier in the pandemic, in March, I think,” adding with a nervous laugh, “all we knew was that if you got COVID you were going to die.”

"I had no symptoms," she recalls, "so the test results were a surprise. Because of my dad's age, we thought about isolating in another house. But he was fine, we both took our medication, I exercised throughout, and we both got through it." Interestingly, being the doctor in her family, she was still relied on to lead the management effort at home. Unfortunately for other people in Dr. Okoro's life, COVID-19 was more serious. Her sister had a tough battle with the disease, although it was managed at home and sadly, She lost a close friend as well.

One of the challenges Dr. Okoro had faced as a result of the COVID-19 pandemic has been outside of dealing with the disease itself; it has been with all of the stories and the flow of information that it has generated. “I don’t know what it is with mothers and WhatsApp,” she ponders on the ongoing conversation about the vaccination effort with amusement, “so many different stories about people trying to kill us and so on. I just told her that regardless of what she thought she was still getting vaccinated. And that is exactly what happened. I made sure that everyone in my family was vaccinated.”

In her practice she encountered patients who believed COVID-19 would not affect them because it was “a disease for rich people,” and as such did not need to worry about taking precautions. Outside of her practice she occasionally faced ridicule for wearing a mask and insisting that others wore masks in her presence. She is however seeing positive signs with regards to people’s attitudes toward the pandemic and the vaccine and believe that the effort to sensitize and educate the public is beginning to yield results.

Dr. Okoro herself is fully vaccinated. She describes her experience with the AstraZeneca vaccine as difficult: “My first shot was terrible. All the precautions I took did nothing for me. It felt like malaria.” Fortunately, the same precautions she advised her parents to take, made the overall experience far less difficult for them and her own experience with her second dose was less of a hassle.

Dr. Okoro got married to her sweetheart who is a lovely gentleman, in April. “Let’s just say he is not a doctor,” she says with a laugh. She is one of ten children of her parents, and – in case the last name didn’t already provide a clue – one of those siblings is famed Ghanaian actress and film producer Yvonne Okoro. She considers her a hero and an inspiration, and importantly, has seen every one of her films, her favourites being *Contract* and *Ghana Must Go*. Impressively, Dr. Okoro runs Desamour Company Limited, a media company that markets and distributes films, along with Yvonne.

Her plans for the future are many. “The possibilities are endless,” she predicts. For now, though, she wants to learn as much as she can to be an effective and more compassionate doctor, particularly for her female patients and hopes that she too can mentor and inspire other women scientists to follow in her path.





When asked  
who is your  
husband ?

Dr. Okoro  
“Let’s just say  
he is not a  
doctor,’ she  
says with a  
laugh



Dr. Roseline Okoro



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# Know thine body Series: The Normal Heart.

Knowledge shall and will always be power. In our life, there are many things that we can own multiple different copies of. We can buy multiple cars, houses, clothes, get multiple degrees, etc. but the one thing we can only have one of is our body. Everyone is given one body, which is made up of many different parts, and it is our job to keep this body functioning at its best all the time.

With this knowledge in mind, Viva health would like to introduce “Know thine body” to our readership. In this series, we will have multiple physician experts take deep dives into different organ systems in our bodies. We will learn how they work, how to keep them functioning well, and the common diseases that affect them.

Join us on this journey! Welcome to know thine body!

Let's begin this journey by talking about an organ that as of 2019, was associated with the number one cause of death worldwide, the heart. The heart is a muscular pump located in our chest.

The main function of the heart is to pump blood to the rest of the body. To perform this function adequately the heart is split functionally into two sides, right and left (figure 1). Blue blood – blood without oxygen – leaves all the other organs in our body and slowly returns to the right side of the heart. This blood from the right side of the heart is then pumped into the lungs where it goes to pick up oxygen and becomes red blood.

The oxygen-rich (red) blood now flows from the lungs to the left side of the heart and this more muscular side of the heart now pumps that blood to the rest of the body to provide it with the much-needed oxygen to function properly.

Though this process might sound simple, the heart is a highly complex organ whose function requires precise coordination by electrical pacemaker cells, a muscular network that has to be strong enough to pump the blood to the lungs and to the body, valves (doors) that separate the different chambers of the heart and lastly the heart has its own blood supply that

provides it with the nutrients it needs to be able to function.

Diseases to any component of the heart system can lead to impaired function. A few examples of different diseases that can affect the heart include myocardial infarction (heart attack), where there is damage to the muscle due to disease in the blood vessels that supply the heart, heart failure, when the muscles of the heart become too weak, atrial fibrillation when there is abnormal electrical activity of the heart and many more.

Some of the symptoms that you can feel when you have diseases of the heart include chest pain, palpitations (when you can sense your heart beating), shortness of breath on minimal activity, leg swelling, waking up in the middle of the night feeling short of breath, and nighttime cough. It is worth noting that though these symptoms commonly occur when you have heart disease, they are not unique to heart disease alone. These few examples are here to stimulate your mind to start to suspect that something may be wrong with your heart.

If you have any symptoms concerning heart disease, book an appointment to see a doctor right away, and if the symptoms are severe go strain to the emergency room. The doctor will start by taking a

detailed history of the symptoms, perform a physical exam and decide if the problem is from the heart or not.

Once he has decided your heart is the culprit, he will refer you to a cardiologist, Heart doctor, who will examine you further to decide what other treatments you may need. Some of the tests a cardiologist may order include but are not limited to an echocardiogram, which is an ultrasound scan of the heart, an EKG that measures the electrical activity of the heart, and a coronary angiogram which looks at the blood vessels that supply the heart.

After all these tests they will then prescribe different medications to treat whatever condition you may have or sometimes you may need special treatment from other specialist heart doctors such as an interventional cardiologist or a cardiothoracic surgeon.

To conclude, the heart is one of the most important organs in the body, and disease in the heart is the number one cause of death worldwide. Continue to follow the heart series as we take a deeper dive into the prevention and treating of common heart diseases including heart attack, broken heart syndrome, heart failure, and many more. Stay Tuned.





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# The Other Hypertension

**Tension can be explained as the opposite of compression, the force you witness after releasing a compressed string. Apply this thought to blood flowing in your body and we clinicians call it Hypertension (High Blood Pressure). There is, however, a similar phenomenon that may occur in the eye, **Ocular Hypertension, or Glaucoma.****

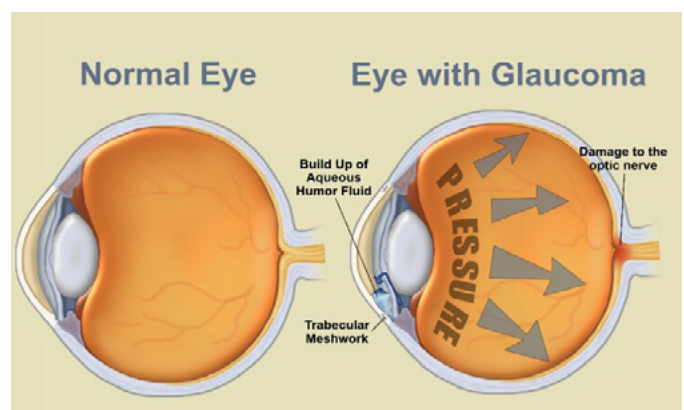
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Glaucoma is quite prevalent in Ghana, affecting over 700,000 people 60,000 of whom are permanently blind. It is the second leading cause of blindness in the world after Cataract...

Glaucoma is a condition that puts abnormally high pressure on the optic nerve and causes the gradual loss of peripheral vision and eventual blindness. The optic nerve is part of the machinery that transmits visual information from your eyes to your brain. The condition is mostly associated with people of African descent, persons over the age of 60, persons with family history of the condition, near sighted people, long-term use of steroids, diabetes and high blood pressure.

The Symptoms are determined by the type: In Open Angle Glaucoma - the more common type of Glaucoma - channels that drain fluid from the eyes are clogged causing a buildup of pressure in the eye. This is largely without symptoms and patients don't notice loss of vision until it is too late.

In Closed Angle Glaucoma, structures in the eyes narrow the pathway to the channels described above; this can be chronic (with no symptoms as above), or acute with symptoms such as pain and redness in the eye, sudden vision loss, seeing halos around sources of light, headaches, nausea and vomiting



The disease commonly progresses as peripheral loss of vision, commonly known as 'Tunnel Vision' as shown above.

Unfortunately, blindness associated with Glaucoma is irreversible and so screening is essential for early detection. Screening is done by measuring the pressure in your eyes.

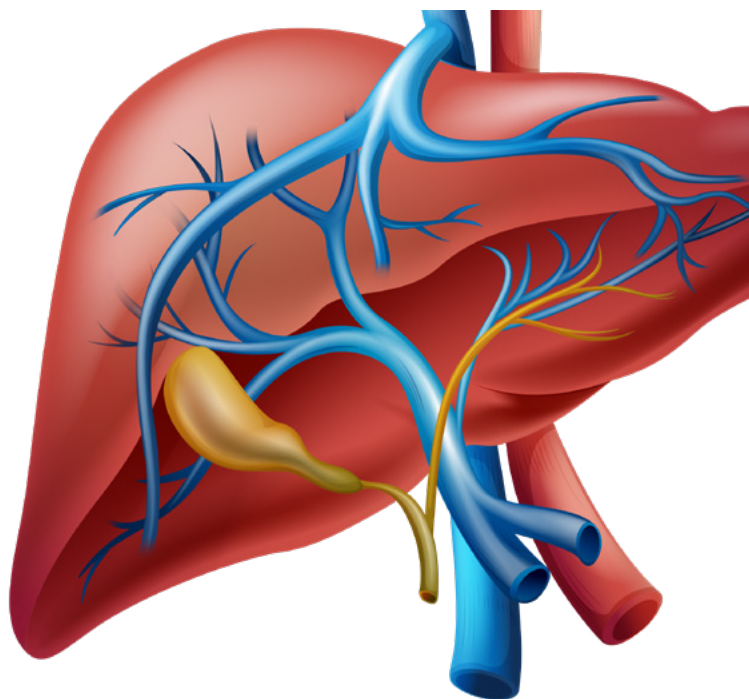
While Glaucoma is not curable, there are many medications and surgeries that can slow the progress of the disease and prevent loss of vision, particularly if it is caught early. This is why periodic screening - especially after the age of 40 is highly recommended.



# "Is Life Worth Living? It all depends on the Liver"

That William James the philosopher, had the human organ in mind when he coined the above phrase is up for debate. Still, it is just as apt.

Do you ever think about your liver? I bet you would if it were to stop working. And since the liver is your body's second largest organ, it might be wise to educate yourself on it:



## Where is the Liver located in the body?

The liver is at the Right Upper quadrant of the abdominal cavity, beneath the diaphragm, and on top of the stomach, right kidney, and intestines. Shaped like a cone, this reddish-brown organ is hidden just under your rib cage..

## What does the Liver do?

- The liver is a major metabolic organ responsible for:
- Removing toxins from the blood
- Producing bile for digestion
- Regulating lipid, amino acid and glucose levels
- Storing sugar for future use
- Producing Protein and cholesterol-Producing clotting factors
- Storing Vitamins

## How does Obesity Affect My Liver?

A BMI of 25-29 is overweight and anything above 30 signals obesity. Obesity is linked with fatty infiltration of liver cells and the subsequent swelling and death of the liver cells. This may

progress to cirrhosis and Hepatocellular Cancer as well.

A healthy weight, healthy diet and exercise ensure a healthy liver.

## How does Alcohol Affect My Liver?

Sustained, long-term intake of alcohol is also related to swelling and death of liver cells. If you cannot avoid alcohol, limit consumption to 4-6 drinks a week and no more than 2 per day (zero is safest). As you get older, alcoholic hepatitis and eventual cirrhosis becomes a more likely effect of regular alcohol consumption.

## What is Viral Hepatitis?

Inflammation of the liver caused by a group of Viruses, notably: Hepatitis A, B, C, D and E viruses. Hep A & E are acute and self-limiting, transmitted through contaminated food or water. Hep E, however, could be life threatening in pregnant women.

Hep B, C & D are transmitted parenterally (blood, unprotected sex, childbirth), they may be chronic and are associated with Liver Cancer. You should note that they may have Carrier states whereby an infected person shows no symptoms.

Also, A, B and D have vaccines.

## What are the symptoms associated with Liver Disease?

A lack of symptoms does not indicate the absence of liver disease, but the symptoms that do present include:  
-Yellowing of the eyes (jaundice)

- Tea-coloured urine
- Clay-coloured stools
- Persistent body itching
- Chronic fatigue
- Swollen Feet
- Abdominal Swelling

## Should I get a Liver test on My next Health Check-up?

You absolutely should, the current Prophylactic Medicine approach to Health should include your Liver. At your next appointment, request a liver function test and get hepatitis virus screen while you're at it.

**After all, If life is worth living.....It all depends on the LIVER !**

# Breakfast Is Not As Important As We Are Told And Here Is Why

By Capt. Je Mozu (MBCHB)

**B**reakfast is not the most important meal. Eating in general, and breakfast in particular, are more about the individual person concerned. Like many choices we make, many personal considerations must be made to arrive at the optimal option for any one person. Eating is important, what and when we eat is important and it is an individualized affair. So where does the idea that breakfast is the most important meal come from?

All of us have heard at one point or the other that breakfast is the most important meal. Breakfast has been advocated as the most important meal of the day in the media since 1917 (Cooper et al, 2014). Perhaps your own parents frowned at you skipping breakfast out of concern because of what they themselves had been taught. Several definitions of breakfast exist but that by Timlin and Pereira: **“first meal of the day, eaten before or at the start of daily activities (e.g., errands, travel, work), within 2 h of waking, typically no later than 10:00 in the morning, and of an energy level between 20 and 35% of total daily energy needs”** is accepted as an academic standard. At first glance, the short comings of this academic standard are glaring. The time of our last meal is important and affects our metabolism significantly. The difference in overnight fast durations of any two people makes them metabolically distinct from each other (Zilberter et al, 2014).

So merely suggesting that breakfast has the same effect on someone whose last meal was at 11pm as another person whose was at 5pm is a little too simplistic.

**“The current body of scientific knowledge indicates that the proposed effect of breakfast on obesity is only presumed true”** (Brown et al, p. 1298, 2013). The authors state that numerous articles demonstrating negative metabolic effects of skipping breakfast have yet to establish a causal relationship due to a lack of probative value and that the major obstacle in establishing causality is neglecting the possible confounding factors. Simply put, by ignoring such important factors as time of last meal, analyzing the effect of breakfast on any parameter is too simplistic and not reliable. A link between skipping breakfast and obesity has been challenged in many studies. Many studies have demonstrated a lack of a link between skipping breakfast and obesity. (4–12).

Recently the exact opposite link demonstrated: in a large cohort study in Japan. A 4-yearlong study based on Japanese insurance statistics (Kobayashi et al, 2014), the accumulation of newly diagnosed diseases was plotted against various lifestyle-related behaviors. Skipping breakfast has been demonstrated to increase hunger levels at lunch time. However, skipping breakfast resulted in a net energy deficit of about 400 kcal a day comparing to BF eating group (Zilberter et al). The increased popularity of intermittent fasting and other approaches to lose weight may be influenced by caloric intake reduction due to skipping breakfast. Another component of energy balance is energy expenditure.

Many authors have suggested that skipping breakfast leads to the body going into the so called “storage” mode where energy

expenditure is markedly reduced by reducing resting energy expenditure. However, it was recently shown that skipping breakfast did not affect 24-h energy expenditure, resting metabolic level, or food-induced thermogenesis (Kobayashi et al, 2014).

Skipping breakfast, when late night meals and snacking are avoided, is a form of intermittent fasting that will probably be more favourable to implement. Eating as late as 9pm and having lunch as the first meal at mid-day results in a 15 hour fast. One of metabolic effects of intermittent fasting is intermittent ketosis known for its appetite suppression effect (Scharrer et al, 1999) Calorie restriction has been shown to have profound metabolic benefits including neuroprotective, anti-aging, and anti-inflammatory (Willcox et al, 2013).

Additionally, Mattson and colleagues showed in rodents that intermittent fasting had more metabolic benefits than permanent calorie restriction (Mattson et al, 2003), thus skipping breakfast may be more beneficial than traditional restrictive dieting. The question of breakfast should perhaps be a question about inter meal interval especially the time allowed between supper and breakfast or the first meal. Whether we choose to eat breakfast or not, the more important thing is to ensure that we avoid unnecessary snacking and have longer inter-meal periods (especially between supper and the first meal).







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# The Power of the Patient's Voice – How Health Care Organizations Can Empower Patients and Improve Care Delivery

**F**or the past few years, patient-centered care has been an intense focus of health care leaders as well as a byword for excellence in care delivery. Yet patients in Ghana still have little influence in matters that impact them the most. The jury is still out on how to rethink care in a way that amplifies the voice of the patient – below are some best practices to give patients a more prominent voice, so that they can take greater responsibility and be more accountable for their own care.

## How to Define the Ghanaian Patient Voice

Patients are said to be the center of health care but too often their voices are ignored or put to the side when decisions are being made in Ghana – decisions about their health, their treatment plans, the cost of their care, and more. Health

care that is patient-centric can still be lacking if gaining input from patients themselves is not an integral part of the process in the Ghanaian health ecosystem.

The patient voice adds a different perspective to everything that goes on in health care and can point out real gaps in care delivery, especially in hospitals and clinics where practices are largely physician focused. Amplifying the patient voice requires buy-in from the each and everyone. This can't just be a one-off effort. If the patient voice is not embedded in health delivery processes and systems, then real change won't happen.

**P**atient-reported outcome measures, or PROMs, are an example of how to define the patient voice – the concept of patient voice as the validated questionnaires enable patients to report

back about their own symptoms and functions.

**Making the patient voice a centerpiece of the Ghana's health care delivery model can sometimes result in a power shift – health care in Ghana has been designed to hold onto patients and for patients to be very dependent on health care providers.** To shift this paradigm and define the patient voice, hospitals and health providers need to systematically transfer more power and responsibility to patients, thereby providing them with a louder voice.

## Educating the next generation of Ghanaian Health care providers about the Patient Voice

**Ghanaian Medical students who are at the forefront of health care delivery, should be trained in the importance of the patient voice.**



Unfortunately, not many students receive the education and training medical students receive in preparing them for the reality of health care that amplifies the patient voice.

Ghanaian medical students need to learn that patients can't heal unless their physicians know what healing means to them: Patients need to know someone is listening to their story – and hearing their voice.

Medical and nursing school curricula need more emphasis on patient-centered care. For instance, an evidence-based treatment plan might seem appropriate but if the patient's values or socioeconomic situation don't support it, then it won't be adhered to. In the end, medical students are going to do what faculty trains them to do – and training should place emphasis on asking

the patient what his/her preferences and values are. That must be a culture change from the top to deepen and amplify the patient's voice

### COVID-19 and the Patient Voice

Overall, COVID-19 has altered the trajectory of the patient voice in a positive way – Patients decided early on in this pandemic that it was going to be too risky to come into health care settings for non-COVID care. The result is an experimentation with telemedicine and home visits for patients who can afford it. This trend will continue as newer more affordable technologies create remote options for patients to get care.

In this regard, the pandemic has been a

great learning experience, including that patients don't have resorted to localized and alternate forms of health care and hospitals must pay close attention to this to keep patient volumes steady.

Change is happening all around and hospitals in Ghana must strive to make strides in amplifying the patient voice by starting to recognize the real power in listening to the patient. The patient voice is getting louder all the time and being brought into more and more conversations

The Ghana health ecosystem can empower patients by reimagining the allocation of responsibility from the ground up – rebalancing the partnership between health providers and patients.





# Kids Swallow the Darnedest Things

If you have seen the TV show which the above title draws inspiration from, what comes out of a child’s mouth can often be amusing. What goes into that child’s mouth is a different matter – and it is probably smart to pay attention before a joke turns into a nightmare.

## Why the worry?

Foreign body (FB) ingestion is a common problem especially in children below the age of 6 years. This is fueled by their curiosity to explore their surroundings.

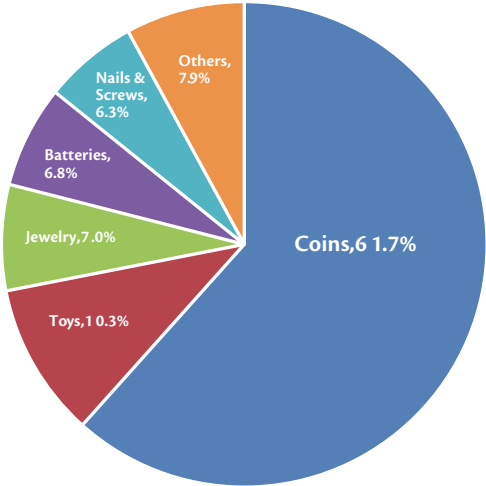
Infants and young children are known to explore their surroundings by touch and taste. It is part of achieving their developmental milestones.

A four-year study done at the ENT Department in Korle Bu Teaching Hospital in Accra showed a total of 706 patients with foreign body swallowed. The commonest impacted foreign bodies were coins (69.4%).

Many objects find their way to a child’s gastrointestinal tract and usually these objects find their way out.



Children usually swallow objects such as coins, pins, screws, button batteries, or toy parts.





## When foreign bodies get lodged in the gut

As said earlier on, most of these foreign bodies will pass out but a few will cause problems including getting lodged in the gut or the wind pipe and some corrosive ones causing perforation of the gut as well. It is these occurrences that raises health alarms and can even cost them their lives

When foreign bodies get lodged, doctors must perform a procedure to remove it. This procedure requires your child to be fully put to sleep via a general anaesthesia. This procedure is not only expensive but can potentially commit you to several days on admission in the hospital. This will contribute to man-hours lost and also reduce your child's productive days in school.

## When there is perforation of your gut

**A**s a clinician who deals with this condition daily, I remember a family from a small town outside Accra who were rushed to the emergency at 0200am on a chilly Saturday morning. "Oh my, are you serious about the diagnosis" was the exclamation my consultant made when I called him a few minutes after assessing the child at the emergency. He had to leave the comfort of his home at that ungodly hour and join myself, a scrub nurse and his runner, a consultant anaesthetist and his resident and clerk in theatre for the procedure to remove the foreign body. This child and his parents spent over 14 days in the hospital and paid over 5,000GHC in bills later, not considering the several reviews they require to be closely monitored.

Perforation of the gut, which typically happens after swallowing a disc battery can occur within 6 hours. It is by far the most dangerous object to swallow in addition to the very sharp ones as well.

## How to take appropriate precautions

1. Create a safe environment for your wards.
2. Keep out of sight and reach all small objects that can be easily swallowed by children including especially coins, disc batteries, jewelry, liquids etc.
3. Educate your children who are old enough to listen and follow instructions and do not forget to also school their caregivers on the dangers.
4. Anytime you suspect your ward has swallowed a foreign body, do not waste time at home on remedies. Look for the nearest health facility, preferably with an ENT professional.
5. At home on remedies. Look for the nearest health facility, preferably with an ENT professional.

## Conclusion

Foreign body swallowing is a common occurrence in children especially below the age of 6 years. Keep your surroundings safe for children devoid of small foreign bodies that can be swallowed. In cases of emergencies, seek prompt medical care.

**By Maj Dr. Carl Nutsugah**







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