

ISSUE NO. 2 JAN-MARCH 2025

YOUTH AND VAPING

Understanding Prostate @Cancer

Foods that aid with weight loss



Move more Live Longer

UNDERSTANDING CHILDHOOD OBESITY

Coronary Artery Disease What you need to know



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CONTENTS

2	Message from Editor-In-Chief
3	Diabetes, Diet, Exercise- Your call
7	Antidiabetic Properties of Momordica charantia (Karela)
10	Foods and Methods that aid with weight loss
12	Pumpkin shrimp recipe
13	Coronary Artery Disease- What you need to know- it can save your life, or the life of a loved one
17	Move More, Live Longer: The Power of Physical Activity in Preventing Chronic Diseases
19	Understanding Childhood Obesity
23	Prostate Cancer
26	Yes, we can end TB in Guyana
28	Empowering Movement: A Young Woman's Journey in Sports Physiotherapy Angelica Holder
30	Understanding the Inevitable Menopause
32	What do we mean when we say Mental Health
34	Youth and Vaping

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MESSAGE FROM EDITOR-IN-CHIEF Dr. Moti Ramgopal

Dear Readers,

Following the success of our inaugural edition of 592 Health Digest, I am honored to present our second issue, which builds upon the strong foundation we have established. The positive reception of our first edition affirmed the importance of providing accessible, reliable health information tailored to the needs of our community. Your engagement and feedback have been invaluable, and we are excited to continue this journey together.

In this second edition, we turn our focus to chronic diseases—one of the most pressing healthcare challenges of our time. Across the world and here in Guyana, conditions such as diabetes, hypertension, heart disease, obesity, and prostate cancer continue to rise at an alarming rate. These illnesses not only place a significant burden on individuals and families but also strain healthcare systems. However, the good news is that many chronic diseases are preventable and manageable with the right lifestyle choices and medical interventions.

To build upon the insights shared in our first issue, we have expanded our coverage to include in-depth discussions on the role of diet and exercise in preventing and managing chronic diseases. Our experts will explore the impact of nutrition, emphasizing the benefits of whole foods, lean proteins, fruits, and vegetables while highlighting the dangers of processed foods and excessive sugar consumption. By making informed decisions about diet and lifestyle, individuals can significantly reduce their risk of chronic disease and improve their overall health.

Additionally, this edition highlights the critical connection between chronic diseases and mental health. Living with long-term illnesses can take a toll on emotional well-being, leading to substance abuse, stress, anxiety, and depression. At the same time, poor mental health can exacerbate physical conditions, creating a challenging cycle. By fostering open conversations, promoting accessible support services, and integrating mental health care into chronic disease management, we can improve overall well-being and quality of life.

In addition to lifestyle interventions, medical advancements are continuously shaping the way we prevent and treat chronic diseases. From cutting-edge medications and personalized treatment plans to digital health tools that enhance disease monitoring, science is making great strides. Recent breakthroughs in diabetes management, cardiovascular health, and preventive medicine offer new hope for patients, reinforcing the importance of early screenings, genetic risk assessments, and tailored healthcare strategies.

I want to take this opportunity to express my sincere gratitude to our contributors, medical experts, and dedicated team members who have worked tirelessly to bring this edition to life. Their expertise and commitment to health education are invaluable. I also extend my heartfelt appreciation to you, our readers, for your continued support and enthusiasm. Your engagement fuels our mission to provide relevant, evidence-based health information to the community.

As we look to the future, we remain committed to expanding our reach, refining our content, and addressing the evolving health concerns of our society. Through education, prevention, and action, we can build a healthier Guyana together. I invite you to explore this edition, embrace the knowledge shared within these pages, and take proactive steps toward a healthier life.



Thank you for being a part of our growing 592 Health Digest community. Kind regards,

Mot Manggod

Dr. Moti Ramgopal, MD, FACP, FIDSA Editor in Chief, Founder and Chairman, Midway Specialty Care Center



DIABETES, DIET, EXERCISE -YOUR CALL By Dr. Gavinash Persaud MD. MSC Regional Health Officer Region 4



Diabetes, a chronic metabolic disorder characterized by high blood sugar is a global health concern with Guyana being no exception. Genetics and environment play a role in its development. However, the influence of diet for the development, control or even reversal of the condition cannot be ignored. This article will focus on the impact of diet, and other measures that can help to "beat" or control sugar levels within the body.

Guyanese foods are rich in flavour and are influenced mainly by the different cultures that make up our country. Almost all the dishes we eat contain a disproportionate amount of carbohydrates, take for example the Chinese fried rice, cook-up or even the pot of soup, they all contain more carbohydrates than proteins and fats. Foods such as sweet potatoes, rice, chowmein, bread, aloo, plantain, eddoes, cassava, yam, oats, flour etc when eaten are all converted to sugar by our digestive system. Given that our bodies have some difficulties to process the sugar quickly because there is either insufficient insulin or because there is too much body fat, eating lots of carbohydrates can result in poor control of sugar levels.

However, all is not lost since it is not just how much we eat but what we eat and how frequently we do so. Foods can be identified as good or bad for diabetes by their Glycaemic Index (GI). This is a measure of how fast a food will release the sugar it contains into our bloodstream once it is digested. This release of energy is influenced by the cooking process for example channa that is boiled soft will digest quicker than if it is boiled a little hard. So, it is best to cook some foods a bit "let's say just boiled" and not overboiled. This will allow for the digestive process to be a bit longer and therefore the sugar that is contained within will be released slowly which will contribute to better control of sugar levels.

Flour is one of the most widely consumed food. It is used to prepare a variety of dishes such as breads, roti, pasta, chowmein, bakes, cakes etc. I believe that this is the most troublesome food for persons who are living with diabetes for two reasons, it is widely available and it is cheap. Flour is a highly refined grain with a low GI, meaning that when consumed, it is quickly digested and causes spikes in blood sugar.

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DIABETES NUTRITION PORTIONS

This can present an issue for the adequate management of sugar levels. For people living with diabetes, it is probably best to avoid flour completely. Other foods that can be consumed are foods that are very high in fibre such as black beans, cassava, breadfruit, pigeon peas, lentils etc. The high fibre content of these foods slows the digestion and absorption process and thus the sugar is released slowly into the blood.

Emphasis must be placed on portion size and how it is cooked, large portions will provide a large amount of sugar even if the food has not been overcooked as in the case of cassava that is not overboiled, but a large portion is consumed.

Fruits apart from sugars contains fibre and other nutrients which are all important for good health. Our country is loaded with a variety of fruits and their selection is important for the control of diabetes.

Many persons like to blend their fruits to make smoothies and other drinks. When fruits are blended it breaks up the fibre and thus the sugars contained are more easily absorbed. Eating them whole should be the preferred way for consumption as this creates fullness and conserve the fibre structure. Most fruits contain glucose, fructose and sucrose which are all processed differently by the body. This means that eating 200 grams of ripe mangoes, your body will receive about 8 grams of sucrose, and 6 grams each of glucose and fructose. It is important to note that sucrose and glucose are processed by the liver and can be stored as an energy reserve.

Fructose on the other hand has a different metabolic pathway and can be converted to triglyceride. If too many fruits are eaten at once the fructose is stored as fat. So once more it is all about portion size.

Another measure besides diet that can be adopted for the control of diabetes and weight loss is intermittent fasting. Here there is period of eating and then fasting. 15 inches long

2 pot spoons = 1 cup | 1 pot spoon = 1/2 cup |

 $\frac{1}{2}$ pot spoon = 2–3 ounces

Total Daily Portions

Spoons	Foods/Servings
2 pot spoons	Staple Foods Serving 1 cup Rice, flour, ground provisions
1 pot spoon	Fruits Serving ¹ / ₂ cup Fresh or dried fruits: plum, grapefruit, soursop, pineapple
¹ / ₂ pot spoon	Animal Foods Serving 2–3 oz Meats (poultry, fish, egg), vegetable protein (2x)
4 pot spoons	Vegetables/Greens Serving 2 cups Fresh vegetables: callaloo, bora, cabbage, squash, cucumber
2 tablespoons (Tbsp/T)	Legumes and Nuts Serving 30g Peanut butter, kidney beans, black eye peas, pigeon peas OR Vegans - ½ cup legumes
1 teaspoon (Tsp/t)	Fats and Substitutes Serving 5g Oils, butter, margarine, coconut milk, shortening



DIABETES NUTRITION PORTIONS

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For example, eating at 8 am and then fasting for 12 hours before eating again. This allows for the energy consumed in the first meal to be used up. This method also allows the body to burn fat and thus can contribute to weight loss. Persons can start this method and as time progresses increase the number of fasting hours as their bodies get accustomed to it. This method might not be appropriate for everyone, but it is a valuable tool for those persons seeking to manage their blood sugar levels.

Apart from diet and fasting another approach that has proven to be effective is exercise. Most Guyanese don't exercise period. However, it has been proven by studies that 150 minutes of moderate exercise (brisk walking, jogging, skipping, swimming etc) helps to control blood sugar levels and reduce the risk of developing type 2 diabetes.

The excuse from patients is that "I don't get time for that, or I have enough housework to do." Housework might be physical and appear as exercise; however, the latter must be programmed such that it increases the rate of the heart and the number of times we breathe and is executed in a sustained manner over a period, for example, 45 minutes of brisk walking three times per week. This way the body uses up stored energy and burn fats- as long as the activity is sustained over a period. Diet is critical for the development, management and control of diabetes. In the context of Guyanese food, consumption of high GI foods like flour and cheap carbohydrates presents a challenge for individuals with diabetes or for persons at risk. However, adopting dietary strategies along with intermittent fasting and regular exercise, persons can effectively manage theircondition and reduce the risk of long-term complications.

	Total Daily Portions	
Parts of the Hand	Foods/Servings	
1 Fist	Staple Foods Serving 1 cup Rice, flour, ground provisions	
1 Hand	Fruits Serving ½ cup Fresh or dried fruits: plum, grapefruit, soursop, pineapple	
1Palm	Animal Foods Serving 2–3 oz Meats (poultry, fish, egg), vegetable protein (2x)	
2 Handfuls	Vegetables/Greens Serving 2 cups Fresh vegetables: callaloo, bora, cabbage, squash, cucumber	
1 Thumb	Legumes and Nuts Serving 30g Peanut butter, kidney beans, black eye peas, pigeon peas OR Vegans - ½ cup legumes	
1 Fingertip	Fats and Substitutes Serving 5g Oils, butter, margarine, coconut milk, shortening	



DIABETES NUTRITION PORTIONS



Total Daily Portions

≤5% Fat and Oils

15% Food

from Animals

5% Legumes and Nuts
30% Vegetables

20% Fruits







25% Staples

ANTI-DIABERC PROPERTIES OF MOMORDICA CHARANTIA By Professor Emanuel .F. Cummings PhD MSC.

BACKGROUND

iabetes mellitus (DM), Starvation Din the Midst of Plenty is one of the oldest known human disease currently affecting about 10.5% of the adult population (20-79 years), with almost half unaware that they are living with the condition. By 2045, the International **Diabetes Federation (IDF) projections** show that 1 in 8 adults, approximately 783 million, will be living with diabetes, an increase of 46%. This disease is the most common metabolic disorder in humans and it is characterized by hyperglycemia, due to relative or absolute lack of insulin, the insensitivity of insulin or both. DM is classified into type 1 or insulin-dependent DM (IDDM) or type 2 or non-insulin dependent DM (NIDDM) or T2DM. Type 1 DM represents about 5-10% of all cases of DM whereas T2DM accounts for 90-95% of diabetes. Type 1 DM is characterized mainly by auto-immune-mediated destruction of beta cells of the endocrine pancreas leading to reduced insulin secretion. This form of DM is prevalent in young children. On the other hand, T2DM is characterized by insulin resistance and relative insulin deficiency and it is due to sedentary life style, genetic disposition, obesity, human behavior and environmental factors. In addition, DM have been classified as MODY (maturity-onset diabetes of the voung) and LADA (latent autoimmune diabetes in adults). Both forms of DM can lead to such long-term complications such as neuropathy, retinopathy, cardiomyopathy, nephropathy, exocrine gland insufficiency and several other complications and eventually to death. Type 1 DM is treated mainly with insulin whereas T2DM is controlled by hypoglycemic drugs, regular exercise, general change in life style habits and diet including some plant based food. The plant kingdom is a good

potential source for the discovery of novel medicines to treat numerous diseases including DM. Currently, about 400 plants are evaluated extensively for the treatment of diabetes throughout the world. In many parts of the world, especially in developing countries, this may be the only available form of therapy for the treatment of diabetic patients. One such plant is the Momordica charantia (family name: Cucurbitaceae), nature's own cure for DM. M. charantia has been extensively studied and used as an anti-viral, anti-bacterial agent and more to treat a number of infections and diseases. These include DM, indigestion, fever, skin disease, HIV, viral and bacterial infections, hypertension, reduced cholesterol and inflammation, detoxification of the body, expelling worms from the body, balance certain hormones in the body, enhances immunity, promotes milk flow, prevents different tumors and several other reported medicinal benefits.

This article however is concerned specifically with the medicinal chemistry of M. charantia and its extracts and active constituents to treat DM. Some common names of M. charantia include bitter melon, papilla, bitter gourd, corrila or karela, balsam apple and several other common names.

Momordica charantia is cultivated in many damp and wet tropical countries of the world including parts of South America and the Amazon basin including Brazil, Guyana and the Caribbean, East Africa and Asia including India, China, Philippines, Pakistan, Nepal and Sri Lanka. M. charantia is harvested both as food and as a medicine. M. charantia is known for its very bitter taste and this is found in the leaves, the seeds, the fruits, the stems and other parts of the plant. It has been used by the public to treat DM. People eat the fruit raw, boil or cook the different parts or drink the pulp of the fruit as a juice. Over the years several scientists have tried to isolate the various active chemical structures of momocharin which is believed to possess insulin-like chemical structure and anti-diabetic properties.

Currently around 228 different medicinal compounds have been isolated from the stems, leaves, and seeds of the plant. These different compounds have been classified into different chemical types. These includes proteins, triterpenes, lipids, inorganic compounds, phenylpropanoids, carotenoids, steroids, alkaloids, monoterpenes, alkene, carbohydrates, benzanoids, alkanol and many other unknown structures. The plant has many different chemical components, which help medicinally either alone or when combined. One of the hypoglycemic components is a steroid saponin called momocharin (charantin) with insulin-like chemical effect. It is the belief that charantin is the active hypoglycemic agent of M. charantia and it shows similarities in the chemical structures of momocharin and other commercially available hypoglycemic drugs (glibenclamide, gliclazide Glipizide, Metformin hydrochloride, Pioglitazone hydrochloride) used in the treatment of T2DM.

The hypoglycemic action of M. charantia and its isolated components may be due to its insulin-like structure.

NUTRIENT PROFILE

M. charantia is a potent nutrient-dense plant composed of an elaborate range of beneficial compounds and elements. The powerful assembly of bioactive compounds, vitamins, minerals, and antioxidants within this gourd all give rise to its remarkable ability in treating a wide range of illnesses. Bitter melon contains large amounts of vitamins C, A, E, B1, B2, and B3, as well as vitamin B9 (folate), making this vegetable a healthful addition to any diet. Regarding caloric content, the values for the leaves, fruit, and seeds are approximately 213, 242, and 177 Kcals per 100 g. Bitter melon is also rich in many minerals including potassium (K), calcium (Ca), zinc (Zn), magnesium (Mg), phosphorus (P), and iron (Fe), and is an excellent source of dietary fiber. A diet rich in vitamins, minerals, and fiber can help promote the overall health and well-being of the general population, especially those at risk of developing metabolic disorders, such as T2DM.

CLINICAL AND BASIC EXPERIMENTAL STUDIES

Over the past 6 decades, both basic and clinical studies have been done to determine the effect of M. charantia on the management of DM. Several studies have shown the effect of oral administration of M. charantia on both experimental and human type 2 models. Today the literature contains hundreds of studies employing adult human subjects and laboratory studies.

The mechanism of action of compounds isolated from Momordica charantia included insulin secretagogue like effect, stimulation of skeletal muscle and peripheral cell glucose utilization, inhibition of intestinal glucose uptake, inhibition of hexokinase activity, and stimulation and preservation of pancreatic islet cells and their function.

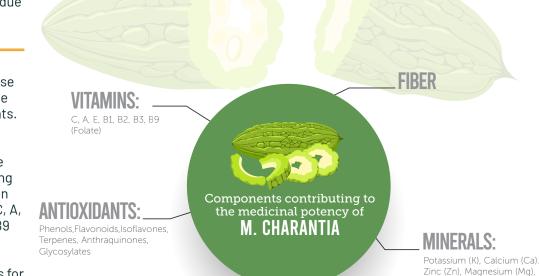


Figure 1 : Nutrient Profile of Momordica charantia

Phosphorus (P), Iron (Fe)

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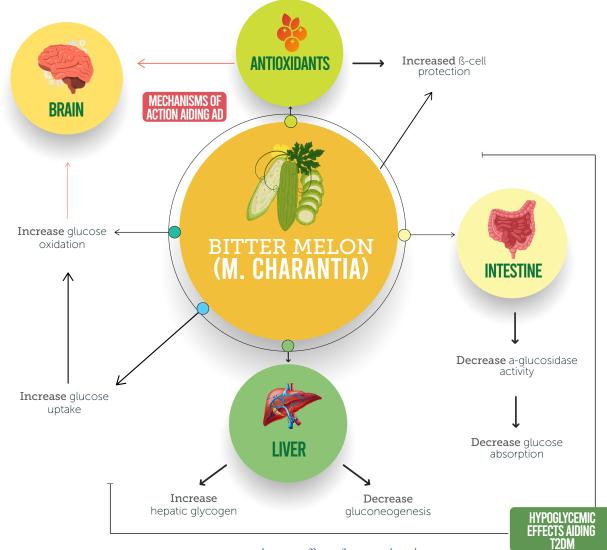


Figure II: Hypoglycemic Effects of Momordica charantia

Current diabetes medications utilize the insulin and oral hypoglycemic effects within *M. charantia* to control T2DM and other metabolic conditions. Metformin, one of the most popular diabetic medications, is one of them. This medication lowers blood sugar levels by improving insulin sensitivity.

M. charantia maintains the same hypoglycemic effects as metformin; it promotes insulin secretion, improving glucose uptake by adipose or muscle tissues, and inhibiting glucose absorption from the intestines and glucose production from the liver, whereas consuming *M. charantia* or its extracts can present the same effects with far fewer side effects. Current research exemplifies the potential use of *M. charantia* as a more recognizable tool for T2DM and AD prevention and treatment, as it is the most accepted hypoglycemic plant.

M. charantia maintains hypoglycemic effects through antioxidant effects promoting β-cell protection, the decrease in glucose absorption from the intestines and glucose production from the liver, and improved glucose uptake by adipose or muscle tissues, thus affecting the brain as well due to glucose being its main energy source as illustrated in Figure II.

Although bitter melon's potential as a replacement therapy for traditional medicine still needs further clinical

research, the result of current research looks promising.



FOOD AND METHODS THAT AID WITH WEIGHT LOSS By Susan Allsopp-Food Consultant

Simple substitutions in cooking can make a healthier meal that can aid with weight loss.

Sweet Potatoes

Make better use of locally grown sweet potatoes (20% carbohydrates). They are less starchy compared with imported English potatoes (80% carbohydrates). Starch is one of the main sources that lead to overweight conditions.

Tomatoes

Tomatoes are rich in Lycopene, an antioxidant that gives them their red colour and may help reduce the risk of chronic diseases. Also, tomatoes contain Vitamins C, A, and K. They are 93% water and makes it easy to cook with green leafy vegetables.

All of the following are known for lowering cholesterol which contributes towards weight loss management, good digestive health, controlling diabetes, and they also include high levels of calcium and iron.

 callalloo, (avoid both raw and cooked, for persons with kidney disease due to its potassium levels)
 chorai (another form of Bhaji)
 pakchoy
 ochroes



ne may ask why is it, that even when we consume these vegetables in high quantities, the results appear to be limited. It is due to the method of cooking that is most popular-frying and sauteing which uses a lot of oil. The alternative is not the complete elimination of oil, but the key is limiting the usage of oil and reducing the quantity. Instead of using oil for frying or to sauté, we can use tomatoes. It vastly reduces the amount of oil used by about 98%. Simply chop the tomatoes, add 1 tbsp oil, add the leafy vegetable, stir it around, and cook as you would when sauteing. Covering the pan also helps because it creates condensation, and this liquid helps continue the cooking process, without having to add oil again, which would have been the normal process.

Alternatively, remove the lid and reduce the temperature, or leave uncovered, if you prefer a drier texture. At the end, drizzle 1 tsp olive oil (average depending on the amount prepared) over your green vegetable, for some silkiness.

Natural Yogurt mixed with Mayonnaise

Mayonnaise is heavy with saturated fat. It should be consumed occasionally in limited quantities. Reduce the amount of mayonnaise by one-third. Use one part of natural yogurt or Greek yogurt (preferably 0% milk fat if available) to two parts of mayonnaise. Squeeze some lime juice, and use a variety of fresh herbs in addition to shallot. Parsley, cilantro, and celery are good options. Mix together and mix into your potato salad or chicken salad.

Breakfast

Start the day with a bowl of natural yogurt, fresh fruit, and a sprinkle of granola cereal, this combination may reduce the inclination, to eat more bread than would be necessary.

Avocados

The avocado is a healthy fat, crushed and spread on whole wheat toast instead of butter or margarine, topped with some green mango pickle, sour, or fresh tomato slice, for extra zest is a great breakfast alternative for anyone trying to lose weight.

The Soursop

Has a reputation as a weight loss ally. It has a significant amount of vitamin C, boosting metabolism and aiding in the reduction of fat. This double action promotes a feeling of satisfaction from hunger, which enhances the metabolic rate. This double action is what gives the soursop a reputation as a weight loss ally. It is also low in calories and high in fibre. One cup of soursop has about 148 calories, and it is the high fibre content that contributes to feeling satisfied, which leads to being less inclined to snack or eat starchy foods.

Hummus

Make better use of Channa! It is naturally low in saturated fat and significantly reduces bad cholesterol.



PUMPKIN SHRIMP RECIPE By Susan Allsopp

Pumpkin has been complemented with shrimp for generations, and across cultures especially in Central America, and Brazil, where it holds its own as a national specialty. In Guyana, we eat it as an entree or a side dish, with rice, roti, bakes or any other starch and for breakfast, lunch or dinner.

Normally, for this type of recipe, the pumpkin would be cooked using the sauté method or quick fry which would require the use of oil. For a healthier alternative you can replace oil by using tomatoes which contain 95% water, and together with the pumpkin which contains 90% water these will spring enough liquid to continue the cooking process to completion- requiring the use of just 1 tsp of oil.

PUMPKIN WITH SHRIMP

PREPARATION:

- 1. Season the shrimp using 1 tbsp each of garlic and onions, and a pinch of salt.
- Heat a frying pan with 1 tsp of oil. Add the shrimp and sauté until cooked (about 6 minutes) and slightly pink. Remove from the pan and set aside.
- In the same pan, add the tomatoes and allow to simmer for about 5 minutes, covered. This will create more liquid needed for the cooking process.
- 4. Add the pumpkin to the pan and continue to simmer for about 10 minutes, covered.
- 5. Add the remaining onion, garlic, shallots, and married man pork.
- 6. Simmer until the pumpkin is soft or cooked to your desired texture. Fresh herbs can be added at the end, along with a squirt of lime juice.
- 7. For added flavor, consider drizzling a teaspoon of olive oil over the dish at the end.

INGREDIENTS:

- Pumpkin, diced: 11/2 cups
- Shrimp (fine or medium): 1 cup
- Onions, chopped: 1/2 cup
- Shallots with the bulb: approx. 10 blades, cut finely
- Married man Pork (Sweet Basil): approx. 2 tbsp, shredded
- · Garlic: 6 cloves, or 2 tbsp crushed
- Tomatoes, diced: 1 cup (keeping the juice and seeds; preferably fresh but canned may be used)
- Juice of half a lime
- Oil for sautéing: 1 tsp
- Salt: to taste

TIME: 45 MINUTES

SERVINGS: 4 PEOPLE

ACCOMPANY WITH: THIS DISH PAIRS WELL WITH RICE OR OUINOA TO SOAK UP THE FLAVORFUL JUICES. ENJOY!

CORONARY ARTERY DISEASE (CAD) By Dr. Michael Chin MBBS, MRCP, DM Interventional Cardiologist



WHAT YOU NEED TO KNOW, IT CAN SAVE YOUR LIFE OR THE LIFE OF A LOVED ONE.

Coronary artery disease (CAD) occurs when excess cholesterol builds up in the arteries of the heart forming plaques which can cause narrowing of the arteries over time reducing blood flow to the heart muscle. These plaques are prone to rupture and can cause a **heart attack.** It affects 250 million people worldwide and is the most common cause of **premature death** worldwide and in Guyana. It would be safe to say everyone has a family member or knows someone close to them who has been affected by CAD as such knowing about CAD becomes essential.

Non-modifiable risk factors

Modifiable risk factors

Ethnicity (higher in certain population such as South Asians (East Indian) Advancing age Males Positive family history of heart disease or elevated cholesterol

Hypertension, High cholesterol, Diabetes Mellitus, Obesity, sedentary lifestyle, unhealthy diet, stress, excess alcohol intake, smoking and other factors.

Who is at risk of developing CAD?

Risk factors that lead to excess cholesterol in the blood that can lead to CAD can be referred to as non-modifiable and modifiable.

- Non-modifiable risk factors are those you have no control over.
- Modifiable risk factors are those you can change or control.

What happens when you have CAD? What is a heart attack?

Patients with CAD can develop symptoms dependent on the severity of the blockage as follows:

- Blockages that are < 70% usually do not have symptoms.
- Blockages > 70% can cause angina which is chest pain with physical activity that is relieved with rest. For example, chest discomfort occurs with climbing a flight of stairs and is relieved with rest.

This occurs when a plaque in one of the coronary arteries ruptures leading to a blood clot that blocks blood flow to the heart muscle resulting in the heart muscle dying which can either result in the person dying or suffering significant heart damage leading to heart failure (weakened heart) if not treated early.

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- Mantoux
- Fit for Work
- Medicals
- **OGUK Medicals**
- X-Ray
- Stress Test





MORE INFORMATION





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What are the symptoms of a heart attack?

- The most common symptom of a heart attack is chest pain or discomfort in the center of the chest which can feel like a heaviness that last for more than 15 minutes. Sometimes, it can move up to the neck and down the left arm.
- Individuals can also feel a burning sensation in the chest that is persistent despite using antacids. Many mistake this as heart burn and do not seek medical attention early.
- Patients can also experience shortness of breath, sweating, nausea, and vomiting. Individuals who have diabetes, are in older age and are women may present with these symptoms instead of chest pain.

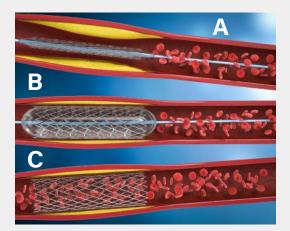
What should you do if you suspect a heart attack?

- Call the EMS or an ambulance service to take you to an emergency department or go to the closest emergency room as soon as possible.
- An electrocardiogram (ECG) and blood test would be done to diagnose if you are having a heart attack.

What is the treatment of a heart attack?

- Individuals with a heart attack (100% blockage) would need an urgent life-saving procedure to identify the blockage called an angiogram and then a procedure to open the blockage with a balloon and stent called angioplasty.

- If angioplasty is not available then they can receive a clot busting medication (thrombolytic therapy) to dissolve the clot. An angioplasty is still needed if the vessel remains blocked.
- The earlier you present to hospital and the artery is opened the less likely you are to **die or suffer complications.**
- In a study done in Guyana we have found almost 80% of individuals present late (> 12 hours) from onset of chest pain.



What can I do to prevent CAD?

The American Heart Association has recommended an **ABCDE** approach as follows:

A. Awareness

You need to become more aware of whether you or your family members have symptoms or risk factors of CAD and see a physician for further evaluation.

B. B values

Know your B values: **blood pressure**, **blood sugar and body mass index**

-Blood pressure (BP): Individuals 18-39 years with low-risk should check BP every 2-5 years and those over 40 years checked yearly. Adults with risk factors should have BP checked yearly regardless of age. It should be less than 120/80 mmHg. If you have hypertension as shown below you would need to be seen by a physician.

Blood Pressure	Diagnosis
< 120/80	Normal
120-130/ <80	Elevated
>130-139/ 80-89	Stage 1 Hypertension
>140 /> 90	Stage 2 Hypertension

-Blood sugar: The American Diabetes Association recommends screening for all individuals 35 years and older and all adults who are overweight or obese with one risk factor for diabetes. This can be done by doing a fasting blood sugar test (FBS), a random blood sugar (RBS) or an HBA1C test. Those dianosed with prediabetes or diabetes would need to see a physician for treatment.

Diagnosis	FBS	RBS mg/dl	HBA1C
Normal	80-100mg/dl	<140mg/dl	4.5-5.6%
Prediabetes	101-125mg/dl	140-199mg/dl	5.7-6.4%
Diabetes	>126mg/dl	> 200mg/dl	>6.5%

BMI: Body mass index is a tool used to diagnose whether you are overweight or obese using your height and weight which can be done using an online calculator. If you are overweight or obese you would need to take action to get your weight under control by diet and exercise first, then seeking medical attention for other therapies.

Categories	BMI
Underweight	<18.5
Healthy weight	18.5 to 24.9
Overweight	25 to 29.9
Obesity	>30

C. Cholesterol: Know your levels

Adults should have a fasting lipid profile done at least once per year which consists of a total cholesterol, LDL (bad cholesterol), HDL (good cholesterol) and triglycerides. An elevated LDL is associated with increased risk of CAD. These individuals can benefit from statins which reduce the LDL levels and stabilize plaques reducing your risk of developing a heart attack.

Heart Disease Risk	Low Risk	Borderline Risk	High Risk
Total Cholesterol (mg/dl)	<200	200-239	>240
LDL (mg/dl)	<130	130-159	>160
HDL (mg/dl)	>60	50-59	<50
Triglycerides (mg/dl)	<150	150-199	>200



Cigarette smoking: Quit at all costs

People who smoke have a very high risk for CAD as elements contained within the cigarette contribute to plaque build-up. There are several ways to quit smoking and if help is needed there are local programs available, or you can discuss your options with a physician.



D. Diet: Eat healthier live longer

Diet plays an important role in preventing CAD and we need to recognize whatever we put into our bodies can significantly affect our overall health. The diagram below depicts foods that are healthy and foods that we should consume less. Seeing a dietician if you are unsure can be helpful.

EMPHASIZE

- Fruits and vegetables
- Whole grain foods
- Healthy sources of proteins; fish and seafood, legumes and nuts, low-fat/fat-free dairy, poultry and if desired lean meat
- Liguid plant oil (eg, soybean oil and canola oil)

MINIMIZE

- Beverages and food with added sugars
- Ultra-processed food
- Processed meats
- Food High in salt
- Alcoholic beverages
- Tropic oils

Exercise: Get moving

It is recommended to do 30 minutes of moderate physical activity 5 times weekly. Exercising regularly can be a challenge for most due to work schedules so it is recommended to schedule regular exercise, do something you enjoy such as playing a sport and involve others to keep you motivated. If you have not been exercising regularly then **just start walking for 10 to 15 minutes per day** and gradually increase your activity.

More and more I see younger individuals in their 30s and 40s presenting with a heart attack with some presenting late and now having heart failure or dying. These individuals have young families, and their lives are disrupted. I strongly recommend you act now, get screened for risk factors for CAD and learn more on adopting a heart **healthy lifestyle as the life you save could be your own or a loved one**.

Move More, Live Longer The power of physical activity in preventing chronic diseases By Dr. Khalil Nasser, MD

In our beautiful Guyana, where the sea breeze meets the bustling markets and streets lined with rich history, a silent epidemic is taking hold. Chronic diseases such as diabetes, hypertension, and heart disease are becoming increasingly prevalent, affecting thousands of Guyanese each year. While diet and healthcare access play essential roles in managing these conditions, one of the most powerful and accessible ways to combat chronic illness often goes overlooked—physical activity.

Guyana faces a growing burden of non-communicable diseases (NCDs), with cardiovascular disease standing as the leading cause of death. According to the Pan American Health Organization (PAHO), nearly 70% of deaths in the country are linked to chronic conditions, many of which could be prevented or better managed through lifestyle changes. The fast-paced urban lifestyle, increased consumption of processed foods, and a decline in physical activity have all contributed to this alarming reality.

Despite these challenges, there is hope. Engaging in regular physical activity provides a wealth of health benefits that extend far beyond weight control. It helps regulate blood sugar levels, lowers blood pressure, reduces cholesterol, and strengthens the heart. Research has shown that just 150 minutes of moderate-intensity exercise per week can significantly reduce the risk of heart disease, stroke, and type 2 diabetes.

Yet, many people struggle to incorporate physical activity into their daily lives. Limited green spaces, long work hours, and cultural habits often pose barriers to a more active lifestyle. While the seawall and the National Park offer some opportunities for exercise, the



need for more accessible recreational areas remains. Moreover, with many people working extended shifts, finding time for structured workouts can be difficult. Cultural perceptions also play a role—physical activity is often associated with gym workouts rather than an active lifestyle, leading many to believe that fitness requires expensive memberships or special equipment.

The truth is, physical activity does not have to be complicated. Simple lifestyle changes can have a profound impact on health. Walking more, whether it's a morning stroll along the seawall or opting to walk to the market instead of driving, is a great way to stay active. Public spaces such as the National Park, Promenade Gardens, and community fields offer wonderful opportunities for jogging or light exercise. Dance, deeply embedded in Guyanese culture through soca, reggae, and chutney music, provides a fun and social way to stay fit. Home workouts, using bodyweight exercises like squats and push-ups, require no equipment and can easily be incorporated into daily routines. Additionally, joining a community group-be it a walking club, a yoga class, or a football team—can provide motivation and accountability, making it easier to stick to an active lifestyle.

Physical activity is beneficial for all ages. Children and teens should be encouraged to play and participate in organized sports to build lifelong healthy habits. Adults can integrate movement into daily routines, such as walking during lunch breaks or cycling to work. For the elderly, low-impact activities like tai chi, stretching, or water aerobics help maintain mobility and reduce joint pain.

However, individual efforts alone are not enough. To truly combat chronic diseases, communities must work together to foster an environment that encourages physical activity. Local policymakers and health organizations can play a vital role by expanding safe walking and cycling paths, promoting exercise programs in schools and workplaces, and raising awareness about the benefits of an active lifestyle through media campaigns.

Physical activity is one of the most powerful tools we have in the fight against chronic diseases. While there are challenges to overcome, we can take small but meaningful steps toward a healthier future. By incorporating more movement into daily routines and embracing a culture that values active living, we can create a healthier, more vibrant Guyana for generations to come.





UNDERSTANDING CHILDHOOD OBESITY CAUSES, CONSEQUENCES, AND SOLUTIONS. By Dr.Mallika Mootoo MD.

A

Three and half months ago I met a nine year old boy, whom I will call JP. His parents were worried because he had gained a lot of weight recently and seemed to be tired all the time. JP says he is tired because he has extra lessons after school and he likes playing games on his phone when he should be sleeping. JP doesn't play any sports, he prefers playing computer games or watching videos on YouTube. He was not too bothered about his weight gain, he said he is not the only one in his class who has been gaining weight.We weighed and measured JP, calculated his Body Mass Index (BMI) and then plotted his values on a percentile graph. JP is 5ft 1inch tall and weighs 120lbs. His BMI was 22.7 and his BMI for age was at the 96.3 percentile. JP's BMI for age was above the 95 percentile which put him in the obesity category.

His parents were very surprised at this result and had many questions. I will share their questions and try to answer them here with you.

WHAT IS THE BMI MEASUREMENT?

BMI is a calculated measure of weight relative to height. BMI is used to assess a child's physical growth. Because children and teens are growing, BMI values must be expressed relative to other children of the same sex and age. BMI-for-age percentiles indicate how your child's BMI compares to BMIs of children of the same sex and age in the reference population used to create the standardized growth charts.



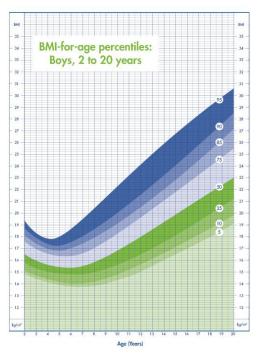


Figure 1.

WHAT IS CHILDHOOD OBESITY?

Childhood obesity is a pressing global health issue that has reached epidemic proportions, affecting millions of children and adolescents worldwide. It is defined as an excessive accumulation of body fat that poses a risk to a child's overall health. Beyond being a physical condition, childhood obesity has far-reaching implications for the emotional, social, and economic well-being of individuals and societies

In the Caribbean, **1 in 3 children are** overweight or obese. The prevalence of overweight and obesity in children aged 5-9 years in CARICOM countries is increasing, with the highest levels in the Bahamas at 39.5% and the lowest in Saint Lucia at 26.1%. In Guyana, **15%** of children between the ages of 2 and **15 are obese.** Childhood obesity rates in the Caribbean are higher than the global average, and are increasing rapidly.



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- Monday-Friday: 7:30AM-5PM Saturday: 8AM-2PM

WHAT COULD HAVE CAUSED JP TO BE OBESE?

There are many reasons a child can be overweight and/or obese.

Certain medical conditions, like endocrine disorders e.g. hypothyroidism and Cushing syndrome and some genetic conditions may cause excessive weight gain. However, lifestyle factors remain the main cause of weight gain in children.

Some factors that contribute to childhood obesity in the Caribbean include:

CHANGE IN DIETARY PATTERNS:

There has been a decline in our traditional, nutrient-rich diets that used locally sourced fruits, vegetables, and legumes, and an increase in the consumption of processed foods high in sugar, salt, and unhealthy fats. Sugary beverages and snacks are readily available to children and are often less expensive than the healthier options.

PHYSICAL INACTIVITY:

Children spending more time indoors looking at screens: playing games and watching learning shows, movies etc. on TVs and hand-held devices (phones and tablets), rather than playing outdoors with family and friends.

CULTURAL NORMS AND BEHAVIORS:

In the Caribbean we do tend to consider chubbier children to be healthier and we are more accepting of larger body sizes. We don't always seem to be aware of the long-term health risks of childhood obesity.

MARKETING AND ADVERTISING:

We have embraced a culture of aggressive marketing of unhealthy food and beverages, particularly targeting children.

WHAT CAN HAPPEN TO CHILDREN LIKE JP IF THEY CONTINUE TO GAIN WEIGHT?

Childhood obesity in the Caribbean is linked to a rise in non-communicable diseases (NCDs) such as Type 2 diabetes, hypertension, and cardiovascular diseases at earlier ages.

Excess weight can put a strain on developing bones and joints, leading to pain and limited mobility.Obese children often face bullying, discrimination, and social isolation at school and in society at large, this can lead to psychological issues like low self-esteem, depression, and anxiety.If left unchecked, childhood obesity significantly increases the likelihood of adult obesity and its associated chronic diseases and certain cancers.

HOW CAN WE HELP JP LOSE WEIGHT?

1. PROMOTE HEALTHY EATING HABITS

As parents and caregivers we can encourage balanced diets rich in fruits, vegetables, lean proteins, and whole grains as well as limiting sugary beverages and processed snacks.

2. INCREASE PHYSICAL ACTIVITY

We can limit screen time at home and encourage children to play outdoors, join sports clubs and assist with household chores. Schools can help by including regular physical education classes and providing safe play spaces.

3. ADDRESS PSYCHOLOGICAL NEEDS

Ask about counseling services from a qualified counselor. For anyone who struggles emotionally with weight and self-esteem issues, therapy or counseling can be helpful.



At home it is important to create a supportive environment where your child feels valued regardless of their weight.

In closing, tackling childhood obesity needs a multifaceted appraoach. Parents/guardians, teachers, healthcare providers, the food and beverage industry and policy makers all have an important part to play in reversing this alarming trend.Public health campaigns and community programs can help parents understand the importance of healthy lifestyle choices. Practical tips on meal planning, portion control, and the dangers of excessive screen time are invaluable.

Encouraging healthy lifestyles from an early age will ensure that children grow up to lead healthy, happy, and fulfilling lives.

BUT WHAT ABOUT JP?

JP and his parents met with a dietician who helped them develop a healthy meal plan. JP joined a basketball team at school, his parents have restricted his screentime to weekends only and started a strict "no phone in bedroom" policy. At our last appointment, JP had lost 4.5 pounds and was preparing for his first basketball competition.

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- Pediatrics

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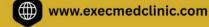
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Note

 A small, walnut-sized organ located just below the urinary bladder
 The main cause for menopause is a natural decline

Across

The main cause for menopause is a natural decline of

Some answers may be two

words and include spaces.

- 9. A plant with antidiabetic properties
- **10.** A chronic metabolic disorder characterized by high blood sugar

This builds up in the arteries of the heart forming plaque
 Individuals with a heart attack would need an upper this ensure that attack would need an ensure that the second second

10

2. Individuals with a heart attack would need an urgent life-saving procedure to identify the blockage

4. The sudden sensation of heat centered on the upper chest and face that rapidly becomes generalized which can last 2-4 minutes

Down

- **5.** This occurs when a plaque in one of the coronary arteries ruptures leading to a blood clot that blocks blood flow to the heart muscle
- 6. When the period stops completely naturally
- 7. The primary screening tool for prostate cancer





Prostate cancer is one of the most common cancers among men in Guyana and the Caribbean. Despite advances in diagnosis and treatment, the disease remains the leading cause of cancer-related deaths in Caribbean men. Awareness, early detection, and access to modern treatment options are crucial to reducing its burden in the country.

PROSTATE CANCER

Dr. Rajendra Sukhra

Specialist Urological Surgeon

UNDERSTANDING PROSTATE CANCER

The prostate is a small, walnut-sized organ located just below the urinary bladder. It produces seminal fluid and plays a key role in male reproductive health. As men age, the prostate can develop various conditions, with the two most common being benign prostatic hyperplasia (BPH) and prostate cancer. BPH, also known as an enlarged prostate, is a condition distinct from prostate cancer and does not lead to cancer. The risk of prostate cancer increases with age, genetic predisposition, and lifestyle factors.

PROSTATE CANCER IN GUYANA: STATISTICS AND CHALLENGES

According to recent data from the Ministry of Health, prostate cancer is the leading cancer among men in Guyana, with 126 new cases diagnosed in 2024. Many cases are at an advanced stage or metastatic at the time of diagnosis, when treatment options become more limited and less effective. This is often due to lack of awareness, cultural stigma surrounding digital rectal exams (DRE) and prostate-specific antigen (PSA) testing, as well as the absence of structured screening programs.

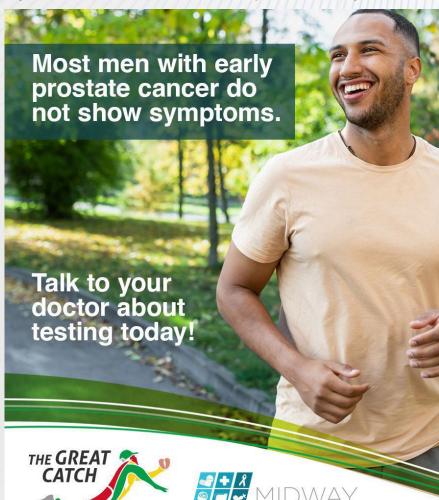
It is well established that Caribbean men of African descent have a higher risk of developing aggressive forms of prostate cancer. Men of African ancestry account for more than two-thirds of all prostate cancer cases in Guyana. This highlights the need for aggressive and targeted screening efforts among high-risk groups.

However, no ethnic group is exempt, and prostate cancer affects men of all backgrounds.

THE IMPORTANCE OF EARLY DETECTION AND SCREENING

Screening and early detection of prostate cancer have demonstrated a reduction in mortality risk by up to 46%, according to a major European study. Early screening facilitates the diagnosis of cancer at initial stages when curative treatments are most effective, resulting in fewer complications and lower costs.

The PSA test is the primary screening tool. It is a simple blood test that measures the level of prostate-specific antigen in the blood. Elevated PSA levels may indicate prostate cancer but can also be associated with benign conditions like BPH or prostatitis. The Digital Rectal Examination, while still an optional screening method,



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has become less popular due to the stigma and fear it induces among men.

In Guyana, PSA testing is available in both public and private healthcare facilities. Despite its accessibility, many men do not take advantage of this service due to fear, embarrassment, or misinformation. The challenge lies in normalizing prostate cancer screening as a routine health check, similar to how mammograms and Pap smears are encouraged for women.

PROSTATE CANCER DIAGNOSIS AND TREATMENT

 Prostate Biopsy If a man has elevated PSA levels or abnormalities detected during a DRE, a prostate biopsy is required to confirm the diagnosis. Advancements in local pathology services have reduced the waiting time for results to about a week.

2. MRI-Targeted Biopsy -

Traditional biopsies can sometimes miss aggressive cancers. Multiparametric MRI (mpMRI) now allows for more targeted biopsies, improving the accuracy of diagnosing high-risk tumors. This is especially beneficial for patients with persistently high PSA levels but negative biopsy results.



3. Treatment – Localized Disease-

If prostate cancer is diagnosed at an early stage, imaging tests such as CT or MRI help determine whether the cancer is confined to the prostate. If no spread is detected, curative treatments such as radiotherapy or radical prostatectomy are recommended. Both of these treatment options are readily available in Guyana.

4. Treatment - Advanced or Metastatic Cancer- For men diagnosed with metastatic prostate cancer, curative treatment is no longer an option. However, hormonal therapy, chemotherapy, and other palliative treatments can help manage symptoms and improve quality of life.

BREAKING THE STIGMA: ENCOURAGING MEN TO GET TESTED

One of the biggest barriers to early detection in Guyana is the cultural stigma around prostate exams. Many men avoid screening due to misconceptions about DRE or fear of a cancer diagnosis. This has to change.



Prostate Cancer Screening Services are available at the following public health facilities

Region	Name Of Facility	Region	Name Of Facility
1	Mabaruma Hospital		New Amsterdam Regional Hospital
2	Suddie Hospital	6	Skeldon Hospital
3	West Demerara Regional Hospital	7	Bartica Regional Hospital
4	Georgetown Public Hospital Cooperation	8	Mahdia Regional Hospital
	Fort Wellington Hospital	9	Lethem Regional Hospital Complex
5	Mahaicony Regional Hospital	10	Linden Hospital Complex



Public education campaigns led by healthcare professionals, community leaders, and even prostate cancer survivors can help dispel myths and encourage more men to get screened.

MOVING FORWARD: A NATIONAL APPROACH TO PROSTATE CANCER

Recognizing the urgency of addressing prostate cancer, the Ministry of Health launched a comprehensive national strategy. In November 2024, the National Guidelines for the Management of Prostate Health were published. These initiatives are already showing positive results:

- Widespread Screening Programs: Government-run facilities, private healthcare providers, and nongovernmental organizations have collaborated to increase the accessibility and affordability of PSA testing. In 2024 alone, more than 13,000 PSA tests were conducted, and approximately 500 prostate biopsies were performed in Guyana.
- Public Awareness Campaigns: Media campaigns, health fairs, and community outreach programs have played a role in educating men about the importance of early detection.
- Training for Local Medical Practitioners:

The Men's Health Unit of the Ministry of Health has been conducting training sessions for healthcare professionals across all ten regions of Guyana to improve diagnostic and treatment capabilities.

If you're 45 years and older or have a family history of prostate disease, it's time to get screened!

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Access to Advanced Treatment:

Partnerships with international medical institutions will help to introduce newer treatment options to Guyana. Additionally, the 2025 National Budget has allocated funds for a National Cancer Treatment Centre, which is expected to enhance the quality of prostate cancer care in the country.

CONCLUSION

Prostate cancer is a silent threat that claims too many lives in Guyana. But with increased awareness, early detection, and access to modern treatment options, we can change the narrative. It is time for men to take charge of their health, for the medical community to push for better resources, and for the government to make prostate cancer a priority in national health-care policy. By working together, we can ensure that prostate cancer is detected early, treated effectively, and ultimately save lives.



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HEART MENOPAUSE UBERCULOSIS CANCER ESTROGEN PUMPKIN CIGARETTE DEPRESSION STRESS EXERCISE TOMATOES ENTAL HEALTH DIET NUTRITION DIABETES **YSIOTHERAPY** OBESITY VAPING

YES, WE CAN END TB IN GUYANA An Achievable Aspiration By Dr. Quacy Grant MD, MPM, IPGDip - Family Medicine



Long before the advent of Samsung and iPhone, long before Facebook and Instagram; the philosopher Soren Kierkegaard wrote: "Suppose someone invented an instrument, a convenient little talking tube which, say, could be heard over the whole land...l wonder if the police would not forbid it, fearing that the whole country would become mentally deranged if it were used." As a consequence of man's ingenuity, someone has created much more than a "convenient little talking tube" or what we call TV, which has plummeted the world into technological psychosis.

I do not believe, however, that there can ever be the formulation of a vaccine to eradicate this viral pandemic of artificial intelligence nor reverse its side effects as its emergence has been prophesized more than two centuries ago by the sages of old. In fact, the COVID-19 pandemic has served as a catalyst for the use, and in some instances overdose, of digital technology. The only anxiolytic to mitigate the resulting uneasiness and to ensure mental health and general well-being, amidst this whirlwind of gizmos and gadgets, is the employment of this same technology for the



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improved health outcomes. Let's discuss these advances in the realm of Tuberculosis. Tuberculosis (TB), a curable and preventable disease that continues to claim millions of lives each year, disproportionately affects vulnerable populations and hinders socioeconomic development. The time to act is now, and the collective commitment to ending TB is stronger than ever. March 24 marks a pivotal moment in the fight against TB as leaders, health organizations, and advocates unite in a campaign entitled "Yes, We Can End TB." This groundbreaking initiative is aimed at strengthening partnerships to eradicate TB worldwide. In Guyana, there is energized optimism that TB can be eliminated as a public health concern by 2030. The incidence of tuberculosis declined significantly from 2015, moving from 76 cases per 100,000 in said year to 51 cases per 100,000 in 2024. This progress is the result of bold steps taken by the Ministry of Health to improve prevention, diagnosis and treatment among TB patients.

As a part of a comprehensive approach to tackling TB, prevention messages have been developed that aim to educate the general population about the disease (TB signs, symptoms, risk factors, and modes of transmission). These messages are tailored to reach diverse audiences, including indigenous and migrant populations, to ensure that everyone has access to them. It is hoped that upon dissemination, individuals would be empowered to take proactive steps to protect themselves and their communities from its spread, and thus, stimulate social behaviour changes. As the world awaits with baited breath a new TB vaccine, the Ministry of Health's Expanded Programme on Immunization (EPI) continues to ensure a high Bacillus Calmette-Guerin (BCG) vaccination coverage resulting in low childhood TB cases.

The national TB programme (NTP) offers several options for TB screening and diagnosis. These include the tuberculin skin test (TST); digital radiology and imaging using artificial intelligence (AI); sputum microscopy; sputum culture; and, molecular testing through the Gene X-pert. technology, which is currently available for testing of samples from all 10 regions. Recently, the Ministry of Health added two new 10-color Optic Gene X-pert machines at the National Public Health Reference Laboratory (NPHRL), which can perform drug sensitivity testing (DST) for Isoniazid and four second-line anti-TB medicines. This upgrade is assisting physicians to monitor the effectiveness of the anti-TB drug regimens within the Guyanese context.

Adding to the country's screening capacity are the TB lipoarabinomannan (LAM) antigen rapid/point-of-care test that is currently being rolled out in care andtreatment sites to screen for active TB in persons living with HIV (PLHIV); and, the interferon gamma release assay (IGRA), which determines exposure to or prior infection by measuring the immune response to the TB bacilli by the T-lymphocytes in the blood. The latter will join the country's fleet of TB screening tools for public health facilities in early 2026. In terms of treatment short course, NTP is currently rolling out the newly recommended daily 4-month Rifapentine-Moxifloxacin TB regimen for drug-susceptible pulmonary TB cases as per the updated national treatment guidelines. This has reduced the treatment period from 6 months, and thus, is likely to improve treatment compliance. There are also plans to introduce the BPaLm regimen to treat cases



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of multi-drug-resistant tuberculosis. The duration of treatment using this protocol is 6 months compared to the current regimen of 18 to 20 months. In addition, a new combination therapy, Isoniazid and Rifapentine, was introduced to treat TB infection once a week for 12 weeks. This new treatment is expected to greatly improve the treatment success rates for TB infection.

The collaboration between NTP and the National AIDS Programme Secretariat (NAPS) has led to a decrease in patients with HIV/TB coinfection from 20% in 2015 to 13% in 2024. Approximately 90% of PLHIV, diagnosed in 2024, were initiated on TB prevention treatment. Moreover, over the past few years, the Ministry of Health has extended the Directly Observed Therapy Short-course (DOTS) programme to 22 locations nationwide and 5 sites within prisons.

Further, the video supported treatment initiative, digital X-ray with AI software and telemedicine platform were introduced as additional technological tools to ensure favourable treatment outcomes and to bridge the coastland-hinterland divide with respect to access to care.

The Ministry of Health is dedicated to supporting underprivileged TB patients, offering a range of services to ensure their well-being, including the referral to mental health services, formation of TB support groups and the provision of nutritious meals and food hampers. These services are designed to help patients cope with the challenges of their illness and alleviate the financial burden on them and their families. The Ministry of Health recognizes the importance of providing such assistance to those in need and remains committed to supporting TB patients throughout their journey to improved health.

Guyana has made significant progress in reducing the number of TB cases in recent years and is well on its way to eradicating this disease as a public health concern by 2030. However, unwavering political commitment towards achieving this goal is crucial. Collaboration and coordination among all stakeholders, including patients, community leaders, DOTS workers, and healthcare professionals, are essential to ensure effective use of our resources.

We grasp the opportunity on this World TB Day to recommit to the mantra: **Yes, we can end TB in Guyana** and we welcome any partnership that would foster TB elimination in Guyana.

EMPOWERING MOVEMENT: A YOUNG WOMAN'S JOURNEY IN SPORTS PHYSIOTHERAPY **ANGELICA HOLDER** By Preeta Jagan MPH



It's the final over, the score is tied, and the crowd is on the edge of their seats, it's set up to be one of those nail-biting finishes. The fifth ball is bowled but mistimed and connects to the star player- she crumbles to the ground in agony. The stadium goes silent as the medical team rushes onto the field. This is the kind of the high pressure, exciting front lines that our very own Angelica Holder can often face as a sports physiotherapist.

Born and raised in Linden Angelica Holder is the physiotherapist to the West Indies Women's Cricket Team- an outstanding career achievement at just the age of twenty-eight. After graduating from Queens College, Angelica was inclined to pursue a career in medicine but quickly decided that was not her path. She was intrigued by a new program offered by the University of Guyana in Physiotherapy.

Sports was a big part of her life growing up. Her father William Holder, was a national badminton champion and she saw him struggle with and overcome sports injuries. More importantly, she witnessed how an active, healthy lifestyle has kept him playing well into his seventies. With his support and encouragement, she pursued her degree in physiotherapy and has been advancing in the field ever since.

Angelica describes physiotherapy as her passion, "It's something I enjoy doing; I wake up every day excited to do it." She says a common misconception about physiotherapy is that it's about massages and for athletes- but it is so much more. After graduating Angelica spent about four years working in the public health sector, gaining exposure and experience in a wide range of physiotherapy settings. She has worked in the intensive care unit, Palms Rehabilitation Centre, West Demerara Regional Hospital and Ministry of Health. During that time, she has worked with a wide range of patients from those with neurological deficits, spinal injuries, stroke, orthopedic patients and patients with disabilities.

One of her most memorable and rewarding experiences was working with a young patient in the intensive care unit that was in a coma. She was part of a team of health professionals trying to keep him alive after a major accident.

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To her, her role seemed small compared to the lifesaving procedures needed at the time, but she did her job diligently and respectfully, always mindful of the theory she had read in her text books - that even when a patient cannot respond, they can still be conscious of your presence. When the patient regained consciousness one of the first things he said to her was, "I remember the sound of your voice", That moment stuck with her- it reinforced her belief that even small efforts can have major impact.

Angelica's efforts to grow her career, however, have been anything but small, coming from a humble upbringing, she knows that success requires hard work and making use of every resource available. While working full time in the health sector and studying, Angelica volunteered on the weekends with different sporting organizations working with athletes in football, cricket and track and field. Through this, her interest in sports medicine grew. Her experience in sports led her to a careerdefining opportunity-serving as the physiotherapist and COVID-19 Liaison Officer for the Guyana contingent at the 2021 Summer Olympics in Japan. She was among the youngest in her field, and while that was intimidating, she focused on doing her best and learning as much as she could. She continued her journey in sports physiotherapy, and in 2022, started working with the Guyana Harpy Eagles and later with the Guyana Amazon Warriors Women's team. She joked that as a child, she did not like cricket as it often meant that when a game was on, she couldn't watch cartoons- but now she is the biggest fan, following her players and all of their different franchises every step of the way.

As physiotherapist for the West Indies Women's Team, Angelica travels all over the world with the team- she has been to India, Dubai and is gearing up to head to Pakistan soon. The international exposure has been a game changer for Angelica. While its inspiring to see how far we have come, it also highlights how much further we still have to go in sports and supporting our athletes.

Wanting to have a greater impact on the sports industry and help bridge the gap in resources available to athletes and others in need, Angelica co-founded InSync Therapeutics in 2024. The facility has a team of specialized and gualified physiotherapists offering a range of services including physical rehabilitation, exercise testing, massage and mobility therapy, strength and conditioning, and recovery room access. She hopes to grow InSync into a premiere institution that creates and supports elite athletes and those who want to improve their health and well-being. Angelica is currently in the final stages of her Masters in Sports Medicine program and wants to continue her work in the international sports arena. She is a strong advocate for women and girls in

sports and delights at the fact that you can now turn on your television at any time and find coverage of a women's cricket game. In the future Angelica hopes not only to strengthen the sports industry but also address the prevention of chronic diseases through physical activity. She urges us all to make the time to exercise- it is the key to your physical and mental health.





UNDERSTANDING THE INEVITABLE DEPENDENT OF THE INFORMANT OF THE INFO



WHAT IS MENOPAUSE?

Menopause is when the period stops completely naturally. This is a clinical diagnosis made retrospectively after 12 months of no period (amenorrhea), spotting or vaginal bleeding. This usually occurs in women aged 45 to 50 with an average age of 51 years. This is interpreted as the near or complete child bearing years.



PERIMENOPAUSE OR MENOPAUSE TRANSITION

Perimenopause is the transition period before menopause completely steps in. This occurs after the reproductive years and before menopause. It usually presents in 2 phases. First is the early transition with periods lasting > 7 days and cycle 40-50 days. Second is the late transition with irregular periods, endocrine changes and symptoms such as hot flashes. Perimenopause can last 2 to 8 years with an average of 4 years and around 47 years. Women can enter premature ovarian failure when they are younger than 40 years and have early menopause between 40 to 45 years.

CAUSES OF MENOPAUSE

The main cause for menopause is a natural decline of the estrogen levels and increase levels of follicle stimulating hormones (FSH). In the 40s the period may become lighter or heavier, shorter or longer. Eventually the ovaries stop producing eggs and there will be no period.

Menopause can occur after surgical intervention such as a hysterectomy (removal of the uterus) with removal of the ovaries or removal of the ovaries alone (oophorectomy). This will cause instant menopause which is in contrast to a slow decline in natural menopause. The ovaries produce the sex hormones needed for the functioning of menstrual cycle, ovulation and pregnancy to occur. The use of chemotherapy and radiation therapy for cancer can cause menopause. About 1 % of women have premature ovarian insufficiency before the age of 40 with the underlying reason being genetic changes or an autoimmune disease.

WHAT ARE THE SYMPTOMS OF MENOPAUSE AND PERIMENOPAUSE?

Every woman will experience different symptoms. The hallmark symptom is the hot flashes.

During perimenopause the missed period are common which can return to normal. There is risk of getting pregnant during this time. There is a wide constellation of symptoms during menopause.

The most troublesome symptom is the vasomotor called hot flashes or night sweats. This occurs in 80% of women and only 20- 30% tend to seek medical attention.

Hot flashes typically begin as the sudden sensation of heat centered on the upper chest and face that rapidly becomes generalized which can last 2-4 minutes. It is often associated with profuse perspiration and occasionally palpitations, and is sometimes followed by chills, shivering, and a feeling of anxiety. Hot flashes usually occur several times per day or night, however more common at nights. The vasomotor symptoms tend to diminish or cease a few years after onset; in some cases, they can persist up to 20 years. This impacts the quality of life such as sleep, concentration, energy, sexual activity, daily life and have a negative impact on work. Menopausal women are at risk for depression, sleep disturbances, anxiety, all of which can impact their overall quality of life. Cognitive changes of the brain can occur such as forgetfulness, difficulties with word retrieval and brain fog. Genitourinary symptoms of menopause are a collection of symptoms that occur in the vulva, vagina, clitoris, urethra and bladder. Women experience vaginal pain,



dryness, decrease lubrication and sexual dysfunction along with urinary symptoms and infection.

Joint aches, pain and breast pain are common also. Menstrual migraine tends to be worse during the menopausal transition due to the fluctuation of the hormones.

WHAT ARE THE LONG-TERM CONSEQUENCES OF DECREASE ESTROGEN?

Due to the decrease in estrogen, there is high risk for bone loss which appears to be highest during the one year before menopause through two years after.

There is risk of cardiovascular disease, increase lipid profile, dementia and osteoarthritis. Body changes such as increase weight from fat and decrease in lean mass. Skin changes that occur are skin aging and wrinkling due to the decrease in the subcutaneous collagen. Menopausal women tend to have higher risk of fracture due to impaired balance.

WHEN TO VISIT THE SPECIALIST?

Women who present with any symptoms of perimenopause or

menopause, undergoing pelvic surgery, chemotherapy, radiation, desire fertility or knowledge can visit an obstetrician and gynecologist to have more detail information on this subject.

WHAT ARE THE TREATMENT OPTIONS AVAILABLE?

The treatment available depends on the severity of the symptoms and the woman's preference. There is hormonal therapy and non-hormonal. Menopausal hormonal therapy (MHT) can be estrogen therapy with or without progesterone. The aim of hormonal therapy is to relieve the symptoms especially the hot flashes. The hormonal treatment required will depend on the symptoms the woman presents with and whether or not she has a uterus.

Estrogen therapy comes in different forms such as pills, patches, rings, vaginal cream and dose concentration to provide relief of the vasomotor symptoms. Progesterone therapy is available in pills, injections, intrauterine device (Mirena) and vaginal capsules with variation in the dose concentration.The non-hormonal therapy options are vast. Examples are antidepressant, gabapentin, mindfulness, black cohosh, cognitive behavioral therapy yoga, meditation, acupuncture, deep breathing, massage and hypnosis.

Lifestyle changes and home remedies can aid with the symptoms. These include dressing in layers or wear sleeveless tops and breathable fabrics, lower the room temperature, use cold packs to manage the hot flashes. A water based vaginal lubricant or silicone based or moisturizer and staying sexually active can ease vaginal discomfort. Getting enough sleep is important while avoiding caffeine and alcohol. In addition, maintaining a healthy diet, exercise, the use of Kegels exercise and no smoking are all alternative to managing the symptoms of menopause.

Menopause is a natural part of woman's life, understanding the progression to the final menstrual period is important for her to know what to expect, when to visit a specialist and what treatment is available to improve her overall quality of life.

WHAT DO WE MEAN WHEN WE SAY MENTAL HEALTH By Dr. Indhira Harry MD



Pe have entered an era where the focus on Mental Health has been more prevalent, and discussions more open and welcomed. The conversations happening in the world among all age groups to help create awareness, understanding and to educate in hopes of removing the stigma surrounding this are making a difference.

But what do we mean when we say Mental Health? Let's first understand what Health is. This isn't simply the absence of an illness or disease but rather a state of complete physical, mental, social and even spiritual well-being. And Mental Health refers to a person's emotional, psychological and social well-being.

OUR MENTAL HEALTH COVERS KEY AREAS SUCH AS:

- Emotional health: how we feel, our ability to understand, use and navigate our emotions, and the meaningful experiences we have in our lives.
- 2. Cognitive Health: the way in which we think, learn and remember clearly. It helps us with our planning, decision making, socialization and communication.
- 3. Behavioural and Social Health: this has a lot to do with the way people interact, our sense of belonging and how we function when faced with stressors and crisis.
- Physical Health: this can at any time be impacted by the state of our mental health.

This is an area of many layers. It's of utmost importance to begin with a reminder: when it comes to our mental health being affected, none of us are exempted. It affects all ages, genders, races, social, educational, economic and religious backgrounds. It also has a hereditary characteristic which is why it's important to know your family history. We are human beings before any of our labels, titles or accomplishments gained throughout our life. Human beings are emotional creatures by nature and we all experience emotions: both positive and negative on a daily basis, and in accordance to what triggers them. Everyone also experiences stress regularly.

When it comes to talking about emotions it can be tricky at times because there are moments when you may feel like you don't fully understand what you're feeling or why, or how to cope with that. But what exactly is an emotion? It's described as a short-lived and intense feeling brought about by an event - whether positive or negative. With that in mind, it's easier to understand that we don't need to exist in a constant state of feeling a particular emotion. We feel according to what is happening, which also means that we can experience various emotions throughout the day and have moments where we feel "neutral."

Stress can be looked at in a similar way. There is good stress and bad stress. It may sound bizarre to say "good" stress, but this is our flight or fight response and situations that allow us to grow. There are many positive situations that can be stressful such as a promotion or new job, moving to a new home, taking on a new venture, starting a family and so many more. Where it is not good is when we are experiencing negative stress for prolonged periods of time.

When this occurs and we are not properly able to cope with it, then it starts to take a toll on us mentally, emotionally and physically. We are usually aware of the emotional and mental pull it may have but many times we overlook the physical which has very serious and sometimes irreversible consequences.

However, when there are situations that cause us to feel prolonged negative emotions and stress, when we are unable to understand and work through what we're feeling, and when we continuously suppress, repress, ignore or brush them aside – either because we haven't had the space to deal with them, or they're too overwhelming to sit with or even simply because we're unsure how to go about doing this,

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it begins to affect all aspects of our overall health and may lead to developing conditions such as anxiety, depression and insomnia. Some people use or abuse substances as a coping mechanism or escape.

LAUNCHING

It is important to note that everyone experiences things differently in life. There are multiple factors that determine how a person can perceive, feel, cope and respond to situations, triggers, stressors or simple life events. This means that the way to manage and heal will also look different from person to person. This is to emphasize the importance of never comparing yourself to others and what they're going through, how they're coping, and to never think that your life events aren't important because "someone always has it worse than you." Let's also keep this in mind when others open up to us and not just see it through the lens of how we may feel and respond.

Children can be affected by a dysfunctional home, abuse, learning disabilities, bullying and much more. The elderly with dementia, neglect or abuse, to mention a few. Being able to manage our stress and emotions is a vital part of coping with life, and there is nothing wrong with asking for help if you're unsure how to. The greatest thing we can do is equip ourselves with the knowledge to help make our lives better. There are many activities and healthy outlets that we use for ourselves according to what works best for us, but reaching out to someone for guidance, to listen without judgement and to provide us with a safe space to heal is also key.

We are always going to be a work in progress – learning to be who we may have needed in our past, to be the best version of ourselves today and for our future. Change is inevitable and a beautiful thing. Let's teach our young ones to acknowledge their feelings, to talk about them and learn to understand them. Let's teach our boys and men that they're allowed to feel, cry, talk, be vulnerable and get help without it being seen as weakness. There is strength in understanding oneself and learning to be a better person every day. And dear reader, don't forget to be kind, respectful, caring, patient and understanding with yourself and others.



YOUTH AND VAPING By Ashley Anthony B.S., M.S

Electronic nicotine delivery systems (ENDS), or as they are more commonly referred e-cigarettes or vapes- are battery powered devices which allow users to inhale a vapourized liquid. This liquid is usually called an e-liquid. Its base is most often propylene glycol and/ or glycerine and it serves as a vehicle for nicotine or THC consumption. Vapes tend to be flavoured, and simulate a cigarette experience as the heated vapour imitates the "throat hit" that occurs when smoking traditional tobacco products.

According to the CDC, in 2024, e-cigarettes were the most popular form of tobacco product amongst American high and middle school students. Over a million American students reported currently using e-cigarettes, and importantly, a majority of them (63.9%) reported wanting to guit. Interestingly, more girls than boys reported using e-cigarettes (14.8% vs 13.2%). This trend is contrary to what we traditionally see with tobacco usage-and still do with other forms of tobacco-boys outpacing girls. For example, for cigarettes, cigars, and nicotine pouches, male American students were more likely to be users than female ones.

While these trends were not exactly recapitulated in the Guyanese circumstance, it is worth noting that when surveyed in 2015, 13.3% of male Guyanese students aged 13-15 were current cigarette smokers versus a mere 3.8% of female Guyanese students in the same age group. When compared to e-cigarettes, this gap shrinks drastically, with 9.3% of male respondents and 8.0% of female responders being users. The thing that should be concerning here- is this- not only are e-cigarettes gaining popularity among youth, but they are also gaining inroads to demographics that have been previously reluctant to try other tobacco products. The question is, why? And how dangerous are e-cigarette products anyways?

Let's start with the why. The quick answer is that e-cigarettes are more approachable, and frankly, marketed to youth. Studies show that most young people who start e-cigarettes begin with a flavored product. In the aforementioned CDC survey, they found that of the American youth that engaged in using e-cigarettes, more than 85% of them reported using a flavoured cigarette, with fruit, candy and mint being the most popular. While the Guyanese survey did not report on the percent of students who were enticed specifically by flavored products, anecdotally, we know that this is a draw for young Guyanese. In 2019, Stabroek news interviewed several vapers, and one, Dwight Ward, reported, "It's a thing us teenagers do at this time of our life because we like doing it and it's cool. It's something that we like to do and we enjoy it, probably because of the different flavours, which is what probably grabs our attention."

This approachability, however, can mask the dangers of e-cigarette vaping. Many people see vaping as a "safer" form of nicotine consumption, but it is far from safe. Per Ward, he believed that it was not "real smoking". Yet, we now know that vaping increases your chance of asthma, can cause various serious lung diseases, can damage your heart and brain and can even cause seizures.

In 2019, there was an outbreak of EVALI (short for E-cigarette or Vaping, product use Associated Lung Injury), which hospitalized thousands, with at least 68 fatalities recorded. Furthermore, vapes are gateways to other forms of tobacco and drug consumption. Nicotine is addictive, and is especially so in young people. Patterns of addiction can form. Of those American



students surveyed, more than a third of them who used e-cigarettes reported using one on **twenty of the last thirty days.** Moreover, of the students using one tobacco product, more than a third admitted to using multiple types of tobacco products.

Other studies have found that adolescents who used e-cigarettes were more than six times more likely to try a cigarette than those who had not used an e-cigarette.

While many young people admit to trying vaping because of social pressure, the most common reason for continuing to use an e-cigarette (at least among American teens) was for mental health relief. Young people reported that they were "feeling anxious, stressed and depressed", and that vaping offered a solution. Ward was quoted in 2019, saying, "[vaping] is relaxing and it takes me to a place of peace.

" This is why it is important to have non-judgmental conversations with young people on how they are doing. While it is important to educate them on the dangers of vaping, it is also important to try to understand why they feel inclined to vape in the first place and tackle those existing stressors. The best way to protect our youth is to provide them with the facts as well as a space to listen to their concerns and questions. Always get your information from well vetted sources, and if you need back up or help understanding the information you see online, talk with your primary care provider.



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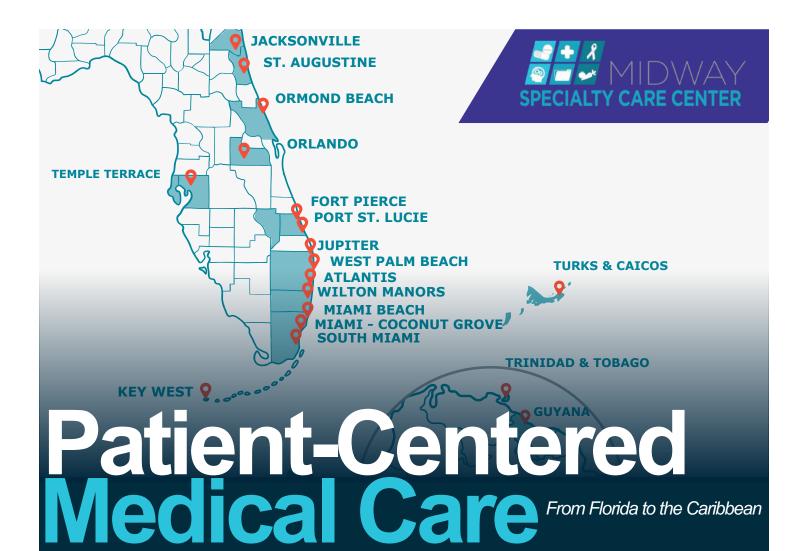
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