



# DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY

Thursday

20190516

## Child mortality

### India had world's highest child mortality rate in 2015: Lancet study (The Tribune: 20190516)

<https://www.tribuneindia.com/news/health/india-had-world-s-highest-child-mortality-rate-in-2015-lancet-study/773418.html>

India had more deaths among children under five than any other country in 2015, with large disparities in the child mortality rate between richer and poorer states, a Lancet study has found.

The researchers at the Johns Hopkins Bloomberg School of Public Health in the US analysed state-level Indian data on the causes of death among children under five for the years 2000-2015.

They found that India made great progress during the period, reducing annual mortality among children under five from 2.5 million in 2000 to 1.2 million in 2015—which was still the highest in the world.

However, among India's states, great disparities remained: The highest mortality rate in Assam was more than seven times that in Goa.

Although most under-five deaths were due to preterm complications, preventable infectious diseases featured prominently as causes of death in higher-mortality states

"India can accelerate its reduction of under-five mortality rates by scaling up vaccine coverage and improving childbirth and neonatal care, especially in states where mortality rates remain high," said Li Liu, PhD, assistant professor at the Bloomberg School.

Using data sources from Indian government health surveys, the team assessed total mortality, mortality rates and causes of mortality for children under five in 25 states.

United Nations Millennium Development Goals (MDG) set in the year 2000 was to reduce the under-five mortality rate in 2015 to one-third of the 1990 figure.

For India that would have meant reducing the under-five mortality rate to 39 deaths per 1,000 live births.

The analysis showed, however, that despite great progress since 1990—and even since 2000 when the under-five mortality rate was 90.5 deaths per 1,000 live births—India in 2015 was still well above the MDG target, at 47.8 deaths per 1,000 live births.

Most (57.9 per cent) of deaths among Indian children under five in 2015 occurred in the first four weeks of life—the neonatal period.

Countrywide, the leading cause of death for children under five was preterm birth complications, which accounted for 27.5 per cent of the mortality total.

However, second on the list for cause-of-death was pneumonia (15.9 per cent of deaths), and infectious illnesses were more often among the top causes in the poorer, high-mortality states.

"Noncommunicable diseases such as preterm birth complications and congenital abnormalities were usually the leading causes in states with low under-five mortality," Liu said.

Although progress in reducing the under-five mortality rate has been occurring throughout India, the period from 2000 to 2015 saw widening disparities among richer and poorer states—ranging from Goa's 9.7 under-five deaths per 1,000 live births to Assam's 73.1.

Liu used as a basic indicator of overall disparity the ratio of the highest regional mortality rate (Northeast region) vs the lowest (South region), and found that that ratio increased from 1.4 in 2000 to 2.1 in 2015.

To accelerate India's progress against child mortality, the team recommends more extensive use of childhood vaccines, particularly against pneumonia- and meningitis-causing *Streptococcus* and *H influenzae* bacteria.

They also advocate—especially for higher-mortality regions—a scaling up of standard care strategies for newborns, including "kangaroo care" in which the baby rests against the mother's skin, thermal care to reduce hypothermia and early initiation of breastfeeding. — PTI

## Babies with low birth weight

### Babies with low birth weight: trends in world, India (The Indian Express: 20190516)

<https://indianexpress.com/article/explained/babies-with-low-birth-weight-trends-in-world-india-5729940/>



In 2011, The Indian Statistical Institute had reported that nearly 20% of newborns have low birth weight in India. At the Union Ministry of Health and Family Welfare, officials said the prevalence of low birth weight was between 15% and 20%.

Neonatal care, neonatal deaths, neonatal deaths in india, who , world health organisation, babies low birth weight, low birth weight, infant healthcare

India has made progress in improving newborn care by building 834 newborn care units in the last decade, LSHTM officials said. (Source: Getty Images)

In the largest such international study, researchers from the London School of Hygiene and Tropical Medicine (LSHTM), UNICEF and the World Health Organisation (WHO) have found that one in every seven babies were born with low birth weight in 2015. The study was published online Wednesday in *The Lancet Global Health*.

Data were collated from over 281 million births between 2000 and 2015. In 2015, 20.5 million babies (14.6%) were found to have been born with low birth weight — less than 2.5 kg. While the prevalence in 2015 was lower than the 17.5% (22.9 million babies with low birth weight) in 2000, over 90% of the low-weight babies in 2015 were born in low- and middle-income countries.

#### Takeaways for India

The researchers said they were unable to arrive at national estimates for India because only partial data were available. Lead author Hannah Blencowe, from LSHTM, told *The Indian*

Express that the national estimate and time trend for India is not reported. The National Family Health Survey (2005-06) was included in the analysis but for the latest NFHS (2015-16), only data for a single year met the inclusion criteria and these partial data were used.

“Every newborn must be weighed, yet worldwide, we don’t have a record for the birth weight of nearly one-third of all newborns,” said co-author Julia Krusevec, from UNICEF. India is among 47 countries (including 40 low- and middle-income countries that account for almost a quarter of all births worldwide) which had insufficient data.

neonatal deaths, neonatal deaths in india, who , world health organisation, babies low birth weight, low birth weight, infant healthcare

### Advertising

The authors noted, however, that the estimated prevalence of low birth weight in South Asia has decreased from 32.3% in 2000 to 26.4% in 2015. They are optimistic that India, in view of its large population, will have made an important contribution to this decline. India has made progress in improving newborn care by building 834 newborn care units in the last decade, LSHTM officials said.

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### Rest of world

In high-income countries in Europe, North America, and Australia and New Zealand, there has been virtually no progress in reducing low birthweight rates since 2000, according to the analysis. However, prevalence is low in most of these countries. One of the lowest rates of low birth weight in 2015 was estimated in Sweden (2.4%). This compares to around 7% in some high-income countries including the USA (8%), the UK (7%), Australia (6.5%), and New Zealand (5.7%).

The regions making the fastest progress are those with the highest numbers of low birth weight babies, Southern Asia and Sub-Saharan Africa, with a yearly decline in low birth weight prevalence of 1.4% and 1.1%, respectively, between 2000 and 2015.

Behind Gujarat boycott: Dalits won’t pick carcasses, want equal treatment

Bengal violence: Stones came from campus, men in saffron shirts seen breaking Vidyasagar bust

UGC warns against taking admission in PoK institutes

The study cautions that the annual decline will need to more than double to meet the global target of a 30% reduction between 2012 and 2025 – including in high-income countries.. The

authors have also called for immediate action to tackle underlying causes of low birth weight to ensure clinical care for small babies and for all babies to be weighed at birth.

“Our estimates indicate that national governments are doing too little to reduce low birth weight. We have seen very little change over 15 years, even in high-income settings where low birth weight is often due to prematurity as a result of high maternal age, smoking, caesarean sections not medically indicated and fertility treatments that increase the risk of multiple births,” said Blencowe.

## **SOME PROGRESS, BUT MILES TO GO**

# **14.6%**

**Prevalence of low birth weight  
babies worldwide in 2015**

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17.1%

**Prevalence worldwide in 2000**

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26.4%

**Prevalence of low birth weight in  
South Asia in 2015**

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32.3%

**Prevalence in South Asia in 2000;  
researchers believe India  
contributed significantly to  
reduction**

## **Under-5 mortality in India: study flags disparity among states**

### **Telling Numbers | Under-5 mortality in India: study flags disparity among states (The Indian Express: 20190516)**

<https://indianexpress.com/article/explained/under-5-mortality-in-india-study-flags-disparity-among-states-5729952/>

The analysis found that although most under-five deaths were due to preterm complications, preventable infectious diseases featured prominently as causes of death in higher-mortality states.

Explained: Why there are no Indian telcos in global list of 5G deployments

Explained: The push for, and the pushback against, facial recognition technology

child mortality rate india, child mortality rate, child mortality rate in india, india child mortality rate, child mortality rate india 2019

While India reduced annual mortality among children under five from 2.5 million in 2000 (90.5 per 1,000 live births) to 1.2 million in 2015 (out of 2.5 million live births, or 47.8 per 1,000), it was still the highest in the world.

A new study in The Lancet Global Health has flagged the deaths among children under five in India, which was higher than in any other country in 2015. Researchers at the Johns Hopkins Bloomberg School of Public Health also found large disparities in the child mortality rate between richer and poorer states.

While India reduced annual mortality among children under five from 2.5 million in 2000 (90.5 per 1,000 live births) to 1.2 million in 2015 (out of 2.5 million live births, or 47.8 per 1,000), it was still the highest in the world. Among the states, the highest mortality rate, in Assam at 73.1 per 1,000, was more than seven times that in Goa's 9.7. Among the regions, the mortality rate ranged from a low of 29.7 per 1,000 (South) to 63.8 (Northeast).

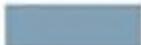
child mortality rate india, child mortality rate, child mortality rate in india, india child mortality rate, child mortality rate india 2019

Source: The Lancet Global Health

The United Nations Millennium Development Goals (MDG) set in 2000 was to reduce the under-five mortality rate in 2015 to one-third of the 1990 figure. For India, that would have meant reducing the under-five mortality rate to 39 deaths per 1,000 live births.

The analysis found that although most under-five deaths were due to preterm complications, preventable infectious diseases featured prominently as causes of death in higher-mortality states. “India can accelerate its reduction of under-five mortality rates by scaling up vaccine coverage and improving childbirth and neonatal care, especially in states where mortality rates remain high,” said study author Li Liu.

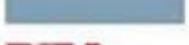
## UNDER-FIVE MORTALITY RATE IN 2015 (DEATHS PER 1,000 LIVE BIRTHS)

**ALL INDIA**  **47.81**

### BY REGION

<b>Northeast</b>		<b>63.76</b>
<b>Central</b>		<b>60.55</b>
<b>East</b>		<b>49.25</b>
<b>North</b>		<b>35.15</b>
<b>West</b>		<b>31.79</b>
<b>South</b>		<b>29.68</b>

### STATES, HIGHEST 5

<b>Assam</b>		<b>73.12</b>
<b>MP</b>		<b>67.07</b>
<b>Odisha</b>		<b>64.13</b>
<b>Meghalaya</b>		<b>61.68</b>
<b>UP</b>		<b>61.15</b>

### STATES, LOWEST 5

<b>Goa</b>		<b>9.72</b>
<b>Kerala</b>		<b>12.50</b>
<b>Tamil Nadu</b>		<b>21.71</b>
<b>Maharashtra</b>		<b>24.07</b>
<b>Delhi</b>		<b>24.46</b>

## **Antibiotic**

### **Antibiotic use can increase nerve damage risk (The Tribune: 20190516)**

<https://www.tribuneindia.com/news/health/antibiotic-use-can-increase-nerve-damage-risk/773415.html>

The study found that current use of systemic fluoroquinolone antibiotics appeared to increase the risk of peripheral neuropathy by 47 per cent. Thinkstock

A common class of antibiotics—used to treat respiratory and urinary tract infections—may increase a patient’s risk of suffering a serious and potentially permanent form of nerve damage by almost 50 per cent.

Scientists from the University of Dundee in the UK looked at a database of 1.3 million adults issued one or more prescriptions of fluoroquinolone or amoxicillin-clavulanate antibiotics with no diagnosis of peripheral neuropathy at the outset of treatment.

Peripheral neuropathy has long been recognised as a potential side effect of fluoroquinolone antibiotics—that are commonly used to treat a variety of illnesses such as respiratory and urinary tract infections.

The study, published in the journal JAMA Neurology, found that current use of systemic fluoroquinolone antibiotics appeared to increase the risk of peripheral neuropathy by 47 per cent, causing an additional 2.4 cases per 10,000 patients per year of treatment.

A person prescribed with amoxicillin-clavulanate were not significantly more likely to experience peripheral neuropathy.

The risk was higher for men and rose with age and with the length of fluoroquinolone treatment. A peripheral neuropathy diagnosis remained more likely to be diagnosed for up to six months after the fluoroquinolone prescription.

Older men, the group most likely to experience the condition after taking a 28-day course of fluoroquinolones, were said to have a one in 34,000 chance of doing so.

While the absolute risk of a peripheral neuropathy diagnosis remained low, the findings should still be considered as one of the different potential side effects before prescribing antibiotics, researchers said.

“The safety of fluoroquinolone antibiotics has received a lot of attention regarding their potential to cause long-term side effects in some people,” said Daniel Morales, from the University of Dundee.

“One of these is peripheral neuropathy where nerves, most commonly affecting the lower limbs, can be affected, leading to numbness, pain, or problems with balance,” Morales said in a statement.

“Fluoroquinolones are effective antibiotics but health care professionals should recognise that peripheral neuropathy may rarely occur following fluoroquinolone therapy,” he said.

“We observed that treatment with fluoroquinolones could increase the risk of peripheral neuropathy by around 50 per cent and that this risk may last for up to six months following treatment,” he said. PTI



## **Bigger brain**

### **Bigger brain may not make you smarter (The Tribune: 20190516)**

<https://www.tribuneindia.com/news/health/bigger-brain-may-not-make-you-smarter/773412.html>

Bigger brain may not make you smarter

Adding neurons and connections to a brain can help learning—up to a point. Thinkstock

There is an “ideal” brain circuit size suited to carrying out particular tasks, a study has found.

Researchers from the University of Cambridge in the UK found increasing the size of neural circuits in the brain can boost learning performance.

However, this increased connectivity also has the potential to impede learning, they said.

The study, published in the journal PNAS, looked at how neural circuits can use additional connectivity to achieve faster and more precise learning.

It showed that adding apparently “redundant” neurons—cells that make brain work—and synaptic connections, that enable information to flow from one neuron to another, to a network is a double-edged sword.

On the one hand, an increase in connectivity can make a task easier to learn.

On the other hand, due to inherent noisiness in signal-carrying connections, increased connectivity will eventually hinder both learning and task performance once a circuit exceeds a certain size.

The findings suggest a new potential reason why excessive numbers of noisy connections can lead to learning disorders that are associated with brain hyperconnectivity, including some developmental forms of autism.

“Our research shows that adding ‘spare’ or redundant connections to brain circuits can, in fact, boost learning performance,” said Timothy O’Leary, Lecturer at Cambridge, who led the study.

“These additional connections—which don’t appear strictly necessary for brain function—can make a new task easier to learn,” O’Leary said

“However, we found that if each new pathway adds ‘noise’ to the signal it transmits, the overall gain in learning performance will eventually be lost as a circuit increases in size.

“We can predict, therefore, that there is a so-called ‘sweet spot,’ an ideal brain circuit size that suits a particular task,” O’Leary said.

While evidence points to the fact that larger brains tend to be found in species with higher cognitive function and learning ability, brain circuit size may ultimately be constrained by the need to learn efficiently with unreliable synapses, researchers said.

Adding neurons and connections to a brain can help learning—up to a point.

After that, an increase in size could actually impair learning, they said. PTI

## **High fat diet**

### **How high fat diet may cause depression decoded (The Tribune: 20190516)**

<https://www.tribuneindia.com/news/health/how-high-fat-diet-may-cause-depression-decoded/773398.html>

Dietary fats can enter the brain through the bloodstream, and cause alterations that could lead to depression, according to a study that may pave the way for new therapies to treat the disorder.

The team also found that by decreasing the expression of a specific enzyme called phosphodiesterase, symptoms of obesity-linked depression can be reduced.

The team from University of Glasgow in the UK conducted a study in mice to show how dietary habits are linked to mental health.

The study, published in the journal *Translational Psychiatry*, shows that saturated fatty acids enter the brain through the bloodstream, and thereafter accumulate and affect crucial brain signals related to depression.

Obesity and depression have long been linked, with previous clinical studies finding an association between these two conditions.

However, until now, the mechanisms of how obesity affects depression and vice versa have not been fully understood.

"We often use fatty food to comfort ourselves as it tastes really good, however in the long term, this is likely to affect one's mood in a negative way," said George Baillie, from University of Glasgow.

"Of course, if you are feeling low, then to make yourself feel better you might treat yourself to more fatty foods, which then would consolidate negative feelings," Baillie said in a statement.

Through trials conducted in mice, scientists identified a mechanism linking exposure to a high-fat diet to alterations in hypothalamic functioning.

They found that fatty acids move through bloodstream and gradually accumulate in brain.

The research provides an insight into how making significant dietary changes can also prove beneficial for mental health.

"We all know that a reduction in fatty food intake can lead to many health benefits, but our research suggests that it also promotes a happier disposition," said Baillie.

"Further to that, understanding the types of fats, such as palmitic acid, which are likely to enter the brain and affect key regions and signalling will give people more information about how their diet can potentially affect their mental health," he said.

The relationship between obesity and depression is known to be complicated, with patients with obesity less likely to respond well to common antidepressant medication.

"This research may begin to explain how and why obesity is linked with depression and how we can potentially better treat patients with these conditions," said Baillie.

It could also lead to development of medications suitable for overweight patients.

"This is the first time anyone has observed the direct effects a high-fat diet can have on the signalling areas of the brain related to depression," said Baillie. — PTI

## **Global Drug Survey**

### **Global Drug Survey: Indians lead world in seeking help to reduce drugs intake (The Hindu: 20190516)**

<https://www.thehindu.com/sci-tech/health/global-drug-survey-indians-lead-world-in-seeking-help-to-reduce-drugs-intake/article27141571.ece>

It reflects awareness of abuse, says global survey

A global survey of recreational drug-use, which for the first time polled respondents from India, has found that Indians — more than from other nationalities — are seeking help to reduce their alcohol intake.

Alcohol, tobacco and cannabis were the most common stimulants used by Indians. Of the nearly 1,00,000 respondents from 30 countries, Indians reported 'being drunk' on an average of 41 times in the last 12 months — behind the U.K., the U.S., Canada, Australia and Denmark in that order but well above the global average of 33 times.

The Global Drug Survey (GDS) is an anonymised, online survey that uses a detailed questionnaire to assess trends in drug use and self-reported harms among regular drug users and early adopters of new trends. Though the survey is not designed to determine the prevalence of drug behaviour in a population, it throws light on "stigmatised behaviours and health outcomes of a hidden population that is otherwise difficult to reach...and can be used to inform targeted interventions," according to a description by the organisation in 2018 editorial in the medical journal Lancet.

Indian respondents to the survey, conducted online October-December 2018, appeared more than other nationalities eager for help with reducing their alcohol intake. According to the 2019 GDS, 51% of the respondents wanted to 'drink less' in the following year and 41% 'wanted help to do so' — again the highest percentage among other countries.

"It might genuinely reflect high levels of concern among drinkers of being aware of consuming at levels known to be harmful," said Adam Winstock, among the key authors of the survey, in an email. Mr. Winstock is a London-based psychiatrist and founder and director of the GDS.

About 6% of the female Indians surveyed reported seeking 'emergency medical treatment' in the last 12 months. The global female average was about 13%.

None of the males in India reported seeking medical treatment, compared to the global average of 12%.

71% enjoy being drunk

Indians said they ‘enjoyed being drunk’ on 71% of the occasions — close to the global average of 74% and 15 spots below world leader Portugal, whose respondents enjoyed 82% of the occasions.

Adam Winstock, one of the key authors of the survey, emphasised that there were only about 850 respondents from India and they didn’t represent the larger population.

The Indians surveyed were mostly male and 25-34 years of age. A third of those surveyed “had gone clubbing” at least 4 times in the last year.

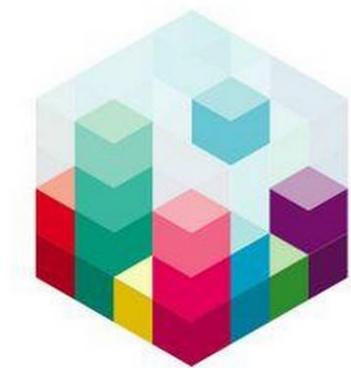
While 43% of about 250 Indians surveyed reported using cannabis and 44% of them said they sourced it from ‘known dealers’, 21% said they got their fix ‘from friends.’

Less cannabis

Only 2% sought emergency medical treatment after using cannabis but, similar to alcohol use, 51% said they wanted to use ‘less cannabis’ in the following year; more than any other nationality and well above the global average of 31%.

Alcohol and tobacco apart, the most used drugs globally were cannabis, MDMA (or Ecstasy), cocaine, amphetamines, LSD (or ‘acid’), magic mushrooms, benzodiazepines, prescription opioids, ketamine, nitrous oxide.

The survey also found that globally approximately 14% (11,000) reported being taken advantage of sexually while intoxicated in their lifetime and 4% in the last 12 months. There were no figures from India available.



## GLOBAL DRUG SURVEY

### **Child**

### **In 15 years, under-5 child deaths in India halved: Lancet study (Hindustan: 20190516)**

<http://paper.hindustantimes.com/epaper/viewer.aspx>

From page 01 NEW DELHI: India has more than halved the annual deaths among children under five years, from 2.5 million in 2000 to 1.2 million in 2015, but wide disparities remain between states, a Lancet study has found.

Assam's under-5 death rate is close to eight times that in Goa, which reported 9.7 such deaths per 1,000 live births compared to Assam's 73.1, found researchers from the Johns Hopkins Bloomberg School of Public Health after analysing government health survey data on the causes of under-5 deaths from 2000-2015.

India has the world's biggest birth cohort, with 26 million babies born every year, and the largest number of child deaths.

The top causes of under-5 deaths are pre-term birth complications, preventable infectious diseases such as pneumonia and diarrhoea, followed by injuries, meningitis, measles and malaria, according to the study published in The Lancet Global Health.

“We were surprised and impressed with the rapid decrease in under-5 deaths, which was the result of better access to care, improved health services and appropriate treatment, and reduction in risk factors, such as under-nutrition, indoor air pollution and improved

immunisation coverage in some states,” said study co-author Dr Brian Wahl, assistant scientist and faculty at the Johns Hopkins Bloomberg School of Public Health in the US.

Despite progress across India, disparities widened within states over 15 years, with the ratio between the highest regional mortality rate (northeast region) versus the lowest (southern region) increasing from 1.4 in 2000 to 2.1 in 2015, the study found.

“Even in the states doing well, there are intra-district variations. The government has taken impressive steps. Ayushman Bharat and strengthening public health infrastructure, including training mid-level providers and setting up 150,000 health and wellness centres, will further improve access, affordability and quality of care, but these gains take at least half a decade or one decade to show results,” said Raj Panda, additional professor, maternal and child health, Public Health Foundation of India.

“We know what works. Deaths from pneumonia and diarrhoea are largely vaccine preventable... Increasing access to these interventions and investing in strengthening health systems can help address these challenges,” said Wahl.

To accelerate reductions in deaths, the study recommends universal immunisation and promoting standard care strategies for newborns. “India can accelerate its reduction of under-five mortality rates by scaling up vaccine coverage, improving neonatal care,” said lead author Li Liu, assistant professor at the Bloomberg School.

## **Say no to sugar**

**Say no to sugar: Sin tax does help in obesity fight (The Times of India: 20190516)**

Read more at:

[http://timesofindia.indiatimes.com/articleshow/69351985.cms?utm\\_source=contentofinterest&utm\\_medium=text&utm\\_campaign=cppst](http://timesofindia.indiatimes.com/articleshow/69351985.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst)

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## **Healthier choices**

### **People with strong life purpose, easily make healthier choices (New Kerala: 20190516)**

<https://www.newkerala.com/news/read/142645/people-with-strong-life-purpose-easily-make-healthier-choices.html>

Everybody wants to stay fit. However, while for some, meeting their fitness goals seem like a cakewalk as they love eating healthy food, many constantly struggle. Ever wonder why?

According to a new study people with stronger life purpose are more likely to accept messages promoting health behaviour change than those with a weaker sense of purpose. The findings suggest that this might be because they experience less decisional conflict while considering health advice.

"Purpose in life has been robustly associated with health in previous studies. But the mechanism through which life purpose may promote healthy living has been unclear," said Yoona Kang, lead author of the study published in the Journal of Health Psychology.

For this study, published in Health Psychology, Kang and her co-authors chose to test out a theory that making health decisions might take less effort for those with a higher sense of purpose in life.

According to Kang, health decisions, even those as simple and mundane as choosing between the elevator and the stairs, involve some amount of decisional conflict.

But what if some people experience less conflict than others when considering these options, perhaps because they have a stronger guiding purpose that helps resolve the conflicts?

## **Unhealthy obsession**

### **Here's how clean eating can become an unhealthy obsession (New Kerala: 20190516)**

<https://www.newkerala.com/news/read/142607/heres-how-clean-eating-can-become-an-unhealthy-obsession.html>

Consuming healthy food is a good practice, till the time it turns into an obsession because then it becomes physically and socially impairing.

According to a recent study, those who have a history of an eating disorder, obsessive-compulsive traits, dieting, poor body image, and a drive for thinness are more likely to develop a pathological obsession with healthy eating or consuming only healthy food, known as orthorexia nervosa (ON).

In the first exhaustive review of the psychosocial risk factors associated with orthorexia nervosa, York University psychology researchers examined all studies published up until the end of 2018 in two popular databases.

They looked at studies that examined how orthorexia nervosa is related to psychosocial risk factors that predisposed or made an individual vulnerable to or more likely to develop the condition. They then amalgamated all available findings for each risk factor to reach conclusions about which psychosocial factors were most reliably associated with the condition.

"The long-term impact of these findings is that they will lead to better recognition among healthcare providers as well as members of the public that so-called healthy eating can, in fact, be unhealthy. It can lead to malnourishment or make it very difficult to socialise with people in settings that involve eating. It can also be expensive and time-consuming," said Jennifer Mills, associate professor in the Department of Psychology and senior author on the study.

## **Breastfeed**

### **Early term infants less likely to breastfeed: Study (New Kerala: 20190516)**

<https://www.newkerala.com/news/read/142544/early-term-infants-less-likely-to-breastfeed-study.html>

According to a recent study, 'early term' infants are less likely to be breastfed than full-term infants within the first hour and at one month after birth.

The study also found that the early-term infants had lower exclusive breastfeeding and lower breastfeeding intensity during the first 72 hours in the hospital and at one month.

The researchers recommend that extra attention and lactation assistance need to be given to the early term infant and mother to help them overcome the difficulties in breastfeeding that may be caused by the neurologic immaturity of the infants.

Findings of the study were published in the Journal of Breastfeeding Medicine.

Beginning breastfeeding within the critical hour(s) after birth can have a substantial impact on continuation rates at one month and on infant health, morbidity, and mortality.

"This study emphasizes that though technically labelled as term infants, this is a high-risk population that requires added and targeted breastfeeding support programs," said I. Eidelman, lead author of the study.

## **Surgical abortion**

### **Physician procedure volume associated with outcomes after surgical abortion (New Kerala: 20190516)**

<https://www.newkerala.com/news/read/141709/physician-procedure-volume-associated-with-outcomes-after-surgical-abortion.html>

Women have almost twice the risk of severe complications in surgically induced abortion, which is otherwise a low-risk procedure, if their physician performs the procedure infrequently, claimed researchers.

The research was published in 'CMAJ' (Canadian Medical Association Journal).

"A physician who performs more procedures, regularly, most likely gains proficiency, as well as the ability to recognise and troubleshoot potential problems. Experience and practice lower the likelihood of major complications," said the researchers Ning Liu and Dr Joel Ray.

Low physician procedure volume is known to be associated with an increased risk of complications after complex surgery for cardiac, cancer and pelvic conditions, but little was known about its association with a common and technically simpler procedure like surgical abortion.

The study looked at data over 13 years, on 5,29141 induced surgical abortions performed before 20 weeks' gestation, and compared low-volume and high-volume physicians.

Severe adverse events occurred in 194 out of 52 889 procedures (3.7 per 1000 procedures) in the low-volume group and in 656 out of 476 252 procedures (1.4 per 1000 procedures) in the higher-volume group.

Adverse events included injury to the mother, organ damage, admission to an intensive care unit and, very rarely, death within 42 days of the procedure.

"As serious adverse events are uncommon, any focus on centralising procedures must consider geographical access to surgically induced abortion and wait times, so that women who need the procedure can have it within a reasonable time frame," said Ning Liu.

In a related commentary, Dr Wendy Norman and Dr Laura Schummers, University of British Columbia, Vancouver, wrote "An induced abortion with the nearest provider may be the safest option for a woman with an abnormal or unintended pregnancy, and may entail lower complication rates than delaying an abortion or carrying a pregnancy to birth."

They noted that carrying a pregnancy to birth carries eight times higher risk than that the accompanying article found for abortion care.