AKHBAR : SINAR HARIAN
MUKA SURAT : 40
RUANGAN : KUALA LANGAT / SEPANG

Combi bantu bendung kes denggi

PKD Kuala Langat aktifkan pasukan kejiranan untuk jaga kebersihan, basmi pembiakan aedes

BANTING - Pejabat Kesihatan Daerah (PKD) Kuala Langat aktif menjalankan pemeriksaan pembiakan jentik-jentik di kawasan perumahan bagi mengelakkan ianya terus membiak.

Sehubungan itu, menurut Pegawai Epidemiologinya, Dr. Shuaita Mohd Nor, pihaknya berhasrat mengaktifkan pasukan Combi di setiap kawasan untuk terus bersatu bagi membantu menjalankan hebahan kepada penduduk setempat.

Katanya, penubuhan Combi bertujuan untuk mengajak ahli kariah agar lebih memberi perhatian terhadap aspek kebersihan dan pencegahan.

"Saya yakin kebanyakan ahli-ahli Combi mengenali antara satu sama lain, jadi sebarang masalah di kawasan kejiranan mereka boleh diberi perhatian.

"Buat masa ini kerjasama yang ditunjukkan oleh ahli Combi untuk membanteras pembiakan nyamuk aedes dilihat aktif dan membantu mengekalkan kebersihan," katanya dalam Program Sambutan Hari Denggi Asean Peringkat Daerah Kuala Langat di Pekarangan Pejabat Kesihatan Daerah Kuala Langat.

Lawatan rumah ke rumah oleh pasukan Combi Telok Datok bersama sebahagian pelajar Kelab Kewarganegaraan Kolej Matrikulasi Selangor, Banting dan Pegawai Unit Kawalan Vektor PKD Kuala Langat.

Sebahagian ahli Combi dan pelajar yang terlibat dalam Sambutan Hari Denggi Asean Peringkat Daerah Kuala Langat.

Shuaita berkata, dalam program itu pasukan Combi juga menjalankan pemeriksaan serentak di tiga buah taman perumahan termasuk Taman Rambai Indah Jenjarum, Taman Sri Telok Datok dan Taman Banting Baru Jugra.

Katanya, ketiga - tiga lokasi itu turut dikesan mempunyai pembiakan.

"Selain Taman Sri Telok Datok yang baru sahaja menubuhkan pasukan Combi mereka, PKD Kuala Langat berjaya menubuhkan pasukan Combi daerah Kuala Langat yang terdiri daripada semua lokaliti di daerah terutama di kawasan yang banyak berlaku kes denggi.

"Selain itu, kami akan menubuhkan pasukan Combi Gen Y yang terdiri daripada semua pelajar institusi pengajian tinggi awam dan swasta yang ada di daerah untuk sama-sama membantu masyarakat dalam menangani kes demam denggi yang hingga kini tiada ubatnya," katanya.

Bagi Pengerusi Combi Taman Sri Telok Datok, Mohammad Khairul Abdul Samad berkata, daripada 68 buah rumah yang diperiksa Sabtu lalu, enam buah rumah didapati terdapat pembiakan jentik-jentik.

"Tiada kompaun dikeluarkan kerana program ini hanya untuk kempen kesedaran dan pencegahan.

"Taman Seri Telok Datok mempunyai lebih 28 kes denggi dan kes terbaharu dilaporkan Jumaat lalu di Jalan Rose," katanya.

Beliau berharap agar penduduk boleh membuat pemeriksaan persekitaran rumah pada setiap masa.

"Sekarang musim hujan dan mudah untuk air bertakung. Jadi jentik-jentik senang membiak.

"Penduduk perlu peka sebab aedes boleh membawa maut," katanya mengulas mengenai lawatan rumah ke rumah oleh pasukan Combi Telok Datok bersama 30 orang pelajar Kelab Kewarganegaraan Kolej Matrikulasi Selangor, Banting dan Pegawai Unit Kawalan Vektor PKD.

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 1
RUANGAN : HEAL

LIFE & TIMES

HEAL

TUESDAY, DECEMBER 8, 2015

Biggest battle for epileptics

EPILEPSY SUFFERERS HAVE TO DEAL WITH MORE THAN JUST SEIZURES

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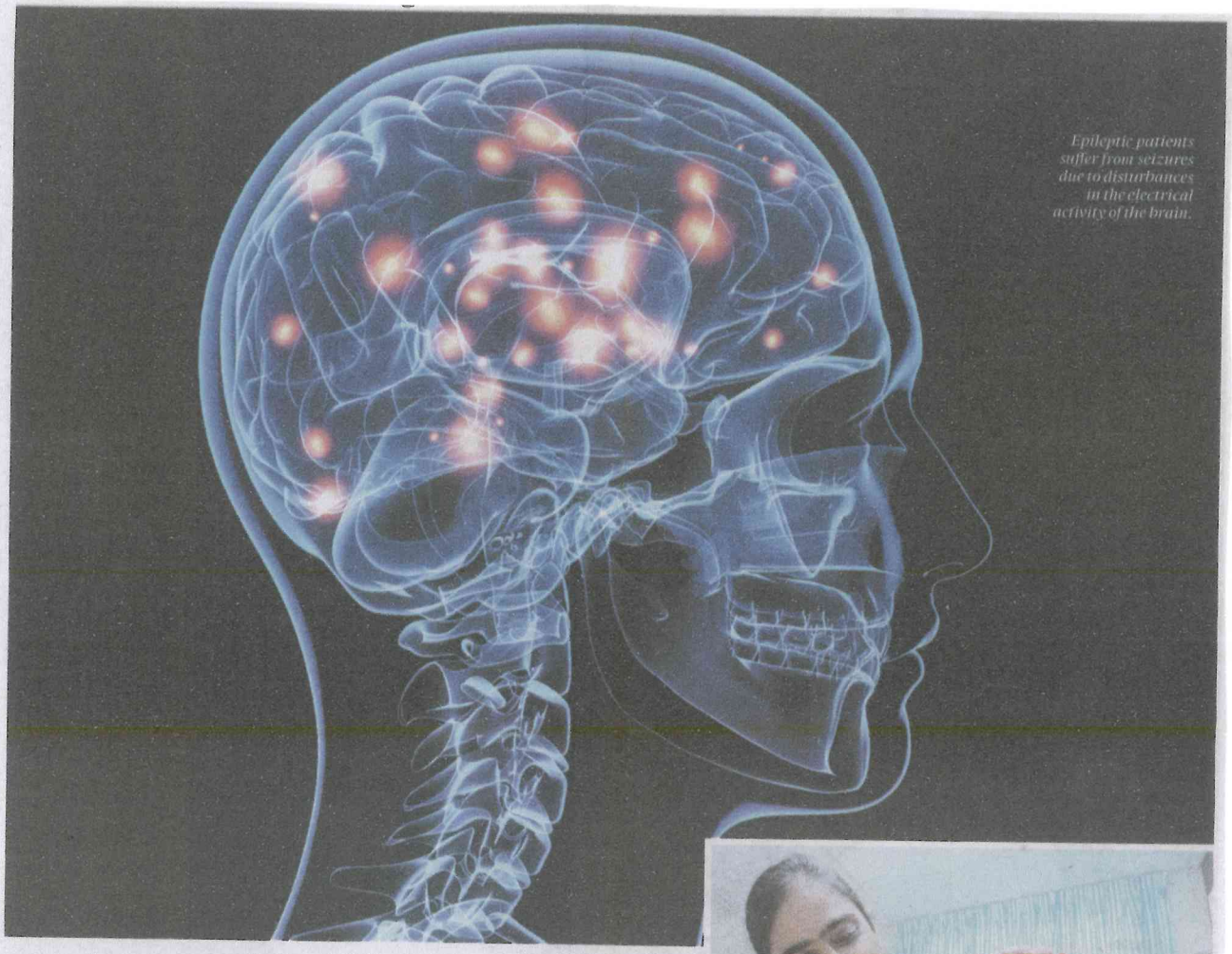
FAFNER'S NEW FIGHT

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 2
RUANGAN : HEAL



Epileptic patients suffer from seizures due to disturbances in the electrical activity of the brain.

THE REALITIES OF EPILEPSY

Epileptics still face societal stigma and personal denial, which become stumbling blocks for diagnosis, treatment and acceptance in society, writes **Kasmiah Mustapha**

Brain surgery can be done if the part of the brain where seizures start can be located, such as a scar, says Dr Suganthi.

THE famous Greek physician, Hippocrates acknowledged epilepsy as a brain disorder in the 19th century. At that time, people with the condition were viewed with fear, suspicion and misunderstanding, and were subjected to enormous social stigma.

Sadly, even in the 21st century, the situation has not changed. The stigma, prejudice and misunderstanding surrounding epilepsy remains. People with epilepsy are often discriminated. They can't get a job and even when they do, they are fired and they are shunned by society.

Epilepsy is the fourth most common neurological disorder and affects people of all ages. Hospital Kuala Lumpur consultant neurologist and epileptoplogist Dr Suganthi Chinnasami says that lack of awareness leads to misunderstanding and difficulty in treating epilepsy.

She says not only is the lack of awareness prevalent among the public, some sufferers themselves may not realise that it is a medical condition. They think they are being possessed when they have seizures and instead of going to the hospital, they seek out shamans.

"Certain societies think people with epilepsy are crazy or possessed. The reality is, it is a physical, functional disturbance in the brain. Anyone can get epilepsy and the perception that only the uneducated or people on lower rungs of society suffer from it is wrong."

"Sometimes there's the belief people with epilepsy are not smart. Epilepsy itself has no except effect on the person's ability to think; during seizures they have a memory lapse of that time. People often think epileptic patients can't handle demanding jobs but they can, and do. Of course, they can't become a pilot or hold similar jobs. But they can be highly functional individuals."

She says the lack of awareness also makes it difficult for diagnosis and treatment. Some patients refuse to accept that they have epilepsy and do not want to take medication.

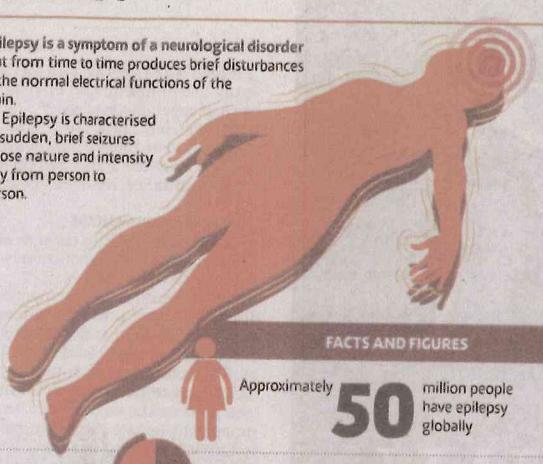
"They prefer to go for traditional treatment, but when the seizures get worse, they eventually end up in a hospital.

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 3
RUANGAN : HEAL

EPILEPSY

Epilepsy is a symptom of a neurological disorder that from time to time produces brief disturbances in the normal electrical functions of the brain.

Epilepsy is characterised by sudden, brief seizures whose nature and intensity vary from person to person.



FACTS AND FIGURES

Approximately **50** million people have epilepsy globally

Globally, an estimated **2.4** million people are diagnosed with epilepsy each year

Nearly **80** per cent epileptic patients live in low- and middle-income countries

In many parts of the world, people with epilepsy and their families suffer from stigma and discrimination

SEIZURE TRIGGERS

- Stress
- Poor nutrition
- Missed medication
- Illness, fever and allergies
- Skipping meals
- Flickering lights
- Lack of sleep
- Emotions such as anger, worry, fear and others
- Heat and/or humidity

MANAGING EPILEPSY

- Taking medication
- Keeping a diary of seizures
- Knowing the triggers
- Joining a support group

WHO, Epilepsy Canada

cover story HEAL

BROUGHT TO YOU BY LIFE & TIMES

With the right medication, the seizures can be stopped or controlled.

"Because they don't understand the condition, they get anxious, scared, feel isolated and depressed. Depression is common in people with epilepsy. This condition will affect their confidence and quality of life."

TREATMENTS

Dr Suganthi says five in 100 people will have an epileptic seizure some time in their lives. Of that number, four suffer from epilepsy. The condition varies as it can start early or later in life. Some have seizures for a short period of time, others their entire lives.

"But it is not necessarily a lifelong problem. Doctors may consider a patient as no longer having epilepsy if they don't have seizures for a period of time.

Epilepsy cannot be cured but with the right treatment, a patient can control the frequency and severity of the seizures."

She says when a person is diagnosed, they need to make certain changes. For example, those experiencing first onset of seizures should not drive for at least six months. If they have more than one seizure, they cannot drive for one year.

"There is no ruling in the country but I advise my patients so because it will be dangerous to others and themselves if they have a seizure while driving. But, some patients are unhappy when I tell them this.

"But many activities are safe, provided they take their medication or have someone with them who knows how to help when a seizure happens. Keeping themselves mentally and physically active may help keep epilepsy at bay. With the right treatment, they can have their seizures fully controlled and they can lead a normal life."

Dr Suganthi says common seizure triggers are lack of sleep, stress, extreme fatigue, extreme alcohol intake and not taking the medication. Less common ones are flashing lights, moving images, or even moving patterns. This is called photosensitive epilepsy.

"Patients need to recognise their seizure triggers by keeping a diary. This helps in managing their condition because avoiding the triggers may reduce the seizure. The main treatment for epilepsy is anti-epileptic drugs. At least 40 in 100 people with epilepsy have their seizures stopped in the first trial of the drugs.

She says with the right medication, 70 per cent of epileptics could have their seizures controlled or stopped. Some may need medication for longer due to underlying issues, such as a scar in the brain.

"Some people may not have full control of their seizures even with treatment. If their seizures cannot be controlled or stopped by medication, they may need to go for brain surgery. The surgery involves removing the part of the brain where the seizure starts. But this option is only for people who suffer partial seizures and where part of the brain where seizures start can be located, such as a scar."

"Certain societies think people with epilepsy are crazy or possessed. The reality is, epilepsy is physical and functional disturbances that happen in the brain."

Dr Suganthi Chinnasami

UNDERSTAND THE CONDITION

Dr Suganthi says HKL has embarked on an adult epilepsy surgery programme in collaboration with neurosurgery epilepsy services at Hospital Sungai Buloh under the Health Ministry.

The criteria for patients to have this surgery is that they have failed with more than two anticonvulsant drugs. The programme started last October and to date, 14 surgeries have been performed.

She says on rare occasions, people with epilepsy may die suddenly and for no clear reason, termed Sudden Unexpected Death in Epilepsy (SUDEP).

"SUDEP is when a person with epilepsy dies suddenly and where no other cause of death is found. It may be that a person has died during or after a seizure. Because SUDEP often happens when the person is asleep and it is not witnessed, it is hard to be sure why it happens.

"It may be that during a seizure the person's breathing or heartbeat has been affected. Research shows that SUDEP is strongly related to seizures, so the key way to reducing risks of SUDEP is to try to get the best seizure control possible, usually with anti-epileptic drugs."

She says patients can talk to doctors or other epileptic patients to understand their condition and manage it better.

She says HKL has set up the Epilepsy Society of Malaysia which is open to the public, patients and doctors to increase awareness.

"We organise seminars, family days, workshops and support groups for patients with epilepsy. We want to break the stigma and change people's perception about the condition."

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AKHBAR : MALAY MAIL
MUKA SURAT : 3
RUANGAN : TOP NEWS

By Shafina Sukiman, Vanessa Ee-Lyn Gomes and Dan Guen Chin • mmnews@mmail.com.my

Hospital parking woes add to stress

KUALA LUMPUR — Motorists have a litany of complaints about the perennial problem of parking at public hospitals.

Take the case of James Masilamony, who is forced to drive to Serdang Hospital at 6am for his heart check-up and medication although his appointment is at 10am.

"I need to get here as early as 6am to have a chance of getting a parking lot inside the compound as it gets full by 7am," he said.

James felt there is a parking problem at all public hospitals and put it down to poor planning on the part of the authorities.

"I've been to Kuala Lumpur Hospital, Putrajaya Hospital and even the new one in Shah Alam. They all have the same problem," he said.

"If a hospital has 1,000 beds, the parking lots need to be at least double that.

"If they want to charge for parking at public hospitals as a way to deal with the problem, the service needs to reflect that. There should a multi-level parking lot or shuttle service. It's not like people come here for fun."

Deputy Health Minister Datuk Dr Hilmi Yahaya said last week the ministry planned to implement parking charges at selected public hospitals because people who had business to attend elsewhere were taking up their parking space.

Malay Mail visited Serdang Hospital yesterday and found cars lined up by the side of the road at the bottom of the slope where the hospital is located.

It took almost 10 minutes to walk the distance of about 800m to get to the hospital.

People who were interviewed said it could take up to an hour to find a parking lot, while others take the risk of their cars being damaged or broken into by parking along the main road.

Malay Mail also visited public hospitals in Kajang and Putrajaya.

Kajang Hospital looks like it can cope with the volume of visitors but it is still not easy to find parking space and one has to make a few rounds.

Putrajaya Hospital is the opposite with all their parking lots, even those across the road, being full early in the morning.

Cars double-park in the parking lot in the hospital compound while others park by the side of the road.

Selvakumar Suppiah, 31, and his brother take turns to bring his mother, Aireakama Suppiah, 56, for her check-ups at Serdang Hospital every three months.

He has given up trying to look for parking space in the hospital compound.

"Every time I come here I just have no option other than to park on the roadside," he said.

"I try to park my car as close to the hospital as possible to make it easier for my mother.

"She insists we walk together to and from the hospital, but I worry about whether she would be all right."

Cars parked along the road next to Serdang Hospital. — Picture by Azneal Ishak.

Association against imposing charges

PETALING JAYA — The Malaysian Consumers Association (Maconas) has criticised the proposal to impose parking charges at public hospitals.

"Those coming to public hospitals are those who want subsidised healthcare," its secretary-general, Datuk Amarjit Gill, told *Malay Mail*.

"If they give the parking management to a private company, whose aim is to make a profit, it will be too much for the average Malaysian."

He said there could not be many hospital parking lots being misused but it depended on the hospital's location.

"Are there so many cases of misuse of hospital parking lots that it calls for introduction of parking fees?" Amarjit asked.

"It could involve a few but I don't think it's the general situation in all hospitals."

He suggested the government take proactive measures to ensure sufficient parking bays instead of asking the public to fork out money.

"Look into the matter and create more parking bays. It can be like turning land nearby into parking lots," he said.

Amarjit said Hospital Raja Permaisuri Bainun in Ipoh had come up with a shuttle service to deal with congestion at its car parks.

"If there is not enough space, motorists are directed to park their vehicles near the stadium and a free shuttle service is available to bring visitors to the hospital every 20 minutes," he said.

Secretary-general of the Federation of Malaysian Consumers Associations Datuk Paul Selvaraj said if the authorities wanted to charge for parking, they should ensure the right people were allowed to park.

Sultan Aminah General Hospital to think again

JOHOR BARU — Although six months have passed since paid parking was introduced at the Sultanah Aminah General Hospital here, the state government is not fully convinced it did the right thing in withdrawing free parking.

Health and environment committee chairman Datuk Ayub Rahmat said the decision was being studied carefully to ascertain if the move was a step in the right direction.

"We are still studying whether the implementation of parking charges at the hospital has been beneficial to the public at large," he said.

"There is more to it (than introducing parking charges). We also must take into consideration the overall service the hospital provides in terms of convenience to the public."

Ayub said he would raise the alarm if there was proof the imposition of parking charges at the hospital was detrimental to public interest.

From June, motorists entering the hospital car park are charged RM2 for the first three hours and RM1 for every subsequent hour.

He said the converse side of the issue was that the hospital was located in the heart of the city with the possibility of motorists taking advantage of free parking there.

"If we continue with free parking, then so many motorists would take advantage of it like those employed in Singapore, and others who work in government agencies here, or even casual workers," he said.

"Parking at the hospital is so convenient. That's why we implemented the charges to deter those who have no dealings with the hospital from parking there. We want them to park elsewhere."

Ayub said parking charges may not be suitable for hospitals in other parts of the country.

A Health Ministry source said the government was in re-evaluating the proposal to charge parking fee at public hospitals.

Commenting on Deputy Health Minister Datuk Seri Dr Hilmi Yahya's statement in Parliament recently to this effect, he said the ministry had received negative feedback from the public.

AKHBAR : MALAY MAIL
MUKA SURAT : 8
RUANGAN : TOP NEWS

KL and Selangor typhoid-free

PETALING JAYA — The typhoid fever outbreak in Kuala Lumpur and Selangor is over.

Health director-general Datuk Dr Noor Hisham Abdullah said the ministry had declared the outbreak, which started in August, over because there were no new cases since Oct 20.

"We will continue to monitor the situation to be certain that there are no new cases and enforce the Food Hygiene Regulations 2009," he said in a statement yesterday.

Dr Noor Hisham said the total number of cases during the outbreak was 71.

A total of 906 premises were inspected, of which 327 were found to have unsanitary practices, and closed down under the Food Act 1983 and Food Regulations 1985.

"We also found that 617 of 3,324 workers handling food had not been vaccinated for the disease and issued 49 compound fines to employers who failed to produce proof of vaccination for their workers," he said.

No deaths were reported.

Dr Noor Hisham said typhoid was easily treated if detected at an early stage.

"Failure to seek early treatment may result in fatal complications," he said.

He stressed the need for cleanliness to prevent further outbreaks and called on those in the food and beverage industry to comply with the vaccination requirement.

"Workers who are not vaccinated are a significant risk factor in outbreaks. Those in the food industry need to be trained in food safety," he said.

"Practise good hygiene when handling food and pick restaurants and eateries serving freshly prepared food."