

'Meds stockpile good until June'

Ministry is keeping close tabs on supply and taking mitigating measures

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PUTRAJAYA: The medicine stockpile for the country remains stable until June, says Datuk Seri Dr Dzulkefly Ahmad.

"The situation is currently stable owing to several sources of medicine stockpiles in the country, the Health Minister said that his ministry is keeping close tabs on the matter.

"Overall, we have several stable stock levels.

"This is because not only do we have our stock, but the industry also has its own supply.

"Other parties maintain their respective stocks as well," he told reporters after the World Hearing Day 2026 celebration here.

He added that the ministry is not taking the situation lightly despite it currently remaining under control.

He said that several mitigation measures are being taken to address the issue, with the health director-general tasked with keeping him updated on the matter.

On medicine prices, he acknowledged that there had been increases, as they are closely linked to industry factors and



Hearing help: Dzulkefly receiving a replica cochlear implant from Shanvika Shanker, 10, at the launch of World Hearing Day 2026.
— LOW LAY PHON/ The Star

input costs such as oil.

"As a result, the cost of medicines has risen.

"The increase is estimated to be around 30% to 40% in certain cases, and possibly higher for specific medical devices," he said, adding that the cost of medical devices began to rise as early as March.

"There has been an increase of around 50% to 100% for certain devices," he said, which has prompted the ministry to put on

hold certain purchases.

Dzulkefly said that the government has also implemented the Special Access Pathway to expedite the registration of medical devices.

"But this approach is just an interim measure to deal with shortages and crisis situations," he said, adding that there will be no compromise on the safety and quality of approved devices.

On a separate issue, Dzulkefly said that efforts are being made to

increase nurses' allowances as part of measures to curb the migration of nurses overseas.

In addition to increasing allowances, including those for post-basic nurses, he said that the ministry is also exploring options to recruit more nurses.

He was asked to comment on MBSB Research's report that the need for nurses in Malaysia has reached critical levels.

Earlier in his speech, Dzulkefly said that noise-induced hearing

loss (NIHL) is the most common work-related disease reported in Malaysia.

Citing data from the Occupational Safety and Health Department (DOSH), he said hospitals often receive patients who are already at the chronic stage of hearing loss because of industrial noise.

He urged employers not to neglect their employees' well-being and to comply with the Noise Exposure Regulations 2019.

"To patients and workers, know your rights.

"Damage to the auditory nerve from industrial noise is permanent, but it is 100% preventable.

"If the employer does not take responsibility, the employee will fall victim," he said.

Dzulkefly also noted that one in five Malaysians have experienced hearing problems.

As of February this year, he said that a total of 50,413 individuals were registered as persons with hearing disabilities.

He added that 5,102 patients have also benefited from device financing, while a total of 714 patients have undergone surgery under the National Cochlear Implant Programme, which is now in its 18th year.

Physical rehab confusion has patients seeing wrong experts

By TEH ATHIRA YUSOF
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PETALING JAYA: Patients are being stranded in a medical "grey area" due to growing confusion over rehabilitation care providers, according to the Private Physiotherapy Clinic Owners' Association of Malaysia (PPCOA).

The association warns that this ambiguity often results in improper exercise advice and delayed referrals, both of which risk significantly worsening patient injuries.

Its president Datuk Dr BS Bains noted that this confusion arises because many individuals are often unable to distinguish between physiotherapists, occupational therapists, exercise therapists and fitness trainers.

Such confusion could result in some patients, especially stroke survivors, the elderly, and post-partum women, prolonging their injuries rather than seeking prompt treatment.

"The grey area is medically prescribed exercise. There are differences in muscle physiology between stroke patients, geriatric muscles, and post-delivery women. Only a physiotherapist knows this best.

"As Malaysia continues to strengthen its healthcare ecosystem, clarity within the rehabilitation sector is essential," he said.

Dr Bains said many patients mistakenly assume generic gym-based exercises are suitable for all conditions, when in reality, rehabilitation programmes must be tailored to a person's muscle

strength, symmetry and underlying musculoskeletal issues.

He cited cases of stroke survivors and elderly patients who turned to gyms or personal trainers, only to suffer further injuries before eventually being referred to physiotherapists.

"For example, a 70-year-old may have unequal strength and mobility on both sides of the body. If they start doing lunges or weight-bearing exercises without proper assessment, they can end up with back injuries or worsen existing conditions," he said.

According to PPCOA, physiotherapists are trained in movement science, clinical assessment, pain management and the diagnosis of physical dysfunction — a role distinct from occupational therapists, who focus on

restoring daily living functions, and trainers, who concentrate on general fitness.

Public health medicine specialist Datuk Dr Zainal Ariffin Omar said the growing confusion between physiotherapy and other rehabilitation-related professions is serious and widespread, leading to fewer appropriate referrals and missed opportunities for patients to benefit from each profession's unique expertise.

Dr Zainal pointed out that such confusion can lead to delayed or incorrect treatment.

"Patients receiving incomplete or inappropriate rehabilitation face suboptimal recovery, prolonged disability and a reduced quality of life.

Dr Zainal also proposed that authorities consider launching

nationwide multilingual campaigns clearly explaining the distinct roles of physiotherapists, occupational therapists and other rehabilitation professions.

He also called for the implementation and enforcement of mandatory registration of the respective professions under the Allied Health Professions Act 2016 (Act 774), which provides a legal framework for regulating allied health professionals.

"Professional bodies like the Malaysian Physiotherapy Association and the Malaysian Occupational Therapy Association should work with the Health Ministry to establish clear, standardised referral protocols between medical doctors, physiotherapists and occupational therapists," he said.

Local manufacturing is our best medicine buffer

THE geopolitical tensions in the Middle East have understandably prompted national discussions regarding the resilience of our essential supply chains. During such periods of global volatility, ensuring the uninterrupted supply of critical medicines is a matter of paramount national inter-

First, the public can be assured that the current supply of pharmaceutical products from local manufacturers is stable, and the industry is proactively building up resilience against any major or unforeseen disruptions.

When observing the mechanics of our healthcare supply chain, it is helpful to understand how the local pharmaceutical manufacturing industry functions as a reliable supplier.

For instance, maintaining an inventory of two months for finished products and three months of raw materials is the standard and healthy operating baseline for local manufacturers.

Rather than a finite limit, this baseline is a rolling buffer

designed to keep our healthcare system running smoothly under normal conditions.

However, resilience is not about maintaining the status quo during a crisis. Because the Middle East conflict has extended beyond a month and carries the potential for further escalation, the Malaysian pharmaceutical manufacturing sector is proactively shifting gears.

Members of the Malaysian Organisation of Pharmaceutical Industries (Mopi), which represents the local pharmaceutical manufacturing industry, are acutely aware of the evolving situation and are actively stepping up to enact their respective business continuity plans.

Manufacturers are exploring and executing forward-purchasing agreements to increase stock levels of raw materials and crucial packaging materials well beyond their standard operating averages, ensuring our domestic supply remains insulated from global shipping delays or sudden shortages.

This proactive industry stance aligns seamlessly with the government's foresight. During a recent National Economic Action Council meeting, Prime Minister Datuk Seri Anwar Ibrahim highlighted the government's commitment to securing a strategic national stockpile of medicines.

In direct response to this mandate, local manufacturers are gearing up their manufacturing capacities and increasing the production of finished products to support the government's strategic stockpiling efforts.

However, undertaking such extensive forward-buying and maintaining these elevated inventory levels incurs substantial costs.

To sustain this resilience, supportive government measures are essential to help the industry manage the significant financial and cash-flow strains associated with this critical stockpiling exercise.

This level of coordinated response highlights a much larger, overarching truth. Just as the Covid-19 pandemic taught us a harsh lesson about the fragility of

global supply chains, the current geopolitical turbulence proves that continuous focus and prioritisation must be given to long-term structural frameworks.

Moving forward, initiatives such as the Health Ministry's MyMedSecure must be continuously prioritised to ensure a robust, data-driven approach to managing our national drug stockpiles and safeguarding our supply chains.

When global supply chains are threatened, a nation cannot rely solely on the importation of finished goods. By continuing to foster a robust local pharmaceutical ecosystem, supporting data-driven frameworks like MyMedSecure, and industry working hand in hand with the government to build strategic stockpiles, we can minimise the impact on Malaysia's healthcare system regardless of the crises occurring abroad.

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Why many Malaysians still unsure how to take supplements safely

AS preventive healthcare gains traction, more Malaysians are turning to supplements as part of their daily routine. From boosting immunity to supporting overall wellness, supplements are increasingly seen as a practical way to stay healthy.

But while usage is rising, understanding is not always keeping pace. A recent study by Herbalife finds two in five Malaysians take supplements regularly. Yet only 65% feel confident they are making responsible decisions about what they consume. The gap points to a growing

concern. Many people are taking supplements without fully understanding how to use them safely or effectively.

This lack of clarity shows up in several ways. Consumers are often unsure about the right dosage, how different supplements interact and what happens when intake exceeds recommended limits. Among Malaysian respondents, 24% said they are unaware of the effects of overconsumption.

The issue is not unique to Malaysia. Globally, health authorities such as the

WHO and the National Institutes of Health have consistently highlighted the risks of improper supplement use. While supplements can support health, excessive or incorrect intake may lead to side effects, nutrient imbalances or interference with medication.

One of the most overlooked risks is interaction. Certain ingredients can affect how medications work. For example, St John's Wort may reduce the effectiveness of prescription drugs, while excessive calcium intake can lead to a condition known as hypercalcemia, which is linked to kidney issues and weakened bones.

These are not fringe cases. The study shows 59% of Malaysians are unaware of daily calcium intake limits, while 74% do not fully understand the risks of consuming too much.

Age also shapes how people approach supplements. Older consumers tend to take supplements more consistently, but are less likely to question their choices. Younger consumers, particularly Gen Z, show greater awareness but still rely heavily on informal sources such as social media or peer recommendations.

This creates a landscape in which access to supplements is easy, but guidance is uneven. The core issue is not whether supplements are beneficial. It is whether they are being used with enough information.

Reading labels, understanding ingredients and following recommended dosages are basic steps that are often overlooked.



Reading labels, understanding ingredients and following recommended dosages are basic steps, yet they are often overlooked. Professional advice also plays a role. While doctors and nutritionists remain trusted sources, not everyone consults them before starting a supplement routine.

This leaves many consumers navigating a complex space on their own. At the same time, responsibility does not fall on individuals alone. Clearer labelling, transparent communication and stronger consumer education are essential in helping people make informed choices.

Healthcare professionals and

nutrition companies play a role in bridging the knowledge gap.

Ultimately, supplements work best when they are part of a broader, well-informed approach to health. They are not a shortcut, but a support. As more Malaysians incorporate supplements into their daily lives, the focus is beginning to shift. It is no longer just about what to take, but how to take it.

Because in the long run, better health outcomes depend not just on access, but on understanding.

This article was contributed by Herbalife director of research development and scientific affairs for Asia Pacific Dr Alex Teo.



A recent study found two in five Malaysians take supplements regularly, but only a handful feel confident about what they consume.

RETAINING TALENT

MINISTRY WEIGHS HIGHER PAY FOR NURSES

Intervention needed as neighbouring countries offering much higher pay, says Dzulkefly

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THE Health Ministry is considering raising wages and allowances for nurses as a strategic move to counter a "salary war" and prevent healthcare professionals from migrating abroad.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said increasing remuneration, including spe-

cialised post-basic allowances, was among key measures being considered under the National Nursing Programme.

He said neighbouring countries offered significantly higher pay packages, requiring urgent intervention to retain talent within the domestic healthcare system.

However, Dzulkefly said, there were no "shortcuts" to resolving the crisis, as it took at least three years for a single cohort of diploma or degree graduates to complete training.

Speaking after the National World Hearing Day celebration here yesterday, he said the shortage was a legacy issue stemming from previous moratoriums and the closure of several Health Ministry Training Institutes.

He said this resulted in a critical shortage of both specialised and general nurses across public



Health Minister Datuk Seri Dr Dzulkefly Ahmad sharing a light moment with children wearing cochlear implants at the National World Hearing Day celebration in Putrajaya yesterday. BERNAMA PIC

and private healthcare facilities.

He said MBSB Research found that the nursing sector was facing a vacancy rate of 15 to 18 per cent this year, pushing private hospitals to offer higher pay and bonuses to prevent staff from moving to Singapore or the Middle East.

He said the ministry was working with stakeholders to ensure long-term workforce sustainability.

On another matter, Dzulkefly said one in five Malaysians, or about 21.5 per cent of the population, was affected by hearing loss, according to the National Otorhinolaryngology Registry.

He said nearly 44,000 cases had been recorded up to 2025, with adults and the elderly making up 86.4 per cent of cases.

He said Noise-Induced Hearing Loss remained a leading cause,

with global data showing nearly one billion young people at risk due to prolonged exposure to loud music through earphones or headphones.

"Hearing nerve damage caused by industrial noise is permanent, but it is 100 per cent preventable."

He said 50,413 people were registered as disabled under the hearing impairment category up to February.

More patient-friendly facilities needed at SGH, says minister



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KUCHING: The growing number of patients, which has led to overcrowding in waiting and common areas, highlights the urgent need for more supportive and patient-friendly facilities at Sarawak General Hospital (SGH).

Minister for Women, Childhood and Community Wellbeing Development Sarawak Dato Sri Fatimah Abdullah stressed that small comforts, such as proper seating, actually played an important role in enhancing the overall healthcare experience in the hospital.

"As the number of patients and research participants continues to grow, the need for supportive and patient-friendly facilities becomes increasingly important," she said when officiating at the handover of contributions to the Clinical Research Centre (CRC) at the SGH here on Friday.

The minister emphasised that providing sufficient seating was not merely about convenience, but also about preserving dignity, comfort and care for patients and caregivers, many of whom could spend long hours at the facility.



Medical personnel assist a patient in trying out one of the new geriatric chairs.

In this regard, she described the contribution of 10 reclining geriatric chairs with trays, valued at RM20,000, by 38 Yayasan Cinta Amal as 'timely and impactful'.

"This contribution is highly meaningful as an interim measure to help address the shortage of beds in healthcare facilities, while ensuring that patients' comfort continues to be safeguarded," she said.

Fatimah added that the specially designed chairs were not only more comfortable than standard seating, but were

also ergonomically suited for patients, particularly those undergoing long waiting periods or extended treatment sessions.

Meanwhile, SGH director Dr Ngian Hie Ung said the contribution would greatly benefit patients undergoing treatment.

"Earlier, we had a patient try out the new chairs and they shared that the chairs are very comfortable. This is exactly what we want," she said, also expressing her appreciation for the prompt support extended.

KKM pertimbang naikkan elaun atasi isu penghijrahan jururawat

Langkah segera atasi masalah 'perang gaji' untuk elak ke luar negara

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Putrajaya: Kementerian Kesihatan (KKM) mempertimbang untuk menaikkan imbuhan atau elaun jururawat dalam usaha mengatasi masalah 'perang gaji' bagi mengelak mereka berhijrah ke luar negara.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata selain meningkatkan jumlah pengambilan jururawat, langkah menaikkan upah atau elaun seperti *post-basic* itu akan menjadi pertimbangan kementerian berkenaan.

"Kita tahu negara jiran menawarkan gaji dan imbuhan lebih tinggi. Jadi, kita perlu ambil tindakan segera.

"Namun, harus diingat tiada jalan pintas untuk mengatasi masalah ini kerana ia mengambil masa sekurang-kurangnya tiga tahun untuk satu kohort graduan diploma atau ijazah tamat pengajian," katanya selepas menyem-



Kekurangan jururawat cetus 'perang gaji' hospital swasta

Keratan akhbar BH 27 Mac lalu.

purnakan Sambutan Hari Pendengaran Sedunia 2026 Peringkat Kebangsaan di sini, semalam.

Media sebelum ini melaporkan, kajian terkini MBSB Research mendapati pasaran tempatan mencatatkan kadar kekosongan jawatan jururawat di paras kritikal sekitar 15 hingga 18 peratus pada tahun ini.

Kekurangan tenaga kerja itu memaksa penyedia kesihatan swasta terjerumus dalam persaingan agresif atau 'perang gaji' semata-mata demi mengekalkan jururawat sedia ada daripada berhijrah ke luar negara seperti Singapura mahupun Asia Barat.

Hospital swasta pula terpaksa menaikkan gaji secara ketara dan memperkenalkan bonus kesetiaan untuk menghalang penghijrahan kakitangan.

Dzulkefly berkata, isu kekurangan jururawat bukan perkara baharu dan itu masalah lama, iaitu ketika KKM melaksanakan moratorium dan penutupan beberapa Institut Latihan KKM.

Katanya, keadaan itu menyebabkan berlaku masalah keku-



Dzulkefly menerima buku *Malaysia Pediatric Aural Habilitation Module (MyPAHM)* selepas merasmikan Sambutan Hari Pendengaran Sedunia 2026 di Putrajaya, semalam. (Foto Mohd Fadli Hamzah/BH)

rangan jururawat ketika ini yang bukan saja jururawat berkepakaran *post-basic*, tetapi jururawat biasa di kedua-dua sektor awam dan swasta.

Pantau harga ubat

Sementara itu Dzulkefly berkata, KKM sedang memantau kenai-

kan harga ubat dan peranti kesihatan sehingga 40 peratus, susulan krisis tenaga global akibat konflik di Asia Barat.

Beliau berkata, peningkatan itu dipercayai berpunca kos logistik dan rantaian bekalan di pasaran ketika ini.

"Pastinya harga ubat sudah

pun mula meningkat. Ini terkait dengan isu logistik, pengangkutan, harga minyak dan bahan mentah.

"Kita dapati kenaikan harga ubat-ubatan berlaku antara 30 peratus hingga 40 peratus dan bagi peranti perubatan, ada yang meningkat lebih tinggi, malah ada yang mencapai 100 peratus," katanya.

Beliau berkata, kenaikan kos berlaku sejak sebelum Mac apabila pihak industri mula meletakkan penangguhan.

"Itu yang menyebabkan harga itu sudah pun meningkat lebih awal lagi. Ada 50 peratus peningkatan dan ada yang 100 peratus peningkatan," katanya.

Justeru, Dzulkefly berkata, KKM sedang meneliti beberapa pendekatan, termasuk mekanisme surcaj dan pemindahan kos bagi memastikan sistem kesihatan kekal mampan.

Katanya, perbincangan sedang dilaksanakan bersama kementerian berkaitan termasuk Kementerian Kewangan dan Kementerian Ekonomi.

"Setakat ini belum ada laporan rakyat terkesana secara drastik dan kami sentiasa memantau keadaan," katanya.

Dalam perkembangan berkaitan, beliau berkata, KKM memberi jaminan bekalan ubat di negara ini masih dalam keadaan stabil sehingga penghujung Jun walaupun berlaku konflik di Asia Barat.

Serangan jantung senyap tiada tanda awal

Zoom out

Lebih kerap berlaku dalam kalangan wanita, warga emas dan penghidap penyakit kronik



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Ramai menyangka serangan jantung hanya dikaitkan dengan sakit dada yang kuat dan mencengkam namun hakikatnya, sebahagian kes berlaku secara senyap tanpa simptom klasik menyebabkan ia terjadi tanpa disedari.

Pakar Perubatan Dalam dan Kardiologi, Hospital Canselor Tuanku Muhriz (HCTM), Dr Noor Diyana Muhamad Farouf, berkata serangan jantung senyap atau *silent myocardial infarction* merujuk kepada serangan jantung yang berlaku tanpa simptom ketara atau hanya menunjukkan tanda sangat minimum serta sering disalah anggap sebagai masalah lain.

"Kita biasa dengar serangan jantung dikaitkan dengan sakit dada. Tetapi ada pesakit, terutama wanita, yang tidak mengalami sakit dada langsung. Mereka mungkin hanya rasa pedih ulu hati, loya, sesak nafas atau berpeluh secara tiba-tiba," katanya kepada BH.

Beliau berkata, simptom setara angina iaitu sakit dada serta ketidakselesaan yang biasanya disebabkan oleh kekurangan aliran darah ke jantung seperti rasa 'angin', sakit urat belikat kiri, jantung berdebar, pening, muntah-muntah atau keletihan melampau juga boleh menjadi petanda serangan jantung.

Golongan berisiko

Menurut Noor Diyana, data menunjukkan serangan jantung dengan simptom senyap lebih kerap berlaku dalam kalangan wanita, warga emas serta pesakit penyakit kronik seperti diabetes dan kegagalan buah pinggang.

Katanya, merujuk penerbitan dalam *Journal of the American Heart Association* pada 2020, kira-kira 30 peratus wanita yang mengalami serangan jantung tidak dikesan pada peringkat awal kerana simptom mereka luar daripada kebiasaan, berbanding 16 peratus lelaki.

"Puncanya masih diperdebatkan.

Antara teori ialah kebanyakan kajian awal penyakit jantung dilakukan ke atas lelaki, jadi gambaran simptom yang dikenali hari ini lebih cenderung berdasarkan pengalaman pesakit lelaki.

"Ada juga teori mengatakan perbezaan hormon dan sistem saraf wanita mempengaruhi cara simptom itu muncul," katanya.

Beliau berkata, apa pun sebabnya, realitinya serangan jantung senyap lebih sukar dikesan sama ada oleh pesakit sendiri mahupun petugas kesihatan yang kurang berpengalaman.

Penyebab utama kematian

Katanya, penyakit kardiovaskular kekal antara penyebab utama kematian di Malaysia dengan jumlah mencecah hampir satu pertiga kematian di negara ini dan ia dikatakan, berpunca daripada penyakit berkaitan jantung dan salur darah.

"Malah, sehingga 40 peratus kes serangan jantung yang hadir ke jabatan kecemasan hospital menunjukkan simptom tidak tipikal atau pada awalnya tidak dianggap sebagai masalah jantung," katanya.

Dr Noor Diyana berkata, lebih membimbangkan ada kes benar-benar 'senyap' dan hanya disedari selepas pesakit mengalami komplikasi seperti kegagalan jantung.

"Apabila sebahagian otot jantung mati akibat serangan jantung yang tidak dirawat, jantung tidak dapat mengempam darah dengan baik.

"Pesakit mula alami sesak nafas, terutama

ketika baring, kaki bengkak dan cepat penat.

"Bila pemeriksaan lanjut dijalankan seperti ekokardiogram, barulah kita nampak ada bahagian jantung yang tidak bergerak, tanda serangan jantung lama," katanya.

Beliau berkata, walaupun simptomnya berbeza, faktor risiko serangan jantung senyap juga sama seperti serangan jantung biasa termasuk tekanan darah tinggi, kolesterol tinggi, diabetes, obesiti, merokok, kurang aktiviti fizikal dan sejarah keluarga.

Katanya, wanita secara semula jadi mempunyai perlindungan hormon estrogen yang membantu mengurangkan keradangan dan

meningkatkan kolesterol dalam salur darah.

"Namun selepas menopause, paras estrogen menurun mendadak.

Ketika itu, risiko wanita untuk mendapat serangan jantung menjadi hampir sama atau lebih tinggi berbanding lelaki," katanya.

Selain itu, Noor Diyana berkata, dalam kalangan pesakit diabetes pula, kerosakan saraf akibat penyakit itu boleh menyebabkan rasa sakit kurang ketara menjadikan serangan jantung berlaku tanpa disedari.

Diagnosis serangan jantung dibuat melalui gabungan sejarah simptom, pemeriksaan fizikal, elektrokardiogram (ECG) dan ujian darah untuk mengesan kerosakan otot jantung seperti troponin.

Katanya, jika pesakit hadir dalam tempoh 12 jam pertama selepas simptom bermula, rawatan pencair darah kuat (trombolisis) boleh diberikan untuk melarutkan bekuan darah akan tetapi, selepas tempoh itu, prosedur angiografi

▲ Risiko wanita mendapat serangan jantung lebih tinggi berbanding lelaki.
(Foto hiasan)

dan angioplasti dipertukan untuk membuka salur darah tersumbat.

"Lebih lama rawatan ditangguhkan, lebih banyak otot jantung yang rosak dan tidak boleh pulih. Sel yang mati tidak akan tumbuh semula," katanya.

Peka perubahan tubuh

Beliau berkata, orang ramai khususnya wanita dinasihatkan untuk tidak mengabaikan perubahan pada tubuh.

"Kalau tiba-tiba rasa sangat letih tanpa sebab, sesak nafas, berpeluh luar biasa atau pedih ulu hati yang pelik dan tidak pernah dialami sebelum ini, dapatkan pemeriksaan segera.

"Mungkin ia hanya gastrik, tetapi jika ia serangan jantung secara senyap dan kita terlepas, risikonya jauh lebih besar," katanya.

Bagi pencegahan, Noor Diyana berkata, semua rakyat Malaysia digalakkan menjalani saringan kesihatan sekurang-kurangnya setahun sekali bermula umur 30 tahun, manakala, pemeriksaan jantung secara berkala pula disaran bermula umur 40 tahun atau lebih awal jika mempunyai faktor risiko.

Katanya, amalan gaya hidup sihat turut memainkan peranan penting termasuk mengekalkan berat badan ideal, lakukan sekurang-kurangnya 150 minit aktiviti fizikal intensiti sederhana seminggu, kurangkan makanan bergoreng dan diproses, hadkan gula serta garam dan hentikan merokok atau vape.

"Ramai beranggapan penyakit jantung adalah penyakit lelaki. Itu tidak benar. Wanita juga berisiko dan simptom mereka mungkin berbeza.

"Sebagai penjaga keluarga, wanita sering mengutamakan orang lain hingga mengabaikan diri sendiri. Jangan pandang ringan kesihatan anda," katanya.

Kesedaran adalah langkah pertama menyelamatkan nyawa. Dalam isu serangan jantung senyap, 'rasa tak sedap badan' mungkin bukan perkara kecil ia boleh menjadi isyarat awal jantung sedang meminta perhatian.

“
Lebih lama rawatan ditangguhkan, lebih banyak otot jantung yang rosak dan tidak boleh pulih. Sel yang mati tidak akan tumbuh semula”

Dr Noor Diyana Muhamad Farouf



PENDENGARAN

21.5% RAKYAT ADA MASALAH

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Putrajaya

Data oleh National Otorhinolaryngology Registry menunjukkan satu daripada lima rakyat Malaysia atau sebanyak 21.5 peratus mengalami masalah pendengaran.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata sehingga tahun 2025 hampir 44,000 kes dilaporkan dengan beban tertinggi dikesan dalam kalangan dewasa dan

warga emas iaitu sebanyak 86.4 peratus.

Beliau berkata, selain faktor genetik dan jangkitan, punca masalah pendengaran adalah kerana ancaman Hilang Pendengaran Akibat Bunyi Bising (NIHL).

"Malah, statistik global menunjukkan hampir satu bilion belia berisiko hilang pendengaran akibat amalan mendengar muzik yang terlalu kuat menggunakan fon telinga atau fon kepala dalam tempoh yang lama.

"Selain itu, data Jabatan Keselamatan dan Kesihatan Pekerjaan (JKKP) juga menunjukkan NIHL ada-

lah penyakit pekerjaan tertinggi dilaporkan di Malaysia," katanya.

Beliau berkata demikian ketika berucap pada Sambutan Hari Pendengaran Sedunia 2026 Peringkat Kebangsaan di Auditorium Kompleks E, di sini, semalam.

Mengulas lanjut, Dr Dzulkefly berkata hospital termasuk Hospital Kuala Lumpur (HKL) kini sering menerima pesakit yang sudah berada di peringkat kronik akibat bising industri.

"Oleh itu saya menyeru majikan supaya perkasa-

kanlah Program Pemuliharaan Pendengaran (HCP) dan patuhilah Peraturan Pendedahan Bising 2019.

"Kepada para pesakit dan pekerja yang hadir, ketahuilah hak anda. Kerosakan saraf pendengaran akibat bising industri adalah kekal, namun ia 100 peratus boleh dicegah," katanya.

Beliau berkata, sehingga Februari lalu, seramai 50,413 individu berdaftar sebagai orang kurang upaya (OKU) pendengaran.

Bagaimanapun beliau berkata, beliau mahu mengubah naratif daripada 'simpati' kepada 'potensi'.

"Kita sangat bangga me-

lihat murid-murid OKU pendengaran yang menggunakan peranti pendengaran berjaya memperoleh keputusan cemerlang semua A dalam SPM 2025 baru-baru ini.

"Ini bukti nyata bahawa dengan intervensi awal, mereka mampu mencapai kecemerlangan setanding rakan sebaya. Mereka bukan sekadar OKU, tetapi mereka adalah 'Orang Kuat Upaya'," katanya.

Bagaimanapun Dr Dzulkefly berkata, sokongan keluarga adalah nadi utama dan bagi memaksimumkan potensi mereka, Perkhidmatan Audiologi telah

membangunkan Modul Habilitasi Aural Pediatrik Malaysia (MyPAHM).

Katanya, modul itu memperkasa ibu bapa supaya dapat membantu anak-anak meningkatkan kemahiran mendengar, memahami dan bertutur secara sistematik di rumah.

"Selain itu, KKM juga terus memperkukuh ekosistem Ear and Hearing Care (EHC) melalui Universal Newborn Hearing Screening (UNHS) iaitu saringan wajib bagi semua bayi di fasiliti KKM bagi memastikan pengesanan seawal usia," katanya.

Ramai tunggu giliran terapi di hospital kerajaan

KUANTAN - Ibu bapa mempunyai banyak pilihan untuk menghantar anak autisme menjalani terapi di pusat swasta, namun ramai dalam kalangan keluarga kurang berkemampuan bergantung kepada perkhidmatan disediakan di klinik atau hospital kerajaan.

Menurut seorang ibu yang hanya mahu dikenali sebagai Zira, 35, anak bongsunya daripada empat beradik, Wawa, 6, (bukan nama sebenar) yang diagnosis autisme dengan masalah lambat bertutur, pada mulanya menjalani terapi di klinik kerajaan.

Ujarnya, apabila pesakit ramai dan ter-

paksa menunggu giliran, sesi terapi tidak dapat dilakukan dengan kerap, sekali gus menjejaskan proses pemulihan mereka.

"Disebabkan anak saya memerlukan terapi lebih kerap, saya mula mencari pusat terapi swasta yang terbaik, sesuai dengan masalah anak dan harga berpatutan.

"Saya dan suami ulang-alik bawa anak ke pusat terapi di Air Putih dan Indera Mahkota. Awalnya dua kali seminggu dengan kos setiap sesi antara RM60 hingga RM80 sejam bergantung kepada aktiviti," katanya yang menetap di Kampung Pelindung di sini.

Zira berkata, kekerapan sesi itu dikurang-

kan apabila anaknya menunjukkan perkembangan positif pada tahun ini selepas mengikuti kelas pendidikan awal kanak-kanak.

"Kalau dahulu dia selalu menangis, tak nak tengok orang, suka tutup mata, diam dan susah sebut lebih daripada tiga perkataan serta tidak selesa bergaul, kini sebaliknya," katanya.

Melihat kepada perubahan besar itu, Zira berharap kerajaan dapat mewujudkan lebih banyak pusat terapi kanak-kanak autisme di seluruh negara dengan lebih ramai tenaga pakar dalam bidang tersebut.

Harga ubat, peranti melonjak ketara

Kenaikan berkait faktor logistik, pengangkutan dan harga bahan api global

Oleh **TUAN BUQHAIRAH TUAN MUHAMAD ADNAN**

PUTRAJAYA - Harga ubat meningkat dengan ketara sehingga 40 peratus susulan tekanan rantaian bekalan global akibat perang Asia Barat.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad berkata, kenaikan tersebut berkait rapat dengan faktor logistik, pengangkutan dan harga bahan api global yang terus meningkat.

"Pastinya harga ubat sudah pun mula meningkat dan kesan kenaikan kos itu telah dirasai dengan anggaran peningkatan sekitar 30 hingga 40 peratus," katanya ketika ditemui selepas Sambutan Hari Pendengaran Sedunia 2026 di sini pada Jumaat.

Beliau berkata, situasi lebih ketara melibatkan peranti perubatan yang mencatatkan lonjakan lebih tinggi sehingga 100 peratus berbanding ubat-ubatan.

"Harga peranti perubatan lebih tinggi kerana mereka (pembekal) telah menanggung pengantaran sejak Mac lagi.

"Jadi itu yang menyebabkan harga itu sudah pun lebih awal lagi ada 50 peratus dan 100 peratus peningkatan peranti perubatan," jelas Dr Dzulkefly.

Meskipun begitu, beliau berkata, bekalan ubat-ubatan seluruh negara stabil untuk memenuhi keperluan sehingga Jun ini dengan mengambil kira keseluruhan simpanan stok melibatkan fasiliti kesihatan kerajaan dan pihak industri.

"Saya boleh kata begitu sebab bukan hanya di bawah fasiliti penyimpanan bekalan Kementerian Kesihatan Malaysia (KKM) sahaja, ada juga industri dan mereka juga ada *stockpiling*," katanya.

Dalam perkembangan sama, beliau mengingatkan orang ramai tidak panik sehingga bertindak menyimpan ubat secara



Dr Dzulkefly (dua dari kiri) menerima replika implan koklea daripada Shanvika Shanker, 10, sebagai simbolik pelancaran Sambutan Hari Pendengaran Sedunia 2026 pada Jumaat.

berlebihan.

"Kementerian ada pelbagai cara dan kita juga adakan libat urus dengan industri untuk tahu berapa bekalan mereka ada," katanya.

Menurutnya, kerajaan turut memperkukuh kerjasama dengan pemain industri bagi memastikan data bekalan sentiasa dikongsi secara telus.

Sementara itu ditanya mengenai kenaikan kos ubat-ubatan dan peranti perubatan, Dr Dzulkefly berkata, kerajaan sedang meneliti beberapa pendekatan bagi menangani tekanan kos yang semakin meningkat.

"Kita telah mula bincangkan isu kenaikan ini sama ada melalui mekanisme surcaj, mekanisme pemindahan kos serta sama ada pemindahan kos penuh atau sebahagian.

"Keputusan berhubung langkah tersebut memerlukan penelitian menyeluruh bagi memastikan keseimbangan antara kelangsungan industri dan keupayaan sistem kesihatan," katanya.

Dr Dzulkefly menegaskan, KKM akan terus memantau perkembangan semasa bagi memastikan perkhidmatan kesihatan tidak terjejas walaupun berdepan tekanan kos.

1 daripada 5 rakyat Malaysia alami masalah pendengaran

PUTRAJAYA - Masalah pendengaran dalam kalangan rakyat Malaysia kini berada pada tahap membimbangkan apabila dianggarkan satu daripada lima individu atau 21.5 peratus penduduk negara mengalami gangguan pendengaran, sekali gus meletakkan isu berkenaan sebagai antara cabaran utama kesihatan awam negara.

Berucap di Sambutan Hari Pendengaran 2026, Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad berkata, keadaan itu menunjukkan keperluan mendesak untuk memperkukuh aspek saringan awal, intervensi dan kesedaran masyarakat bagi mengelakkan keadaan menjadi lebih serius pada masa akan datang.

Menurutnya, berdasarkan data terkini, sebanyak hampir 44,000 kes gangguan pendengaran telah direkodkan sehingga tahun 2025 menerusi National Otorhinolaryngology Registry.

"Daripada jumlah itu, beban tertinggi dikesan dalam kalangan dewasa dan warga emas sebanyak 86.4 peratus," katanya di sini pada Jumaat.

Menurut beliau, situasi itu tidak boleh dipandang ringan kerana gangguan pendengaran memberi kesan langsung terhadap kualiti hi-

dup, komunikasi sosial dan produktiviti individu.

"Isu ini memerlukan pendekatan menyeluruh merangkumi pencegahan, pengesanan awal dan rawatan segera," jelas Dr Dzulkefly.

Ujarnya, Malaysia giat memperkukuh agenda Liputan Kesihatan Sejagat (UHC) dan reformasi kesihatan Madani bagi memastikan akses kesihatan yang lebih adil dan inklusif kepada semua lapisan masyarakat.

Menurutnya, pendekatan itu penting bagi memastikan tiada kumpulan tercicir daripada menerima rawatan berkaitan masalah pendengaran, khususnya golongan berisiko tinggi.

Dalam pada itu, beliau menegaskan peningkatan kes juga dipengaruhi faktor penuaan penduduk, selain pendedahan kepada bunyi bising dalam jangka masa panjang.

Katanya, antara punca utama termasuk jangkitan, faktor genetik dan pendedahan kepada bunyi berlebihan sama ada di tempat kerja mahupun gaya hidup harian.

"Kesedaran masyarakat masih perlu dipertingkatkan kerana ramai hanya mendapatkan rawatan apabila keadaan sudah berada pada tahap serius," katanya.

Dr Dzulkefly berkata, keadaan

itu sekali gus menyukarkan rawatan pemulihan sepenuhnya, khususnya apabila kerosakan saraf pendengaran telah berlaku.

Tambah beliau, walaupun teknologi perubatan semakin maju, pencegahan awal kekal sebagai langkah paling berkesan dalam menangani masalah berkenaan.

Sehubungan itu, beliau menggesa orang ramai supaya lebih peka terhadap tanda awal gangguan pendengaran termasuk kesukaran mendengar perbualan dalam suasana bising atau keperluan meningkatkan *volume* peranti secara berlebihan.

Pada masa sama, KKM turut memperluas program saringan bayi baru lahir dan intervensi awal bagi memastikan masalah pendengaran dapat dikesan sejak peringkat awal kehidupan.

"Sehingga Februari 2026, seramai 50,413 individu berdaftar sebagai orang kurang upaya (OKU) pendengaran.

"Kepada pesakit dan pekerja yang hadir, ketahuilah hak anda. Kerosakan saraf pendengaran akibat bising industri adalah kekal, namun ia 100 peratus boleh dicegah.

"Pendengaran adalah nikmat besar yang perlu dipelihara. Jika lewat bertindak, kesannya mungkin kekal sepanjang hayat," katanya.

TANDA-TANDA MASALAH PENDENGARAN

- 1 Telinga berdesing
- 2 Dengar, tapi tak faham
- 3 Sukar mendengar dengan jelas
- 4 Menonton televisyen atau mendengar radio terlalu kuat
- 5 Selalu salah faham maksud perbualan
- 6 Bercakap dengan suara yang kuat

Lakukan saringan awal bagi mengesan tahap pendengaran anda di fasiliti kesihatan berhampiran anda