

Letters to the Editor

Care of Women in the Middle East

Sir,

Care of women remains challenging for health care workers both in outpatient and indoor settings in the Middle East. Common diseases that we face in this subset of patients are menstrual irregularities, pregnancy and puerperium related problems, anemia, infertility and psychosocial disorders. Chronic medical conditions like diabetes, obesity and hypertension, thyroid diseases and epilepsy pose special problems for management, especially during pregnancy and lactation. Biological changes associated with puberty are embarrassing to many young girls. Similarly menopausal females face varied physical and psychological problems. Adolescence is a stage of physical transformation of the body associated with emotional and psychological reactions. These girls should be examined in the presence of their mother or a female nurse. Questions and statements with indirect connotation should be avoided and everything explained in as simple language as possible. Irregular cycles with menorrhagia, anemia, acne and anxiety neurosis are commonly seen and should be kept in mind. Bulimia and anorexia nervosa are very rarely seen in this geographical area. Rubella vaccination should be offered to the unimmunized. Newly wed females frequently visit hospitals for urinary tract infections and later with fears regarding failure to conceive. They need proper treatment and reassurance. During the first pregnancy females show a considerable amount of anxiety regarding their health and the health of the fetus. During the first trimester doctors should discuss the normal pregnancy and the common problems such as morning sickness and frequency of micturition. Medical disorders like rheumatic heart disease, urinary tract infection and anemia should be looked for and treated. As diabetes is common here, all patients should be screened to rule out this condition. Rubella in the first trimester is a serious threat to the fetus and pregnancy may need to be terminated. Thus timely diagnosis may be important.

X-rays in women is one of the areas with maximum confusion due to changing concepts and guidelines.¹ All x-rays can be safely performed up to the 28th day after the last menstrual period. Only when the patient has missed an expected period, should x-rays be avoided.² However even in such cases, if the patient can confidently declare that she is not pregnant, one can go ahead with x-ray evaluation. X-rays should be restricted to the first 10 days of the menstrual cycle only in cases of pelvic or abdominal computerized tomography (CT) scan, barium enema and follow through, intravenous pyelogram (IVP) and angiography. Most of these rules (10-day rule and 28-day rule) apply only when

the area between the diaphragm and knees is to be screened. X-rays of the chest with abdominal shields for example can be carried out anytime without any danger to the growing fetus.³ However, the doctor should assess the indication for such an x-ray. Remember also that even if the patient is accidentally exposed to x-rays, there is no justification for termination of pregnancy on these grounds. Similarly, urine testing is sufficient for the diagnosis of pregnancy of more than 28 days and blood and ultrasound examination is therefore, rarely needed.

Another important aspect is regarding the use of drugs during pregnancy. Many drugs commonly used during pregnancy are quite safe.⁴ Drugs like antacids, penicillin and cephalosporin antibiotics and paracetamol are safe. The most common causes of abortions and fetal abnormalities are genetic defects, smoking, and alcohol in the west. Drugs per se are very rare causes of fetal abnormalities. Drugs that are definitely contraindicated are tetracycline, lithium, isotretinoic acid (vitamin A derivatives), anticancer drugs, and warfarin. Specialists prescribing these should be well aware of their potential harm. Remember that a sick mother should not be considered as a therapeutic orphan and refused necessary medicines, just because she's pregnant. However utmost care should be taken not to unnecessarily load patients with many drugs, which are not needed, especially if the patient can be managed without these. There's no rationale for the termination of pregnancy because the patient was inadvertently exposed to some drugs of doubtful teratogenicity. The anti-epileptic drugs are very important and should not be stopped. Frequency of seizures increases during pregnancy. However, if possible, patients should be managed with only one drug. Among other drugs human insulin, heparin, and propylthiouracil, should replace animal insulin, warfarin and carbimazole in the management of diabetes, thrombotic conditions and hyperthyroidism. Methyl dopa, hydralazine and nifedipine are better than ACE-inhibitors and beta-blockers for treatment of hypertension. Many females in the reproductive age group will present with overweight, obesity and hypertension, which need proper management. Both infertility and multiparity are sources of mental stress. Many women attending the outpatient department (OPD) have somatoform disorders. Somatization syndrome, hypochondriasis and conversion reaction are the common presentations.⁵ Such women should be evaluated and regularly followed up without changing the medication. Women reaching menopausal age present with features of menopausal syndrome, which needs to be differentiated from serious organic disorders. As osteoporosis and coronary heart disease dramatically increase after menopause, it is recommended to initiate hormone replacement therapy (HRT) around

this time. With advancing age problems like cataract, presbycusis and osteo-arthritis are commonly seen and utmost patience is needed to elicit history and explanation. Physical assistance should be provided wherever needed while attending such patients. Empathy and sympathy pay excellent dividends both in terms of job satisfaction and patient satisfaction.

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References

1. El-Bagi ME, Miola UJ, Al-Thagafi MA. Updated guidelines for radiation protection of women in the childbearing age. *Saudi Med J* 1998; 19: 539-541.
2. Bury B. 28-day rule? OK. [editorial]. *Radiography* 1995; 1: 9-11.
3. Bury B, Consultant Radiologist, The General Infirmary at Leeds. Personal communication dated 19 Oct 1995.
4. Friedman JM. Teratogenesis and Mutagensis. In: Friedman JM, Dill FJ, Hayden MR, Gillivray BM editors. *Genetics*. Pennsylvania (USA): Harwal Publishing Co; 1992. p. 115-126.
5. Khan LA, Khan SA, Attiah FA. Mental disorders in General Practice. *The Practitioner (EME)* 1999; 10: 87-88.

Gut peptides and elemental diet in childhood Crohn's disease

Sir,

Elemental diet is as effective as steroids in treating childhood Crohn's disease yet confusion remains regarding its mode of action.¹ Recent studies have shown that steroids improve the inflammatory activity with very little changes in small intestinal pathology,² whereas elemental diet induces striking ileal atrophy³ and these pathological changes may contribute to the effectiveness of elemental diet. Neurotensin and Enteroglucagon were chosen because they are produced from the ileum and colon and are sensitive to dietary manipulation. In this preliminary study we investigated the effect of 4-6 weeks of elemental diet (028) on plasma concentration of Neurotensin and Enteroglucagon after an overnight fast, heparinized blood collected from 15 controls (4 Female, Mean Age 12.3 years) and 10 Crohn's (2 Female, mean age 13.5 years) before and after 4-6 weeks of elemental diet (028) Scientific Hospital Supply. Plasma separated and assayed for N-Terminal Neurotensin (GNT-66 Antibody) and N-Terminal Enteroglucagon (YY57 Antibody) (Wellcome Research Northern Ireland).

Children with Crohn's disease have no significant changes in Neurotensin nor Enteroglucagon, the only significant change (P=0.04) was the level of Neurotensin post treatment versus control. Several

Table 1 - Neurotensin and Enteroglucagon concentration in childhood Chron's disease pre and post element diet.

	Control (15)	Crohn's (10)	
		Pre	Post
Neurotensin (ng/L)	(10____95) 30	(15____90) 40	(25____105) 45*
Enteroglucagon (ng/L)	(120____375) 275	(140____645) 290	(150____580) 377.5
Values are presented as Median (minimum-maximum). Non-parametric Mann Whitney "One Tailed" Test. *P=0.04 Post treatment versus Control. () Number of subjects			

Elemental diets have shown to be very effective in treating active Crohn's Disease, however the mechanism(s) by which it induces remission is not clear. Saverymattu et al⁴ suggested several mechanisms such as bowel rest, nutritional value, alteration of Gut Flora, alteration of Gut peptides and exclusion of toxic dietary factors. The failure of elemental diet in the management of Acute ulcerative colitis² speaks against bowel rest as the only factor involved. Teahon et al⁵ recently have shown that improved nutrition is not an important mechanism by which elemental diet works in acute Crohn's disease. Modulation of Neurotensin or Enteroglucagon in this study, is not an important mechanism by which elemental diet induce remission in childhood Crohn's disease.

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References

1. Sanderson IR, Udeen S, Davies PSW, Savage MO, Walker - Smith JA. Remission induced by an elemental diet in small bowel Crohn's disease. *Arch Dis Child* 1987; 61: 123-127.
2. McIntyre PB, Powell-Tuck J, Wood SR, Lennard-Jones JE, Lerebours E, Hecketsweiller P et al. Controlled trial of bowel rest in the treatment of severe acute colitis. *Gut* 1986; 27: 481-485.
3. Max Ton DG, Cynk EU, Thompson RP. Small intestinal response to "Elemental" and "complete" liquid feeds in the rat: effect of dietary bulk. *Gut* 1987; 28: 688-693.
4. Saverymattu S, Hodgson HJF, Chadwick VS. Controlled trial comparing prednisolone with an elemental diet plus non - absorbable antibiotics, in active Crohn's disease. *Gut* 1985; 26: 994-999.
5. Teahon K, Pearson M, Levi AJ, Smith T Bjarnason I. Improved nutrition is not an important mechanism by which elemental diets work in acute Crohn's disease. *Gut* 1990; A624.