

AKHBAR : KOSMO
MUKA SURAT : 7
RUANGAN : NEGARA



DR. MOHAMED IQBAL (enam dari kiri) melakukan gimik pelancaran aplikasi MyCKD CPG ketika di Kuala Lumpur semalam.

AstraZeneca lancar aplikasi buah pinggang

KUALA LUMPUR – AstraZeneca bersama beberapa pemimpin industri kesihatan hari ini melancarkan aplikasi kesihatan, MyCKD CPG dan Persamaan Risiko Kegagalan Buah Pinggang Boleh Ubah (KFRE) untuk menguruskan penyakit buah pinggang kronik.

Menerusi aplikasi tersebut, doktor penjagaan primer dapat mengenal pasti tanda-tanda penyakit buah pinggang kronik dengan lebih awal dan melakukan intervensi sewajarnya bagi memanjangkan jangka hayat pesakit.

Pengarah Bahagian Amalan Perubatan KKM, Dr. Mohamed Iqbal Hamzah berkata, aplikasi MyCKD CPG adalah satu platform digital komprehensif yang memudahkan diagnosis serta intervensi awal dalam kalangan pesakit buah pinggang kronik.

"Pengesanan awal adalah penting untuk melambatkan

perkembangan komplikasi berkaitan penyakit buah pinggang kronik.

"Perkara tersebut boleh dilakukan melalui penggunaan penyelesaian digital seperti aplikasi MyCKD CPG dan KFRE sebagai langkah intervensi," ujarnya.

Beliau berkata demikian ketika ditemui di Majlis Pelancaran MyCKD CPG di Menara KEN, Taman Tun Dr Ismail di sini semalam.

Dalam pada itu, Presiden AstraZeneca Malaysia berkata, lebih lima juta rakyat Malaysia menghidap penyakit buah pinggang kronik, namun hanya lima peratus yang menyedarinya.

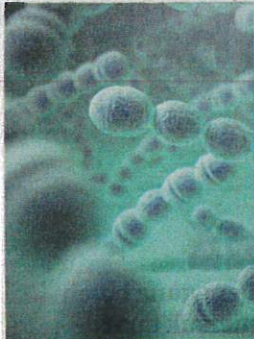
Tambah beliau, kini lebih 51,000 rakyat Malaysia menghidap kegagalan buah pinggang dan perlu menjalani dialisis untuk mengelakkan penyakit tersebut daripada menjadi lebih parah.

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STREPTOCOCCUS PNEUMONIAE

- Menyebabkan lebih 300,000 kematian dalam kalangan kanak-kanak berusia bawah lima tahun di seluruh dunia setiap tahun.
- Pada tahun 2015, dianggarkan 9 juta kes penyakit Pneumococcal dikesan di seluruh dunia dalam kalangan kanak-kanak berusia bawah lima tahun.
- Pneumonia adalah punca kematian ke dua di Malaysia pada tahun 2022.

Cara penyebaran bakteria:

- Bakteria pneumokokus boleh dijangkiti terus ke paru-paru apabila pembawa batuk atau bersin

Gejala serangan penyakit pneumokokus:

- Demam
- Rasa dingin
- Batuk
- Sukar bernafas
- Sakit dada
- Kanak-kanak bawah dua tahun berisiko mengalami serangan lebih teruk dan kanak-kanak berusia kurang setahun, lebih 2.8 kali ganda berisiko berbanding kanak-kanak berusia satu hingga empat tahun.
- Satu daripada empat kes pediatrik adalah berpunca daripada Serotaip 3, 22F dan 33F.
- Pesakit diabetes dewasa berusia 18044 tahun berisiko 3.5 kali ganda mengalami serangan teruk.

Insiden jangkitan telinga:

- Dianggarkan 6.9 bagi setiap 100,000 populasi di Malaysia sejak tahun 2008 sehingga 2009
- Secara global, kira-kira 80 peratus kanak-kanak mengalami jangkitan telinga sepanjang hayat mereka.

Oleh HALINA MD. NOOR
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SEGERA bawa anak yang mengalami demam tinggi dan batuk lebih dua hingga tiga hari kerana berkemungkinan anak dijangkiti radang paru-paru atau pneumokokus.

Penyakit pneumokokus adalah jangkitan berpunca daripada bakteria Streptococcus Pneumoniae atau Pneumokokus.

ia boleh berjangkit dan berpotensi menyebabkan penyakit lebih serius termasuk pneumonia, meningitis dan sepsis yang membawa maut.

Pakar Perunding Pediatrik, Prof. Datuk Dr. Zulkifli Ismail berkata, pengesanan awal dan rawatan sangat penting bagi mengelakkan komplikasi lebih teruk.

"Jangan tunggu atau sekadar beri anak makan paracetamol. Mereka juga akan batuk dan kadang-kala ia boleh memberi kesan ke atas telinga tengah yang menyebabkan bayi menangis berterusan.

"Bila nampak ada yang tidak kena dengan anak, bawa anak segera ke hospital untuk dirawat," katanya pada pelancaran vaksin konjugat pneumokokus 15-valent generasi baharu yang dihasilkan MSD dan diluluskan oleh bagi melindungi kanak-kanak dan orang dewasa melawan pneumokokus. Turut hadir, Pengarah Urusan, MSD Singapura, Malaysia dan Brunei, Dr. Abdullahi Sheriff dan Pakar Penyakit Berjangkit, Prof. Petrick Periyasamy.

Vaksin berkenaan menawarkan perlindungan terhadap 15 serotaip Streptococcus pneumoniae untuk pencegahan penyakit pneumokokus, disebabkan Streptococcus pneumoniae serotaip 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F 22F, 23F dan 33F pada individu berumur enam minggu dan lebih tua.

Di Malaysia, prevalens radang paru-paru pada kanak-kanak di bawah umur 5 tahun, antara 28 hingga 39 peratus dan menimbulkan ancaman besar kepada kanak-kanak.

Statistik Jabatan Perangkaan Malaysia (DOSM), menunjukkan ia menduduki tempat kedua sebagai penyebab utama kematian, menyumbang 13.3 peratus dalam semua kumpulan umur.

Untuk kanak-kanak berumur 0 sehingga 14 tahun, ia adalah punca kematian nombor satu, membentuk 4.0 peratus daripada kematian dalam kumpulan umur ini.

Penyakit pneumokokus juga menyumbang sehingga 21.7 peratus daripada kes pneumonia di Malaysia.

Lindungi anak, warga emas serangan penyakit pneu

“Pneumokokus menyebabkan penyakit pneumokokus dan beberapa penyakit lain...”

Streptococcus pneumoniae adalah patogen bakteria yang paling biasa untuk pneumonia yang menjangkiti masyarakat.

PEMBAWA VIRUS

Bakteria pneumokokus berada di bahagian belakang hidung pembawa virus dan ia boleh menjangkiti terus kepada orang lain.

Dr. Zulkifli berkata, kira-kira 60 peratus pembawa adalah kanak-kanak, manakala pembawa dalam kalangan orang lebih dewasa adalah rendah iaitu satu dalam 10 orang.

"Dari hidung, ia bukan saja boleh menjangkiti orang lain tetapi bakteria ini akan naik ke bahagian telinga yang menyebabkan jangkitan telinga, seterusnya ke trakea, masuk ke paru-paru dan darah. Ia boleh turun ke sinus menyebabkan sinusitis serta boleh merebak ke otak.

"Pneumokokus menyebabkan penyakit pneumokokus dan beberapa penyakit lain. Ia boleh dibahagikan kepada non invasif (tidak begitu teruk) dan invasif (sangat teruk). Penyakit non invasif seperti sinusitis, jangkitan telinga tengah dan pneumonia," katanya.

Tambahnya, bakteremia pneumonia berlaku selepas bakteria masuk ke dalam darah dan paru-paru menyebabkan pneumonia yang teruk, seterusnya ia boleh pergi ke otak dan menyebabkan meningitis.

Pneumonia adalah penyebab kedua kematian dalam kalangan orang ramai selepas penyakit jantung.

Ia juga adalah punca kematian utama dalam kalangan kanak-kanak berusia kurang daripada 14 tahun.

Di Korea dan Jepun, pneumokokus menjadi punca kematian sehingga dua pertiga daripada kes.

Ini adalah bakteria yang disebabkan oleh pneumonia. Di Taiwan kira-kira satu



BAKTERIA pneumokokus berada di bahagian belakang hidung pembawa virus dan ia boleh menjangkiti terus kepada orang lain.
- GAMBAR HIASAN

perempat, manakala di Malaysia maksimum 21 peratus kematian berlaku akibat pneumokokus.

"Kos rawatan untuk pneumonia boleh mencecah lebih RM25,000 bagi rawatan dan jumlah berkenaan meningkat sekiranya pesakit perlu dirawat di Unit Rawatan Rapi (ICU).

"Sekiranya pesakit dirawat di hospital kerajaan, kerajaan yang perlu menanggung kos ini. Lebih menyedihkan apabila ramai yang kehilangan keluarga terutama anak yang masih kecil," kata Dr. Zulkifli.

BAKTERIA CEGAH JANGKITAN

Dalam kalangan kanak-kanak sudah ada vaksin pneumokokus tetapi mereka masih menjangkitkan orang lebih tua pada peringkat tertentu.

Justeru vaksin berkenaan mula diberikan kepada orang dewasa.

Dr. Zulkifli berkata, Kementerian Kesihatan kini turut menitikberatkan vaksin dalam kalangan orang dewasa dengan menumpukan pemberian vaksin ke atas mereka yang berusia lebih 60 tahun ke atas, bermula dengan

pesakit hipertensi, strok dan diabetes.

"Vaksin sudah diperkenalkan sejak tahun 2000 iaitu vaksin konjugat pneumokokus yang pertama (Pneumovax, PCV7) namun hanya diberikan kepada bayi dan kanak-kanak.

"Kesannya jangkitan ke atas orang dewasa, menurun. Ia bukan disebabkan orang dewasa diberikan vaksin tetapi kerana kanak-kanak yang menerima vaksin tidak akan menjangkiti datuk dan nenek mereka.

"Sebelum ini kanak-kanak datang ke rumah datuk dan nenek. Apabila mereka batuk, bakteria akan menjangkiti datuk dan nenek mereka tetapi selepas divaksin, jangkitan berkurangan," katanya.

Tambah Dr. Zulkifli, apabila valent 13 diperkenalkan pada tahun 2010 kepada orang dewasa, tiada apa yang berlaku namun pada 2014, valent 13 diberikan bersama vaksin polisakarida valent 23 untuk individu berusia 65 tahun ke atas dan terdapat penurunan kes jangkitan.

FAHAMI SEROTAIP

Apabila bercakap mengenai vaksin, vaksin mengandungi

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emas daripada eumokokal



DALAM kalangan kanak-kanak sudah ada vaksin pneumokokal tetapi mereka masih menjangkitkan orang lebih tua pada peringkat tertentu. - HALINA MD. NOOR

serotaip iaitu kumpulan sel atau mikroorganisma seperti bakteria atau virus.

Serotaip diberikan nombor dan alphabet seperti serotaip 1, 3, 4, 5, 6A, 6B dan sebagainya. Ini semua adalah 'adik-beradik' pneumokokus.

Dr. Zulkifli berkata, streptococcus pneumoniae atau yang di panggil pneumococcus turut mempunyai beberapa

serotaip.

"Dalam vaksin terbaharu ini terdapat 15 serotaip didalamnya. Apabila dikatakan 13 atau 15, ini bermakna ada 13 vaksin didalamnya. Setiap satu ada kesan ke atas bakteria tertentu.

"Sebelum ini ada 103 serotaip dan terbaharu ada 104. Nombor ini sebenarnya akan bertambah dan akan

terdapat serotaip baharu di masa depan," katanya.

SEROTAIP PALING BAHAYA

Sementara itu, Prof. Periasamy berkata, kajian dilakukan di Pulau Pinang dan Kuala Lumpur pada 2009, mendapati kewujudan Streptococcus Pneumoniae tetapi pada masa itu, ia bukan jangkitan nombor satu.

Ini disebabkan cara ia diuji di hospital KKM, menggunakan teknik berasaskan pengkulturan yang tidak begitu sensitif.

"Pesakit sebelum itu sudah pergi ke doktor di luar dan mengambil antibiotik kemudian datang ke hospital untuk menjalani ujian darah. Hasilnya negatif. Ia berlaku dari tahun ke tahun sehingga gagal mengesan bakteria ini.

"Pada 2011, ada ujian yang lebih spesifik dijalankan dan didapati ia adalah punca utama pneumonia di hospital. Pada tahun 2012, soalan sama ditanya mengenai punca pneumonia di Hospital Universiti Kebangsaan Malaysia (HUKM). Pada masa itu ada ujian air kencing dan antigen," katanya.

Hari ini, boleh dikatakan Streptococcus Pneumoniae adalah punca penyakit pneumonia dalam kalangan pesakit yang dimasukkan ke hospital. Kajian terbesar dilakukan di 21 hospital utama pada 2019 sehingga 2022, menunjukkan serotaip paling bahaya dan membimbangkan adalah serotaip 3 diikuti 19F dan 19A.

Serotaip 3 paling bahaya kerana kapsulnya berbeza, lebih besar dan tebal berbanding serotaip lain. Malah dalam kes yang tidak teruk, seperti jangkitan dalam telinga, masih terdapat serotaip 3.

Serotaip akan bertukar sama ada menggunakan



KAJIAN terbesar dilakukan di 21 hospital menunjukkan serotaip paling bahaya dan membimbangkan adalah serotaip 3 diikuti 19F dan 19A.

tenaga semulajadi atau dengan kehadiran vaksin.

"Menyedari punca utama penyakit pneumokokal, adalah perlu untuk kita mencari vaksin lebih baik untuk melindungi orang ramai daripada Serotaip 3.

Bagaimanapun, sukar untuk memantau jenis serotaip yang ada dan vaksin sempurna yang menyasarkan serotaip ini.

"Dijangkiti pneumonia dalam usia 60 an ke atas sangat membimbangkan dan boleh berakhir di Unit Rawatan Rapi (ICU). Jadi, jangan tunggu untuk mendapatkan vaksinasi kerana anda bukan saja melindungi diri tetapi orang di sekeliling anda.

"Jangan fikir, anda berusia 65 tahun tapi sihat kerana anda pasti akan keluar untuk pelbagai tujuan dan bercampur dengan pelbagai orang di tempat awam yang boleh meningkatkan risiko dijangkiti," katanya.

Bagi golongan muda yang menghidap penyakit kronik seperti diabetes, hipertensi atau tekanan darah tinggi dan penyakit jantung, berisiko tiga kali ganda untuk dijangkiti.

Mereka yang menjalani

kemoterapi, pemindahan atau transplan pula, berisiko 10 kali ganda dijangkiti, manakala perokok pula tujuh kali berisiko dijangkiti.

LANGKAH PEMANTAUAN

Dr. Periasamy mencadangkan penggunaan kaedah digital, di mana semua orang menggunakan pusat sistem input serotaip untuk perkongsian data dengan kerjasama organisasi dalam kerajaan seperti Lembaga Pelancongan Malaysia boleh dilakukan bagi mengesan serotaip yang ada terutama melalui kemasan pelancong luar.

Dr. Zulkifli pula berkata, doktor yang merawat pesakit perlu membuat laporan mengenai perkara ini kerana banyak kes tidak dilaporkan.

"Tempoh mengesan jenis serotaip turut perlu dipercepatkan. Doktor perlu memberikan kesedaran kepada doktor di bidang lain mengenai penyakit pneumokokal menerusi kepentingan vaksinasi dan pencegahan berbanding bercakap mengenai rawatan semata-mata," katanya.



(DUA dari kiri) ZULKIFLI Ismail, Abdullahi Sheriff dan Petrick Periyasamy.

AKHBAR : THE STAR
MUKA SURAT : 7
RUANGAN : NATION

Healthcare perks for outstanding blood donors

By **SARBAN SINGH**
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KUALA LUMPUR: Those who donate blood more than 100 times are now entitled to free outpatient and dental treatment as well as admission to a first-class ward at government health facilities for a period of 20 years.

After the 20-year period is up, they will be entitled to free dental and medical treatment for life in a second-class ward.

Health director-general Datuk Dr Muhammad Radzi Abu Hassan, in a ministry circular, said these improved benefits have been introduced to encourage more people to donate blood.

"There has been a significant increase in the number of donors from the year 2007 till 2019, but the Covid-19 pandemic reversed this. Therefore, we need new strategies to ensure we always have a sufficient supply of blood to treat patients," he said in the directive.

He said it is important to have an adequate, safe and quality blood supply to treat and save the lives of patients involved in various medical situations such as motor accidents, bleeding during childbirth, chronic diseases such as thalassemia, cancer or kidney failure as well as for those undergoing complex surgery.

The ministry had since 2005 been giving incentives to blood donors but they were not given dental treatment and were required to pay for X-ray proce-



Life-saving deed: Dzulkefly said Malaysia needs more blood donors to ensure adequate supply to meet the nation's daily demand of at least 2,000 bags of blood.

dures and surgeries.

Also, there were no added incentives for those donating blood more than 75 times or 100 times.

Under an improved structure, the benefits for those who donate blood between one and more than 50 times remain the same, with the exception that they are now entitled to free dental treatment and will not be charged for X-ray procedures or if they are

required to undergo surgery.

Those who donate blood between one and five times, for example, are eligible for free outpatient and inpatient treatment in a second-class ward for four months.

Those who donate blood between six and 30 times will among others be entitled to free treatment at a second-class ward between six months and three years depending on the number

of times they did so, while those who do so between 31 and 50 times will get free first-class treatment between four and six years.

Those who donate more than 50 times are also given free outpatient and dental treatment and admission to a first-class ward for a period of 10 years.

They will also be entitled to free treatment for life at the second class after the first 10-year-period is up.

Dr Muhammad Radzi said under the new structure, those who donate blood between 76 and 100 times will be entitled to free outpatient, dental and inpatient treatment in a first-class ward for 15 years.

After the 15-year period is up, they will be eligible for free treatment in a second-class ward for life.

However, if the donors need to be admitted, they will only get the beds subject to availability. If there are no vacant beds in the first-class wards, for example, they can be placed in the second class.

In March, Health Minister Datuk Seri Dr Dzulkefly Ahmad said Malaysia needs more blood donors to maintain a "safe zone" of blood stock to meet the nation's daily demand of at least 2,000 blood bags.

He said the ministry would intensify efforts to promote such campaigns, a collaborative initiative involving the ministry, National Blood Centre and St John Ambulance of Malaysia.

Dzulkefly also said the country needs additional blood supplies even though the blood bank has sufficient stock.

In the Klang Valley alone, there has been an increase in demand from 500 to 700 units per day over the last two years.

This is attributed not only to motor vehicle accidents but also to the rising number of transfusion-dependent patients.

Raising awareness on the benefits of donating blood

By **HO JIA WEN**
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PETALING JAYA: Better incentives for blood donors may encourage more to donate, but such perks are still not widely known among the masses, says St John Ambulance of Malaysia executive manager Kevin Peter Ryapan.

"The issue here is that many are unaware of the benefits although that information, along with the tracking of personal blood donations, is digitally available on the MySejahtara mobile application," he said.

Kevin was commenting on the latest Health Ministry circular issued by its director-general Datuk Dr Muhammad Radzi Abu Hassan on the additional benefits

for blood donors at government health facilities.

In a scheme that rewards frequent blood donations, donors are entitled to a host of free treatments, from inpatient to outpatient and dental, and admission to a first-class or second-class ward for different periods.

The medical incentives that a person is eligible for are based on the number of times – up to more than 100 – they have donated.

Kevin said it is possible to donate up to 100 times, although it may take up to 25 years if the individual consistently donates four times a year.

"It is a feasible goal. Personally, I donate four times a year and we have those who have donated over 100 times.

"I know an uncle in his 50s who

has donated 105 times," he said.

However, young people, Kevin added, are less keen to donate and hampered by their busy schedules.

"We are trying to promote blood donation to them and looking at how we can make it more convenient for them such as having blood donation centres in malls, where people can drop by during lunch hour or while shopping," he said.

Student Elisha Mary Easter, 24, said she is glad to learn about dental treatment being an additional benefit.

"It does make me happy to donate because I am appreciated and it would help with my yearly dental check-up.

"With these additional perks, my friends may be more motivat-

ed to donate too, though many of them may not know about this," she said.

When asked about donating more than 50 times, Elisha said it is difficult to achieve this target as consistent donations are needed.

She has donated blood seven times to date.

"I have been rejected three times because of the stringent donation rules, and I usually participate at donation drives in my university," she said.

Ho Ming Hui, who studies medicine, said the enhanced privileges will not change her blood donation habit.

"I have donated 11 times because blood donation is important and it has become a routine for me," said the 25-year-old, adding that many of her peers are

also frequent donors.

Ho suggested that the ministry provide benefits to those who have never donated, and said raising awareness of the benefits will be a good step.

The benefit that Ho received was a free hepatitis B booster shot after donating twice in a year.

Senior sales executive Pang Shiang Yih, 24, said accessibility to donate will be a highly motivating factor.

"The additional privileges do not impact me as I donate for a good cause and for my health," she said.

Pang just donated two months ago after spotting a donation drive at a mall.

"Convenience is important. It will be quite troublesome to head to the hospital," she said.

AKHBAR : THE STAR
MUKA SURAT : 12
RUANGAN : NATION

Johor sounds the alarm on dengue

State govt going all out to tackle disease after recording highest number of deaths

By YEE XIANG YUN
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JOHOR BARU: Johor has the highest number of dengue deaths nationwide, which has led to the state government launching more efforts to destroy mosquito breeding grounds.

State health and environment committee chairman Ling Tian Soon said Johor is also the second highest state in terms of recorded cases so far, which was not an achievement to be proud of.

"Eight dengue deaths were recorded from Jan 1 until May 5, of which four of the victims were aged 60 and above.

"Three other victims were in their 30s and the fatalities included a 17-year-old.

"A total of 214 cases of dengue were reported in the 18th epidemiology week (from April 29 to May 5) alone.

"This brought the total number of cases in Johor to 6,098, a hike of 126% compared with the corresponding period last year," he told *The Star*.

He reminded those who experience symptoms such as fever, chills and red spots on their body to seek immediate medical treatment and ask to be checked for dengue.

Ling said about 90% of the dengue cases were reported in Johor Baru and Kulai, probably due to the dense population.

"The situation is quite serious, which prompted the state to form



Latest updates: Ling showing the state health department's statistics on where mosquito larvae are commonly found.

the Johor South Dengue Task Force comprising the state Health Department and local councils to combine efforts to tackle the issue at the two districts.

"Among the initiatives being taken are carrying out gotongroyong programmes to destroy Aedes mosquito breeding grounds.

"Local councillors, community leaders and resident committees will also go down to the ground in droves to alert the people about dengue.

"We want to alarm the people as subtle methods and gentle reminders no longer seem to

work," he said.

The state government also allocated additional funds of RM250,000 to the Johor Health Department to curb dengue using the outdoor residual spraying technique in high-risk areas, such as People's Housing Projects and flats, Ling said.

He said the department's data showed most of the mosquito larvae were found in plastic containers that were either left around the house or discarded in the trash.

Ling said the department's enforcement team would also



Smoking them out: Fogging is among the initiatives being taken to tackle the dengue issue. — SS KANESAN/ The Star

continue issuing compound notices against owners of homes or premises found with mosquito breeding grounds.

So far, a total of 2,040 compound notices worth RM1.01mil have been issued, and 64% of them had been paid.

"With the weather suddenly turning hot and wet these days, water could easily collect in pockets and containers; if left

uncleaned or unattended, they will become breeding grounds for mosquitoes, exposing people to dengue and other illnesses.

"The state will also ramp up its cleanliness campaign, Johor Bersih, which is now under my purview, to remind the people that if we do not keep our surroundings clean, we will end up paying the consequences by falling ill," added Ling.

Report: Digital integration key to tackling ageing population

By BENJAMIN LEE
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PETALING JAYA: With 14% of the Malaysian population expected to be senior citizens by 2040, a fully integrated digitalised health record (DHR) system will be crucial in managing the looming ageing population crisis, says a study by the Khazanah Research Institute (KRI).

The study titled *Digital Health Records in Malaysia: The Journey and the Way Forward*, released yesterday, said it was important to address the currently fragmented health information systems.

Referencing a previous study

by the institute's research associate Ilyana Syafiq Mukhriz Mudaris, the report said the country's growing ageing population would also result in more patients with non-communicable diseases (NCDs) that require constant care.

"A reliance on traditional paper-based methods could be potentially detrimental as patients shift from requiring episodic, curative care to long-term continuous care that is increasingly community-based.

"DHRs that allow seamless sharing of information between healthcare providers and easy patient access to medical records is something that should be imple-

mented," she wrote in her research paper in March last year.

The report recognised the challenges in implementing an integrated DHR, such as the security and privacy risks, possible system design and implementation issues, as well as existing inequalities in access and literacy in communities across the country.

It listed a number of policy recommendations to help overcome these issues.

"Digital health-specific legislation needs to be updated since current provisions may not be comprehensive enough regarding how entities can collect, use and

disclose health information.

"There must also be increased investment in foundational healthcare digitalisation, which includes total lifecycle costs of the system and existing infrastructure readiness.

"Consistent data standards must also be enforced thoroughly to facilitate proper public-private healthcare systems integration," said the report.

KRI also said there was a need to promote public awareness on the importance of patient access to health, which would boost inclusivity.

"This is key to supporting a healthcare system reform that shifts away from medical pater-

nalism to patient autonomy," it added.

The report is a consolidated summary of various articles by KRI researchers since March last year.

These include the institute's deputy director of research Dr Rachel Gong, senior research associate Dr Jun-E Tan, Ilyana and former contract research assistant Lim Su Lin.

A report released in July last year by the Statistics Department titled *Current Population Estimates, Malaysia, 2023*, said Malaysia's senior population aged 65 years and above had increased from 7.2% of the overall population in 2022 to 7.4% in 2023.

AKHBAR : THE SUN
MUKA SURAT : 4
RUANGAN : NATIONAL

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'Read labels carefully to avoid buying unsafe supplements'

➤ Not all nutrition, health products fit for consumption as efficacy often grossly misrepresented to boost sales. Experts

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PETALING JAYA: A pharmacist and a public health expert have warned the public to beware of supplements sold in pharmacies and online that are unsafe to consume due to side effects and misinformation.

Nur Aimah Sakinah Kairulanuar, who has been a practising pharmacist for 13 years, said she has seen many supplements with misinformation on their labels.

"Not all supplements found on pharmacy shelves or sold online are safe for consumption. Many of them grossly misrepresent the efficacy of the product and mislead consumers into purchasing them."

Nur Aimah said most of the supplements for diet, nutrition and meals are allowed for sale based purely on laboratory test results provided by manufacturers.

"The Health Ministry issues a notification number based on the owner's laboratory tests, which allows the sale.

"While possessing the necessary paperwork might give the impression that the product is safe for consumption, it does not ensure this or the efficacy of the products.

"Only if there are complaints will the ministry independently test the product and ban it if necessary."

For instance, Nur Aimah said, while diet cookies are now being sold in pharmacies, not all of them are suitable for the masses due to individual metabolism, dietary preferences, medical conditions and lifestyle.

She said despite their marketing claims of being low-calorie alternatives and appetite



Nur Aimah said relying on the presence of official stamps and documentation is insufficient to ensure product safety or suitability. — ADIB RAWI YAHYA/THESUN

suppressants, many of them contain high levels of sugar and refined carbohydrates, which cause weight gain and other health risks.

"Some companies and product owners prioritise profits over consumer health. In highly competitive markets, some businesses may focus on short-term profits rather than having long-term relationships with customers."

She said merely relying on the presence of official stamps and documentation is insufficient to ensure the product's safety or suitability as a health product.

Universiti Kebangsaan Malaysia Public Health Medicine specialist Prof Dr Sharifa Ezat Wan Puteh said interest in alternative medicine such as herbal remedies, is growing in Malaysia.

"When pharmaceutical products fall short, an increasing number of distressed patients seek solace in alternative medicine.

"However, unlike prescription medications that undergo rigorous testing and regulatory scrutiny

before hitting global markets, dietary supplements are not subject to the same stringent standards.

"Moreover, supplements should not be equated with candy. Supplements are semi-medical products and like any medication, they come with potential side effects."

Sharifa Ezat said herbal supplements and other products labelled as "natural" and "low calorie" are incredibly popular as the public often assumes they are healthier due to their natural origins.

"Just because something is 'natural' does not mean it is safe. Some herbal supplements can cause serious health issues if taken in combination with prescription drugs or if one has certain health issues."

Giving an example, she said St John's Wort, which is taken to overcome depression, will make consumers sensitive to sunlight, especially if they consume it in excess.

"Other side effects can include trouble sleeping, feeling anxious,

having a dry mouth and headaches, experiencing dizziness, stomach issues and feeling tired.

"Ephedra, which is also known as *Ma huang*, Chinese ephedra and ephedrin is often marketed as an aid for athletic performance and weight loss.

"However, it can cause high blood pressure, irregular heartbeat, nerve damage, trouble sleeping, shaking, headache and even a heart attack, stroke, or death."

Sharifa Ezat said vigilance and informed decision-making remain paramount in safeguarding one's health.

"While dietary supplements may offer benefits when used correctly, not all products are created equally. The lack of stringent regulations and quality control measures means that some supplements may pose risks to consumers' health."

She said in avoiding the hidden dangers lurking in pharmacy aisles, the public should stay informed, exercise caution and prioritise their health and well-being.

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COMMENT

"EAT less carbs and cut back on sugar!" With one in five adults in Malaysia diagnosed with diabetes, this advice is doled out freely, but is that all?

Experts say there is more to this as diabetes is a complex condition with multiple factors that tip the scales, including family history, physiology and physical activity, along with diet playing a role.

After years of steady increase, as shown in successive National Health and Morbidity surveys, diabetes rates in Malaysia have reached alarming levels, and if left unchecked will escalate from 3.9 million in 2019 to seven million in 2025.

Approximately 34.38% of the population have elevated blood sugar levels above 6.5%, which is the threshold for diagnosing diabetes. However, this is not the only concern. The National Diabetes Registry Report 2013-2019 noted an increase in diabetes-related complications such as amputations, blindness (diabetic retinopathy), erectile dysfunction and kidney disease in Malaysia, contributing to poor health outcomes and quality of life among diabetes patients.

The burden and impact of diabetes are also felt globally, with the World Health Organisation reporting that the prevalence of diabetes has risen dramatically in countries of all income levels.

What is more, while the prevalence of diabetes is highest among those aged 75-79, type two diabetes (formerly known as adult-onset diabetes and representing more than 95% of diabetes cases) is occurring more frequently in children.

What does this mean for us and what can we do about it?

Firstly, it is important to understand that the epidemiology of diabetes is dynamic, with global ebbs and flows that demonstrate success stories and areas for improvement, according to Head of the Royal College of Surgeons in Ireland, School of Population Health, Prof Edward Gregg.

For example, between 1960 and 1980, there was a clear upward trend in diabetes with an increased risk for complications. In response, improvements in quality of care helped to reduce the incidence of diabetes

and its related complications in the years that followed.

Owing to many factors, current data now reveals reduced cardiovascular deaths among older adults, alongside a concerning increase in obesity among younger adults, with more diverse complications. This complex situation means that more people are living with one or more chronic conditions for longer, presenting a significant challenge to healthcare practitioners.

However, he also stressed that these trends were reflected in other Western countries, such as the United Kingdom, while data from other parts of the world were not readily available.

Explaining further, Deputy Vice-Chancellor of Research at IMU University Prof Datuk Dr Lokman explained that while global healthcare trends are good indicators, most of the existing research on diabetes is based on Western populations. Because of this, results from these studies do not directly translate to the diet, genetics, culture and lifestyle of Malaysians.

Likewise, as long-term and longitudinal studies are lacking in Malaysia and many other Asian nations, most of the established guidelines for the prevention and management of diabetes are also based on Western demographics.

As Asian diets comprise more carbohydrate-rich foods, in the form of rice, noodles and breads, researchers have looked into the key differences between Western and Asian diets and physiology. Their work has found that food, especially simple sugars and carbohydrates, affect blood glucose levels differently between people of Caucasian and Asian descent, with a higher glycaemic response among Asians compared to Caucasians after consuming similar amounts of carbohydrates.

While it is normal for blood glucose levels to rise after eating, insulin helps to regulate blood glucose levels. However, those with diabetes experience dangerously high levels of blood glucose due to insufficient or deficient insulin.

As Malaysia has one of the highest rates of diabetes in Asia, it is imperative

The diabetes dilemma

"After years of steady increase, diabetes rates in Malaysia have reached alarming levels, and if left unchecked will escalate from 3.9 million in 2019 to seven million in 2025."



Eat breakfast like a king, lunch like a prince and dinner like a pauper. In simple terms, have a hearty breakfast and an early, low-carbohydrate dinner to better manage blood sugar levels throughout the day. - BERNAMAPIC

to look even more deeply into the interconnected web of genetics, culture, lifestyle and diet that influence the development of diabetes in Malaysia.

Towards that end, the Seremban Diabetes Cohort is Malaysia's first longitudinal study on diabetes, which aims to provide important insights and yield data that is more relevant to the local population, explained Lokman, who is also principal investigator of the SeDia Cohort.

In time, data collected from thousands of diagnosed diabetes patients as well as their family members will reveal greater insights and help to improve guidelines for treating and managing diabetes, while shaping more targeted public health policies.

In the meantime, Malaysians would do well to make some changes in their dietary habits to better manage the effect of a carbohydrate-heavy culture.

There is promising evidence that small changes to the sequence and timing of eating carbohydrates can help diabetics manage the glycaemic response, said senior advisor of the Biomedical Research Council at Agency for Science, Technology and Research Prof Dr Christiani Jeyakumar Henry,

who offers the following advice:

- 🍴 Eat breakfast like a king, lunch like a prince and dinner like a pauper. In simple terms, have a hearty breakfast and an early, low-carbohydrate dinner to better manage blood sugar levels throughout the day.
- 🥬 Save the carbs for later. Eating some vegetables and protein before carbohydrates can help regulate the body's glycaemic response. Similarly, amino acids found in chicken essence, consumed 30 minutes before a carbohydrate-rich meal, have a similar effect.
- 🍴 Take your time. Small mouthfuls have a big impact on blood sugar levels. Instead of loading your spoon, try using chopsticks instead.

Lastly, advocates for a healthier approach to food recommend a paradigm shift to address the habit of overconsumption that is common in many cultures to appreciate food for its therapeutic and preventative value, which is particularly relevant for diabetes care and management.

This article was contributed by IMU University. Comments: letters@thesundaily.com