

*Botswana's Premier Health Journal*

# Diagnos**t**ics

update.com

Issue No: **3.5** Third Quarter **2012**

## Teen Pregnancy Prevention

Parents  
of the Deaf

## DYSLEXIA



## Healthy Foods

# CHOPPIES

## Hyper

VALUE FOR YOUR MONEY!



# Pulse

your convenient chemist

## Choppies Introduce Pulse Pharmacy

The Health sector in the country received what could be undoubtedly a major boost as far as Pharmacy dispensary is concerned when Choppies Superstore launched the Pulse Pharmacy housed within the Choppies Superstore at the Fairgrounds Mall. The auspicious event which was graced by the attendance of the Assistant Minister of Health Hon GUS Matlhabaphiri, Members of the media as well as Choppies CEO was described as the first of many others to follow in every corner of the country and outside where Choppies has operations.

"Choppies has been a good service provider to the Nation of Botswana and has also been taking the leading role in giving back to the communities. We at Choppies believe in a good and healthy environment for everyone; furthermore we are aimed at being part of the building the Botswana that we can all be proud of and the realization of the Vision 2016 which seeks to have Botswana as a healthy nation by the year 2016." Choppies Human Resource Assistant Manager Mr. Baone Ramaselesele said in the welcome remarks.

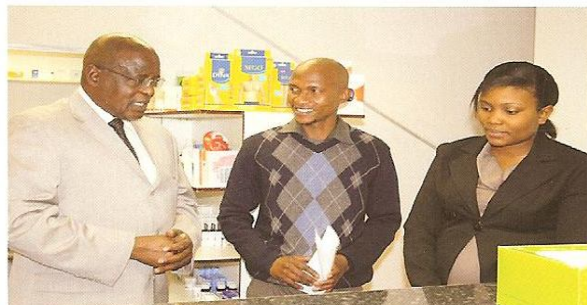
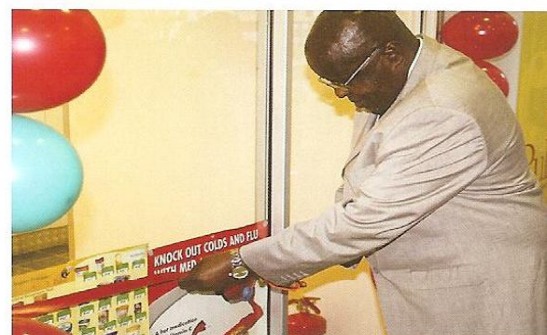
Choppies were given the green light to start operating the Pharmacy some two years back and due to intensive consultation, the pharmacy had to be delayed to ensure that its opening became flawless and is relevant to the local market. Consultations have been made with the relevant stakeholders and the opening of the pilot pharmacy in Choppies Fairground is targeted to herald the beginning of new era in the local health care system.

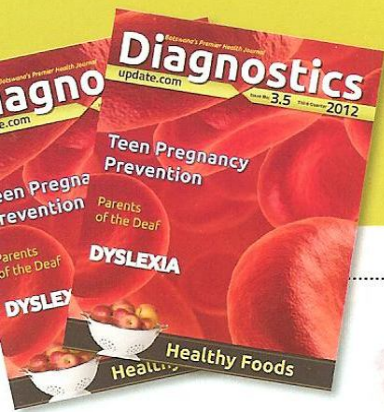
"In the healthcare system, since life only comes once, there are no shortcuts or exceptional cases. The introduction of retail pharmacies within Choppies supermarkets meant that we will be now operating a healthcare service at the highest level as compared to dealing with over the counter drugs and as such it was a must and very important that we comply with the protocols, rules and regulations set by the ministry of health without any deviations.

I must admit that for a new set up like the one we are here to witness, it was never going

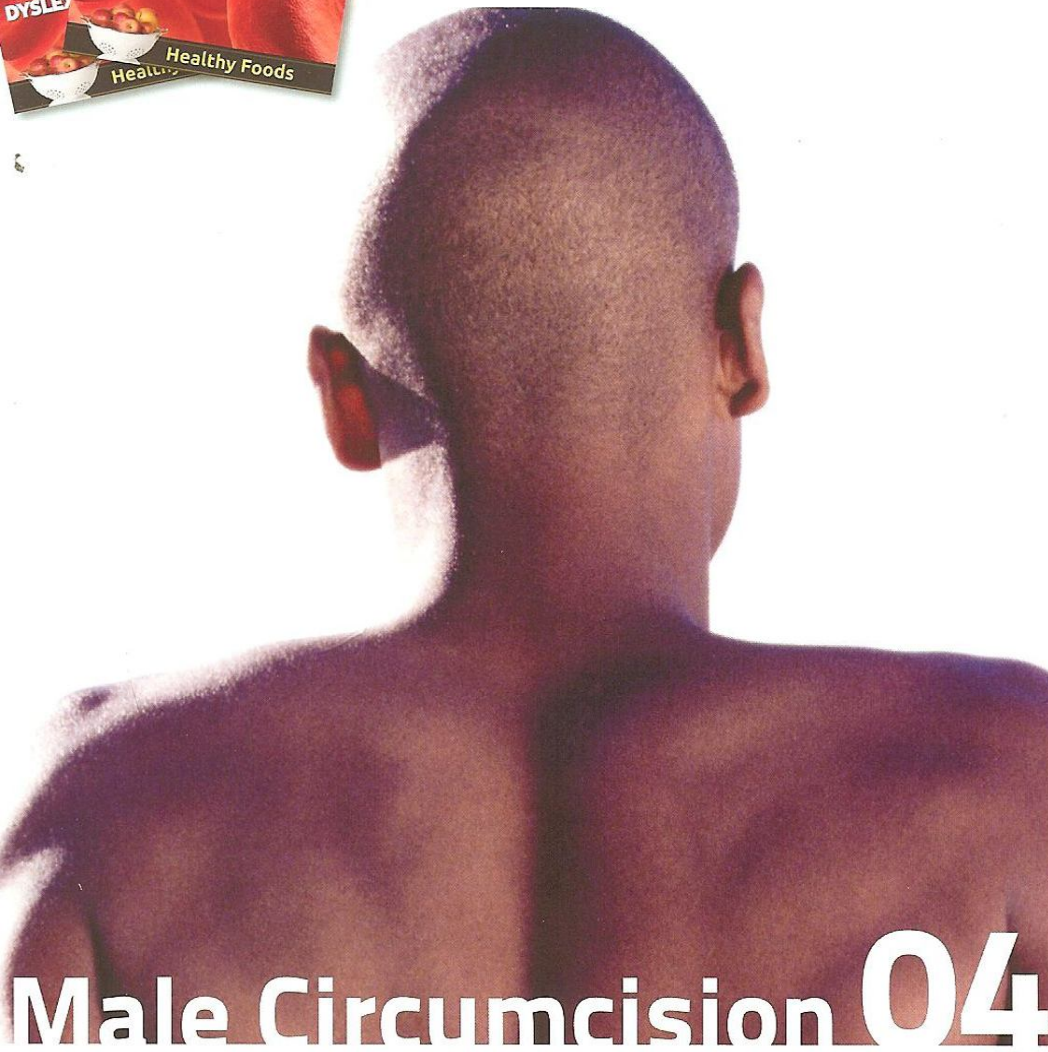
to be easy without the continuous guidance and assistance from the ministry of health and its staff," Mr Daniel Bathusi, Pharmacist Supervisor of Pulse Pharmacy said in closing remarks.

Finally I feel very much encouraged and excited to take this moment of freedom to also encourage you to maximally utilize the professional pharmaceutical services to be offered at Choppies fairgrounds pharmacy and the rest of the pharmacies still in the pipeline. I am very confident that with the increase in number of these outlets across the country, we will be seeing more patients under triple P or any similar schemes filling their prescriptions here to help relieve the service pressure and workloads in government facilities and other health institutions.





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Dear Reader,

One of the great aspects of this job is having the opportunity to talk with and listen to the many different manufacturers, distributors, and of course the huge network of dealers that is the backbone of our industry. Years ago I never would have

ever imagined I would be in this position, and it is amazing. To say I really enjoy this job is an understatement.

What makes Diagnostics Update.com so unique is their informative and educative ways to the nation.

The staff and management is always looking for ways to inform their readers on how to tackle different medical

issues. Basically, you want more people to enjoy reading more and more.

That said, there is still the need to get more readers to embrace healthy routines within and outside the homestead. This July/August issue we focus more of the winter/spring season ailments. We take a look at different ways to keep healthy.

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information should not be used to diagnose, treat, cure, or prevent a disease without the supervision of a medical doctor. Please be advised that medical information changes rapidly and new discoveries are being made on a daily basis. Therefore, some information in this publication may have change by the time you read it.

# M-Health brought to you Mascom and PING

BY JOWAWA MOTHUSI  
Gaborone, July 20, 2012

Mascom fully appreciates the role and responsibility the company has towards its various stakeholders and the environment. Our Corporate Social Responsibility (CSR) initiatives target several groups and organizations in an effort to positively contribute to the lives of ordinary people.

We ensure that in all our business dealings we are responsible and responsive to our customers. Our CSR initiatives span over a spectrum of initiatives that we have been supporting including:

Mascom M – Health; we believe access to health expertise should not be compromised by distance from urban and progressive facilities. Through the Mascom e-Health initiative we are contributing to Botswana's Vision 2016 goal of "building a compassionate, just and caring nation" that addresses the need to strengthen the health care system and to ensure that Botswana is a healthy nation.

M – Health and PING Collaboration:

Mascom has been collaborating with a non-profit making organization PING (Positive Innovation for the Next Generation) to improve the quality and efficiency of disease surveillance in Botswana through mobile health monitoring technology. The initiative enables health workers to more efficiently predict, observe, and minimize the harm caused by outbreak situations, advancing the country toward its goal of malaria elimination. On the 24th July

2012 Mascom will launch M – Health and the collaboration with PING at Blue Tree (World of Golf) at 9:30am.

PING, supported in part by the US Government's PEPFAR program, is undertaking several mobile health projects in Botswana and shares Mascom's goal of supporting the Ministry of Health in the fight against HIV/AIDS and other ailments and in promoting the general health of the population.

## The Kgakololo Project

PING has developed an SMS-based support, reminder and information system for patients. The pilot project was first launched in March 2010 (SMS reminders for HIV-patients). The system provides patients with medication and doctor appointment reminders, feedback to questions and assistance in emergency situations via SMS and a toll free phone number.

## Safe Male Circumcision Project

With the success of the Kgakololo Project, PING is extending the service to Safe Male Circumcision (SMC) clients in which males who opt into the Government SMC outreach project are also given SMS-based support. Each patient will receive SMS's, which include reminders for follow up appointments and supportive messaging during the healing process.

## The Disease Surveillance and Mapping Project

This program equips healthcare workers in Botswana with HP Palm Pre 2 smart phones

to collect malaria data, notify the Ministry of Health about an outbreak, and tag both data and disease surveillance information with a GPS coordinate.

This data will contribute to a first-ever geographic map of disease transmission in the country, enabling faster response times and better measurement of malaria cases to monitor treatment and scale-up net coverage.

The program's pilot phase was the largest mobile health pilot program in Botswana, running throughout the malaria season. Future programs will expand to all outbreak-prone diseases in the region.

Mobile technology provided by Mascom will drastically improve malaria surveillance, by speeding data collection and generating more context-aware information. The project will allow for:

- Data analysis in the cloud: The system enables healthcare workers to collect data via a Web OS application on the mobile device, upload the data over the mobile network, and analyze and share the data in the cloud. Through this system, analysis now takes hours rather than weeks to complete.

- Rapid outbreak notification: When an outbreak is detected, healthcare workers can immediately upload specific case and location information from their mobile device in the field. All health officers in the area and members of the Ministry of Health then receive a text message alerting them of the outbreak, enabling rapid deployment of preventative measures to reduce disease transmission.

## Male circumcision reduces risk of HIV transmission from women

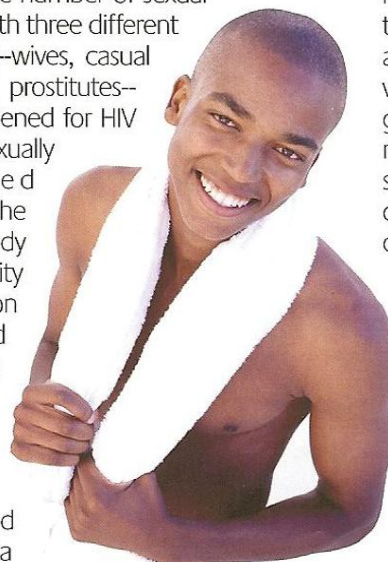
The first study to examine the probability of HIV infection per act of heterosexual sex among a population with multiple sexual partners has found that uncircumcised men have more than twice the risk of acquiring HIV than do circumcised men.

In the study, published in the Feb. 15 issue of *The Journal of Infectious Diseases*, now available online, Jared Baeten and colleagues from the United States and Kenya collected detailed sexual data from a group of male Kenyan truckers and, using statistical models, developed infectivity measures that estimate the per-sexual-act probability of HIV transmission. The study is the first to calculate the probability of infection for men who have multiple, concurrent heterosexual partners, which was found to be significantly higher than infectivity rates calculated in the past from studies of monogamous couples. Their results may help explain the rapid spread of HIV in settings where circumcision is not common and multiple sexual partnerships are.

Between 1993 and 1997, 745 male

employees of trucking companies based in Mombasa, Kenya were followed for the study. Initially they were evaluated for circumcision status and HIV-negativity. Over the length of the study the men were asked to give information concerning the number of sexual encounters with three different partner types—wives, casual partners, and prostitutes—and were screened for HIV and other sexually transmitted infections. At the end of the study the probability of infection was calculated using a statistical model that

incorporated published data



to estimate the rates of HIV infection among the three types of sexual partners.

For the men in the study, the overall probability of becoming HIV-infected following a single act of intercourse was calculated to be .0063, or one in 160. Uncircumcised men had a more than two-fold increased risk of infection per sexual act compared with circumcised men—one in 80 versus one in 200. Past studies have also found greater HIV infection risk for uncircumcised men. Unlike those studies, however, the present study was also able to take into account cultural characteristics that might be responsible for differences in sexual behavior.

These differences could, in turn, account for differences in the risk of infection. But the researchers found that cultural differences in sexual behavior did not matter: when groups of men were excluded from the analysis based on ethnic or religious characteristics, the difference in probability of infection related to circumcision status did not change.

# Teen Pregnancy Prevention Tips for Parents

Teen pregnancy rates go up and down depending on the data for the year in question but one thing does not change, there are too many teens getting pregnant. Why? Well, there are lots of social-economic reasons for teen pregnancy but the biggest culprit is that teens are having sex or more to the point, they are having unprotected, irresponsible sex. And big surprise here, sex works. It fulfills its purpose and produces babies. Teens need to be made aware of this and reminded often. Teens need their parents to help them control their impulses and to learn to be a sexually responsible young adult. Here are some tips you can use with your teen involving the whole family to prevent teen pregnancy:

Discourage early, steady dating. Encourage friendships, groups of friends and going out with a group activities. Some kids have boyfriends/girlfriends just because they are bored. Get your teen out and about with a youth group,

organized sport, hobby, etc. Allow your teen to invite friends to you home for a movie night or games. The more your teen's friends hang out together as a group, the less time they will spend as couples.

Three of four girls and over half of boys report that girls who have sex do so because their boyfriends want them to.<sup>1</sup> Help them make a plan to get out of situations before they are in them. Make a plan on how to walk away from someone who may be pressuring them to have sex. Make another on how to stop when they are feeling sexually charged. Let's face it, our teens have hormones, and they are hard to deal with, so give them the words to use.

Talk with your teen early and often about sex, contraception, your morals and values. The primary reason that teenage girls who have never had intercourse give for abstaining from sex is that having sex would be against their religious or moral values. Teens are influenced by what you do more than by what you say. If you demonstrate responsibility in your own

relationships, they will be more likely to do the same in their own.

Make their future attractive by teaching your teen to dream. Tell them they have the capability to be whatever they want to be... the sky is the limit! Send away for college catalogs by the time they are 15, send away for some from France, Hawaii, etc. Do everything to make their future look brighter than being a mommy or daddy at the age of 17. Whether they're having sex or not, they need to be prepared, they need to know how to avoid pregnancy. Parents rate high among many teens as trustworthy and preferred information sources on birth control. One in two teens say they "trust" their parents most for reliable and complete information about birth control, only 12 percent say a friend.

Use those good old fashioned rules and curfews. Your teen may be telling you that you are the only parent that does, or you may be the only parent that does, so be it. The best way to show you love your teen is to establish the limits and enforce them.

## "An Overview of Laboratory Accreditation"

BY JOWAWA MOTHUSI

### What is accreditation, and what are the benefits ?

Accreditation is a process in which an entity, separate and distinct from the health care organization, usually non governmental, assesses the health care organization to determine if it meets a set of requirements designed to improve quality of care. Accreditation is usually voluntary. Accreditation standards are usually regarded as optimal and achievable. Accreditation provides a visible commitment by an organization to improve the quality of patient care, ensure a safe environment and continually work to reduce risks to patients and staff. Accreditation has gained worldwide attention as an effective quality evaluation and management tool.

### Can you be sure that a Laboratory is Technically Competent?

Countries now rely on a process called Laboratory Accreditation as a means of determining technical competence. Laboratory accreditation uses criteria and procedures specifically developed to determine technical competence. Specialist technical assessors conduct a thorough evaluation of all factors in a laboratory that affect the production of results. The criteria are based on international standards ISO/IEC 17025/15189.

### How do Laboratories become accredited ?

Laboratories can have either all or part of their testing activities accredited. The accreditation process involves a thorough evaluation of all the elements of a laboratory that contribute to the production

of accurate and reliable test results. The evaluation process can take one to several days, and involves the use of specialist technical assessors who evaluate the specific types of testing being performed. The assessment criteria are based on an international standard called ISO/IEC 17025/15189, which is used for evaluating laboratories throughout the world. Accreditation bodies use this standard specifically to assess factors relevant to a laboratory's ability to produce precise, accurate test results, including the:

- technical competency of staff;
- validity and appropriateness of test methods;
- suitability and maintenance of test equipment;
- testing environment;
- sampling, handling and transportation of specimens items;

At the end of the assessment a detailed report on the evaluation is presented to the laboratory, highlighting any areas that require attention and corrective action prior to the laboratory being recommended for accreditation.

Once accredited, the laboratory is re-evaluated periodically to ensure its continued compliance with requirements, and to check that its standard of operation is being maintained. The laboratory may also be required to participate in relevant proficiency testing programs between reassessments, as a further demonstration of technical competence.

What should you consider when choosing a laboratory?

When selecting a laboratory to fulfil your testing needs, you need to be sure that they can supply you with accurate and reliable results. The technical competence of a laboratory depends on a number of factors including:

- the qualifications, training and experience of the staff

- the right equipment - properly calibrated and maintained
- adequate quality assurance procedures
- proper sampling practices
- appropriate testing procedures
- valid test methods
- traceability of measurements to national standards

• accurate recording and reporting procedures

All these factors contribute to a laboratory being technically competent to do your test and report results.

International Recognition for your Laboratory results.

Many countries around the world have one or more organizations responsible for the accreditation of their nation's laboratories. Most of these accreditation bodies have now adopted ISO/IEC 17025/15189 as the basis for accreditation. This has helped countries employ a uniform approach to determining laboratory competence. It has also encouraged laboratories to adopt internationally accepted testing practices.

### Patients Rights

Patients should exercise their rights to choose the right ISO accredited laboratory to do their tests. Patients should not compromise on their health as well as their family health, its their responsibility to decide which accredited facility they should utilize. The price factor is not the criteria as all the laboratories in Botswana fall under the same medical aid tariff (But each medical aid has its own tariff based on their schemes). So, why compromise on your health get the best at the same price. Ministry of Health has encouraged all laboratories public and private to get accredited.

# PARENTS OF THE DEAF/REHABILITATION WORKERS GET EMPOWERED IN SIGN LANGUAGE

Parents of the Deaf pupils learning at Ramotswa Centre for Deaf Education and Ramotswa Junior Secondary School as well as Rehabilitation/Social workers were recently treated to a one week Sign Language training workshop that was held at Ramotswa Centre for Deaf Education.

Many times, deaf students boarding at the above mentioned schools are faced with difficulties in communication with their families during school holidays due to lack of knowledge in sign language.

In addition to that, their immediate service providers such as social workers and Rehabilitation workers are also not able to effectively assist them in their times of need.

This ultimately results in lack of unity among families, no familial and social networking as well as services not reaching the rest of the citizens of Botswana as they are meant to. Consequently, Botswana Society for the Deaf saw it fit to organise a Sign Language Training for parents of the deaf, social and rehabilitation workers. The purpose of the workshop was to equip Parents, Social and Rehabilitation workers with Sign Language Communication skills in order to be able to provide efficient and effective service to the hearing impaired community.

When addressing the audience, Acting Director of Botswana Society for the Deaf, Mrs. Orapeleng Mokgosi shared with them that when the

students return to school vacation, they usually complain that parents cannot interact with them, assist in school work or any other communication between the two parties. Therefore attention and interaction is focused more on siblings who are not deaf, making the holidays boring and lonely. Mrs. Mokgosi however called to parents to take keen interest in their Deaf children, and make use of whatever they have learnt during the workshop to improve communication at home.

She also informed that as BSD, their mandate is to advocate for the rights of the deaf people in Botswana, and therefore by empowering the parents as well as rehab/social workers, this creates more awareness about the need to also recognize the presence of the deaf people in our society who are entitled to the same benefits as any other citizen of the country.

About 100 parents and 40 officers came from different parts of the country mainly the south east and west districts and converged at Ramotswa Centre for Deaf Education to partake in this training.

One of the parents, Mrs. Rampete encouraged other deaf parents to not be ashamed at their Deaf kids and cultivate a solid friendship that can strengthen their relationship and make them confident individuals.

She further commended BSD for coming up with such a training aimed at easing communication between either of the two parties and called on to other parents to not be ashamed of their children and go with them everywhere in order to break the communication gap and stigma.

Similar sentiments were also echoed by a social worker, Mr. Abednego Radipodi who revealed that it is very challenging and painful to be faced with a deaf individual and not be able to assist

them accordingly hence the need to learn sign language."I have come to realize that all of us knew sign language but we were not aware that it's an official communication medium to another person", he said.

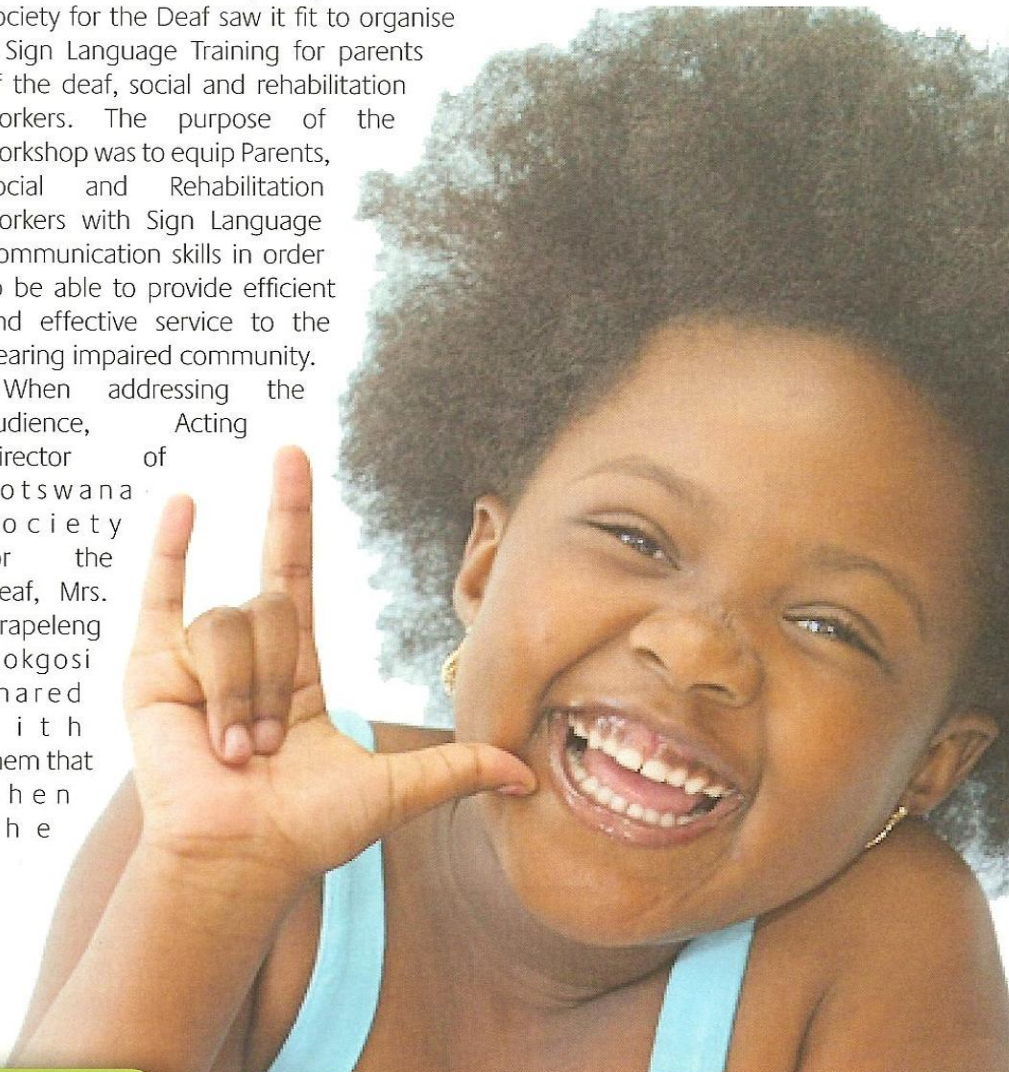
In closing, Mrs Baker from Ministry of

Education support service urge audience

to change their mindset about

the deaf people and accept them for who they

are. At the end of the day, Sign Language is their mother tongue the same way we have ours, and it does make them less of human beings.





"I have come to realize that all of us knew sign language but we were not aware that it's an official communication medium to another person"-  
**MR. ABEDNEGO RADIPODI**

# Diagnofirm Sponsored Two Team

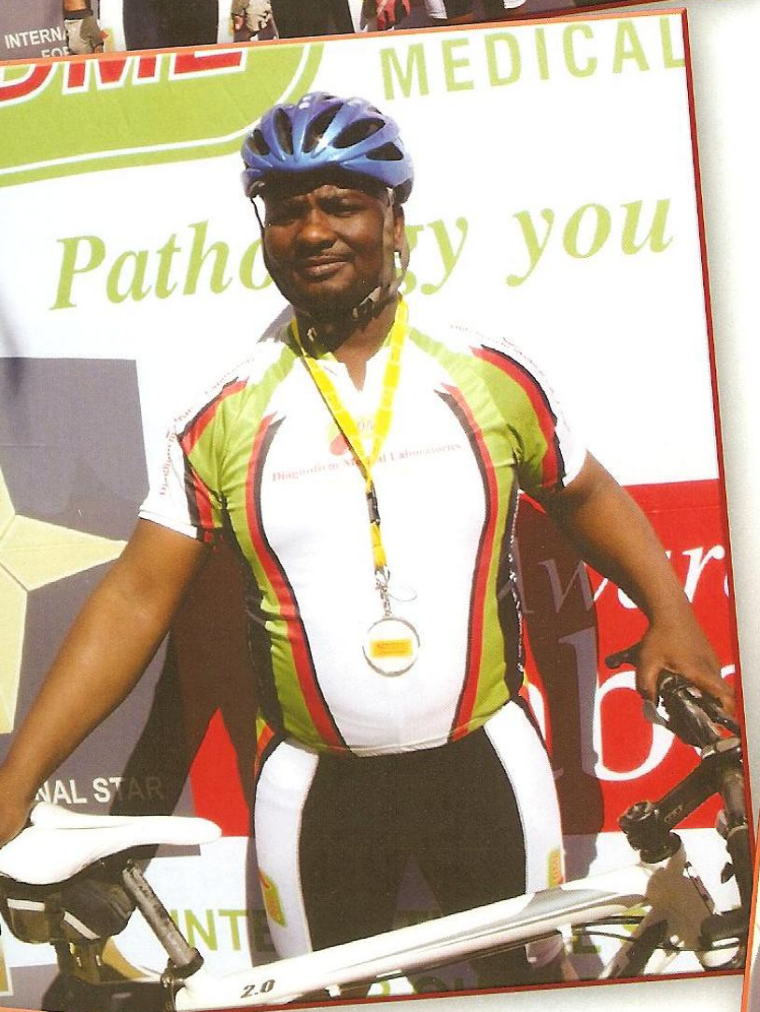
TEAM1: Mooketsi  
TEAM2: Ofentse





# Great Kalahari Challenges Circle Race

& Riju Shangwa  
Magiso Matsila



# Dyslexia

BY ROBERT LANG (B.OPTOM CAS .U.S.A)

Private practice Optometrist

YE EXPRESS (Riverwalk/Gamecity)

Education Sub Committee Head-

Botswana Optometrists Association

Health Sector Co-ordinator-BOCCIM

The objective of this article is to give an overview of Dyslexia, show the views of different professionals and also to emphasize on the need to have a multi-disciplinary, holistic approach to serve our patients better. It shall reflect not only an Optometric therapy on Dyslexia but also on the requirement of special needs of an educationalist, Occupational therapist, and Clinical psychologist.

Dyslexia is a specific learning disability that is neurological in origin. It is characterized by difficulties with accurate and/or word recognition, poor spelling and decoding abilities (National Institutes of child health and human development (NICHD 2002). It impairs a person's ability to read and which can manifest itself as a difficulty with phonological awareness, phonological de-coding, orthographic coding, auditory short term memory and/or rapid naming

## Facts we need to know

1. The prevalence of Dyslexia is between 4- 10

%and the severity can vary from mild to severe

2. There are more male patients than female and a strong genetic link

3. Dyslexic students tend to be good at understanding three dimensional objects, spatial reasoning and things they can see in pictures

4. They seem to be able to solve complex mathematical problems but struggle with "basic" mathematics

5. Dyslexia is not a disease, and thus medication will not cure a person, it will help to focus the child but do nothing for the root cause.

6. Dyslexia can not be treated but with appropriate educational/occupational therapy/ psychological/ optometric coping strategies we can help these children a lot.

## Signs and symptoms

1. Delays in speech
2. Slow learning of new words
3. Letter reversal b vs. d
4. Difficulty in learning alphabet order
5. Difficulty in associating sounds
6. Slow or inaccurate reading
7. Difficulty in word retrieval
8. Difficulty in distinguishing between similar sounds

9. Difficulty in associating individual words with meanings

10. difficulty with organization skills

11. Bad hand writing

Optometric view

As an Optometrist in private practice with a specific interest in pediatric optometry and learning disabilities I see quite a few children with

Dyslexia.

It is amazing how many children do not get the correct therapy for their problems.

Dyslexic patients present with specific visual challenges and I would like to briefly discuss the visual disorders that I will typically see in an Optometric evaluation of a Dyslexic child.

Refractive errors: Some evidence of increased prevalence of hypermetropia in the reading disabled.

Accommodation: High levels of reduced amplitudes of accommodation.

Amplitude of convergence: Reduced amplitude is frequently measured.

Binocular vision: Alternating strabismus is likely to be found.

Ocular dominance: Cross dominance often found but cross dominance is not mutually exclusive to Dyslexia.

Eye movements: Dyslexics show a high prevalence of regressions of eye movements that is required for reading.

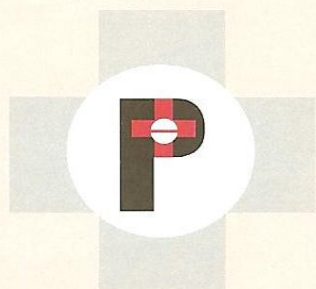
## Treatment and therapy

Dyslexia is not a curable condition so treatment is not the correct word, all eye care professionals focus on coping skills to help the Dyslexic child to cope with this disability by giving him/her the optimal visual system possible.

Pediatric visual therapy:

Optometry tries to give the child the skills that would allow the person to be able to cope with disability.

Continue on page 12



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\*\*\*MAKING AVAILABLE THE BEST THAT THE WORLD HAS TO OFFER\*\*\*



# BOTSWANA OPTOMETRISTS ASSOCIATION

## Concept of Optometry

Optometry is a health care profession that is automated, educated and regulated, and an Optometrist is a highly trained eye care professional and the first contact practitioners for most vision and ocular health concerns.

Optometrists are trained to perform comprehensive eye examination to diagnose, manage and treat a multitude of visual-related concerns, which include, but not limited to the fitting and prescription of glasses and contact lenses, the diagnosis and treating (exclude surgery) of muscular abnormalities, treating minor ocular injuries, the diagnosis of cataract, diagnosis and treating of blinding diseases such as glaucoma, and the diagnosis of others such as diabetic retinopathy, hypertensive retinopathy and age-related macular degeneration.

## Optometry Specialty

While most Optometrist opt to practice "full-scope" of optometry where all forms of visual and ocular conditions are managed, practitioners may chose to concentrate on specialties :

1. Pediatrics: to treat children's visual needs. Treats conditions that arise during the first four years of life.
2. Geriatrics: to treat visual conditions relating to the elderly
3. Cornea and contact lenses: to treat conditions of the cornea and to deal more with contact lenses.
4. Low Vision Rehabilitation: to treat clarity problems that cannot be helped with routine lenses, but require more advanced magnifying devices. This is mainly directed at the people with partial loss of vision or low vision.
5. Vision Therapy [Behavioral Optometry]: directed at overcoming deficiency in how effectively a patient uses their eye and also how the patient process visual information and interacts with the environment.
6. Binocular vision: Attend to problems where two eyes do not work together effectively resulting in reduced visual acuity, double vision, confusion and squinting.
7. Sports Vision: Enhances visual skills required in sports.
8. Learning Disabilities: Improves the skills required in learning task especially in children.

9. Environmental and Occupational Vision: To enhance the importance of the work environment and its effects on the eye.

Regular comprehensive examinations by an Optometrist is of great importance in that they provide early detection of eye health and visual performance problems and prevention of loss of vision.

A lot of eye and vision conditions create no noticeable symptoms as a result of these, patients are not aware of this until an irreversible damage has occurred. Early detection, diagnosis, and management are therefore important for maintaining clear comfortable vision and good eye health.

## Botswana Optometrists Association (BOA)

Botswana Optometrists Association is a non-profitable, non-governmental organization that is registered with the Registrar of Societies since 26th March 2012, with its head quarters at Gaborone. This association of 36 professionals, is also registered with the International bodies- African Council of Optometry and the registration with World Council of Optometry is ongoing.

The association is primarily tasked with creating awareness amongst general public about the role of Optometrists in Eye Health Care, Continued Professional Education for members, Community Eye Care by doing such charitable things as may be of benefit to Batswana and shall include free eye screening, free management of eye conditions, provision of free

free educational materials-lectures and participation in Vision campaigns. The membership is open to Optometrists and Opticians who are registered with Botswana Health Professions Council and are practising in Botswana, on the payment of annual membership fee of P250/-.

Elected inaugural office bearers are:

- Chairman** - Mr. Sushil Kumar  
**Vice Chairman** - Mr. Martin Mahlaka  
**Secretary** - Ms. Thanuja Panicker  
**Vice Secretary** - Mr. Olebole Kehemetswe  
**Treasurer** - Mr. Seabelo Maje

## Additional members-

- Dr.Rejoice Mohamadi,  
Mr.Anand Nighojkar  
Mrs.Dineo Kebue-Moremi  
Mr.Kgosiemang Seboko.

Following are the contact details of BOA Secretary:

**Ms. Thanuja Panicker**

**Email:** tanya\_optom@hotmail.com  
botsptomasso@hotmail.com

**Tel:** +267 74526005 /+267 3909109

**Fax:** +267 3909722

## EYE CARE AWARENESS:

*Our Eyes, truly are the "windows of the soul" and the " Gift of Vision" is the most treasured ,charismatic gift of all. What more could be worse than not being able to see well? Even worse is a situation where we are used to seeing and then slowly find our eyesight diminishing, which in turn limits, that we much enjoy! Ninety (90%) of the global burden of blindness reside in Africa and Asia, and eighty percent (80%) is certainly PREVENTABLE. The world-wide increase in the burden of blindness has not spared Botswana. There is an estimated 18,000blind Batswana, 9000 visually impaired from cataract, 7200 due to low vision, mostly ,for want of a pair of spectacles. Studies in Botswana have confirmed that many are inflicted with visual impairment due to inadequate access to eye care. It is unfortunate to find that eye care is at a low ebb and needs immediate attention. A single pair of glasses can indeed transform, in most of the cases, the life, of someone living, without access to basic eye care. What could be more rewarding than receiving a gift that provides vision that can transform a person's life? Vision problems place a notable burden on individuals and care givers. Although regular comprehensive eye examination is essential for timely treatment of eye disease and the maintenance of eye health, substantial percentage of people do not seek eye care despite visual impairment.*

*Identifying the reasons for unmet eye care needs, might enable the development of target interventions to improve vision health among those with moderate/severe visual impairment. It is alarming to find that lack of access to eye care services, affordability and the 'perception' of "no need ,were found to be the main reason for not seeking eye care! It is disheartening to note that there is prevalence of lack of awareness of certain blinding eye conditions- 'the silent thief of sight' -Glaucoma, that result in permanent visual loss, if left undetected/ untreated at an earlier stage, and general health ailments (chronic diseases) like Diabetes, Hypertension can reflect as complications in the eye causing visual loss. Visual impairment has important negative consequence in terms of lost educational and employment opportunities that reflects on the quality of life, lost economy for the individual, the family, the society and the country as a whole. Any initiative which increases and extends the ability of people to be independent and productive has a positive impact far beyond the individual. Health remains as an integral part of the pillars of the long term vision of Botswana Vision 2016 ,the overall goal of which is to have healthy nation that can contribute to the development of the country (Ministry of Finance & Development Planning:2003:305). Botswana being a compassionate and caring nation is working towards the global call for the prevention of avoidable blindness, as advocated by the Vision2020: The Right to Sight. Keeping abreast these facts in focus, while embracing its objectives, we shall create awareness and identification of eye conditions like presbyopia (old age sightedness that require simple reading glasses) and cataract, to avoid preventable visual disability, and also to re-emphasize the need for the installation of EYE CARE COMPONENT in the PRIMARY HEALTH CARE to help the community see "eye to eye" these facts!*

# Dyslexia

Continue from page 10

far focus exercises.

2. Convergence flexibility: convergence and divergence exercises.

3. Biofeedback skills: to allow the child know where the child is focusing.

4. visual recognition skills as well as eye-hand coordination skills

5. Treatment of any refractive anomalies.

6. Gross/fine ocular/motor skills this will include pursuits and saccadic skills and also eye teaming skills

## Intuitive colorimeter

Scotopic sensitivity syndrome (SSS) refers to visual perceptual disorder affecting primary reading and writing based activities. There is a strong relationship between Dyslexia and SSS. SSS is based on the theory that some individuals have hypersensitive photoreceptors, visual pathways, and/or brain systems that react inappropriately to physical energy.

Coloured filters change the contrast between the foreground and background between letters and words, this seems to reduce the confusion or disturbance and enabled the child to read and Comprehend better.

Special Need education View

Dyslexia refers to a multitude of difficulties that would disable or hinder someone to learn to read, comprehend and write.

In the past Dyslexia was known as 'word blindness', from an Educational point of view this is very misleading, as a dyslexic person sees words, but in a different way. Although the apparatus of vision is functioning, the apparatus of interpretation breaks down in changing of objects into symbols and words.

Despite conventional instruction, adequate intelligence and socio-cultural opportunity, Dyslexic students (estimated to be around 10 to 15 % of a school's population) have difficulty in learning to read. The disability may also present itself in problems with writing (dysgraphia); problems with spelling (dysortographia) and problems with arithmetic (dyscalculia). A student with Dyslexia will have encountered difficulties at the onset of primary education, and may have a high level of anxiety towards learning. This may lead on to a multitude of learning barriers in their development as a whole child. The most important aspect is that an individual is properly assessed and professionally diagnosed in a multi disciplinary team (including Optometrist; Educationalist; Teacher; Parent; Occupational Therapist and Speech Therapist if necessary). The team needs to work together in

devising an IEP (Individual Education Plan) in helping the individual consistently. As we take responsibility as educators to develop a child to his/her full potential we owe it to each individual to identify dyslexia and intervene as early as possible.

## Occupational Therapy View

Common challenges experienced by those with Dyslexia

- Reverses numbers and letters
- Difficulty with word recognition,
- Difficulty with reading fluency,
- Difficulty with spelling and complex language skills such as grammar, reading comprehension and writing.

• Possible difficulty with spoken language, having trouble with expressing themselves clearly and understanding exactly what others mean when they speak.

- Difficulty distinguishing left and right
- Poor organization
- Difficulties telling the time
- Find it really hard to write by hand
- Find it difficult to copy things accurately from the board to paper

• Difficulty remembering or understanding what they just read

• Difficulty remembering or understanding what they have just heard

• Are unable to repeat what they have just been told

• Have difficulty writing down what they think.

• Difficulty understanding and following instructions

• Reduced self esteem and confidence. Disliking school due to failure at academic tasks.

## Diagnosis & Management

Many people are reluctant to test children before the third grade. Parents are often told that their children will "outgrow" reading difficulties or that the difficulties or a lack of motivation. It is important to diagnose children as young as possible because it takes less time to remediate the reading problem at age 6 than at age 10, and it is more difficult the older the child gets without treatment.

The Occupational Therapist is often part of a team that evaluates a child, as a comprehensive evaluation along with the assistance of a clinical / educational psychologist, speech pathologist and an Optometrist.

• Allow extra time to complete work (to take into account the extra time it takes to read and interpret the information)

• More repeated exposure to the same task than typical

• Use of visual cues rather than long verbal instructions

• Visual prompts wherever possible (i.e. pictures not word lists for organization)

Continued practice of mastered (familiar) skills, rather than simply moving on new tasks without maintaining the old.

Occupational therapy approaches and activities for a dyslexic child:

The most effective teaching method for all children is a multi-sensory approach. Teachers use auditory, visual, tactile and kinesthetic information to stimulate the brain during teaching. This makes it more important to use touch and movement as components of teaching. For young children this could mean writing letters in sand or finger paint, saying sounds as you write them in the air or on a chalkboard. Colour coding is another tool that can be used with dyslexic students. Some teachers have found it helpful to colour code words that designate the parts of speech. For example, nouns in orange, verbs in green, descriptive words in blue and prepositions in purple.

Organization of ideas, thoughts and physical space is often difficult for students with dyslexia. Using graphic organizers is a tool to express ideas and thoughts in a visual format. With graphic organizers, students are focused on the ideas and connections between ideas - not on spelling, grammar or punctuation. Once the ideas are in place, students can then move to the writing process in which their ideas can be transformed into a written document.

## Clinical Psychologist View

Unfortunately, Dyslexia, as with other Learning Disorders can lead to a myriad of problems that affect the individual from childhood through to adulthood from a social and psychological perspective. Difficulties are often experienced with self-confidence, peer relationships, and occupational matters that may present themselves through low self-esteem, a lack of motivation, an inability to relate to others in a social context, performance related anxiety, and an avoidance of places or things that bring out these feelings.

The compounded effect of social and psychological problems with Dyslexia can be rather daunting and can lead to an increased dropout rate from school and an increased absenteeism from the workplace.

These problems typically have root causes linked to childhood experiences and have developed over time in a maladaptive manner. It is frequently the accompanying symptoms of Dyslexia that are treated by a Psychologist. There is often an unnecessary shame and guilt that clouds the life of someone with a Learning Disorder. It is unnecessary as such disabilities should not define the individual and should not limit them in other aspects of development.

## Conclusion

I hope this type of discussions will hopefully encourage all healthcare professionals to start asking questions and learn from each other. We owe it to our patients to give them the best we can.

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# Cardiac Arrhythmia

**A** cardiac arrhythmia, also called cardiac dysrhythmia, is a disturbance in the regular rhythm of the heartbeat. Several forms of cardiac arrhythmia are life-threatening and considered medical emergencies. In order to diagnose the type of arrhythmia present an electrocardiogram (ECG or EKG) should be ordered.



## Types of arrhythmias

### Premature complexes

Premature complexes. Such complexes represent the most common interruption of normal sinus rhythm, most frequently arising from the ventricles and less often from the atria and the AV node.

- Premature atrial complexes (PACs)
- Premature junctional complexes (PJCs)
- Premature ventricular complexes (PVCs)
- Bradycardia (brady-arrhythmias)

In bradycardia the heart beat is less than 60 beats/min. Brady-arrhythmias usually do not pose a diagnostic dilemma and there are relatively few treatment options (atropine, pacing).

- Sinus bradycardia
- Heart block

### Tachycardia (tachy-arrhythmias)

In tachycardia the heart beat is more than 100 beats/min. Tachy-arrhythmias are usually not life threatening if short in duration.

Though the underlying mechanism of the tachycardia critically determines both prognosis and therapy, initial investigation may allow only for characterization of the tachycardia as either narrow complex (QRS duration <120 ms) or wide

complex (QRS duration >120 ms) as read in the EKG.

I. Narrow complex tachycardia (QRS < 120 ms)  
Narrow complex tachy-arrhythmias originate from impulses in the atrium and thus do not affect the width of the QRS wave, hence the name narrow (QRS < 120 ms by EKG). It can be further classified according to its rhythm as either regular or irregular.

#### a. Regular narrow complex tachycardia

- Sinus tachycardia

• Paroxysmal supraventricular tachycardia: These are paroxysmal; i.e., characterized by an abrupt onset and abrupt termination. They are caused by an accessory pathway in the conduction system between atria and ventricles. This may be dual AV node (AVNRT) which is present in many people or an accessory pathway (AVRT e.g. Wolf-Parkinson-White syndrome).

• AV nodal re-entrant tachycardia (AVNRT): This is initiated by an ectopic atrial impulse that travels

down a dual AV node pathway.

• Atrio-ventricular re-entrant tachycardia (AVRT): Here the ectopic impulse bypasses the AV node into the ventricle via an accessory pathway. These may be orthodromic, which are retrograde and present with a paroxysmal "narrow complex" tachycardia. Or they may be antidromic, which are antegrade and present as a "wide complex" tachycardia). Wolf-Parkinson-White syndrome is an example of AVRT.

• Atrial tachycardia: P wave rate < 250/min. Other characteristics include a long RP interval.

• Atrial flutter: Characterized by very rapid P waves known as flutter waves. In the most common form the P waves are twice as fast as the ventricular rate (i.e. only half the impulses from the atrium are being conducted to the ventricle, also known as a 2:1 conduction).

#### b. Irregular narrow complex tachycardia

- Atrial fibrillation (AF)
- Multifocal atrial tachycardia (MAT)
- Atrial flutter with variable heart block
- Frequent premature atrial complexes (PACs)

#### II. Wide complex tachycardia (QRS > 120 ms)

Wide complex tachy-arrhythmias originate from impulses in the ventricles and hence affect the width of the QRS wave, hence the name wide (QRS > 120 ms by EKG). It can be further classified according to its rhythm as either regular or irregular.

- a. Regular wide complex tachycardia
- Ventricular tachycardia (VTAC)
- b. Irregular wide complex tachycardia
- Ventricular fibrillation

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# Healthy Foods For Winter

**A**lmost all people don't know what to eat during winter season and they end up eating unhealthy foods - both kids and adults. They completely avoid healthy winter seasonal foods and go back to the most fattening winter foods in the world.

With the change of seasons, there comes change in our lifestyle and our health too. Changing our food habits according to the change in season is the secret to a healthy body and lifestyle. Not only this, you'll save yourself from being ill. Winter Season is my favorite.

Scientifically, it has been proven that winter season keeps us healthy and it increases the strength of our digestive system.

Due to low temperatures of the environment, our body emits heat which is a form of energy. So we need more energy in winter season, thus making us eat more. In this condition, if you do not have a healthy balanced diet, you risk being ill.

## Healthy Winter Foods for Breakfast

Avoid Caffeine. Substitute to herbal tea with ginger and Tulsi. It increases immunity against cold and heals cough and flu. Avoid fruit juices and go for vegetables, chicken or mushroom soup. Citrus foods are abundant in winter, consume them as much as you like. Orange, carrots, grapes and apples are high in nutrients and have a decent amount of anti-oxidants.

## Healthy Winter Foods for Lunch

Eat vegetables and lots of them, together with brown rice, lentils, chapati. Add ginger, onions, coriander leaves and garlic to season them. Squeezing some lemons and adding cut tomatoes make them tasty and healthy at the same time.

Ginger helps to maintain your body temperature and gives quick heal against cold. Refrain from oily foods, alcohols, eggs and sodas. Use olive oil to make your food more healthy.

## Healthy Winter Foods for Dinner

Dinner should be as light and as oil-free as possible. Green veggies and soup is perfect. While going to bed, eat a handful of nuts - 4 almonds, 4 cashew nuts and a chestnut, then drink a tall glass of warm milk with honey and a little turmeric powder. You'll not only be giving your body a boost of fiber but also a good night's sleep.

This will maintain your sugar level and metabolism for all night long. Maintaining metabolism is helpful to lose weight.

## The 9 Most Fattening Foods of Winter

Controlling weight during the cold, dark days of winter is an issue for most of us. And the worst part: That gain is usually permanent. Blame it on the cold weather that makes outdoor exercise less appealing, cravings for fattening comfort foods, and the seemingly endless weeks of holiday celebrating.

And of course, you can hide your expanding waistline under layers of warm clothing. Here are picks from the experts for the nine winter foods most likely to pack on the pounds:

**1. Macaroni and cheese-** It's an all-time favorite comfort food for both kids and adults, but it can wreak havoc with your diet. A 12-ounce serving of Stouffer's macaroni and cheese has 529 calories, 25.7 grams of fat, and 10.6 grams of saturated fat. Calories can climb higher when ingredients like high-fat meats or sausage are tossed in. And some restaurants even sell deep-fried mac and cheese as an appetizer!

**2. Cream-based soups, bisques and chowders.** Warm soups and chowders feel so nutritious, but if they are loaded with cream, they are also loaded with calories. Soups also tend to be high in sodium, and if you crumble salty crackers into the bowl or top with cheese, the sodium level soars even higher.

**3. Cream- and cheese-based casseroles, or those topped with cheese, bacon, fried onions, or buttered crackers.** Who doesn't love the traditional hash brown casserole, gooey with cheese and potatoes? Creamed, scalloped, and au gratin dishes may start out with healthy ingredients like broccoli, green beans, or potatoes.

**4. Cheesecake treats- Cheesecakes are typically loaded with artery clogging fats.** In just one slice of chocolate Oreo mudslide cheesecake from the Cheesecake Factory, you get 1,050 calories, 71 grams of fat, and 34 grams of saturated fat. And don't think ordering a muffin will save you when you're craving a cream-cheese treat. Better to skip these rich desserts and satisfy your sweet tooth with a 150-calorie Skinny Cow ice cream cone -- or suck on a peppermint for a mere 20 calories.

**5. Chili and stews loaded with ground beef, sausage, and/or cheese.** When you make them yourself, with small portions of lean meat, lots of vegetables and beans and a sprinkle of low-fat cheese, chili and stews can be nutritious and filling. But when you order them out, beware. At Chili's, a bowl of chili with cheese will cost you 500 calories, 35 grams of fat, and 15 grams saturated fat.

**6. Pies topped with whipped cream or ice cream.** These winter favorites often start with healthy ingredients, like heart-healthy nuts or antioxidant-rich fruits, but they also include high-calorie ingredients. A slice of coconut cream pie, for example, will set you back 701 calories, 32 grams of fat, and 20 grams saturated fat.

**7. Cookies- Enjoying one small cookie is not a problem.** The CD-sized cookies you commonly find at bakeries and restaurants pack a real caloric punch. So split it in half, or take along a 100-calorie pack of your favorite cookie.

**8. Fried side dishes- chili cheese fries, onion rings, and plain old French fries.** Most people think nothing of adding a side of 6-ounce fries to their order at McDonald's, even though it adds an additional 570 calories, 30 grams of fat, and 6 grams saturated fat. Sharing a Chili's Awesome Blossom (1/2 portion) gives you 1,355 calories, 101 grams of fat, and 18 grams saturated fat -- all before the entree.

**9. Creamy pot pies with pastry on the top and bottom- It looks innocent enough but when you have pastry on the bottom and top, you get a double dose of high-fat crust plus the filling.** The individual Boston Market chicken pot pie has 780 calories, 47 grams of fat, and 17 grams of saturated fat. Forget the creamy pie and enjoy a roasted chicken breast and a whole-wheat roll for a fraction of the calories.

Coffee linked to heart attack for persons with certain gene variation

Individuals who have a genetic variation associated with slower caffeine metabolism appear to have an increased risk of non-fatal heart attack associated with higher amounts of coffee intake. Studies examining the association between coffee consumption and risk of myocardial infarction have been inconclusive. Coffee is a major source of caffeine, which is the most widely consumed stimulant in the world and has been implicated in the development of cardiovascular diseases such as heart attack, according to background information in the article. However, coffee contains a number of other chemicals that have variable effects on the cardiovascular system. It is not clear whether caffeine alone affects the risk of heart attack or whether other chemicals found in coffee may be responsible. Caffeine is metabolized primarily by the enzyme cytochrome P450 1A2 (CYP1A2) in the liver. Variations of the gene for this enzyme can slow or quicken caffeine metabolism. Carriers of the gene variant CYP1A2\*1F allele are "slow" caffeine metabolizers, while individuals with the gene variant CYP1A2\*1A allele are "rapid" caffeine metabolizers.





*Drink at least 8  
glasses of water  
daily to stay healthy.*

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