

## February is National Children's Dental Health Month



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## Children's Dental Health

February is National Children's Dental Health Month. Cavities, also known as caries or tooth decay, are one of the most common chronic diseases of childhood, yet cavities are preventable. Children who have poor oral health often miss more school and receive lower grades than children who don't. Learn how you can protect your child's teeth from cavities with these resources. Untreated cavities can cause pain, infections, and can lead to problems eating, speaking, and learning. More than 1 in 5 children aged 2 to 5 years has at least one cavity in their baby teeth. Children from low-income families are more than twice as likely to have untreated cavities, compared with children from higher-income households. However, cavities are preventable. You can protect and maintain your child's teeth by following these wise simple steps below:

### P-E-A-R-L-S of Wisdom

**P**rotect tiny teeth external by caring for your mouth when you're pregnant. Your child's future oral health starts with you.

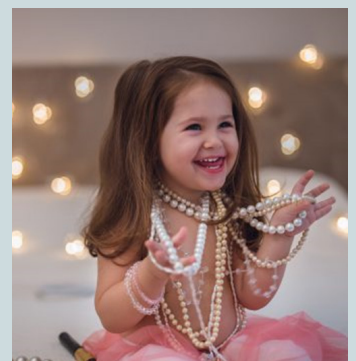
**E**nsure to wipe your baby's gums after each meal.

**A**void putting babies to bed with a bottle.

**R**emember to brush your child's teeth twice daily with fluoride toothpaste. For children younger than 2 years, consult with your dentist or doctor about when to start using fluoride toothpaste.

**L**imit drinks and food with added sugars for children. Encourage your child to eat more fruits and vegetables and have fewer fruit drinks, cookies, and candies. This gives your child the best possible start to good oral health.

**S**chedule your child's first dental visit by their first birthday or after their first tooth appears. Their tiny teeth matter!



## Children's Dental Health cont.

### Root of It All: Are You Watching What Your Child Eats and Drinks?

Your child's diet is very important for developing and maintaining strong and healthy teeth. It is helpful to include good sources of calcium (yogurt, broccoli, and milk) to your child's diet to help build strong teeth.

Teaching your child about healthy eating habits is one of the best practices for a lifetime of good health. Here are some helpful tips:

- Eat fruits and vegetables for snacks rather than candies and cookies.
- Brush your child's teeth twice daily.
- Serve water at mealtime rather than juice or soda.

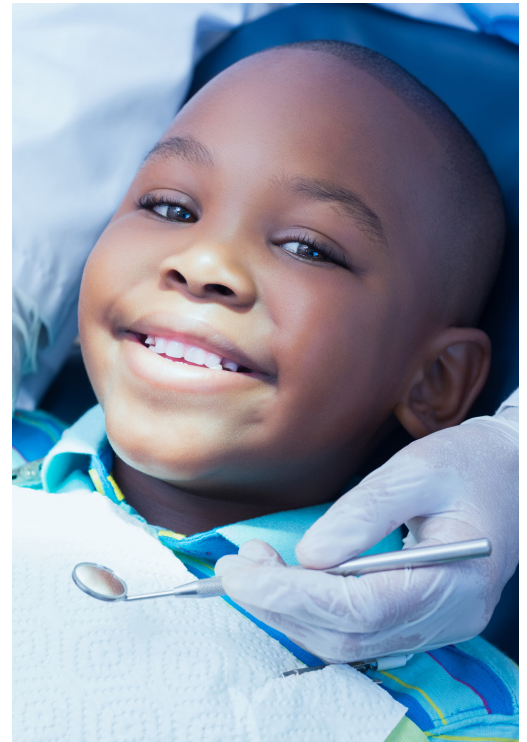
### Did You Know That Community Water Fluoridation Saves Money and Teeth?

Fluoride is a naturally occurring element in water. Community water fluoridation is

the process of adjusting the amount of fluoride found in water to achieve the best prevention of tooth decay.

- Bacteria in the mouth produce acid when a person eats sugary foods. This acid eats away minerals from the tooth's surface, making the tooth weaker and increasing the chance of developing cavities.
- Drinking tap water with fluoride rebuilds the surface of the tooth. By keeping the tooth strong and solid, fluoride protects teeth from decay.
- Community water fluoridation has been shown to save money, both for families and the health care system.

**Source: Children's Dental Health (cdc.gov)**  
**Date Accessed – 20 Jan 2023**



## International Epilepsy Day – 13 February

### Overview - Explaining epilepsy

Epilepsy is a central nervous system (neurological) disorder in which brain activity becomes abnormal, causing seizures or periods of unusual behaviour, sensations and sometimes loss of awareness.

Anyone can develop epilepsy. Epilepsy affects both males and females of all races, ethnic backgrounds, and ages.

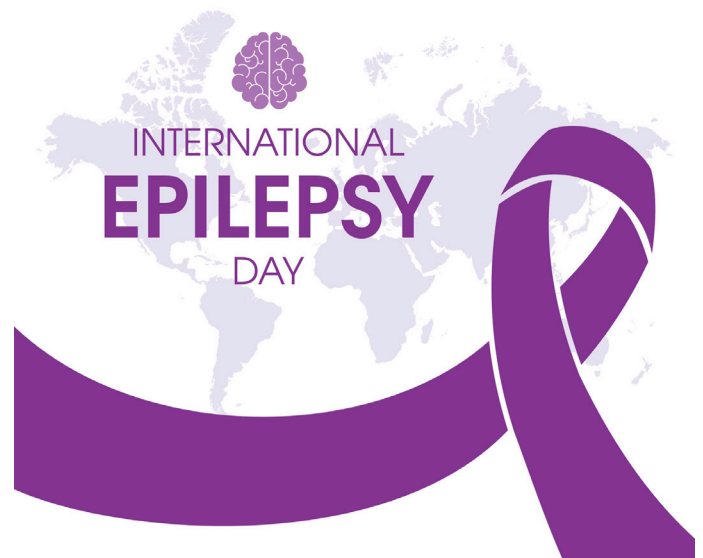
Seizure symptoms can vary widely. Some people with epilepsy simply stare blankly for a few seconds during a seizure, while others repeatedly twitch their arms or legs. Having a single seizure doesn't mean you have epilepsy. At least two seizures without a known trigger (unprovoked seizures) that happen at least 24 hours apart are generally required for an epilepsy diagnosis.

Treatment with medications or sometimes surgery can control seizures for the majority of people with epilepsy. Some people require lifelong treatment to control seizures, but for others, the seizures eventually go away. Some children with epilepsy may outgrow the condition with age.

### Symptoms

Because epilepsy is caused by abnormal activity in the brain, seizures can affect any process your brain coordinates. Seizure signs and symptoms may include:

- Temporary confusion
- A staring spell
- Stiff muscles
- Uncontrollable jerking movements of the arms and legs



- Loss of consciousness or awareness
- Psychological symptoms such as fear, anxiety or déjà vu

Symptoms vary depending on the type of seizure. In most cases, a person with epilepsy will tend to have the same type of seizure each time, so the symptoms will be similar from episode to episode.

Doctors generally classify seizures as either focal or generalized, based on how and where the abnormal brain activity begins.



## International Epilepsy Day – 13 February cont.

### Focal seizures

When seizures appear to result from abnormal activity in just one area of your brain, they're called focal seizures. These seizures fall into two categories:

- Focal seizures without loss of consciousness. Once called simple partial seizures, these seizures don't cause a loss of consciousness. They may alter emotions or change the way things look, smell, feel, taste or sound. Some people experience *deja vu*. This type of seizure may also result in involuntary jerking of one body part, such as an arm or leg, and spontaneous sensory symptoms such as tingling, dizziness and flashing lights.
- Focal seizures with impaired awareness. Once called complex partial seizures, these seizures involve a change or loss of consciousness or awareness. This type of seizure may seem like being in a dream. During a focal seizure with impaired awareness, you may stare into space and not respond normally to your environment or perform repetitive movements, such as hand rubbing, chewing, swallowing or walking in circles.

Symptoms of focal seizures may be confused with other neurological disorders, such as migraine, narcolepsy or mental illness. A thorough examination and testing are needed to distinguish epilepsy from other disorders.

### Generalized seizures

Seizures that appear to involve all areas of the brain are called generalized seizures. Six types of generalized seizures exist.

- **Absence seizures.** Absence seizures, previously known as petit mal seizures, typically occur in children. They're characterized by staring into space with or without subtle body movements such as eye blinking or lip smacking and only last between 5-10 seconds. These seizures may occur in clusters, happening as often as 100 times per day, and cause a brief loss of awareness.
- **Tonic seizures.** Tonic seizures cause stiff muscles and may affect consciousness. These seizures usually affect muscles in your back, arms and legs and may cause you to fall to the ground.



- **Atonic seizures.** Atonic seizures, also known as drop seizures, cause a loss of muscle control. Since this most often affects the legs, it often causes you to suddenly collapse or fall down.
- **Clonic seizures.** Clonic seizures are associated with repeated or rhythmic, jerking muscle movements. These seizures usually affect the neck, face and arms.
- **Myoclonic seizures.** Myoclonic seizures usually appear as sudden brief jerks or twitches and usually affect the upper body, arms and legs.
- **Tonic-clonic seizures.** Tonic-clonic seizures, previously known as grand mal seizures, are the most dramatic type of epileptic seizure. They can cause an abrupt loss of consciousness and body stiffening, twitching and shaking. They sometimes cause loss of bladder control or biting your tongue.

### When to see a doctor

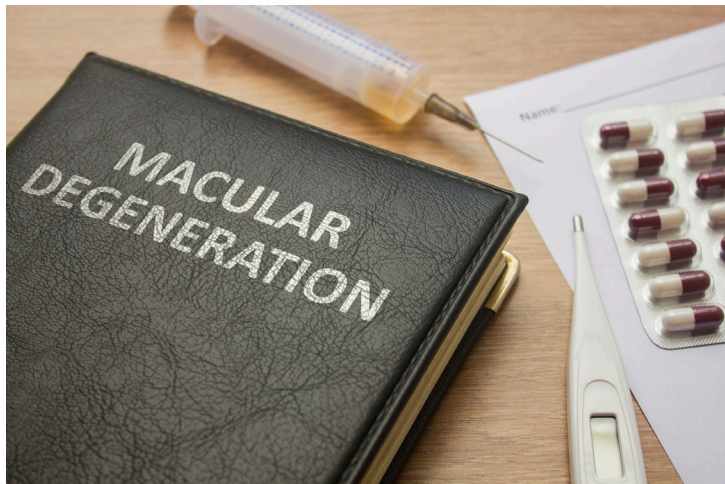
Seek immediate medical help if any of the following occurs:

- The seizure lasts more than five minutes.
- Breathing or consciousness doesn't return after the seizure stops.
- A second seizure follows immediately.
- You have a high fever.
- You're pregnant.
- You have diabetes.
- You've injured yourself during the seizure.
- You continue to have seizures even though you've been taking anti-seizure medication.

Source: **Epilepsy - Symptoms and causes - Mayo Clinic**

Date Accessed: 20 January 2023

# What Is Age-Related Macular Degeneration?



Age-related macular degeneration (AMD) is an eye disease that may get worse over time. It's the leading cause of severe, permanent vision loss in people over 60 years old.

It happens when the small central portion of your retina, called the macula, wears down. The retina is the light-sensing nerve tissue at the back of your eye.

Because the disease happens as you get older, it's often called age-related macular degeneration. It usually doesn't cause blindness but might cause severe vision problems.

Another form of macular degeneration, called Stargardt disease or juvenile macular degeneration, affects children and young adults.

## Wet vs. Dry Macular Degeneration

There are two main types of age-related macular degeneration:

**Dry form.** People with the most common type of AMD, called dry AMD, may have yellow deposits, called drusen, in their macula. A few small drusen may not cause changes in your vision. But as they get bigger and more numerous, they might dim or distort your vision, especially when you read.

It causes gradual vision loss, and as the condition gets worse, the light-sensitive cells in your macula get thinner and eventually die. In the atrophic form, you may have blind spots in the centre of your vision. As that gets worse, you might lose central vision.

There are three stages of dry AMD: early, intermediate, and late. The disease usually gets worse slowly over the course of several years.

Some people start out with dry AMD and then develop wet AMD.

**Wet form.** This is a less common type of late-stage AMD. It tends to cause faster vision loss. Unstable blood vessels grow from underneath your macula. These blood vessels leak blood and fluid into your retina. Your vision is distorted so that straight lines look wavy. You may also have blind spots and loss of central vision. These blood vessels and their bleeding eventually form a scar, leading to permanent loss of central vision.

Most people with macular degeneration have the dry form, but it can lead to the wet form. Only about 10% of people with macular degeneration have the wet form.

If you have macular degeneration, you'll need to see your eye doctor regularly and let them know whenever you notice changes in your vision.

## Symptoms of Macular Degeneration

Early on, you might not have any noticeable signs of macular degeneration. It might not be diagnosed until it gets worse or affects both eyes.

### Symptoms of macular degeneration may include:

- Worse or less clear vision. Your vision might be blurry, and it may be hard to read fine print or drive.
- Dark, blurry areas in the centre of your vision
- Rarely, worse or different colour perception

If you have any of these symptoms, go to an eye doctor as soon as possible.

## Causes of Macular Degeneration

Age-related macular degeneration is more common in older people. It's the leading cause of severe vision loss in adults over 60.

Macular degeneration may have something to do with your genes. If someone in your family has it, your risk might be higher.

Some other things that could raise your chances of getting it are:

- Smoking
- Having high blood pressure or high cholesterol
- Obesity
- Eating lots of saturated fat
- Being light-skinned
- Being female

## How Is Macular Degeneration Diagnosed?

Your doctor can check you for age-related macular degeneration when you see them for a routine eye exam and have your eyes dilated.

They'll test your vision and also examine your retina – a layer of tissue at the back of your eye that processes light. They'll look for tiny yellow deposits called drusen under the retina. It's a common early sign of the disease.

Your doctor may also ask you to look at an Amsler grid – a pattern of straight lines that's like a checkerboard. If some of the lines appear wavy to you or some of them are missing, it could be a sign of macular degeneration.

If your doctor finds age-related macular degeneration, you may have a procedure called angiography or one called OCT. In angiography, your doctor injects dye into a vein in your arm. They take photographs as the dye flows through the blood vessels in your retina. If there are new vessels, or if vessels are leaking fluid or blood in your macula, the photos will show their exact location and type. OCT is able to see fluid or blood underneath your retina without dye.

It's important to see your eye doctor regularly to find signs of macular degeneration early. Treatment can slow the condition or make it less severe.



## What Is Age-Related Macular Degeneration? cont.

### What Treatments Are Available for Macular Degeneration?

There's no cure for macular degeneration. Treatment may slow it down or keep you from losing too much of your vision.

Right now, there aren't medicines or procedures for dry AMD. Instead, your eye doctor may recommend:

**Diet changes.** They may tell you to eat a balanced diet that's rich in antioxidants and includes eye-friendly foods like dark leafy greens, yellow fruits and veggies, and fish.

**Supplements.** A large study by the National Eye Institute, called AREDS (Age-Related Eye Disease Study), found that a certain combination of vitamins and nutrients may protect the eyes in some people with intermediate or late-stage AMD. The supplements may slow intermediate AMD from becoming advanced and might help some people keep their sight longer, too. Researchers later tweaked the formula, giving it the name AREDS2.

If you have a lot of drusen in your eyes, your doctor might recommend you take AREDS2 supplements. If you've lost vision in one eye, the supplements may also lower your chances of getting wet AMD and vision loss in your other eye.

AREDS2 supplements are sold over the counter without a prescription. It's a combination of:

- Vitamin C (ascorbic acid)
- Vitamin E, lutein, zeaxanthin, and zinc (as zinc oxide)
- Copper (as cupric oxide)

These supplements don't help everyone with dry AMD, though. Ask your eye doctor if they might be right for you. If they give you the green light, ask them to recommend a brand. Also ask your doctor to explain all the possible benefits and risks before you start taking them. They may be part of some people's treatment for wet AMD, too.

**Low vision aids.** These are devices that have special lenses or electronic systems to create larger images of nearby things. They help people who have vision loss from dry or wet macular degeneration make the most of their remaining vision.

If you have wet AMD, your treatment options might include:

**Anti-angiogenesis drugs.** These medications – aflibercept (Eylea), bevacizumab (Avastin), faricimab-svoa (Vabysmo), pegaptanib (Macugen), and ranibizumab (Lucentis) – block the creation of blood vessels and leaking from the vessels in your eye that cause wet macular degeneration. Many people who've taken these drugs got back some vision that was lost. You might need to have this treatment multiple times.



**Laser therapy.** High-energy laser light can destroy abnormal blood vessels growing in your eye.

**Photodynamic laser therapy.** Your doctor injects a light-sensitive drug – verteporfin (Visudyne) – into your bloodstream, and it's absorbed by the abnormal blood vessels. Your doctor then shines a laser into your eye to trigger the medication to damage those blood vessels.

Researchers are also studying new treatments for age-related macular degeneration, but they're experimental. They include:

- Submacular surgery. This removes abnormal blood vessels or blood.
- Retinal translocation. This destroys abnormal blood vessels under the centre of your macula, where your doctor can't use a laser beam safely. In this procedure, your doctor rotates the centre of your macula away from the abnormal blood vessels to a healthy area of your retina. This keeps you from having scar tissue and more damage to your retina. Then, your doctor uses a laser to treat the abnormal blood vessels.

### Macular Degeneration Prevention

If you don't have AMD, you can practice some healthy habits that may help you lower your chances of getting it:

- If you smoke, quit.
- Take charge of any other health conditions you have, like high blood pressure.
- Stay at a healthy weight and get regular exercise.
- Eat a balanced diet full of fruit, vegetables, and foods with omega-3 fatty acids (which are in certain fish and nuts).

Be aware that you can't help prevent AMD by taking nutritional supplements, though.

# What Is Age-Related Macular Degeneration? cont.

## What Is the Outlook for People With Macular Degeneration?

People rarely lose all of their vision from age-related macular degeneration. Their central vision might be bad, but they're still able to do many normal daily activities. Usually, you're still able to use your peripheral vision.

The dry form of age-related macular degeneration tends to get worse slowly, so you can keep most of your vision.

The wet form of macular degeneration is a leading cause of permanent vision loss. If it's in both of your eyes, it may affect your quality of life.

Wet macular degeneration can need repeated treatments. Test your vision regularly and follow your doctor's advice.

## Symptoms of Age-Related Macular Degeneration

If you're in the early stages of age-related macular degeneration, you may not have symptoms. The first sign you may notice is a gradual or sudden change in the quality of your vision or that straight lines appear distorted to you. This may gradually turn into a dramatic loss of your central vision.

Other symptoms include:

- Dark, blurry areas or whiteouts that appear in the centre of your vision.
- In rare cases, you may have a change in your perception of colour.

## When to Seek Medical Care for Macular Degeneration

For age-related macular degeneration, you should see an eye doctor. They will look at your retina to determine if any treatment is necessary, and they may refer you to a retinal specialist.

In general, if you're older than 45, you should get a complete eye exam and then follow-up exams every 2 to 4 years.

If you have age-related macular degeneration, check your vision every day and let your doctor know if you notice any changes. Your doctor may recommend using a graph called an Amsler Grid to monitor your vision at home. They may also recommend a special combination of vitamins and minerals as a supplement, called AREDS, to slow disease progression. Keep in mind that vision problems could also be signs of another condition besides macular degeneration. Work with your doctor to get the right treatment for you.

## What Causes Age-Related Macular Degeneration?

As the name suggests, age-related macular degeneration (AMD) is more common in older folks. But it's not just age that raises your chances of getting the disease.

Some things that are linked to AMD are out of your control, like the genes that your parents passed down to you. Others, like smoking, diet, or high blood pressure, are things you can do something about.



There are two types of AMD, dry and wet.

Both can lead to vision problems, so learn as much as you can about the causes of the disease and the steps you can take to keep your eyes healthy.

Dry AMD - About 85% to 90% of people with age-related macular degeneration have dry AMD.

The condition is linked with bits of fat and protein called drusen. They can collect under your retina – a layer of tissue at the back of your eye that processes light. No one knows where the drusen come from, but they are thought to be pieces of waste from the retina that aren't able to be properly discarded and recycled.

If you're over the age of 50, you may have some hard drusen in your eyes. These are normal and harmless, especially if they aren't in your macula – the small area at the centre of your retina. But soft, large, and centrally located macular drusen are not. They are the ones that are linked with losing your vision.

Drusen in early AMD are quite small. They get larger as the condition moves from early to intermediate to advanced. In advanced-stage AMD, drusen are larger and more numerous. They keep oxygen from reaching your eye.

The vision loss from dry AMD happens slowly and usually is not as severe as that from wet AMD. But dry AMD can sometimes turn into the wet form.

Up to 5% of people who have dry AMD in both eyes will get wet AMD in a year, while 13% to 18% will get it in 3 years.

If you have dry AMD, you may be able to slow its progression with a special formula that combines vitamins and mineral supplements.

A recent study found that a vitamin and mineral mixture known as AREDS2 is the most effective. It can slow the progression of dry AMD by about 25%, research shows. Ask your doctor if supplements might help you.



## What Is Age-Related Macular Degeneration? cont.

Wet AMD usually gets worse much more quickly than dry AMD.

If you have this type, extra blood vessels start to form in your eye underneath the macula. These new vessels tend to leak blood and other fluid into your eye, which causes damage. It's not clear exactly why the vessels form, although some experts think it may be part of an effort to get rid of the drusen.

### What Raises Your Risk for AMD?

Scientists have identified 20 or so genes that may be linked to more than half of AMD cases. This helps explain why you have a higher risk of AMD if other members of your family have it.

But genes aren't the whole story. There are other things that may combine with genes to raise your chances of getting AMD.

**Age.** This is the No. 1 thing that puts you at risk for AMD. About 2% of people in their 50s have AMD, and almost a third of people over 75 do.

**Race and ethnicity.** White people have the highest risk of AMD, followed by Chinese and Hispanic/Latino people and, with the least risk, Black people. White people are also more likely to go blind from AMD than Black people are.

About a third of white people have a gene that's been linked with AMD. If you have light-coloured eyes, you also have greater odds of developing dry AMD, possibly because light eyes don't deflect ultraviolet rays as well as dark eyes.



**High blood pressure.** Like smoking, high blood pressure restricts the amount of oxygen getting to your eyes, which may raise your risk for AMD.

**Heart disease.** If you've had a stroke, angina (a type of chest pain), or a heart attack, your risk for AMD may be 1½ times as high as someone who has not had any of these problems. High cholesterol levels may also raise your risk.

**Obesity.** Some studies suggest that having a body mass index over 30 can more than double your chances of AMD, although this is not yet proven.

Spending too much time in the sun. Long-term damage to your eyes from the sun's ultraviolet rays may raise your odds of AMD, though this is also not certain.

**Medications.** Some drugs may be linked with chances of AMD. Those include aspirin and certain heart drugs, including nitroglycerin and some beta-blockers, although this isn't certain. You should talk about the use of these medications with your doctor.

**Diet and alcohol.** High-fat, high-sugar diets that skimp on green leafy vegetables may also add to your risk for AMD, as does having more than three alcoholic drinks a day.

**Cataract surgery.** Your chances of getting AMD may go up if you've had this eye operation.

**AMD in one eye.** Macular degeneration in one eye means you are more likely to get it in the other eye as well.

**Source:** [Age-Related Macular Degeneration Causes & Risk Factors \(webmd.com\)](http://webmd.com)

**Date Accessed:** 20 January 2023



**Gender.** About two-thirds of people with AMD are women and one-third are men. This may be because women live longer than men.

**Smoking.** If you smoke, your risk for AMD could be up to four times as much as someone who's never smoked. This is probably because smoking reduces the amount of oxygen that goes to different parts of your body, including your eyes.

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