News and Views

INDIA EXPANDS COVID BOOSTER TO ALL ADULTS FROM 10TH APRIL, 2022

Strengthening its efforts to curb the COVID pandemic, India will offer booster doses of the COVID-19 vaccine to all adults from 10th April, 2022. However, the free third dose will be restricted to frontline workers and those over the age of 60 years who can get it at government centers.

Those older than 18 who received a second dose 9 months ago will be eligible for the "precautionary" dose, as per the health ministry. The health minister said while flagging the decision that this will be, "adding an extra layer of safety".

The booster program started in January, limited to frontline workers and the elderly. A total of 24 million booster doses have been given in the country. The country has administered 1.85 billion vaccine doses among its population of 1.35 billion, 82% of which are Covishield doses. Other vaccines used in India are the indigenously developed Covaxin and Corbevax, and Russia's Sputnik V. *(Reuters, April 8, 2022)*

NEW AYUSHMAN BHARAT HEALTH SCHEMES OFFER MORE PROCEDURES, CITY-SPECIFIC PRICING

The National Health Authority (NHA) has introduced differential pricing centered on the type of city and level of care and added 365 new procedures, according to their utilization and cost-effectiveness. This was done with the objective of rationalizing the packages offered under the government's Ayushman Bharat health insurance scheme. The new version of the Health Benefit Package, 2022 was launched under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana with a total of 1949 procedures.

The new procedures included in the scheme include bone marrow transplants and cochlear implant surgery. Additionally, high-end drugs and diagnostics such as magnetic resonance imaging (MRI) and computed tomography (CT) scans have been unbundled from the packages so that their cost is not included in the primary treatment package and if needed can be created as a separate head.

As per the NHA office memorandum, *"the rationalization exercise for revision of HBP 2022 comprised of an extensive review of current scheme performance in terms of its utilization and related issues, consideration of cost evidence to determine the variation in cost and price, an exhaustive consultation with expert committees in different specialties, inputs from state health agencies, hospital associations and other stakeholders." (TNN, Apr 9, 2022)*

INDIA DIABETES STUDY: HIGH BMI LINKED TO RAISED RISK OF CVDs

India Diabetes Study (IDS) has reported that more than 55% of newly diagnosed type 2 diabetes mellitus (T2DM) patients in India have low high-density lipoprotein cholesterol (HDL-C) values, suggesting that they are at higher risk of developing some form of cardiovascular disease (CVD) in their lifetime. The study also said that 42% of all T2DM patients are at a higher risk of hypertension. As per the Indian Consensus Group guidelines, the mean body mass index (BMI) of the patients was recorded to be 27.2.

The study published in the *PLOS* journal was supported by Eris Lifesciences and co-authored by 16 doctors during the period 2020-2021. It was conducted with the involvement of more than 1,900 physicians and had a sample size of 5,080 patients with a mean age of 48 years, from 27 states across the country.

Dr AG Unnikrishnan said, *"India Diabetes Study focused on highlighting the cardiovascular risk factors in newly diagnosed diabetes patients across India. While treatment should focus on dietary changes, physical activity and glucose control, additionally addressing cardiovascular risk by strategies like a blood pressure control and lipid management offer a more holistic way of management- as also suggested in the India Diabetes Study."*

The study also reported that 92.5% and 83.5% of the total patients did not receive any cholesterol-lowering and antihypertension treatment. Low HDL-C was reported as the most frequent major risk while 82.5% of patients seemed to have at least one cholesterol-related abnormality. *(ET HealthWorld, April 8, 2022)*

TREATMENT OF MILD HYPERTENSION DURING PREGNANCY IS SAFE AND EFFECTIVE

There were fewer adverse pregnancy outcomes when pregnant women with mild chronic hypertension were treated with an antihypertensive medication before or during the first 20 weeks of pregnancy in the Chronic

Hypertension and Pregnancy (CHAP) trial published in the *New England Journal of Medicine*.[1]

A total of 2,408 pregnant women with mild hypertension were enrolled in this multicenter trial, from 2015 to 2021. Of these, 1208 participants were assigned to treatment with antihypertensive medication to keep their blood pressure (BP) below 140/90 mmHg (intervention group); the remaining 1,200 received an antihypertensive only when the BP increased to 160/105 mmHg and higher (control group). They were followed through delivery and for 6 weeks after delivery.

Results showed that treatment of hypertension to keep the BP below 140/90 mmHg reduced the odds of preterm birth or other pregnancy-related complications. About 70% of women did not have any negative pregnancy outcomes, while 30% developed pre-eclampsia, placental abruption, preterm birth (<35 weeks) or intrauterine or neonatal death. About 37% of the participants in the control group experienced a similar adverse event.

The antihypertensive treatment had no adverse impact on fetal growth as the birth weight of infants was comparable between the two groups. Most of them had normal birth weight; 11% of babies born to participants who received medication and 10% of babies born to those in the control group had impaired fetal growth.

This study from the National Institutes of Health (NIH) shows that hypertension in pregnancy can be safely and effectively treated. Giving antihypertensive therapy to keep BP below 140/90 mmHg in pregnant women with mild chronic hypertension is a feasible strategy rather than waiting to start treatment when hypertension increases to severe levels, according to the study.

Reference: *Tita AT, et al; Chronic Hypertension and Pregnancy (CHAP) Trial Consortium. Treatment for mild chronic hypertension during pregnancy. N Engl J Med. 2022 Apr 2. [Epub ahead of print]*

A LOW-SALT DIET IMPROVES THE QUALITY OF LIFE IN HEART FAILURE PATIENTS

A recent study published in *The Lancet* reported that while low-sodium diets help in improving the quality of life for people with heart failure, they did not reduce clinical events such as hospitalization or emergency room visits.

Researchers in the study reported that reducing sodium intake in the diet can benefit people with heart failure. However, adverse clinical outcomes such as hospitalization do not get affected by the reduction of sodium in diet. In the study, participants were randomly placed into two groups, the intervention group with a low-sodium diet (<1500 mg of sodium daily) and the control group receiving the standard of care of the region they were located in. The results showed that the hospitalizations, emergency room visits, and all causes of death were not reduced for participants in the low-sodium diet group compared to the control group. However, a moderate benefit on quality of life and in the New York Heart Association (NYHA) scale classification in the intervention group was seen.

The study results were summarized by Dr Paz as, *"Following a low-salt diet did not reduce death or trips to the hospital in people with congestive heart failure. Despite this fact, there still was a signal for benefit in some key endpoints favoring a low-salt diet, including functional assessments." (Do low salt diets improve outcomes in heart failure? [medicalnewstoday.com)])*

ADHD PATIENTS COULD BENEFIT FROM CAFFEINE USE

It was suggested in a recent review capturing animal model studies that caffeine may help manage cognitive symptoms, such as deficits in attention, learning and memory, in individuals with attention deficit hyperactivity disorder (ADHD). The results on hyperactivity and impulsiveness were ambiguous suggesting that it may not be suitable for ADHD with these symptoms.

Study researcher, Javier Vazquez said that since there are not too many rugs available for therapy of ADHD, certain medications and stimulants are laced with confusion about being used in childhood adolescence. This study on caffeine becomes valuable for patients with ADHD.

The results suggested that caffeine could be used to treat individuals with ADHD whose symptoms mainly involve attentional deficits, but further studies are needed to validate these results in human studies. *(ADHD: Could caffeine treat some symptoms? [medicalnewstoday.com])*

EXPERTS SUGGEST SHORTENING THE WAIT TIME FOR ELECTIVE SURGERY AFTER AN ASYMPTOMATIC COVID-19 INFECTION

Some perioperative specialists recommend that wait times for elective surgery after asymptomatic COVID-19 infection should be shortened, in sync with the current state of the pandemic.

The American Society of Anesthesiologists and the Anesthesia Patient Safety Foundation currently recommend that elective surgeries should be delayed for at least 7 weeks after a COVID-19 diagnosis in unvaccinated patients. In a letter to the *British Journal of Anesthesia,* the specialists said that the data being

used for these recommendations are from earlier in the pandemic and since current variants of the virus cause less severe disease, they should be revised to a shorter time duration. *(Specialists Call for Shorter Surgery Delays after COVID Infection [medscape.com])*

THE FIRST SUBLINGUAL DRUG DEXMEDETOMIDINE APPROVED FOR AGITATION

The US Food and Drug Administration (FDA) has approved dexmedetomidine sublingual film for the acute treatment of agitation related to schizophrenia or bipolar I or II disorder in adults.

This is the first FDA-approved, orally dissolving, self-administered sublingual treatment for agitation. It is recommended to assess vital signs including orthostatic measurements before administering the drug. In mild-to-moderate cases, 120 μg SL or buccal initially is recommended. However, if agitation persists, dosage may be increased up to 60 μg for up to 2 doses at least at a gap of 2 hours; not to exceed 240 μg/day. In severe cases, the initial dose recommended is 180 μg SL or buccal (BUC). In case the agitation persists, 90 μg for up to 2 doses at least 2 hours apart may be given: to a maximum daily dose of 360 μg/day.

Dexmedetomidine has been continually infused in mechanically ventilated patients before, during and after extubation. It is not necessary to discontinue dexmedetomidine before extubation. *(FDA Okays First Sublingual Med for Agitation in Schizophrenia, BD [medscape.com])*

KAPPA IMMUNOGLOBULIN ASSESSMENT COMES UP AS A CHEAPER AND FASTER TEST FOR MS

In new research, it was suggested that a test measuring kappa immunoglobulin-free light chains in cerebrospinal fluid (KCSF) is a tested alternative for diagnosing multiple sclerosis (MS).

The results of the study showed that the kappa test was similar in efficacy but much more convenient to run in the laboratory, less expensive and rapid compared with other commonly used tests. The study confirmed the role of kappa free light chains (KFLC) in the diagnostic work-up for MS. Both KFC index (corrected for blood-CSF barrier permeability) and KFLC/IgG ratio (assessing the overproduction of KFLC in CSF only) demonstrated high sensitivity and specificity towards MS diagnosis. Overall oligoclonal bands (OB) continues to be the gold standard for CSF analysis in MS.

The researchers suggested that the KFLC index is the most sensible and specific quantitative marker for diagnosing MS and suggested that CSF KFLC/IgG may be used to find whose RIS-CIS patients will convert to MS. *(A Faster, Cheaper Diagnostic Test for MS? [medscape.com])*

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