

Drug Abuse

self administration of drug for **nonmedical reasons**, which may impair individuals ability to function effectively, social, physical & emotional harm.

↳ **Hard drugs** - narcotics (opium, morphine, heroin)

↳ **Soft drugs** - non narcotics (hypnotics, barbiturates, stimulants)

↳ Aetiology of drug addiction **Hallucinogen.**

Economic factors

- banned or licenced.

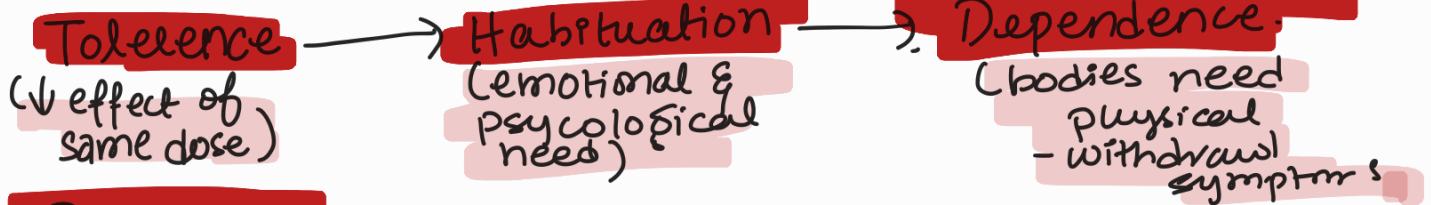
Social factors.

- social contacts
books, novel,
glamorization.

Cultural factors.

alcohol
consumption.

↳ Phases of Drug addiction



↳ **Prevention.**

1) **Legal.** - laws (ban smoking in schools etc).

2) **Education** - inform about effects.

3) **Community** - alternative activities through group actions

↳ **Rx** - Hospital, psychiatric, Rehabilitation

↳ **Smoking.**

• 3m die each year.

⇒ ↳ **Carcinoma**, oral, chronic bronchitis, emphysema, Atherosclerosis, peptic ulcer, LBW.

⇒ ↳ **Esophagus carcinoma**, hepatic carcinoma, asthma, pneumonia, TB, premature birth, pancreatic carcinoma.

↳ **Passive smoking.**

↳ **Tobacco dependence syndrome.**

↳ **Child abuse & child labour.**

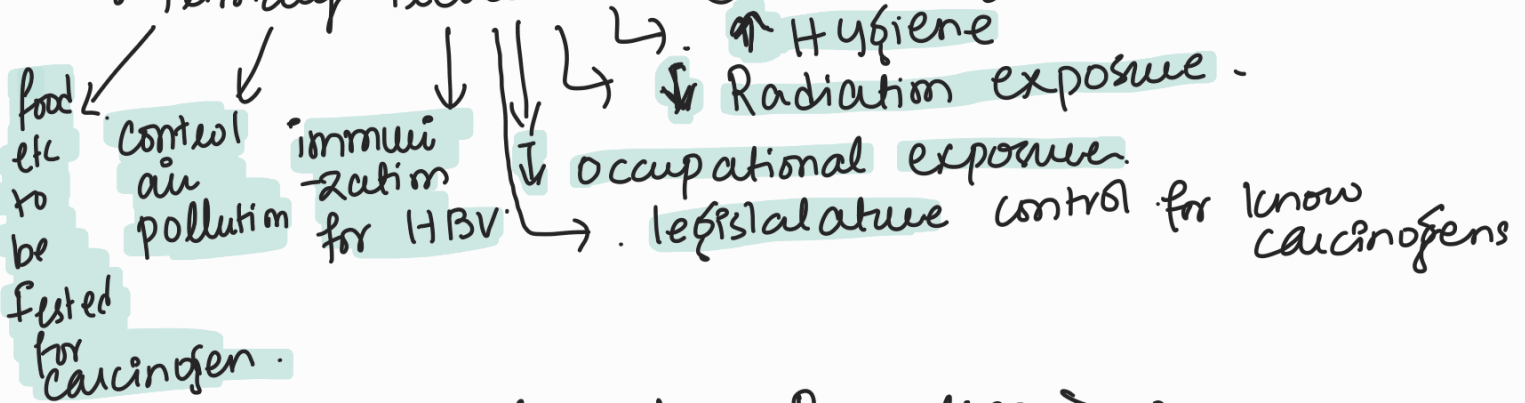
CANCERS

- 2nd leading cause of death throughout the world (developed)
- 3rd ⇒ developing world.

- ↳ Male: #1. lung, 2. stomach; 3. Colon/Rectum; 4. Prostate.
- ↳ female: 1. Breast 2. Cervix 3. Colon/Rectum 4. Stomach.
- ↳ Total 1 - lung 2. Stomach 3. Liver 4. Colon/Rectum.
- ↳ Carcinogens → environmental.

- ↳ Genetic cancer education
- ↳ Rx pre cancerous lesion.

- Primary Prevention → ⊖ tobacco & alcohol



- ↳ Cancer Screening → Cervical → pap smear
- ↳ periodic pelvic exam.

lung cancer.

Breast → BSE.

- ↳ palpation by physician.
- ↳ Thermography
- ↳ mammography

- chest XRay
- sputum cytology

Immunization for travellers.

- malaria. - chloroquine.
- cholera - 1m inj - 6 months
- Yellow fever - 1m inj - for 10 years.
- Hep A ⇒ Immune Serum Globulin.
- ↳ optional ⇒ cholera, Typhoid, Paratyphoid.

↳ Ergonomics ⇒ study of people in their working environments

→ eliminate discomfort & Risk of injury

↳ Principles ⇒ 1) Neutral position → like maintain curve of spine.

2) ↓ need of excessive force

3) keep materials within reach

4) work at proper height

5) ↓ unnecessary motions

6) ↓ fatigue by static load

7) minimize contact stress.

8) leave adequate clearance

9) move & stretch throughout the day

10) comfortable environment

→ Osteoporosis

→ Osteomalacia

→ Rickets.

→ Poliomyelitis - acute viral infection

↳ GIT mainly, may infect CNS → paralysis & death.

- time - rainy season, summer & early winter.

- place - poor sanitization, flies, contaminated food & water, poor housing, large families, overcrowding.

- person: 6-3 months ↑ Risk; male > female (3:1).

- Risk factors - fatigue, trauma, IM inj, Tonsillectomy, Adenoidectomy, pregnancy.

- Determinants → 1° - polio virus. (I), II, III

↳ 2° - overcrowding, poor sanitation, large families, flies, contaminated food & water.

→ T ⇒ feco-oral Route, droplet inf.

→ R ⇒ man.

→ Incubation period ⇒ 7-14 days.

↳ Prevention → immunization of all infants by 6 months

↳ 2 countries left - Pakistan & Afghanistan.

Human factors

- sex
- education
- Medical - sudden illness, ♡ attack.
- fatigue. impaired vision.
- psychosocial (↓ of experience, risk taking, impulsiveness, delay decision, aggressiveness, poor perception)
- lack of protective equipment (helmets, seat belt).

Environmental factors.

- Related to Road (defective narrow, poor lighting).
- Related to Vehicular (↑ speed, old, rickshaws, overloaded).
- Bad weather
- inadequate enforcement of laws
- mixed traffic (slow & fast moving cars, pedestrians, animals).

Precipitating factors

- ↑ emotional state.
- alcohol & drugs.
- Special traffic conditions.
- Social Pressure (in groups, stolen vehicles).

↳ Prevention.

- Data collection
- Safety education
- Promotion of safety measures.
- alcohol & other drugs ⊖
- 1^o care. (trauma, emergency care)
- elimination of causative agents.
- enforcement of law.
- Rehabilitation. (medical, social, occupational)
- Accidental Research.

↳ Anemias (Nutritional)

↳ Blood Borne disease.

↳ Hep B, Hep C, HIV

- also malaria, syphilis, brucellosis.

↳ Prevention.

- PPE
- all blood should be considered infected
- Don't clean contaminated glass with hands even with gloves.
- dispose appropriately.
- Wash hands.
- Hygiene.

↳ HBV Vaccination

IMMUNIZATION

HERD IMMUNITY

level of resistance of community or group of people to a particular disease.

↳ Elements → occurrence of clinical & subclinical inf.
↳ immunization of herd
↳ Herd structure (human population, animal reservoir, insect vector, environmental factors, social factors).

↳ Immunizing Agents

1. Vaccines. Immunobiological subs that produce specific protection against a disease.

Live attenuated vaccine

- loss their virulence
- antigenicity attached. (maj + minor compo)
- contraindicated - neut.
- immunocompromised,
Pregnancy
- 2 → diff sites. or
3 week int.

Inactivated / Killed vaccine.

- killed by heat, chemicals
- antigenicity maintained, pathogenicity lost.
- 2-3 dose Required
- ↓ efficacious.

Toxoids.

Exotoxins. are defoliated, Rx with formalin → not toxic yet antigenic.

Combined preparations.

↑ than 1 immunizing agent.
→ simplify administration
↓ cost, ↓ patient contact.

e.g.
Bacterial
• BCG, Typhoid oval & plague
• Viral - Oval polio, yellow fever, measles, mumps.

e.g.
Bacterial →
Typhoid, cholera, Pertussis, meningitis, H-infl.
Viral - Rabies, Salk, Hep B, Japanese encephalitis
R → IM, SC

e.g.
diphtheria & tetanus toxin.

e.g.
DPT
DT → Tetanus
DPT & typhoid vaccine
MMR.
DPTP.
↓ polio
petrussis.

↳ Principles of Vaccination

- protective immunity by inducing memory response to a infectious agent, using a non toxic antigenic preparation
- all vaccines can be administered simultaneously.
- not before min age.
- cant administer at intervals less than the minimal intervals.

Expanded Immunization programs (EPI)

- Control of 6 communicable diseases.
 - TB
 - Polio
 - Measles.
 - diphtheria
 - Pertussis
 - Tetanus.
 - Hep B.
 - Pneumococcal meningitis.
 - influenza.

→ Contraindications-

- ill child, requiring hospitalization.
- Child with AIDS - no BCG.
- HSR to DPT or DT

Vaccination Schedule.

- At the time of birth (9 months) → Polio 1, BCG, Hep B1 & DPT 1.
- 9 months + 4 week → Measles.
- 10 months → Polio 2, Hep B2, DPT 2
- 11 months → Polio 3, Hep B3, DPT 3.
- 23 months → booster dose of polio & DPT.
- 24 months → DT (P → neurological symptoms) avoid!

Pakistan Schedule.

1st dose	at the time of birth	BCG i OPV-0. i Hep B
2nd dose	6 weeks.	OPV-I i Rotavirus 1 i Nemocecal 1. pentavalent 1 (DPT, H.inf, hepB)
3rd dose	10 weeks.	OPV-II, Rotavirus 2, Nemocecal 2 Pentavalent 2
4th dose	14 weeks	OPV-III, Rotavirus 3, Nemocecal 3 pentavalent 3 APV-1.
5th dose	9 months	MMR 1, APV-2, typhoid.
6th dose	15 months	MMR 2.

Child Abuse

↳ Physical

< 1 year

- Nonaccidental trauma.
- injuries at diff. healing stages
- Shaken baby syndrome (head trauma, subdural hematomas, Retinal hemorrhage).

↳ Sexual

9-12 years.

(pre puberty).

- STIs, UTIs, genital, anal, oral trauma.
- ↑ sexual knowledge or incongruent behaviour for their age.

↳ Emotional

lack of bond with caregiver.

- ↑ aggressive towards animals & children
- anger outburst.
- vague somatic symptoms
- ≥ 1 psychiatric illness by age 21.