

What's Inside



Dementia and Normal Ageing
How Are They Different?

 **Know Your Health**

Physiotherapy In Neonatal ICU
A New Horizon

 **Procedure in Focus**



Urodynamic Procedures in the Bladder Clinic



Dr. Sudha Chaudhari

 **Doctor's Day Off**



First Aid Training Programme

 **Events and Activities**

Physiotherapy Workshop

 **Testimonials**

 **Video Links**

World Pharmacist Day Celebration
Cataract Camp

 **Health Awareness Communication**



Spinal Cord Injury Day

World Physiotherapy day

World Alzheimer's Day



Dementia and Normal Ageing: How Are They Different?

Over the next three decades, India will have an increasing proportion of ageing population. With demographic ageing, comes the problem of dementia and India is expected to have one of the largest number of elders with dementia (1). In 2015, an estimated 4.1 million persons aged over 60 years had dementia in India. This is estimated to rise to 6.35 million by 2025 and to 13.33 million by 2050. This indicates that the burden of dementia in India is already significant and is expected to rise rapidly over the next two to three decades. A study in 2010 found the prevalence of dementia in Pune city to be 4.1% in those aged above 65 years. This indicates a very significant burden of the illness in the local region (2).

It is therefore important to raise awareness about dementia and how it is different from forgetfulness that comes with normal ageing.

What is dementia?

Dementia is the term for a group of symptoms that occur when the brain is damaged by diseases. Dementia can cause a significant decline in a person's mental abilities - our capacity for things like memory, thinking and reasoning. The most common type of dementia is Alzheimer's dementia.

What is ageing?

Ageing is a natural process in everyone's life. As one ages, one experiences gradual changes to their brains and bodies. Some of these changes affect physical and mental abilities, and may increase the risk of disease. Almost 40% of the people over 65 years of age will experience some form of memory loss. But chances are still unlikely that they will have dementia. For the most part, the memory loss is mild enough that they can still live their day-to-day lives without interruption.



Comparing the signs of normal ageing and dementia

ABILITY	POSSIBLE CHANGES DUE TO NORMAL AGEING	POSSIBLE CHANGES DUE TO DEMENTIA
'Short-term' memory and learning new information	Sometimes forgetting people's names or appointments, but remembering them later	Forgetting the names of close friends or family, or forgetting recent events - for example, visitors you had that day
	Occasionally forgetting something you were told	Asking for the same information over and over - for example, 'where are my keys?'
	Misplacing things from time to time - for example, your mobile phone, glasses or the TV remote - but retracing steps to find them	Putting objects in unusual places - for example, putting your house keys in the bathroom
Planning, problem-solving and decision-making	Being a bit slower to react or think things through	Getting very confused when planning or thinking things through
	Getting less able to juggle multiple tasks, especially when distracted	Having a lot of difficulty concentrating
	Making a bad decision once in a while	Frequently poor judgement when dealing with money or when assessing risks
	Occasionally making a mistake when doing family finances	Having trouble keeping track of monthly bills
Language	Having a bit of trouble finding the right word sometimes	Having frequent problems finding the right word or frequently referring to objects as 'that thing'
	Needing to concentrate harder to keep up with a conversation	Having trouble following or joining a conversation
	Losing the thread if distracted or many people speaking at once	Regularly losing the thread of what someone is saying
Orientation	Getting confused about the day or the week but figuring it out later	Losing track of the date, season and the passage of time
	Going into a room and forgetting why you went there, but remembering again quite quickly	Getting lost or not knowing where you are in a familiar place
Visual perceptual skills	Vision changes related to cataracts or other changes in the eyes, such as misty or cloudy vision	Problems interpreting visual information. For example, having difficulty judging distances on stairs, or misinterpreting patterns, such as a carpet, or reflections
Mood and behaviour	Sometimes being weary of work, family and social obligations	Becoming withdrawn and losing interest in work, socialising or hobbies
	Sometimes feeling a bit low or anxious	Getting unusually sad, anxious, frightened or low in self-confidence
	Developing specific ways of doing things and becoming irritable when a routine is disrupted	Becoming irritable or easily upset at home, at work, with friends or in places comfortable or familiar places



Top 5 'healthy brain' tips to reduce risk of dementia (4)

1. Be physically and socially active
2. Eat healthy food
3. Manage stress
4. Keep on learning- challenge your brain
5. Avoid alcohol and smoking

Top 10 warning signs of dementia (5)

6. Memory loss that disrupts daily life
7. Challenges in planning or solving problems
8. Difficulty completing familiar tasks
9. Confusion with time or place
10. Trouble understanding visual images and spatial relationships
11. New problems with words in speaking or writing
12. Misplacing things and losing the ability to retrace steps
13. Decreased or poor judgment
14. Withdrawal from work or social activities
15. Changes in mood and personality



Dr. Amit Nulkar
Associate Consultant, Psychiatry

If you think you or anyone you know may have dementia, please contact

KEM Hospital, Psychiatry OPD for an assessment.

Time: Monday to Saturday 9-11:30am

Contact number: +91 20 6603 7300

References

16. Kishore S. Dementia in India, 2015 Available: <http://dementiacarenotes.in/dementia/dementia-india-2015-info>
17. Nulkar A, Paralikar V, Juvekar S. Dementia in India – A call for action. J Glob Health Rep 2019; 3: e2019078.
18. <https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/how-dementia-progresses/normal-ageing-vs-dementia>
19. <https://alzheimer.ca/en/about-dementia/how-can-i-prevent-dementia/brain-healthy-tips-reduce-your-risk-dementia>
20. https://www.alz.org/national/documents/aa_brochure_10warnsigns.pdf



Physiotherapy In Neonatal ICU

A New Horizon



Neonatal Intensive Care Unit (NICU) is a specially equipped nursery where critically ill and unstable infants receive diagnostic, therapeutic and life support care for a wide range of illnesses and conditions. NICU is for those infants who are preterm, have low birth weight, or perinatal problems, or congenital abnormalities, respiratory disorders, neuromuscular disorders and for those who have undergone any surgery. Physiotherapy is a part of the services delivered by the interdisciplinary team in the NICU. It is a well-established practice and has become an acknowledged and integral part in the management of newborns and sick infants in NICU with respiratory issues. However, this is not the only area in which physiotherapy has a role. Physiotherapy is also indicated in neonates with neurological and orthopedic issues. The role of respiratory physiotherapist is of vital importance in the NICU, though recognised and practiced abroad widely, it is new in Indian set ups and we here are at KEM HOSPITAL PUNE NICU are one of the firsts and only unit to have such trained physiotherapists dedicated entirely to neonatology respiratory management. Respiratory physiotherapy commonly includes techniques like percussion, vibration, positioning for postural drainage and airway suctioning. It is useful for the maintenance of a clear airway, as also to re-expand collapsed segments of the lungs, maintain adequate levels of oxygenation, facilitate early weaning, and reduce the probabilities of re-intubation.

In NICU unit of KEM, all elective extubations are performed solely by physiotherapists according to the UNIT protocols. Apart from this, they independently work on the ventilatory settings and ventilatory management of sick premature neonates of birth weight as low as 500gms. They are thoroughly trained with invasive as well as non-invasive ventilation which is extensively used in the unit and also neonatal resuscitation. For neuromuscular dysfunction, common therapeutic strategies for neuromuscular physiotherapy includes early intervention, positioning, skin to skin holding (Kangaroo Mother Care), therapeutic handling, orofacial stimulation, parent education for feeding, dressing, positioning of infants for sleep, play and interaction. These developmental strategies are beneficial for the promotion of posture and movement appropriate to gestational age and medical stability, modulate sensory stimulation in the infant's NICU environment, promote behavioral organisation and physiological stability, foster infant-parent attachment.

We at NICU KEM HOSPITAL, Pune, headed by Dr. Umesh Vaidya and under the guidance of two senior consultants Dr. Sandeep Kadam & Dr. Tushar Parikh, have two such dedicated physiotherapists in the team. Dr. Shikha Ganjoo & Dr. Gauri Dhanorkar are fully trained, experienced and competent in neonatal speciality leading from the front assuring the best services practiced nowhere in any other setup.

Team NICU

Urodynamic Procedures in the Bladder Clinic (Nephrology Unit), KEMH



We take for granted the elimination of liquid waste in the form of urine from our body. However, it is possible because of the very important storage and voiding functions played by the urinary bladder. Uroflowmetry and urodynamics are used to evaluate these functions by measuring the pressure and flow generated by the urinary bladder. Children need evaluation for voiding problems due to neurogenic causes eg. A spinal defect they are born with (meningomyelocele) or abnormal patterns of voiding due to non-neurogenic causes. Some boys are born with a membranous blockage in the urethra and even though this is corrected surgically, they need to be followed up closely with frequent evaluations of the bladder. This evaluation and management instituted early, may delay progression to end stage kidney disease.

Adult patients require evaluation of the urinary bladder when affected by trauma to the spine, obstructive uropathy or in patients with diabetes mellitus with neurogenic involvement. For patients scheduled for a transplant, it is an important pre transplant requirement. In addition, neurological conditions like strokes and paralysis from a variety of causes would have bladder involvement as one of the features.

Uroflowmetry serves as a preliminary bladder evaluation as it is a non-invasive test. It measures the volume of urine passed, the speed and the duration over which it is passed. The test can indicate problems with bladder emptying or under-activity of the bladder muscle or presence of obstruction to the normal flow of urine.

Urodynamics is an invasive test involving catheterization of the bladder and electromyography of the muscles that form the pelvic floor. This helps in looking at how well the bladder, urethra and sphincters are coordinated and the pressures that are generated. The test focusses on the bladder's ability to hold urine and empty steadily and completely and whether or not the bladder is having involuntary contractions causing urine leakage.

Time: With prior appointment

Place: Bladder Clinic, 5th Floor, Diamond Jubilee Building, KEM Hospital, Pune

Contact number: 020 2621 7603

Team: Dr. Yogesh Sovani, Dr. Priyanaka Randive, Sister Murkute

Featuring Dr. Sudha Chaudhari, Consultant, Paediatrics

Book titled "Management of the High Risk Infant Beyond Survival"

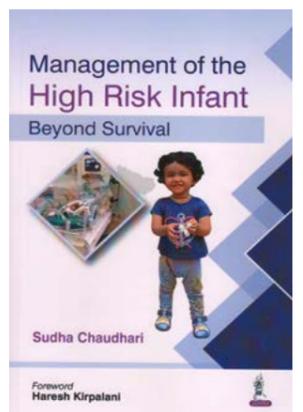
I joined KEM Hospital, Pune, as a Consultant 46 years ago. At that time our neonatal unit was situated in one corner of the Obstetric Ward. We had six "so called": incubators, which were essentially plastic boxes. We had light bulbs on pulleys, so if the baby got cold, we pulled the bulb down, if the baby got hot we pulled the bulb up.

In 1981, we moved to a separate 24 bed Neonatal Unit, which was the largest neonatal unit in Pune at that time. We started saving smaller and smaller babies. At this point, I realised that there was absolutely no Indian data on what happens to these infants later on in life. Fortunately for us, we had started the TDH Rehabilitation and Child Development Centre two years ago, on the floor below us. Another heartening occurrence was that Dr. Pramila Phatak, who had published the Indian version of Bayley Scales joined us after retiring from Baroda. At a time when Paediatricians were busy thinking about malnutrition, Indian Childhood Cirrhosis and Infectious Diseases, Dr. Anand Pandit conceived this idea of a centre for the "special child", with the principle that every facility for diagnosis and treatment should be available under one roof. This book would not have been possible without the facilities of this centre.

In 1987, we applied to Indian Council of Medical Research (ICMR, New Delhi) for a grant for the research project "Pune Low Birth Weight Study – Birth to Adulthood." This study gives an insight into all the tests that are available in India. This study was supposed to end at 18 years. After reading Prof. Barker's studies, I realized that the "Metabolic Syndrome" was seen in 30-40 year old adults who were born SGA. 60% of my cohort was SGA and we all know that India is experiencing a burgeoning epidemic of type II diabetes. So, the study was extended to 22 years to look for early predictors of the metabolic syndrome.

We have been doing a six day workshop on "High Risk Follow Up and DASII" for the last ten years and have trained many neonatologists, paediatricians and psychologists from all over India. Over the years, many participants used to say that there is no Indian book which gives practical aspects of follow up and western books on this subject are not relevant to us. So finally, I took the plunge. We have many SNCUs in smaller towns where paediatric therapists are not available. So the chapter on occupational therapy has explicit instructions with many figures showing the specific exercises. This book is not a didactic, theoretical book on the subject, but a chronicle of my 40 years experience in this field. I have tried to make this book a practical guide with many photographs for those who want to start a follow up programme.

I am thankful to all the "High Risk Infants" who made this book possible. This book written during the Covid lockdown made my life bearable and productive.





Physiotherapy Workshop for Healthcare Professionals

We, the department of Physiotherapy, on the occasion of World Physiotherapy Day which was on 8th of September had organised an interactive session and lecture about "Physiotherapy Approach for Common Spine and Knee Problems in Healthcare Professionals" which was arranged, conducted and presented by Dr. Aniruddha Nagrakar and Dr. Karan Bansode and demonstrated by Dr. Sanket Ransingh. There were a total 27 number of participants who actively participated in the session and we tried to solve their problems as well.



One Day Training Programme on First Aid

KEM Hospital, Pune arranged a day long training program on First Aid on 02.9.2021. The 8 participants who successfully completed the training were from BV Certification Pvt Ltd. and KEM Hospital Pune. This was the third batch of the course. The Program was co-ordinated by Dr. Sandeep Nevase from the Quality Cell Department. It was inaugurated in presence of Dr.V.L.Yemul- Medical Administrator, Dr. Madhur Rao- Sr. Deputy Medical Administrator Our Assistant Medical Administrators - Dr.Tehnaz Chothia and Dr. Veena Rane were also present. Nursing superintendent Ms. Neeta Mahankale and Matron Surekha Joshi and Dr. Swapnil Borade, Junior Consultant of EMD were the trainers. The one day programme was supported by KEM staff members - Neha Dive, Pramila Gorde, Nirmala Nagargoje, Maya Belsare. The training was conducted in 4 different modules- CPR, Basic First Aid, Bandaging and some practical sessions.



Celebration of World Pharmacist Day 25th September 2021



POSTER COMPETITION HELD ON THE OCCASION OF WORLD PHARMACIST DAY.



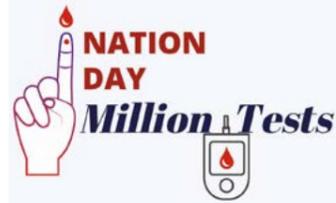


EVENTS AND ACTIVITIES

Cataract Camp

A free cataract camp was organised by KEM Hospital on 26th September 2021. The focus was to make eye care facilities accessible to needy people. Under this screening camp, cataract surgery was made available at very low cost.

Out of the 93 patients who were screened, 20 were advised cataract surgery which will be carried out in the future.



Free Sugar Test Camp



TEAM KEM



Dr. Prashant Khandelwal
MS- General Surgery,
MCh-Neuro Surgery
has been appointed as an
Associate Consultant-Neuro Surgery.

OPD Timings:

Every Tuesday and Friday,
12.00 PM – 1.00 PM



Dr. Pallavi Patil,
DNB-Anaesthesiology,
FCPS -Anaesthesiology,
has joined us as a
Consultant Anaesthesiology



TESTIMONIALS

Dr. Mahesh Kagali, Dr. Tiwari (ICU), Dr. Sachin, Nikita (Nurse in ICU), all were excellent in their jobs, supportive and encouraging. I am grateful to them.

Patient from NH, 3rd Floor



VIDEO LINKS



Listen to **Dr. Pandit** as he tells us about the special services provided at the centre for personalised care and treatment. Watch the video on our YouTube channel: <https://youtu.be/05YTQLvvgCU>



We are excited to introduce you to our expert **Physiotherapy team!** Here's a chance for you to get acquainted with them and the various personalised therapy services we provide. <https://fb.watch/8iD3KrrIHU/>



To understand the signs and symptoms of a heart attack, listen to **Dr. Trivedi** as he simplifies it for us in these trying times. Watch the video on our YouTube channel: <https://youtu.be/yH01bcEgQGg>



If you're debating whether to receive a cochlear implant now or later **Dr. Neelam Vaid** clarifies things for us in an interview with Ms. Shirin Wadia. Watch the video on our YouTube channel: <https://youtu.be/S1stNYJB9Kk>

 HEALTHCARE AWARENESS

SPINAL CORD INJURY DAY



An injury to the spinal cord might lead to paralysis

-  Drive carefully
-  Avoid slips and falls
-  Play sports safely

For more information
020 6603 7460
020 2621 7460



WORLD ALZHEIMER'S DAY

- Chat one-to-one** more people means more confusion for them
- Keep talking to them** even if they can no longer respond
- Keep things simple** stick to short, specific statements
- Avoid arguments** no one will win
- Remove distractions** get rid of any background noises



Together we can ensure no one faces Alzheimer's alone. We can help them to feel more comfortable and loved.

For more information
020 6603 7460
020 2621 7460



WORLD SUICIDE PREVENTION DAY

CREATE HOPE THROUGH ACTION

Take a minute. Save a life!

REACH OUT!



For more information
020 6603 7460
020 2621 7460




WORLD PHYSIOTHERAPY DAY

 **LONG COVID PHYSIO**

Long COVID is different for everyone.

A physiotherapist can help you manage your Long COVID symptoms

-  Shortness of breath or chest pain
-  Extreme fatigue or post-exertional symptom exacerbation
-  Problem with memory and concentration

For more information
020 6603 7437