

focus on raising awareness on reproductive and sexual health matters and gender sensitive issues and for the programme managers and various stakeholders to gain a wider vision pertaining to this issue.

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LITERATURE REVIEW

Correction of Anemia with Erythropoietin in Chronic Kidney Disease (stage 3 or 4): Effects on Cardiac Performance Konstantinos D. Pappas et.al. *Cardiovasc. Drugs Ther.* 2008, 22,37-44

It is not clear whether the correction of anemia with erythropoietin (rhuEpo) in patients with chronic kidney disease (CKD) has any benefit on cardiac function and geometry. Most studies are based on indices of systolic function and left ventricular mass (LVM) and the results are conflicting. Authors sought to investigate the effect of rhuEpo on LV systolic and diastolic performance using conventional and novel echocardiographic indices. Thirty one patients with CKD (stage 3 or 4) were included. Fifteen patients (group I) treated with rhuEpo targeting at Hb e¹³13.0 g/dL, while the remaining (group II) were not treated. Clinical and laboratory parameters were recorded at baseline and 1 year later. Ejection fraction (EF) and LVM were carefully determined. Diastolic function was assessed by mitral inflow indices (E and A wave velocities, Edt deceleration time and E/A) and novel indices of mitral annulus motion using Tissue Doppler Imaging (Em, Am, and E/Em). An index of global cardiac function (Tei) was also calculated. At baseline, the 2 groups had comparable clinical and laboratory characteristics. After 1 year, a significant improvement in Hb levels (13.6 ± 1.2 vs 10.3 ± 1.2 g/dL, $p < 0.05$) as well as in systolic and diastolic function indexes was observed in group I compared to group II patients: EF (70.5 ± 7.6 vs $63.4 \pm 9.3\%$, $p < 0.05$), LVM (116.5 ± 34.9 vs 155.6 ± 51.6 g/m², $p < 0.05$), Edt (233.9 ± 98.6 vs 166.9 ± 45.1 ms, $p < 0.05$), Tei index (0.35 ± 0.12 vs 0.51 ± 0.17 , $p < 0.01$) and E/Em (9.7 ± 2.4 vs 14.8 ± 5.2 , $p < 0.05$), respectively. Blood pressure and heart rate did not show significant changes. Correction of anemia with rhuEpo in patients with CKD seems to improve cardiac performance and geometry.

LITERATURE REVIEW

Mumbai Stroke Registry (2005-2006) - Surveillance Using WHO Steps Stroke Instrument - Challenges and Opportunities PM Dalal, Madhumita Bhattacharjee, Jae Vairale, Priya Bhat JAPI 2008, 56, 675-678

India will face enormous socioeconomic burden because life expectancy is increasing placing larger numbers of older people at risk of stroke and other chronic diseases. In order to plan prevention strategies, reliable information on stroke epidemiology is required. For uniform data collection (population based), WHO recommends use of STEPS Stroke instrument. A well-defined community (H-ward) with verifiable census data, and representative of population structure of Mumbai (Bombay), was selected. The manual on WHO STEPwise approach to stroke surveillance (STEPS; <http://www.who.int/chp/steps/Manual.pdf>) was the operational protocol. During the two year study period (Jan 2005 to Dec 2006), 521 new stroke (CVD) cases (males- 275 and females- 246) were identified; of which 456 (238 males and 218 females) had "first ever stroke"(FES) indicating an annual incidence of 145 per 100,000 persons (CI 95%: 120-170); age adjusted Segi rate: 152 /100,000/year (CI 95% 132-172). Two thirds of the FES cases were admitted to health care

facilities (Step I: "in-hospital" cases), the remaining 150 (32.8%) either died outside of hospital or were treated at home or nursing homes (Step II: Fatal events in community and Step III: Non-fatal events in community). CVD Diagnosis was supported by CT (Computed Tomography) in 407 (89%) of 456 FES cases: 366 (80.2%) had Ischaemic CVD, 81 (17.7%) had hemorrhagic CVD and 9(1%) were of unspecified category. The mean age was 66 yrs SD \pm 13.60 and women were older compared with men (mean age 68.9rs SD \pm 13.12 versus 63.4yrs SD \pm 13.53). Hypertension (BP more than 140/90 mm Hg) alone or in various combinations was present in 378(82.8%) cases. Case fatality at 28 days after the FES stroke was 29.8%. Of 320 surviving patients 38.5% had moderate to severe disability. WHO STEPS stroke surveillance Instrument is simple to use and, practical for community surveys. The data are useful for planning stroke prevention campaigns on public awareness and education with regard to diet, exercise, blood pressure control and early symptoms of minor strokes.