



HEALTHbeat

ISSN 1118-4253

The Official Publication of the **DEPARTMENT OF HEALTH**
Issue No. 58
March - April 2010

**TOBACCO
CONTROL**
Philippines'
Global Adult
Tobacco Survey

**CHILD HEALTH
WANTED:**
Smokefree Homes

EMERGING DISEASE
A(H1N1) Vaccine

DRUGS
Government
Mediated
Access Price

Philippine National Guidelines on Physical Activity

GALAW-GALAW
baka pumanaw



MARKAHAN ANG BILOG NA HUGIS ITLOG

matanda ka na kung...

- ☐ naiisip at nasasabi mo nang "kalabaw lang ang tumatanda"
- ☐ dumidikit ang iyong ngipin sa malagkit na pagkain
- ☐ nakakalimutan mong i-flush ang inidoro pagkatapos gamitin
- ☐ ayaw mo nang sumama sa mga bata
- ☐ nakakalimutan mo ang susi mo sa kotse o sa loob ng bahay
- ☐ si Jaworski pa rin ang paborito mong basketbolista
- ☐ hindi mo na pinaghahandaan ang susunod na kaarawan mo
- ☐ pinapatay mo ang ilaw hindi dahil sa romantiko ka, kundi dahil nagtitipid ka ng kuryente
- ☐ ang paborito mo pa ring artista ay laos na
- ☐ inaaway ka ng asawa mo sa araw ng kanyang kaarawan o inyong anibersaryo
- ☐ alas-kuwatro pa lang nang umaga ay gising ka na
- ☐ naaaliw kang manood ng National Geographic, Biography o History Channel
- ☐ alam na alam mo naman ang lahat subalit walang nagtatanong sa iyo
- ☐ ayaw mong maniwalang may mga guhit na ang noo mo
- ☐ hindi mo maiwasang magbasa ng Obituary sa dyaryo
- ☐ ipinaulit mo ang pangalan ng bago mong nakilala
- ☐ ang lahat ng kasu-kasuan mo ay tila masakit
- ☐ malakas at matatag na ang pananampalataya mo sa Diyos
- ☐ may suot ka nang salamin ay hindi mo pa rin makita
- ☐ ano ang hindi masakit ay ayaw ng gumalaw
- ☐ lagi mong dinadalaw ang duktur mo
- ☐ ang tinitingnan mo sa pagkain ay ingredients
- ☐ sa pagyuko mo ay lumalagutok ang iyong likod
- ☐ binibilhan ka na ng diaper ng anak o apo mo
- ☐ binibilang mo ang calories o fats ng iyong pagkain
- ☐ ang kati-kati ng likod mo pero hindi mo makamot dahil hindi mo maabot
- ☐ tinapos mong talaga na sagutin ang pagsusulit na ito.

Kung sampu o higit pa ang iyong namarkahan,
walang kaduda-duda na matanda ka na nga!

your **health** EXAM

- _____ 1. The lack of, or insufficient, regular exercise and movement of the body is called:
a) hypochondria   b) hypohidrotic   c) hypokinesia
- _____ 2. The cigarette byproducts that cling to smokers' hair and clothing as well as to floors, surfaces, carpets, furniture, appliances, fabrics and even children's toys – even after tobacco smoke has cleared is called:
a) mainstream smoke   b) secondhand smoke   c) third-hand smoke
- _____ 3. Plants in the home, school or office can freshen the air by absorbing which greenhouse gas:
a) carbon dioxide   b) methane   c) nitrous oxide
- _____ 4. Which of the following do you think top the list of "external causes of injuries" registered in the DOH National Electronic Injury Surveillance System, as it took its initial run from August to December 2009:
a) mauling   b) sharp objects   c) vehicular accidents
- _____ 5. Guess the name of the new DOH mascot that fights high drug prices:
a) Cheaper Generic   b) Eric Generic   c) Saver Generic
- _____ 6. Also known as the "Last Song Syndrome," which of the following refers to a portion of a song or other music that repeats compulsively within one's mind, put colloquially as "music being stuck in one's head:"
a) brainworm   b) earworm   c) earthworm
- _____ 7. By end of 2010, all health facilities should phase-out health care apparatus or devices containing which heavy metal:
a) cobalt   b) lead   c) mercury
- _____ 8. Which of the following population group should NOT be vaccinated with the Influenza A(H1N1) vaccine?
a) babies less than 6 months old   b) elderly   c) pregnant women
- _____ 9. A blood pressure reading between 130/85 and 139/89 mmHg is considered:
a) normal blood pressure   b) pre-hypertensive stage   c) hypertension
- _____ 10. Filipino children should engage in physical activities for at least:
a) 15 minutes a day   b) 30 minutes a day   c) 60 minutes a day

Answers on Page 50

Keep and hold on to this issue for your reference as we publish new and important health information that you may not see yet or discussed as detailed as in other health books, magazines and the Internet. These information will surely help you a lot in your work, school or personal life. And we are not talking about the jokes that we print which most of you anticipate for, which is highly commendable, and maybe only read in every issue.

In this issue, we are publishing the Philippine National Guidelines on Physical Activity that provides simple rules in adopting a physically active lifestyle for Filipinos divided into five age groups: children (5 – 12 years old); adolescents to young adults (13 – 21 years old), adults (22 – 45 years old), older adults (46 – 59 years old), seniors (above 60 years old). Then, you will find the highlights of the 2009 Philippines' Global Adult Tobacco Survey as well as the preliminary results of the newly-installed National Electronic Injury Surveillance System which enhances the country's capacity to design, implement and evaluate tobacco control and accident and injury prevention programs, respectively.

Same time last year, the Influenza A(H1N1) pandemic started to occur. Now, a vaccine is available and the Department of Health is providing it for free to high-risk population groups, beginning with frontline health workers, pregnant women and immunocompromised patients. Here in this issue, you will find useful the answers to some frequently asked questions about the vaccine. And finally, we have the updated list of low-priced essential drugs that will greatly help Filipinos suffering with chronic diseases.

Of course, there are other articles in this issue that you will find handy in your pursuit of good health. And lest we forget, there are still joke pages that we painstakingly research for your added pleasure. After all, it will boil down to the jokes that we print as to why you would want to keep this magazine for your reference. Hehehe.

- *The Editors*

HEALTHbeat
The Official Publication of the DEPARTMENT OF HEALTH
ISSUE NO. 20 JULY 2011

FEATURING:
 • **RECOVERING FROM THE DISASTERS**
 • **Global Aids**
 • **Waterborne**

GRID HEALTH
 • **WANTED**
 • **Community Mapping**
 • **Prevalence of malnutrition**
 • **WNTN Vaccine**

Interviews:
 • **General**
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 • **Special Price**

Philippines Department of Health and Physical Education

GALAW-GALAW
baka pumanaw

There's a new Philippine National Physical Activity Guidelines developed by experts from the World Health Organization, Department of Health, University of the Philippines - College of Human Kinetics and the Strength and Conditioning, Inc. Read them and do them. *Sige na, galaw-galaw at baka pumanaw!*
Photo by Romy Caparas.

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HEALTHbeat is published bi-monthly by the Department of Health - National Center for Health Promotion (NCHP) ♦ Sta. Cruz, Manila, 1003 Philippines ♦ Tel Nos. (63-2) 743-8301 loc. 2825 to 2827 ♦ Email Address: healthbeat@vmail.com

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Philippine National Guidelines on Physical Activity

galaw - galaw baka pumanaw

Promoting Physical Activity

Physical activity is defined as any bodily movement produced by skeletal muscles that result in energy expenditure. The human body is designed for movement and for strenuous physical activity (Hayward, 1998).

Done regularly and in ample amounts, it produces progressive health benefits. However, the present lifestyle laden with quick fixes and labor-saving habits does not support this original purpose. Instead, today's way of life leans heavily on doing all tasks as quickly and physically economical as possible. While this is characteristic of life in the developed countries, this has now invaded Philippine shores and wreaked havoc on the health and wellness of our citizenry.

Filipinos, from all walks of life and age groups demonstrated a trend toward increasing overweight and obesity. This is partly due to the tendency towards a sedentary lifestyle. This trend towards hypokinesis (lack of, or insufficient, regular exercise and movement of the body) and the hypokinetic conditions fortify the urgency to promote physical activity among Filipinos.

For the majority of people a



Photo by Romy Caparas

sedentary lifestyle constitutes a major health risk. But for a very small minority, physical or sporting activity may be life threatening. The Philippine National Guidelines on Physical Activity (PNGPA) was drawn up with this in consideration. Therefore, anyone who has a special health condition or illness, or suspects having one, should consult their family physician before referring to this physical activity guidelines, and engaging in any physical activity. At the least, he/she should refer to his/her most recent (within the last six months) medical check-up to ascertain his/her health status.

The first draft of the physical activity guidelines was produced in several meetings among physical fitness, health and sports science experts. It was then presented in a consultative meeting among stakeholders and potential end-users from the health, fitness, and wellness sector, the academe, various medical organizations, private corporations, and different agencies of the government. And in one final meeting among the movement experts, all comments and suggestions were then considered and integrated where applicable.

The PNGPA was based on existing guidelines from other countries, adopting items that apply to local situations and modifying others to increase their relevance to the local setting. The intention is for the guidelines to be disseminated and used, and validated on the basis of the effects it will have towards alleviating the increasing overweight and obesity incidence among all population groups. The target population was divided into five age groups: children (5 – 12 years old); adolescents to young adults (13 – 21 years old), adults (22 – 45 years old), older adults (46 – 59 years old), seniors (60 years old and above).

The physical activity prescriptions are based on the different forms of physical activity, and the opportunities they present themselves. They appear under the headings: activities for daily living – programmed physical activity, high impact play/unstructured spontaneous play or recreational activities; muscle strengthening and flexibility activities; activities in the workplace; and balance and coordination activities. The prescriptions were drawn

up based on the FITT (Frequency, Intensity, Time, and Type of Activity) formula. (Please see Table 1.)

The physical activity prescriptions aim to improve the health of the general population. In addition, provisions for the pursuit of fitness and physical vigor were also made so as to address the needs of a small portion of the Filipino population leaning towards physical fitness (physical capabilities beyond health).

Implementing Guidelines

The aim of the PNGPA is to provide simple rules in adopting a physically active lifestyle. While the guidelines are simple enough to be followed by individuals on their own, its promotion and adoption should also be encouraged on an institutional level.

The implementing guidelines are meant for the people who will most probably be at the forefront of the promotion and implementation of the PNGPA. They may be the doctors, health professionals, fitness

trainers, barangay health workers, physical education, health and sports coordinators and teachers, and the human resource department of workplaces.

1) As a general precaution, all individuals who would want to engage in more vigorous physical activity should get clearance from a physician. Before engaging in any physical activity, a pre-participation evaluation should be performed on the participant. The pre-participation evaluation that may be used are the Physical Activity Readiness – Questionnaire 1, American College of Sports Medicine's Coronary Risk Factor Analysis 2 and Disease Risk Classification 3.

2) Individuals who are considered to be with medical contraindications to exercise, and with disease symptoms and risk factors should be cleared first by a physician. While they are not precluded from participating in physical activities, their safety should be ensured first and foremost.

3) If classified as apparently healthy, start slow, within comfortable effort levels. Progress slowly and according to improved work capacity. DO NOT OVER-EXERT.

4) At any point during the physical activity, STOP if dizziness, nausea, shortness of breath, and chest pains manifest.

5) Consider reducing the intensity of the exercise, or stopping totally if physical or verbal manifestations of severe fatigue, joint and muscle pains, and cramps start.

6) The participants are encouraged to keep a Daily Physical Activity Record for better monitoring and tracking.

7) The participant should be allowed to stop if and when he/she requests at any point to stop.

8) Ensure proper hydration by encouraging drinking ¼ L or a cup of fluid (water, fresh fruit juices, sports drinks)

Table 1: Distribution of physical activity types among the different age groups.

	CHILDREN	ADOLESCENTS TO YOUNG ADULTS	ADULTS	OLDER ADULTS	SENIORS
Active Daily Tasks	✓	✓	✓	✓	✓
Programmed Physical Activity	✓	✓	✓	✓	✓
High Impact Play	✓	✓			
Muscle Str and Flexibility		✓	✓	✓	✓
Activities in the Workplace			✓	✓	✓
Balance and Coordination				✓	✓



The PNGPA was developed by experts from the World Health Organization, Department of Health, University of the Philippines - College of Human Kinetics and the Strength and Conditioning, Inc.

every 15 to 20 minutes during the activity.

9) Encourage wearing the proper attire and footwear during programmed activities such as exercise, and sports and games for thermal stress management and protection from injuries.

10) Allow ample recovery after physical activities.

Supportive Environment

Every individual should look out to adopt a physically active and healthy lifestyle. He, however, needs all the help and encouragement since physical activities have ceased to be a feature of one's daily routine. The Filipino family is generally known for being tight and nurturing. This is where children younger than five years old should get their introduction to a physically

active lifestyle, through family involvements in physically challenging sports and games, recreation and habits. Parents are therefore encouraged to expose children to physical activities as early as possible.

In support of this, the community should increase the availability of physical activities to its constituents through sports and recreational programs, and infrastructural developments, as well as policies and ordinances in support of a physically active community.

Of great influence to the youth are schools, specially since physical education and sports programs are well within their mandated realm of operation. Participation should be maximized and not only reserved to the elite collegiate athletes. Intramural programs and recreational activities should be organized and supported fully by the

school administration so as to increase the carry-over effect of the programs to the post-educational phase of the students' life.

Lastly, employer institutions are as accountable for the health and wellness of their employees, more so since productivity has been closely linked with health and wellness in the workplace. Healthy working environments should be established, with accessibility to physical activities and safety ensured. Activity areas (gyms, multipurpose halls) should be present and the expertise made available. Through innovative ideas, work stations should allow the integration of physical activities with their normal day-to-day work activities, thereby making it easier for the employee to increase his/her physical activity without sacrificing work efficiency.

Physical Activity Prescription



Children

5 - 12 years old

Filipino children should engage in at least 60 minutes daily physical activities consisting of any one or a combination of the following physical activities:

ACTIVE DAILY TASK. Active travel (walking, cycling, stair climbing) and active daily tasks (household and school chores such as scrubbing/mopping floors, fetching water in a pail, raking leaves, bathing dog, cleaning the car, rearranging household furniture, etc.)

EXERCISE, DANCE OR SPORTS. Programmed physical activity for 20-30 minutes daily (sports and/or active games).

HIGH IMPACT PLAY (UNSTRUCTURED SPONTANEOUS PLAY). Activities pertaining to high impact active play on most if not all the days of the week (running, jumping, hopping, skipping, Luksong Tinik, Patintero, Tumbang Preso, Agawan Base, etc.), walking, stair climbing, and playground activities such as jungle bars and ropes.

Adolescents to Young Adults

13 - 20 years old

Filipino adolescents and young adults should engage in at least 60 minutes of daily physical activity consisting of any one or a combination of the following physical activities:

ACTIVE DAILY TASKS. Active travel (walking, cycling, stair climbing) and active daily tasks (household and school chores such as scrubbing/mopping floors, fetching water in a pail, raking leaves, bathing dog, cleaning the car, rearranging household furniture, etc.)

EXERCISE, DANCE OR SPORTS. At least 40 minutes of programmed physical activities such as fitness related, rhythmic or sports activities. For fitness goals, you should have continuous 20-30 minutes minimum for at least 3-5 times a week.

HIGH IMPACT PLAY (UNSTRUCTURED SPONTANEOUS PLAY). At least 20 minutes of sustained moderate to vigorous physical activities resulting in rapid breathing such as brisk walking, jogging,

indigenous games (tumbang preso, agawang base, taguan, etc.) and dancing.

MUSCLE STRENGTHENING AND FLEXIBILITY ACTIVITIES. At least 2-3 times a week of activities that build muscle and bone strength and flexibility such as weight bearing calisthenics and other load bearing exercises involving major muscle groups.

Adults

21 - 45 years old

Filipino adults should accumulate 30 to 60 minutes of daily physical activity consisting of any one or a combination of the following physical activities:

ACTIVITIES FOR DAILY LIVING. Active travel (walking, cycling, stair climbing) and active daily tasks (household chores such as scrubbing/mopping floors, cleaning rooms, general carpentry, fetching water in a pail, raking leaves, bathing dog, cleaning the car, rearranging household furniture, etc.)

EXERCISE, DANCE AND RECREATIONAL ACTIVITIES. Moderate intensity aerobic physical activity resulting in a noticeable increase in heart rate and breathing (still able to carry on normal conversation). Examples are brisk walking, dancing, cycling, swimming done

continuously for a minimum of 30 minutes OR accumulated bouts of 10 minutes or longer.

For more active people with no risk factors, vigorous intensity aerobic activity resulting in fast breathing and a substantial increase in heart rate (beyond normal conversation pace; talking becomes more challenging). Examples are jogging, vigorous dancing, ballgames done continuously and done at least thrice a week with a future goal of being able to do it 5-6 times.

For fitness purposes, adults should work towards 20-30 minutes continuous physical activity for a minimum of three days per week.

MUSCLE STRENGTHENING AND FLEXIBILITY ACTIVITIES. Performing activities using ALL major muscles of the body that maintain or increase muscular strength and endurance. Examples are weight bearing calisthenics, stair climbing, weight training done at least twice a week, on non-consecutive days. A light load allowing for a set of 10-15 repetitions resulting in momentary muscle fatigue. Perform gentle stretches to the point of tension after aerobic exercises OR at cooldown. At least 20 seconds per position per muscle group. Minimum four times per week.

ACTIVITIES IN THE WORKPLACE. Employees should have opportunities to be active at work and through activities organized, with provision of the necessary facilities and/or equipment, by their



Photo courtesy of Strength and Conditioning, Inc.



Aerobic exercises offered twice a week for DOH Central Office employees.

workplace. Two-minute physical activities (walking, stair climbing, stretching) for every hour of sitting is highly encouraged.

Older Adults

46 - 59 years old

Filipino older adults should accumulate at least 30 minutes daily physical activity consisting of any one or a combination of the following physical activities:

ACTIVITIES FOR DAILY LIVING. Active travel (walking, cycling, stair climbing) and active daily tasks (household chores)

EXERCISE, DANCE AND RECREATIONAL ACTIVITIES. Moderate intensity aerobic physical activity resulting in a noticeable increased heart rate and breathing (still able to carry on normal conversation). Examples are brisk or race walking, dancing, cycling, rowing or swimming done continuously for a minimum of 30 minutes OR accumulated bouts of 10 minutes or longer.

For more active people with no risk factors, low to moderate intensity of aerobic activity resulting in fast breathing and a substantial increase in heart rate (beyond normal conversation pace; talking becomes more challenging). Examples are jogging, vigorous dancing, ballgames done continuously for a minimum of 20 minutes, and done at least thrice a week with a future goal of being able to do it 5-6 times.

MUSCLE STRENGTHENING AND FLEXIBILITY ACTIVITIES.

Performing activities using ALL major muscles of the body that maintain or increase muscular strength and endurance. Examples are weight bearing calisthenics, stair climbing, weight training done at least twice a week, on non-consecutive days. A set of 8-12 repetitions with a load resulting in momentary muscle fatigue. Perform gentle stretches to the point of tension after aerobic exercises OR at cooldown. At least 20 seconds per position per muscle group. Minimum four times/week.

BALANCE AND COORDINATION. Specific activities for balance and coordination 2-4 days/week. Examples are walking, gentle yoga, tai-chi, dance, aquatic activities.

ACTIVITIES IN THE WORKPLACE. Employees should have opportunities to be active at work and through activities organized, with provision of the necessary facilities and/or equipment, by their workplace. Two-minute physical activities (walking, stair climbing, stretching) for every hour of sitting is highly encouraged.

Young Old

60 - 69 years old

Filipino senior citizens should accumulate at least 30 minutes daily physical activity consisting of any one or a combination of the different types of physical activities for the following sub-age

groups: young old; middle old and vintage.

ACTIVITIES FOR DAILY LIVING. Active travel (walking, stair climbing) and active daily tasks (household chores and yard work)

EXERCISE, DANCE AND RECREATIONAL ACTIVITIES. Moderate intensity aerobic physical activity resulting in a noticeable increased heart rate and breathing (still able to carry on normal conversation). Any rhythmic and continuous physical activity that uses large muscle groups with special stress on load bearing activities to arrest rate of osteoporosis and to maintain bone density. Examples are moderate to brisk walking, dancing, biking, calisthenics, swimming, rowing and stair-climbing Done continuously for a minimum of 30 minutes OR accumulated bouts of 10 minutes or longer.

For more active people with no risk factors, low to moderate intensity of aerobic activity resulting in fast breathing and a substantial increase in heart rate (beyond normal conversation pace; talking becomes more challenging). Examples are jogging, brisk or race walking, vigorous dancing, step-aerobics, swimming, done continuously for a minimum of 30 minutes, and done 3-5 times per week.

MUSCLE STRENGTHENING AND FLEXIBILITY ACTIVITIES. Performing activities using ALL major muscles of the body that maintain or increase muscular strength and endurance. Examples are body weight bearing calisthenics, stair climbing, weight training done at least twice a week, on non-consecutive days. A light load allowing for a set of 10-20 repetitions resulting in momentary muscle fatigue.

Perform gentle stretches to the point of tension after aerobic exercises OR at cooldown. At least 20 seconds per position per muscle group. Minimum four times per week.

BALANCE AND COORDINATION. Perform simple but dynamic movements that challenge postural and positional stability such as single-leg stands or supports, exercise ball-sitting, and weight-shifting. Take up specific activities for balance and coordination. Examples are walking, gentle yoga, tai-chi, dance, aquatic activities, 2-4 days per week.

ACTIVITIES IN THE WORKPLACE. Employees should have opportunities to be active at work and through activities organized, with provision of the necessary facilities and/or equipment, by their workplace. Two-minute physical activities (walking, stair climbing, stretching) for every hour of sitting is highly encouraged.

Middle Old

70 - 79 years old

ACTIVITIES FOR DAILY LIVING. Active travel (walking, assisted stair climbing) and mild, easy daily tasks (household chores), such as mild yard and garden work, dusting furniture, folding clothes and sweeping inside the house.

EXERCISE, DANCE OR RECREATIONAL ACTIVITIES. Light intensity aerobic physical activity such as a leisurely walk around the neighborhood, parks and malls. Any rhythmic and continuous light physical activity that uses large muscle groups while standing independently or assisted, seated, reclined or lying down. Examples are stationary biking, calisthenics, swimming done for a total of 30 minutes continuously, three times weekly OR, accumulated bouts of 10 minutes or longer.



Photo by Adel Azuelo

For more active and apparently healthy people with no risk factors, low to moderate intensity of aerobic activity resulting in slight elevation of breathing rate and heart rate (a pace that will still allow normal conversation pace). Examples are walking, no impact aerobic dancing, social dancing and swimming done continuously for at least 30 minutes, and done three times per week, on non-consecutive days.

MUSCLE STRENGTHENING AND FLEXIBILITY ACTIVITIES.

Performing activities using ALL major muscles of the body that maintain or increase muscular strength and endurance. Examples are mild calisthenics, light weight training, elastic band exercises done at least twice a week, on non-consecutive days. A light load allowing for a set of 10-20 repetitions resulting in light challenge to the muscle. Perform gentle stretches to the point of tension after aerobic exercises OR at cooldown done at least 8 times per direction, and done 3 times per week.

BALANCE AND COORDINATION. Challenge postural and positional stability by performing simple and dynamic movements of the lower and upper extremities while sitting on the exercise ball or standing on one leg, and weight-shifting while standing, all with support or spotting. Take up specific activities for balance and coordination. Examples are walking, gentle yoga, tai-chi, dance, aquatic activities 2-4 days per week.

Vintage Old

80 years old and above

ACTIVITIES FOR DAILY LIVING. Active travel (assisted walking and stair climbing) and mild, easy daily tasks (household chores), such as mild garden or yard work, dusting furniture, folding clothes and sweeping inside the house.

EXERCISE, DANCE OR RECREATIONAL ACTIVITIES. Continuous



Photo by Romy Caparas

and light intensity physical activity such as a leisurely walk around the neighborhood, yard or living area. Any rhythmic and continuous physical activity that uses large muscle groups while standing assisted, seated, reclined or lying down. Examples are stationary biking, calisthenics, swimming done for a total of 20 minutes continuously, three times weekly OR accumulated bouts of 10 minutes or longer.

MUSCLE STRENGTHENING AND FLEXIBILITY ACTIVITIES.

Performing resistance exercises using major segments of the body including shoulders, arms, thighs and legs, that maintain or increase muscular strength and endurance. Examples are mild calisthenics, light weight training and elastic band exercises done at least twice a week, on non-consecutive days. A light load allowing for a set of 10 - 15 repetitions resulting in light challenge to the muscle.

Perform gentle full range of motion exercises after exercises OR during cooldown done at least eight times per direction, and done two to three times per week, on non-consecutive days.

BALANCE AND COORDINATION. Perform simple but dynamic movements while standing or sitting on the exercise ball with a spotter. Take up specific activities for balance and coordination. Examples are walking, gentle yoga, tai-chi, slow dancing, mild aquatic activities done at least three days per week.

CHILDHOOD: the time of life when you make funny faces at the mirror.

OLD AGE: the time of life when the mirror gets even.

laughter **h**eals

banat ni birit ni LOLO LOLA

Tumatanda, Gumaganda

LOLA: Naniniwala ka ba na ang babae habang tumatanda ay gumaganda?

LOLO: Oo naman.

LOLA: Sa tingin mo, gumaganda ba ako?

LOLO: Sa tingin ko, hindi ka tumatanda.

Anger Management

LOLO: Sa tinagal ng pagsasama natin, kapag nagagalit ako sa iyo, hindi mo ako inaaway. Paano mo napipigilan ang anumang poot mo sakín, Mahal?

LOLA: Nililinis ko ang inidoro.

LOLO: Nakakatulong ba talaga iyon?

LOLA: Oo naman. Ginagamit kong panlinis ang sepilyo mo, eh.

Dentista si Lolo

LOLO: Apo, ituring mo ang syota mo na parang sepilyo...

APO: Ho?!? Paano po iyon?

LOLO: Huwag mo siyang ipagamit sa iba... at palitan mo ito minsan isang buwan.

Asensado Apo

LOLO: Aba, at asensado na talaga ang apo natin sa US! Heto at nagpadala pa ng picture, nakasandal sa kotse, oh! Basahin mo nga ang nakasulat sa likod.

LOLA: Lola, nagpapasalamat ako, kasi kung hindi dahil sa kotse na ito, natumba na ako sa sobrang gutom.

I Love You Too, Lolo

LOLO: Apo, kaya kita pinalo kasi mahal kita

APO: Ganun po ba? (*Biglang sinampal ang lola.*)

LOLO: Pesteng bata ka, bakit mo ako sinampal?

APO: I love you too, Lolo! Hehehe...

Mas Nakakahiya

LOLA: Aba, apo, hindi ka ba nahihiya? Linis ako nang linis dito tapos ikaw, naglalaro lang diyan?!?

APO: Lola, mas nakakahiya naman po kung ako ang naglilinis diyan at ikaw ang naglalaro dito!

Holdap!

LOLA: Amang, wala akong pera!

HOLDAPER: Alam ko kung asan ang pera mo (*sabay pasok ng kamay sa bra ni Lola*).

LOLA: Ituloy mo pa iho, may dollars diyan sa ibaba!

Mga Biyudang Lola

LOLA1: Dapat pala hindi ko iniwanan ang cellphone ng asawa ko sa kabaong niya...

LOLA2: Bakit naman?!?

LOLA1: E kasi tingnan mo itong text niya - "D2 na me sunod na U."

Pamana

LOLA: Apo, matanda na ako at malapit nang mamatay, kaya naman ipapamana ko sa iyo ang aking sakahan, prutasan, bahay at mga alagang hayop.

APO: Salamat po, Lola. Saan po ba ang mga iyon?

LOLA: Sa Facebook, heto ang email ko, hot_lola16@yahoo.com at ang password ay ganda69 Click mo sa bookmark ang Farmville.

(-: From the Internet :-)

National Electronic Injury Surveillance System

Road Safety

FIRST

All roads must lead to safety. The Department of Health urged the public to take precautions against common accidents and injuries as it released the initial reports of its newly-installed National Electronic Injury Surveillance System (NEISS), a web-based system to electronically capture injury related data from 65 participating government and private hospitals in the country.

The pilot implementation of NEISS was supported by the Department of Transportation and Communication, World Health Organization, Safe Kids Philippines and UNICEF (United Nations Children's Fund). The DOH-NEISS will be issuing official reports every quarter.

Key Findings

The NEISS registered a total of 6,503 injury cases for the period August to December 2009. Nearly 60% of the total cases of injuries occurred in the 15 – 44 years old group. Children less than 5 years old accounted for 7.3% and the elderly or 65 years and over accounted for 2.9%.

There were more male (71.3%) than females (28.7%) with a ratio of almost 3:1. Majority (99.5%) of those who sustained injuries were Filipinos and the remaining cases were of other nationality,



PLEASE WEAR YOUR HELMET. *The initial run of the DOH National Electronic Surveillance System from August to December 2009 listed the motorcycle as the top mode of transport that caused injuries. Only 7.3% of those injured while riding motorcycle used helmets, and 60% of the recorded dead on arrival cases in hospitals were motorcycle users. (Photo by Tony Roda)*

including American, Australian, Briton, Indian, Iranian, Japanese, Swedish and Vietnamese.

The highest number of injuries occurred in Regions XI (Davao) and III

(Central Luzon) with 39.6% and 33.5%, respectively. Injury cases were highest in December (30.9%) and in October (28.1%).

December was a holiday season where traveling and partying were common, while the entire Luzon was hit by a series of calamities in October.

More than two thirds (67%) of the total injury cases were unintentional or accidental and nearly 30% were intentional (violence). Close to 15% were cases of multiple injuries. The most commonly sustained types of injury were abrasion (38.5%), open wound/laceration (33.8%) and contusion (22.2%).

Leading the list of external causes of registered injuries was transport/vehicular accidents with 27.7% followed by mauling with 24.5%. There were also cases of injuries caused by sharp objects (10.1%), bites/stings (4.8%), gunshots (1.1%), burns (1%), chemical substances (0.2%), hanging and strangulations (0.1%) and drowning (0.05%).

Most of the injuries occurred on the road (41.1%) and 16.7% happened at home. There were also 33.8% of the registered injury cases with unknown place of occurrence.

A considerable number (56.1%) of injury cases were not able to record the activity of the victim at the time of the

Figure 1. Injury Cases by External Causes
August to December 2009
N=6,503

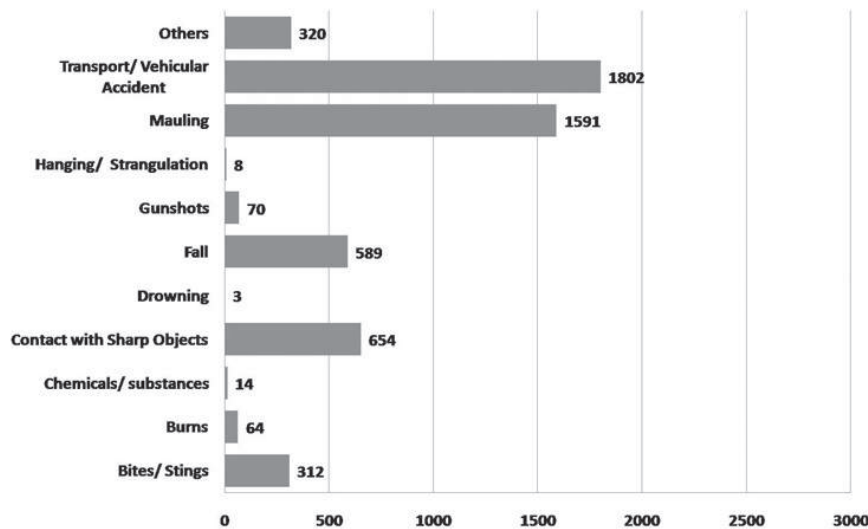
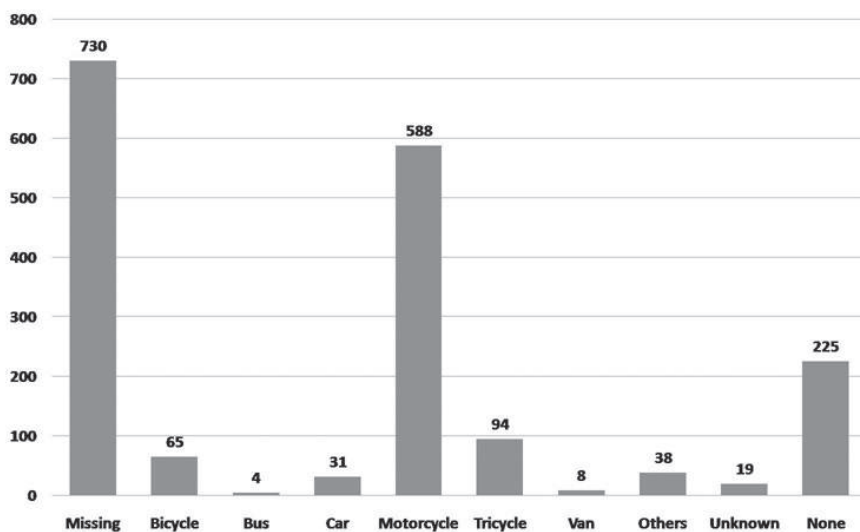


Figure 2. Transport/Vehicular Accident Related Injury by Type of Vehicle
August to December 2009
N=1,802



Transport/Vehicular Accidents topped the NEISS August-December 2009 list of external causes of injuries (Figure 1) with motorcycle as the most common mode of transport of the injured (Figure 2). The item "Missing" in Figure 2 refers to no recorded answer in the NEISS form in the hospital.

incident, but among those with activities recorded, 12.7% were leisure-related and 7.3% were work-related.

Majority (99.7%) of the total registered injury cases reached the hospital alive and only 0.26% were dead on arrival. Nearly 80% of the injury cases were discharged after being treated at the ER/

OPD and 8.1% were eventually admitted for further treatment. Among those admitted, 16% improved and 0.2% resulted to death.

Transport/Vehicular Accidents

From the 6,503 injury cases reported from August to December 2009,

a total of 1,802 were transport/vehicular accident related cases. Collision accidents accounted for 30.3% of the cases. More cases occurred in December (32.7%). Nearly two thirds (62.4%) of the cases occurred between 8:00 am-7:59 pm.

More males (73.0%) than females (27.0%) were involved in transport/vehicular accidents. The age group 15-44 years old was commonly involved and accounted for 60.4% of the total cases. Motorcycle, tricycle and bicycle were the most common (41.4%) mode of transport of the injured and 12.5% were pedestrians.

Only 7.3% of those injured while riding motorcycle used helmets while 6.9% of those who were in a car, van or bus at the time of the incident used seatbelts. Alcohol/liquor (13.2%) topped the list of the reported risk factors for transport/vehicular accident related injury cases.

Majority (99.72%) of the injured due to transport/vehicular accident reached the hospital alive, and 60% of those dead on arrival were riding a motorcycle.

"These kinds of accidents and injuries are preventable if we give road safety the attention it rightfully deserves", Health Secretary Esperanza Cabral said. "We urge the national government agencies and local government units to come together to address issues concerning road users, road infrastructure and motor vehicles for our roads to be made safer".

Cabral also cited several simple safety tips for the road-using public: drive within speed limits, do not drive under the influence of alcohol or drive while using a cellular phone, use seatbelts and child restraints inside vehicles, wear helmets for motorcycle riders, use vehicle lights and reflective clothing and gears to see and be seen on the road (especially for users of two- or three-wheeled vehicles), and obey traffic rules at all times.

Frequently Asked Questions

Influenza A(H1N1) Vaccine

What is an Influenza A(H1N1) Vaccine?

This is a vaccine that will protect humans against the influenza A(H1N1). Immunization experts expect this vaccine to be safe and effective for influenza A(H1N1) but stress that it will not prevent “influenza-like” illnesses caused by other viruses.

How is the vaccine given? The vaccine is given by injection into the upper arm for most people; in infants and younger children, however, it is the thigh that is the recommended site for the vaccine shot.

Do people need more than a single dose of the vaccine? Immunization experts recommend a single dose in persons over the age of 6 months. They say that this recommendation may change as new data emerges.

Who should receive the vaccine? In the Philippines, the list of targets includes:

- Health Workers/Non-Health Frontline Responders:
  - Field health, social work and military/police personnel
  - Medical personnel attending to A(H1N1) cases at Department of Health / local government units / private hospitals identified as “REFERRAL HOSPITALS”
  - Rural Health Units/Health Centers personnel
  - Barangay Health Workers
  - DOH central office and regional personnel assigned to the field.
- Pregnant women on their 2nd to 3rd trimester
- Children aged 6 months old to less than five years old and adults aged 60

and above

- Children aged 5 years old to adults aged 59 with chronic medical conditions
- Elderly
- People with chronic conditions

NOTE: *The Health Workers/Non-Health Frontline Responders are the priority in the above-mentioned list as they are the ones who will be attending to the cases.*

If I already had A(H1N1), will I still need to receive vaccination? Yes, because getting previously infected with A(H1N1) virus may not result in protective immunity against the disease.

How long will the vaccine provide protection? Influenza viruses are adaptable and strains change constantly. Although experts have not seen any evidence yet that the A(H1N1) has mutated, they said that it is likely to do so. So, in the future, it is likely that a new vaccine will be needed to protect us against any drifted form of A(H1N1). Experts said though that by then, the seasonal flu vaccine will almost certainly have already incorporated protection against A(H1N1).

How safe is the vaccine for pregnant women? Recent studies do not show harmful effects with respect to pregnancy, a developing fetus, birthing, or post-natal development. However, pregnant women

ADMINISTRATION OF INFLUENZA A (H1N1) 2009 MONOVALENT VACCINE

AGE	DOSE	NO. OF DOSE	SITE OF INJECTION
Children			
6 to < 36 months old	0.25 mL	1	Intramuscular (IM) anterolateral aspect of the thigh in 6 months to 11 months old
36 months - < 10 yrs old	0.5 mL	1	Intramuscular (IM) deltoid muscle of the upper arm in toddlers and young children
10 yrs old - < 18 yrs old	0.5 mL	1	Intramuscular (IM) deltoid muscle of the upper arm
Adults			
18 years old and above	0.5 mL	1	Intramuscular (IM) deltoid muscle of the upper arm

with complicated pregnancies are advised not to receive the vaccination.

Why are pregnant women advised to get vaccinated? This is so because pregnant women who get any type of flu have a greater risk for serious health problems. They are more likely to get hospitalized than other individuals who also get the flu and are also most likely to have serious illness and deaths from H1N1. Pregnant women

who get flu shots do not only protect themselves but their babies as well.

How many doses should a pregnant woman get? The US Food and Drug Administration has approved the use of one dose of vaccine for full protection for persons 10 years and older, including pregnant women.

Can the flu shot be given at any time

during pregnancy? Yes, as per World Health Organization (WHO) recommendation, flu shots can be given to pregnant women at any time during pregnancy.

Can a breastfeeding mother receive the flu shot? Yes. Breastfeeding is fully compatible with flu vaccination; and preventing the flu in mothers can reduce the risk of the infant getting the flu also. By breastfeeding, mothers can pass on to the

WHO Statement

Of Conflict of Interest and "Fake" Pandemic

Providing independent advice to Member States is a very important function of the World Health Organization (WHO). We take this work seriously and guard against the influence of any improper interests. The WHO influenza pandemic policies and response have not been improperly influenced by the pharmaceutical industry.

WHO recognizes that global cooperation with a range of partners, including the private sector, is essential to pursue public health objectives today and in the future. Numerous safeguards are in place to manage conflicts of interest or perceived conflicts of interest among members of WHO advisory groups and expert committees. Expert advisers provide a signed declaration of interests to WHO detailing any professional or financial interest that could affect the impartiality of their advice. WHO takes allegations of conflict of interest seriously and is confident of its decision-making independence regarding the pandemic influenza.

Additional allegations that WHO created a 'fake' pandemic to bring economic benefit to industry are scientifically wrong and historically incorrect.

- Lab analyses showed that this influenza virus was genetically and antigenically very different from other influenza viruses circulating among people

- Epidemiological information provided by Mexico, the US and Canada demonstrated person-to-person transmission.

- Clinical information, especially from Mexico, indicated this virus also could cause severe disease and death.

At the time, those reports did not indicate a pandemic situation, but taken together sent a very strong warning to WHO and other public health authorities to be ready for one.

- As the pandemic evolved, clinicians identified a very severe form of primary viral pneumonia, which was rapidly progressive and frequently fatal, that is not part of the disease pattern seen during seasonal influenza. While these cases were relatively rare, they imposed a heavy burden on intensive care units.

- Geographical spread was exceptionally rapid.

- On 29 April 2009, WHO reported lab confirmed cases in 9 countries.

- About 6 weeks later, on 11 June, WHO reported cases in 74 countries and territories in more than two WHO regions. It is this global spread which led WHO to call for increasing phases and finally, to announce that a pandemic was underway.

- By 1 July, infections had been confirmed in 120 countries and territories.

The world is going through a real pandemic. The description of it as a fake is wrong and irresponsible. We welcome any legitimate review process that can improve our work.

An explanation of how WHO uses advisory bodies in responding to the influenza pandemic was made publicly available on the WHO web site on 3 December 2009.

- WHO Media Release
January 22, 2010

infants the anti-bodies that their bodies make in response to the flu shots, thus reduces the infants' chances of getting the flu. Experts said that this is important for infants less than six months old since they are too young yet to be vaccinated.

What are the possible side effects from the vaccine? Soreness, redness, tenderness or swelling where the shot was given; fainting (mostly young people); head and muscle aches; fever; and nausea. These are generally mild, will not need medical attention and will last for just a day or two.

What are the signs of severe allergic reaction? Difficulty in breathing, high fever, hoarseness (*pamamalat*), paleness, general body weakness, dizziness, and faster heartbeat.

What should you do if there is a serious allergic reaction?

Go to the doctor immediately, report the date and time it happened, and when the vaccination was given.

Why do some people who have been vaccinated still get influenza? People can still get the influenza because no vaccine provides 100% protection against diseases; however, they will greatly reduce the risk of getting sick. Experts said that the vaccines only become effective about 14 days after vaccination. Vaccinated individuals can also get influenza by a different strain of the virus which the pandemic vaccine does not provide protection.

Can people who have allergy to eggs receive the vaccine? People who are allergic to eggs might be at risk for allergic reactions from the vaccine. In 2009, experts over at the Centers for Disease Control said that people who have egg allergies

should consult with a doctor or other medical professional before considering any influenza vaccination.

Can the influenza vaccine be administered simultaneously with other vaccines? It can be given at the same time as other injectable non-influenza vaccines provided that it will be administered at different injection sites.

Who should NOT be vaccinated without a doctor's consent? Some people should not get vaccinated without consulting a physician first and these individuals include: (1) those who have severe allergy to chicken eggs, (2) those who have had a severe reaction to an influenza vaccine, (3) those who have developed Guillain-Barre Syndrome, a severe paralytic illness, after getting a flu vaccination in the past, (4) children younger than six months of age,

and (5) those who have moderate-to-severe illness with a fever.

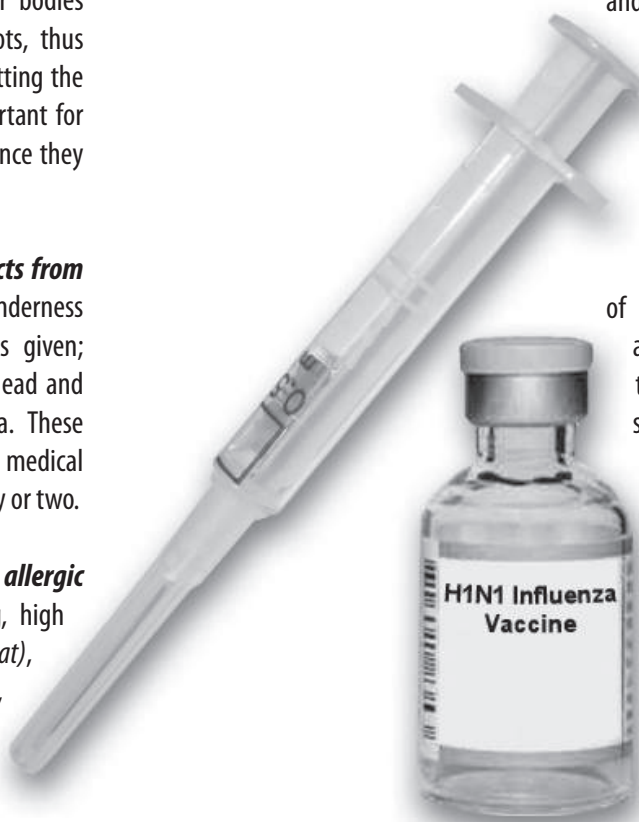
How can the safety of vaccines be ensured? Serious adverse events have been reported rarely but clinical trials are currently being done to ensure the safety of the vaccines. The WHO, however, advises countries giving the vaccines to conduct intensive monitoring for safety and report serious adverse events.

How should vaccines be stored and handled? It shall be stored in refrigerators provided solely for vaccine storage at +2 to +8 °C. It should be transported properly in ice-packed containers. Cold chain monitoring shall be done in accordance with Expanded Programme on Immunization (EPI) procedures. It should NEVER BE FROZEN or allowed to come in direct contact with ice. Twice daily (AM and PM) monitoring and recording of temperature is critical to ensure the viability of the vaccines.

Will developing countries like the Philippines have access to the vaccines? In 2009, the WHO has called for international solidarity to provide fair and equitable access to the vaccines for all countries. To date, the WHO has helped secure significant donations from its partners and developed countries for the 95 low- and middle-income nations. The WHO's goal is to provide each of these 95 nations with enough vaccines to immunized at least 10% of its population.

BASIC FACTS ON INFLUENZA A(H1N1)

What is Influenza A(H1N1)? It is a new



virus caused by the re-assortment of 4 viruses from pigs, humans and birds; and was first detected in people in April 2009 in the Americas. This virus is spreading from person-to-person and can be fatal due to severe respiratory distress.

What are its signs and symptoms?

Its signs and symptoms include fever, headache, fatigue, muscle or joint pains, lack of appetite, runny nose, sore throat and cough. But in some cases, diarrhea, nausea and vomiting may be present, too.

How is it transmitted? It is transmitted through direct exposure to the droplets when an infected person coughs and sneezes; and through touching one's mouth, nose or eyes after touching infected things.

What can I do to protect myself from

getting infected?

- Always wash hands with soap and water.
- Use alcohol-based hand sanitizers.
- Avoid close contact with sick people who are coughing and sneezing.
- Increase body's resistance by having at least 8 hours of sleep, being physically active, managing your stress, drinking plenty of fluids, and eating nutritious foods.
- Make it a habit to cover your nose and mouth when coughing and sneezing

What do we do if there is a person at home who has signs and symptoms?

If signs and symptoms are mild and there are no pre-existing conditions, the patient is advised to be taken care at home. However, if there are any pre-existing conditions that would affect the immunity of the patient,

immediately inform a doctor and refer to the nearest health facility for appropriate medical care.

The following measures are advised to avoid getting infected:

- Make the person wear surgical mask.
- Provide a separate room in the house; if not possible, keep the patient at least a meter away from other family members.
- Have proper ventilation where the sick person stays.
- Wash hands with soap and water thoroughly after each contact with the sick person.
- Keep the environment clean.
- If signs and symptoms are mild with no pre-existing conditions, let the patient stay home. However, if there are such conditions, immediately inform a doctor.

makabagong kwots

LIFE **is sexually transmitted**



Lead us not into temptation.
We can find the way.

Kapag may isinuksok,
may mabubuntis!

If you smoke after sex,
you're doing it too fast.

Better late than pregnant.

Honesty is... such a lonely word.

If you can't be kind,
at least be vague.

If you think talk is cheap,
try hiring a lawyer.

Remember you are known
by the idiot you accompany.

Time may be a great healer,
but it's also a lousy beautician.

Cleanliness is next to godliness.
Oiliness is next to blemishes.

Never get into fights with ugly people,
they have nothing to lose.

It is better to give and best to receive.

COUNTDOWN TO **Mercury-Free** Healthcare Facilities

"Chasing Happy," a Manila Standard column by Adelle Chua, reported in February that the 18 year-old victim of mercury poisoning in St. Andrews' School in Parañaque finally filed a suit against the school and a teacher, four years after a spill happened on February 16, 2006.

John Seth Cerillo was among 13 students confined at the Philippine General Hospital after they manifested symptoms of mercury poisoning. Their science teacher, Gloria Mercado, passed around a beaker containing mercury in class.

The newspaper column said that John Seth now suffers from symptoms similar to Parkinsons' disease – nerve damage and constant tremors and fever. His family has been reportedly appealing to the school to help with the medical expenses, but the school was allegedly ignoring the family's call for help. Now, they went to the court seeking six million pesos in damages.

Mercury (Hg) is a heavy metal that occurs in several forms, all of which can produce toxic effects in high enough doses. Its zero oxidation state Hg^0 exists as vapor or as liquid metal. The toxic effects include damage to the brain, kidney, and lungs.

Of all the medical hazardous wastes, majority of the contamination and potential infection comes from mercury, a widely-used substance in the health sector. Mercury is common in thermometers, blood pressure monitors, incinerators and dental amalgam.



YOUR ATTENTION PLEASE... According to DOH Administrative Order 21 issued in July 2008, all health care facilities should be mercury-free by end of 2010.

In July 2008, the Department of Health issued Administrative Order No. 2008-0021 which mandates the gradual phase-out of mercury in all Philippine health care facilities and institutions. And

by end of 2010, all health care facilities should be mercury-free.

The move to stop the use of all medical devices containing mercury was jumpstarted in 1991, when the World

Health Organization (WHO) concluded that a safe level for mercury that would not have any adverse effects on a person's health has never been established.

On March 4, the DOH reported that 16 out of the 20 DOH-retained hospitals in Metro Manila have fully complied with the directive on phasing out the use of all apparatuses or devices in the healthcare system that contain mercury.

The list of 16 fully-compliant hospitals include San Lorenzo Ruiz Women's Hospital, Dr. Jose N. Rodriguez Memorial Hospital, Philippine Orthopedic Center, Valenzuela Medical Center, National Center for Mental Health, East Avenue Medical Center, San Lazaro Hospital, Research Institute for Tropical Medicine, Dr. Jose R. Reyes Memorial Medical Center, Jose Fabella Memorial Hospital, Las Pinas General Hospital and Satellite Trauma Center, Rizal Medical Center, Quirino Memorial Medical Center, Tondo Medical Center, Lung Center of the Philippines and the Philippine Children's Medical Center.

In a report to Health Secretary

Esperanza Cabral last 24 February 2010, there were only four remaining DOH-retained hospitals in Metro Manila that have not yet fully complied with the phase-out.

These four hospitals are the National Children's Hospital, Amang Rodriguez Medical Center, Philippine Heart Center and National Kidney and Transplant Institute.

The National Children's Hospital is still using mercurial sphygmomanometers while awaiting delivery of digital sphygmomanometers, while the Heart Center has fully phased out mercurial thermometers, but still has functioning mercurial blood pressure devices that are waiting to be replaced.

The National Kidney and Transplant Institute is still using 11 mercurial sphygmomanometers but these are only used as back up in their hemodialysis units and are awaiting replacements. The Amang Rodriguez Medical Center retrieved nine mercurial blood pressure apparatuses from the condemned equipment damaged by

Typhoon Ondoy but these too are due to be replaced soon.

Meanwhile, four compliant hospitals were recognized by the group Health Care Without Harm-Southeast Asia. These are the San Lazaro Hospital, Research Institute for Tropical Medicine, Las Pinas General Hospital and Satellite Trauma Center, and the Philippine Children's Medical Center.

According to the Health Chief, mercury must be phased out because of its potentially harmful effects to a person's health. Mercury can damage the nervous, digestive, respiratory, endocrine and immune systems. It can also cause tremors, impaired vision and hearing, paralysis, insomnia, emotional instability, developmental effects on a fetus, and attention deficit and developmental delays during childhood.

"With all the hazards posed by mercury, it is high time that we complete the implementation of its total phase-out in all hospitals and health facilities", Cabral concluded.

view points

if life were lived backwards

One of the most unfair thing about life is the way it ends. Life is tough; it takes up a lot of your time. And what do you get at the end of it? DEATH.

The life cycle should be backwards. You should die first, get it out of the way. Then you live in a home for the aged. You get kicked out when you're not too old enough and you get sick more often. You get a gold watch and you go to work. You

spend 40 years saving your hard earned money. You do sex, booze and party, and then you get ready for high school. You go to grade school, you become a kid. You play, you have no responsibilities and become a little baby. You go back into the womb, you spend your last nine months floating... and you finish off as an orgasm.

Isn't that more like LIFE?

(-: Grabbed from <www.retardedsnotebook.com> :-)

NKTI

Center for Urology and Men's Health

The National Kidney and Transplant Institute (NKTI) once again achieved another significant milestone in terms of its rapid development in infrastructure, equipment and total medical healthcare delivery in the service of the Filipino patients.

The Center for Urology and Men's Health has been conceived as a hospital within a hospital with a 100 bed capacity dedicated for adult and pediatric urology. Taking the lead in the Center is the NKTI Department of Urology. The center is designed to handle a patient's urologic problems from initial diagnosis and offer all possible options of management including state of the art minimally invasive procedures.

The NKTI's newly emerging Diagnostic Center will provide full support to the radiologic needs of the Center for Urology and Men's Health. Digital processing and filmless imaging will enhance the delivery of the efficient and accurate urologic care.

The Center's operating rooms were uniquely designed for urologic procedures in coordination with the needs of the operating room staff and using state of the art equipment. Laser equipment for tissue and urinary tract stones coupled with minimally invasive techniques mean the center can offer faster stone free rates for practically all types of urinary stones. The laser has also applications for prostate, urethra, and other tissues in the urinary tract. The Da Vinci S robot, the latest technology in minimally invasive robotic surgery, is one of the NKTI's next acquisition project and will make patient care and healthcare delivery at par with the most modern medical centers here and abroad.

The Center for Urology and Men's Health promises to be the premier urologic center in the Philippines. It will offer the best complete urologic service to the Filipino patients and the patients of the NKTI.



UROLOGISTS at the blessing and inauguration of the NKTI's Center for Urology and Men's Health on March 10. Health Secretary Esperanza I. Cabral (seated, fifth from left) and House Representative Edcel C. Lagman (seated, sixth from left) graced the occasion. (Photo by Paking Repelente)

Of Drug Prices and Treatment Regimen

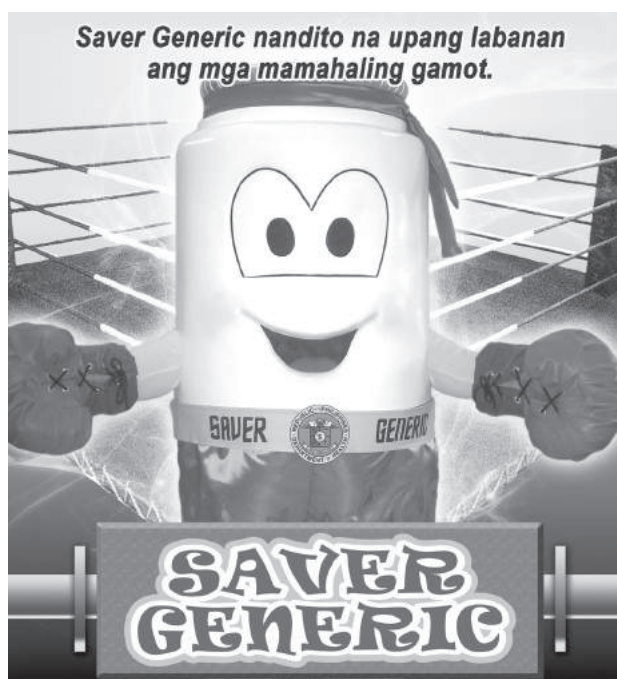
compliance = wellness

Compliance to Drug Price Reductions

On February 26, the Department of Health (DOH), upon instructions from Her Excellency Gloria Macapagal-Arroyo, announced the second wave of drug price reductions under the Government Mediated Access Price (GMAP).

The new set of price reductions includes the following drugs/medicines: anti-hypercholesterolemia (Ezetrol and Vytorin), anti-hypertensive (Cozaar and Hyzaar), anti-depressant (Seroxat), anti-psychotic (Lepo-nex), anti-cancer (Tykerb, Zoladex, Zoladex LA and Leunase), anti-asthma (Ventolin Rotapack), anti-coagulant (Coumadin and Fraxiparine), anti-glaucoma (Betoptic, Ciloxan, Ioptocarpine and Quinax), medicines for prostate disorders (Avodart) and fluids for patients on kidney dialysis.

Also included are new introductions into the market, whose prices are amongst the lowest when compared with similar products in the same therapeutic categories. These include the following: anti-hepatitis B/anti-viral (Revovir), antibiotic/anti-bacterial (Levofloxacin



Saver Generic - the DOH mascot that fights high drug prices.

Winthrop), anti-inflammatory/pain reliever (Meloxicam Winthrop) and anti-asthma (Seretide with a new device).

Health Secretary Esperanza I. Cabral thanked the 11 drug companies that offered their medicines for price reduction and she also encouraged other pharmaceutical companies to follow suit.

"We shall continue to study how we can achieve the greatest impact from such interventions that will benefit all Filipinos, especially the poor," Cabral said.

The effectivity of most of these

price reductions was set on March 31, with a few more to be implemented at a later date when supply issues have already been addressed.

This round of the GMAP is calculated to affect more than two billion pesos of the market, and is expected to generate one billion pesos worth of savings for the public.

"Imagine the benefit to chronic kidney disease patients, for example. A 30% cut in their expenses for medicines will translate to an added four months worth of dialysis treatments per year," Cabral said.

She also reiterated that the reduced prices of about 103 pharmaceutical formulations which were included in the first wave of GMAP last year still apply. The 97 drugs whose prices were reduced just now brings the number of drugs and devices under the GMAP to 200. *(See complete list in the next pages.)*

The DOH-Food and Drug Administration (FDA) will regularly monitor compliance with the GMAP and penalize retail outlets that will not implement the price reductions. The public is advised to report non-complying establishments to

Please turn to page 29...

GOVERNMENT MEDIATED ACCESS PRICE						
GENERIC NAME	DOSAGE STRENGTH AND FORM	COMPANY NAME	BRAND NAME	OLD PRICE	GOV'T. MEDIATED ACCESS PRICE	DATE OF EFFECTIVITY
ANTI-HYPERCHOLESTEROLEMIA						
Ezetimibe	10 mg tablet	Merck Sharp & Dohme	Ezetrol	107.50	53.75	31-Mar-10
Ezetimibe + Simvastatin	10 mg + 10 mg tablet	Merck Sharp & Dohme	Vytorin	111.25	55.62	31-Mar-10
	10 mg + 20 mg tablet	Merck Sharp & Dohme	Vytorin	141.00	70.50	31-Mar-10
	10 mg + 40 mg tablet	Merck Sharp & Dohme	Vytorin	202.00	101.00	31-Mar-10
ANTI-HYPERTENSIVE						
Losartan potassium	50 mg tablet	Merck Sharp & Dohme	Cozaar	43.00	21.50	31-Mar-10
	100 mg tablet	Merck Sharp & Dohme	Cozaar	51.00	25.50	31-Mar-10
Losartan potassium + Hydrochlorothiazide	50 mg + 12.5 mg tablet	Merck Sharp & Dohme	Hyzaar	47.50	23.75	31-Mar-10
	100 mg + 12.5 mg tablet	Merck Sharp & Dohme	Hyzaar	63.75	31.88	31-Mar-10
	100 mg + 25 mg tablet	Merck Sharp & Dohme	Hyzaar DS	63.75	31.88	31-Mar-10
Felodipine + Metoprolol	5 mg + 50 mg tablet	AstraZeneca Phils	Logimax	57.00	31.00	31-Mar-10
MEDICINE FOR BLADDER AND PROSTATE DISORDERS						
Dutasteride	500 mcg capsule	GlaxoSmithKline	Avodart	93.00	50.00	1-Mar-10
ANTI-DEPRESSANT						
Paroxetine HCl	20 mg tablet	GlaxoSmithKline	Seroxat	108.50	65.74	31-Mar-10
ANTI-PSYCHOTIC						
Clozapine	25 mg tablet	Novartis	Leponex	36.75	23.75	31-Mar-10
	100 mg tablet	Novartis	Leponex	119.75	77.75	31-Mar-10
ANTI- CANCER						
Lapatinib ditosylate	250 mg tablet	GlaxoSmithKline	Tykerb	940.00	564.00	15-Feb-10
Goserelin acetate	3.6 mg Inj	AstraZeneca Phils	Zoladex	10,460.00	6,799.00	31-Mar-10
	10.8 mg Inj	AstraZeneca Phils	Zoladex LA	30,758.00	19,993.00	31-Mar-10
L- Asparaginase	10,000 I.U. Inj	Hi-Eisai	Leunase	3,624.00	2,670.00	31-Mar-10
ANTI-ASTHMA						
Salbutamol	200 mcg rotacap + rotahaler device	GlaxoSmithKline	Ventolin Rotapack	145.00	100.00	1-Mar-10
ANTI-COAGULANT						
Warfarin sodium	1 mg tablet	PLAsia Pacific (Phils.) Inc.	Coumadin	34.25	27.40	31-Mar-10
	2.5 mg tablet	PLAsia Pacific (Phils.) Inc.	Coumadin	43.50	34.80	31-Mar-10
	5 mg tablet	PLAsia Pacific (Phils.) Inc.	Coumadin	59.25	47.40	31-Mar-10
Nadroparin calcium	3,800 I.U. / 0.4 mL Inj.	GlaxoSmithKline	Fraxiparine	6,680.00	5,910.00	15-Feb-10
EYE PREPARATIONS						
Betaxolol HCl	0.5% x 5 mL eye drops	Alcon	Betoptic	672.25	470.60	1-Mar-10
Ciprofloxacin HCl	0.3% x 5 mL eye drops	Alcon	Ciloxan	361.75	296.64	1-Apr-10
Pilocarpine HCl	2% x 15 mL eye drops	Alcon	Isopto Carpine	348.25	299.50	1-Jun-10
Sodium dihydroazapentacene polysulfonate	150 mcg/mL x 15 mL eye solution	Alcon	Quinax	369.75	314.30	1-Aug-10
NEW INTRODUCTION				INNOVATOR PRICE		
ANTI-HEPATITIS B/ ANTI-VIRAL						
Clevudine	30 mg tablet	Hi-Eisai	Revovir	332.35	90.00	31-Mar-10
ANTIBIOTIC/ ANTIBACTERIAL						
Levofloxacin	500 mg tablet	Winthrop		108.00	63.00	31-Mar-10
ANTI-INFLAMMATORY (NSAIDs)/PAIN RELIEVER						
Meloxicam	7.5 mg tablet	Winthrop		34.17	13.50	31-Mar-10
	15 mg tablet	Winthrop		51.07	22.50	31-Mar-10
ANTI-ASTHMA						
Salmeterol xinafoate + Fluticasone propionate	25 mcg + 50 mcg metered dose inhaler + dose counter	GlaxoSmithKline	Seretide (new device)	613.25 without dose counter	429.28	1-Aug-10
	25 mcg + 125 mcg metered dose inhaler + dose counter	GlaxoSmithKline	Seretide (new device)	933.00 without dose counter	653.10	1-Aug-10
	25 mcg + 250 mcg metered dose inhaler + dose counter	GlaxoSmithKline	Seretide (new device)	1,310.00 without dose counter	917.00	1-Aug-10

NOTE: All medicines in this list require a doctor's prescription.

GOVERNMENT MEDIATED ACCESS PRICE						
GENERIC NAME	DOSAGE STRENGTH AND FORM	COMPANY NAME	BRAND NAME	OLD RETAIL PRICE	GOVERNMENT MEDIATED ACCESS PRICE	DATE OF EFFECTIVITY
DIALYSATES/ DIALYSIS SOLUTIONS AND MEDICAL DEVICES						
Hemodialysis Acid Concentrate	Acid Concentrate 01 - 11 (5 L)	Euro-Med	Solucid AC	880.00	484.00	31-Mar-10
	Acid Concentrate 01 - 11 (10 L)	Euro-Med	Solucid AC	1,680.00	924.00	31-Mar-10
	Acid Concentrate 01, 02, 05, 10, 11 (5 L)	B. Braun Avitum	AC	440.00	308.00	31-Mar-10
	Acid Concentrate (5 L)	B. Braun Avitum	3610646	630.00	440.00	31-Mar-10
	Acid Concentrate (5 L)	B. Braun Avitum	3610652	630.00	440.00	31-Mar-10
	Acid Concentrate (5 L)	B. Braun Avitum	3610653	630.00	440.00	31-Mar-10
	Acid Concentrate (5 L)	B. Braun Avitum	3610645	630.00	440.00	31-Mar-10
	Acid Concentrate (5 L)	B. Braun Avitum	3610654	630.00	440.00	31-Mar-10
	Acid Concentrate (5 L)	B. Braun Avitum	3610655	630.00	440.00	31-Mar-10
	Acid Concentrate (5 L)	B. Braun Avitum	3610650	630.00	440.00	31-Mar-10
	Acid Concentrate (10 L)	B. Braun Avitum	3610638	1,200.00	840.00	31-Mar-10
Hemodialysis Acid Concentrate with Potassium	Acid Concentrate 22 (5 L)	Baxter Healthcare Phils.	Biasol AC - 22	395.00	276.00	31-Mar-10
Hemodialysis Acid Concentrate without Potassium	Acid Concentrate 20 (5 L)	Baxter Healthcare Phils.	Biasol AC - 20	395.00	276.00	31-Mar-10
Hemodialysis Bicarbonate Concentrate	10 Liters	B. Braun Avitum	3610952	1,200.00	600.00	31-Mar-10
	Bicarbonate Conc. 01 - 02 (5 L)	Euro-Med	Solucarb BC	880.00	484.00	31-Mar-10
	Bicarbonate Conc. 01 - 02 (10 L)	Euro-Med	Solucarb BC	1,680.00	924.00	31-Mar-10
	Bicarbonate Conc. 01 (10 L)	B. Braun Avitum	BC 01	840.00	588.00	31-Mar-10
Liquid Bicarbonate Concentrate		Baxter	Biasol BC - 01	395.00	276.00	31-Mar-10
	5% Concentrate (5 L)	Euro-Med	Solucarb BC 03-5%	880.00	484.00	31-Mar-10
	5% Concentrate (10 L)	Euro-Med	Solucarb BC 03-5%	1,680.00	924.00	31-Mar-10
	5% Concentrate (10 L)	B. Braun Avitum	3610937	1,200.00	840.00	31-Mar-10
	8.4% Concentrate (5 L)	Euro-Med	Solucarb BC 03-8.4%	880.00	484.00	31-Mar-10
	8.4% Concentrate (5 L)	B. Braun Avitum	BC 03 -8.4%	440.00	308.00	31-Mar-10
	8.4% Concentrate (10 L)	Euro-Med	Solucarb BC 03-8.4%	1,680.00	924.00	31-Mar-10
Peritoneal Dialysis Solution with 1.5% Dextrose	1 Liter	B. Braun Avitum	EMED021	120.00	90.00	31-Mar-10
Peritoneal Dialysis solution with 4.25% Dextrose	1 Liter	B. Braun Avitum	EMED022	130.00	90.00	31-Mar-10
Sodium Bicarbonate	840 g (pouch)	Euro-Med		520.00	286.00	31-Mar-10
	840 g (pouch)	B. Braun Avitum	EMED027	260.00	182.00	31-Mar-10
Sodium Bicarbonate with Sodium Chloride	845 g (pouch)	Euro-Med		520.00	286.00	31-Mar-10
	845 g (pouch)	B. Braun Avitum	EMED028	260.00	182.00	31-Mar-10
Sodium Bicarbonate	440 g powder (cartridge)	B. Braun Avitum	496	700.00	450.00	31-Mar-10
Duosol without Potassium	CRRT solution (5 L)	B. Braun Avitum	8911	4,000.00	2,800.00	31-Mar-10
CA-HP Dialyzer Model 110		Baxter Phils.		995.00	845.75	1-Mar-10
CA-HP Dialyzer Model 130		Baxter Phils.		1,105.00	939.25	1-Mar-10
CA-HP Dialyzer Model 150		Baxter Phils.		1,205.00	1,024.25	1-Mar-10
CA-HP Dialyzer Model 170		Baxter Phils.		1,315.00	1,117.75	1-Mar-10
CA-HP Dialyzer Model 210		Baxter Phils.		1,420.00	1,207.00	1-Mar-10

NOTE: All medicines in this list require a doctor's prescription.

GOVERNMENT MEDIATED ACCESS PRICE

GENERIC NAME	DOSAGE STRENGTH AND FORM	COMPANY NAME	BRAND NAME	OLD RETAIL PRICE	GOVERNMENT MEDIATED ACCESS PRICE
ANTI-HYPERTENSIVE					
Telmisartan	40 mg tablet	Boehringer	Micardis	51.50	25.75
	80 mg tablet	Boehringer	Micardis	89.00	44.50
Telmisartan + Hydrochlorothiazide	40 mg + 12.5 mg tablet	Boehringer	Micardis plus	50.00	25.00
	80 mg + 12.5 mg tablet	Boehringer	Micardis plus	89.00	44.50
Irbesartan	150 mg tablet	Sanofi-Aventis	Aprovel	48.76	24.38
	300 mg tablet	Sanofi-Aventis	Aprovel	80.00	40.00
Irbesartan + Hydrochlorothiazide	150 mg + 12.5 mg tablet	Sanofi-Aventis	CoAprovel	50.26	25.13
	300 mg + 12.5 mg tablet	Sanofi-Aventis	CoAprovel	83.00	41.50
ANTITHROMBOTICS					
Clopidogrel	75 mg tablet	Sanofi-Aventis	Plavix	123.50	61.75
ANTI-DIABETICS					
Gliclazide	30 mg Modified Release tablet	Servier	Diamcron MR	15.00	9.75
	80 mg tablet	Servier	Diamcron	15.00	9.75
ANTIBACTERIAL					
Piperacillin + Tazobactam	2 g + 250 mg vial Inj	Wyeth	Tazocin	2,175.46	730.20
	4 g + 500 mg vial Inj	Wyeth	Tazocin	4,614.00	1,270.06
Ciprofloxacin	500 mg tablet	Bayer	Ciprobay	83.83	41.91
	500 mg tablet (Modified Release)	Bayer	Ciprobay XR	99.23	49.62
	1 g tablet	Bayer	Ciprobay	145.10	72.55
	250 mg tablet	Bayer	Ciprobay	65.13	32.57
	2 mg/mL IV infusion (100 mL)	Bayer	Ciprobay	1,884.17	942.00
	100 mg IV infusion (50 mL)	Bayer	Ciprobay	1,440.87	720.43
	400 mg IV infusion (200 mL)	Bayer	Ciprobay	3,207.17	1,603.59
Co-Amoxiclav (Amoxicillin + Clavulanic acid)	375 mg tablet	GlaxoSmithKline	Augmentin	79.50	39.75
	625 mg tablet	GlaxoSmithKline	Augmentin	97.75	48.90
	1 g tablet	GlaxoSmithKline	Augmentin	142.25	71.15
	600 mg vial Inj	GlaxoSmithKline	Augmentin	687.50	343.75
	1.2 g vial Inj	GlaxoSmithKline	Augmentin	1,156.75	578.40
	125 mg + 31.25 mg/5 mL suspension (60mL)	GlaxoSmithKline	Augmentin	378.00	189.00
	250 mg + 62.5 mg/5 mL suspension (60mL)	GlaxoSmithKline	Augmentin	648.50	324.25
	200 mg + 28.5 mg/5 mL suspension (70mL)	GlaxoSmithKline	Augmentin	555.50	277.75
	400 mg + 57 mg/5 mL suspension (35 mL)	GlaxoSmithKline	Augmentin	523.75	261.90
	400 mg + 57 mg/5 mL suspension (70 mL)	GlaxoSmithKline	Augmentin	940.50	470.25
ANTIPROTOZOAL					
Metronidazole	125 mg/5mL suspension (60 mL)	Sanofi-Aventis	Flagyl	131.00	65.50
	500 mg IV infusion (100mL)	Sanofi-Aventis	Flagyl	379.50	189.75
	500 mg tablet	Winthrop	Winthrop	23.50	11.75
ANTI-CANCER					
Bleomycin	15 mg Inj	Bristol-Meyer Squibb via Zuellig	Blenoxane	9,750.00	3,520.00
Carboplatin	10 mg/mL (15 mL) or 150 mg Inj	Bristol-Meyer Squibb via Zuellig	Paraplatin	3,810.00	1,805.00
Cisplatin	50 mg vial Inj	Bristol-Meyer Squibb via Zuellig	Platinol	2,804.00	1,125.00
Cyclophosphamide	50 mg tablet	Bristol-Meyer Squibb via Zuellig	Cytosan	33.50	17.50
	200 mg vial Inj	Baxter	Endoxan	698.95	175.00
	500 mg vial Inj	Bristol-Meyer Squibb via Zuellig	Platinol	649.00	324.50
	1 g or 1000 mg vial Inj	Qualimed	Qualimed	1,155.00	577.50
Etoposide	100 mg tablet	Qualimed	Qualimed	1,130.00	565.00
Mercaptopurine	50 mg tablet	GlaxoSmithKline	Puri-Nethol	79.00	39.50
Methotrexate sodium	2.5 mg tablet	Qualimed	Qualimed	23.00	11.00
	50 mg/2mL Inj	Qualimed	Qualimed	612.00	306.00
Mesna (Adjunct to therapy)	400 mg Inj	Baxter	Uromitexan	369.00	166.67

NOTE: All medicines in this list require a doctor's prescription.

GENERIC NAME	DOSAGE STRENGTH AND FORM	MAXIMUM DRUG RETAIL PRICE
ANTI-HYPERTENSIVE		
Amlodipine (including its S-isomer and all salt form)	2.5 mg tablet	9.80
	5 mg tablet	22.85
	10 mg tablet	38.50
ANTI-CHOLESTEROL		
Atorvastatin	10 mg tablet	34.45
	20 mg tablet	39.13
	40 mg tablet	50.50
	80 mg tablet	50.63
Amlodipine besilate + Atorvastatin calcium	5 mg + 10 mg tablet	45.75
	5 mg + 20 mg tablet	66.25
	5 mg + 40 mg tablet	84.42
	5 mg + 80 mg tablet	89.99
	10 mg + 10 mg tablet	51.13
	10 mg + 20 mg tablet	73.25
	10 mg + 40 mg tablet	91.79
	10 mg + 80 mg tablet	91.79
ANTIBIOTIC		
Azithromycin and all its Salt form	250 mg tablet	108.50
	200 mg/5 mL powder for suspension (15 mL)	427.50
	200 mg/5 mL powder for suspension (22.50 mL)	638.00
	500 mg tablet	151.43
	500 mg vial Inj	992.50
	2 g granules	468.00
ANTI-CANCER		
Cytarabine	100 mg/ mL Inj	240.00
	100 mg/ mL (5mL) or 500 mg vial Inj	900.00
	100 mg/ mL (10mL) or 1g vial Inj	1,800.00
	20 mg/mL (5mL) Inj	1,980.00
Doxorubicin and all its Salt form	10 mg vial Inj	1,465.75
	50 mg vial Inj	2,265.74

GOVERNMENT MEDIATED ACCESS PRICE				
GENERIC NAME	DOSAGE STRENGTH AND FORM	COMPANY NAME	OLD PRICE	GOVERNMENT MEDIATED ACCESS PRICE
OPIOID ANALGESIC				
1. Fentanyl (as citrate)	50 mcg/ mL, (10 mL) Inj	Janssen	1,155.00	577.50
	50 mcg/ mL, (2 mL) Inj	Janssen	304.00	152.00
ANTI-DIABETIC /HYPOGLYCEMIC				
2. Glibenclamide	5 mg tablet	Sanofi-Aventis	15.00	8.00
NEUROPROTECTIVE				
3. Citicoline	500 mg Inj	Takeda Pharmaceuticals	498.25	348.80
	1000 mg Inj	Takeda Pharmaceuticals	689.50	482.65
ANTI-THYROID				
4. Thiamazole (Methimazole)	5 mg tablet	Pharmalink Asia Pacific	10.50	6.90
HEPATIC PROTECTOR				
5. Glucometamine + Glucodiamine + Nicotinamide Ascorbate	150 mg + 30 mg + 20 mg capsule	Pharmalink Asia Pacific	16.00	12.80
	187.5 mg + 50 mg + 25 mg/5mL syrup (60mL)	Pharmalink Asia Pacific	264.75	211.80
	187.5 mg + 50 mg + 25 mg/5mL syrup (120mL)	Pharmalink Asia Pacific	481.75	385.40
ANTI-HYPERTENSIVE				
6. Sotalol	160 mg tablet	Bristol Myers Squibb	91.75	76.14
7. Losartan (as potassium)	50 mg tablet	Chiral	22.80	13.68
ANTI-ALLERGY				
8. Cetirizine (as dihydrochloride)	10 mg tablet	Chiral	23.02	16.11
ANTI-INFLAMMATORY (NSAIDs)/ PAIN RELIEVER				
9. Diclofenac (as sodium)	50 mg tablet	Chiral	7.28	5.10
ANTIBIOTIC/ ANTI-INFECTIVE				
10. Cefalexin (as monohydrate)	500 mg capsule	Chiral	27.72	22.10
	250 mg tablet	Chiral	70.00	36.00
11. Clarithromycin	500 mg tablet	Chiral	117.60	64.00
ANTIFUNGAL				
12. Miconazole	2%, 15 g tube cream	Chiral	204.60	163.11
13. Tolnaftate	1%, 15 g tube cream	Chiral	151.80	129.03
VITAMINS AND MINERAL				
14. Multivitamins		Chiral	13.80	12.42
ANTI-INFLAMMATORY/ ANTIPRURITIC				
15. Betamethasone	15 g tube ointment	Chiral	420.00	357.00
ANTI-CHOLESTEROL				
16. Simvastatin	10 mg tablet	Chiral	18.00	12.60
	20 mg tablet	Chiral	21.60	15.12
	40 mg tablet	Chiral	26.40	15.84
ANTI-ANGINAL				
17. Trimetazidine HCl	20 mg tablet	Chiral	18.60	13.02
ANTI-NEOPLASTIC/ ANTI-CANCER				
18. Megesterol Acetate	160 mg tablet	Bristol Myers Squibb	436.75	341.31
	1 g vial Inj	Qualimed	2,600.00	2,340.00
19. Ifosfamide	2 g vial Inj	Qualimed	5,200.00	3,510.00
	10 mg vial Inj	Qualimed	1,430.00	1,170.00
20. Mitomycin	150 mg tablet	Roche	5,225.00	4,180.00
22. Tamoxifen	20 mg tablet	AstraZeneca	64.00	32.00
ANTIVIRAL				
23. Oseltamivir	75 mg capsule	Roche	150.50	107.00

NOTE: All medicines in this list require a doctor's prescription.

Continued from page 24...

the hotline number 809-4390. The public can also report violations or complaints to the DOH Centers for Health Development.

Compliance to Treatment Regimen

On March 12, two days before *(Philippine time)* Manny Pacquiao's fight against Joshua Clottey at Cowboys Stadium in Dallas, the DOH launched the "Compliance to Medicines is Wellness" campaign in ceremonies held at the Philippine Sports Commission compound - Pacquiao's training ground during his amateur days.

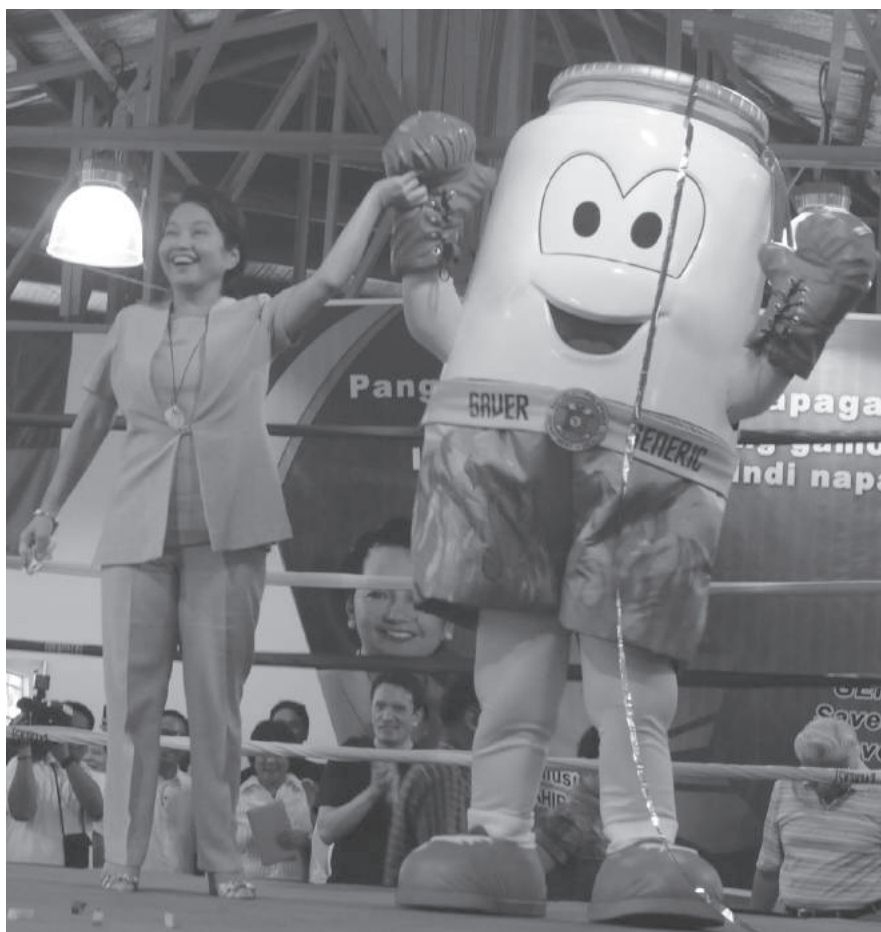
President Arroyo graced the event which promoted sports and the rational use of medicines.

"Engaging in sports promotes wellness. Like sports and healthy lifestyles, compliance to medicines regimen is also wellness. If you take your prescribed medicines rationally and correctly, you will feel better, live longer, be more productive, and have a good quality of life," Cabral stated.

"Our efforts to bring down prices of medicines would be incomplete if people persist on not completing their treatment. One common malpractice is when patients stop completing antibiotic courses when their symptoms are gone because it costs too much money to complete a course. But this leads to antibiotic resistance which in turn pushes doctors to prescribe more expensive antibiotics later on," she added.

An example is the antibiotic Amoxicillin which is just around three (3) pesos. To complete a treatment of seven (7) days and cure you of a bacterial infection, you need 21 capsules that cost 63 pesos only. If the infection becomes resistant to Amoxicillin, to complete a course of another antibiotic, this may cost from 700 pesos to more than 1,000 pesos.

Cabral further explained that,



President Gloria Macapagal-Arroyo raises the hand of a winner! (Photo by Paking Repele)

"Even if you suffer from chronic diseases like diabetes or hypertension, regular intake of prescribed maintenance drugs promises a better quality of life, with less risk for complications or hospitalizations. The lowered costs of medicines now allow our people to comply and complete their treatment courses and take their medicines religiously, if needed."

During the launch, the mascot named "Saver Generic," clad in Pacquiao's famous boxing outfit, was introduced. In a boxing exhibition, Saver Generic knocked out another mascot named "Mamahaling Gamot."

The lowered prices of medicines are due to initiatives by government to engage industry to bring down their prices as well as to the competition provided for

by lower priced generics whether from local or from multinational sources.

"What we are promoting here are low cost medicines, whether branded or generic. These medicines offer competition that put pressure on high priced medicines to bring down their prices. Generic competition helps and even multinational companies now are geared towards having quality affordable generic lines for their products," Cabral stressed.

"Manny Pacquiao is our hero. His discipline is an inspiration to us all. And we want our people to exhibit the same discipline in taking medicines as Manny does in training for fights especially now that medicine prices are going down," Cabral concluded.

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2009 Philippines' Global Adult Tobacco Survey (GATS) Results Fact Sheet

About GATS

What is GATS?

- The Global Adult Tobacco Survey (GATS) is a standardized global survey for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators.
- GATS is a nationally representative household survey of all non-institutionalized men and women age 15 and older, using consistent and standard protocol across countries, including Philippines.
- GATS enhances countries' capacity to plan, implement and evaluate tobacco control programs. It will also assist countries to fulfill their obligations under the World Health Organization's (WHO) Framework Convention on Tobacco Control to generate comparable data within and across countries.

GATS Methodology

- GATS uses a global standardized methodology. It includes information on respondents' background characteristics, tobacco use (smoked and smokeless), cessation, second-hand smoke, economics, media, knowledge, attitudes and perceptions towards tobacco use. In the Philippines, GATS was conducted in 2009 as a household survey of persons 15 years of age and older.
- A multi-stage, geographically clustered sample design was used to produce nationally representative data.
- One eligible individual was randomly chosen from each selected household to participate in the survey.
- Survey information was collected using handheld devices.

Response Rate

- A total of 12,086 households were selected: 10,701 household were screened; 9,984 individuals aged 15 years and older were

identified; and 9,705 interviews completed.

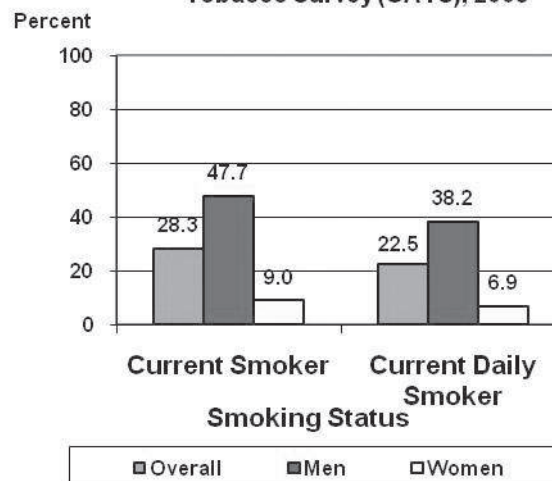
- The household response rate was 96.9% (96.6% urban, 97.2% rural).
- The individual response rate was 97.4% (96.9% urban, 97.8% rural).
- The overall response rate was 94.4%.

Who conducted GATS?

- The Philippines GATS was a joint collaborative effort of the Republic of the Philippines Department of Health and the National Statistics Office, the field implementing agency. Technical support was provided by the WHO and US Centers for Disease Control and Prevention.

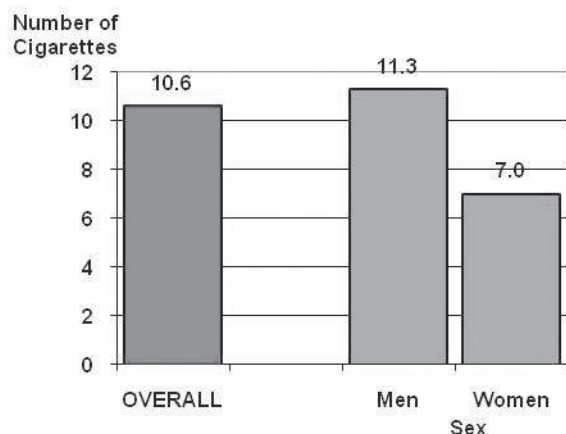
Tobacco Use in the Philippines

Figure 1: Percentage Distribution of Adults 15 years & older by smoking status and sex; Philippines Global Adult Tobacco Survey (GATS), 2009



- Among adults 15 years or older, 28.3% were current tobacco smokers, representing 17.3 million Filipinos and 22.5% or approximately 13.8 million Filipinos smoke everyday (Figure 1).
- Men (47.7%) were more likely than women (9.0%) to smoke tobacco. Approximately 14.6 million men and 2.8 million women currently smoke tobacco.
- Men, 38.2% were current daily smokers and 6.9% of women were current daily smokers.

Figure 2: Average Number of Cigarette Smoked by Daily Cigarette Smokers by Sex; Philippines Global Adult Tobacco Survey (GATS), 2009

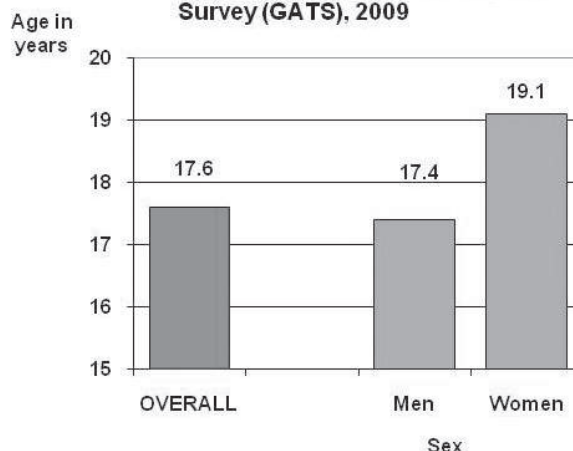


- Daily cigarette smokers smoked on the average 10.6 cigarettes per day.
- Men smoked on average 11.3 cigarettes per day while women smoked 7.0 cigarettes per day (Figure 2).



GATS actual interview. (Photo courtesy of National Epidemiology Center)

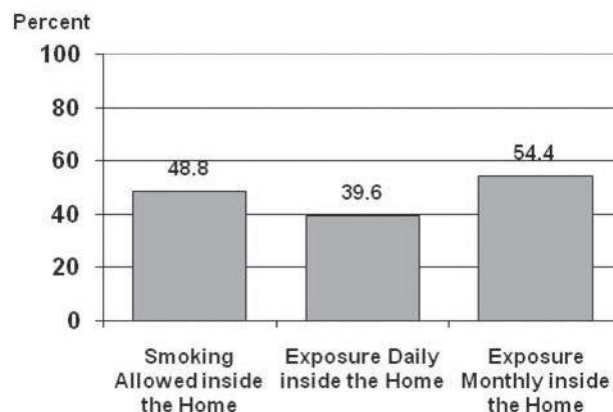
Figure 3: Average Age of Initiation of Daily Smoking Among Ever Daily Smokers 18-34 years old by Sex; Philippines Global Adult Tobacco Survey (GATS), 2009



- The average age of initiation of cigarette smoking among ever daily smokers 18-34 years old, was 17.4 years for men and 19.1 years for women (Figure 3).

Exposure to Secondhand Smoke

Figure 4: Second Hand Smoke Exposure at Home; Philippines Global Adult Tobacco Survey (GATS), 2009

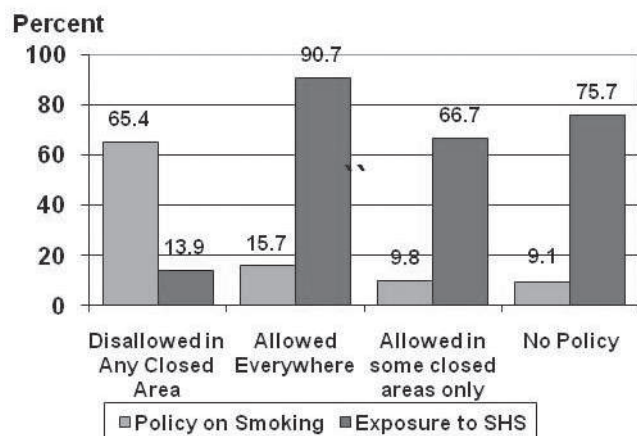


At home:

- Among the 61.3 million adults aged 15 and older in the Philippines, 48.8% (29.8 million) live in homes where smoking is allowed (Figure 4).
- About 23.9 million or 39.6% were exposed to smoke in their home daily.
- Over 32.9 million or 54.4% reported that someone smokes at least monthly in their homes.



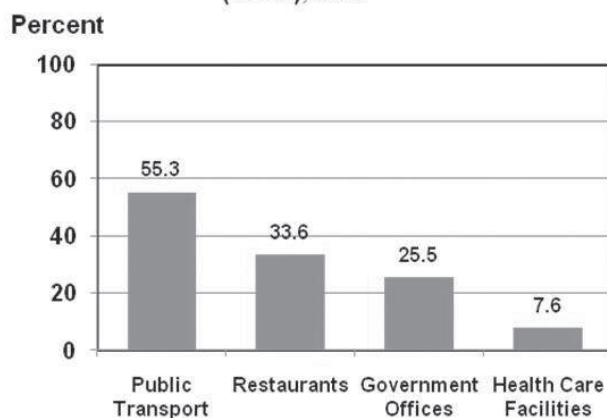
Figure 5: Smoking Policy for Indoor Work Places; Philippines Global Adult Tobacco Survey (GATS), 2009



In Workplaces:

- Among those who work indoors, 65.4% of their worksites have policies "disallowing" smoking in any closed area; yet, 13.9% were exposed to secondhand smoke (SHS) in the past 30 days (Figure 5).
- 66.7% of workers are exposed to SHS in worksites where smoking is allowed; 75.7% of workers are exposed to SHS where there is no anti-smoking policy.

Figure 6: Second Hand Smoke Exposure in Public Places; Philippines Global Adult Tobacco Survey (GATS), 2009

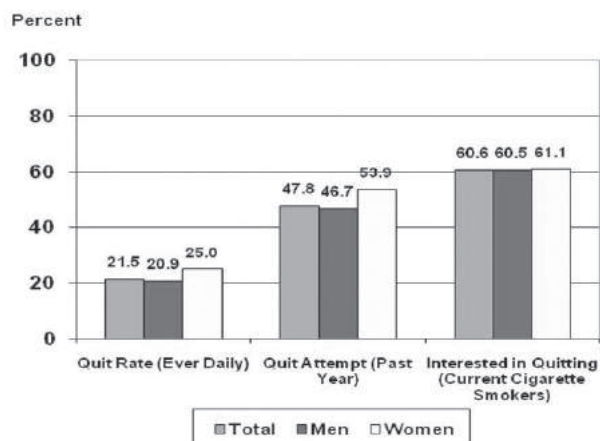


In Public Places

- Almost 28 million Filipinos (55.3%) who used public transportation during the past 30 days were exposed to second hand smoke (Figure 6).
- One in every three Filipinos (33.6%) who visited a restaurant during the past 30 days was exposed to second hand smoke.
- More than one quarter (25.5%) of Filipinos who visited a government building during the past 30 days were exposed to second hand smoke.

Tobacco Smoking Cessation

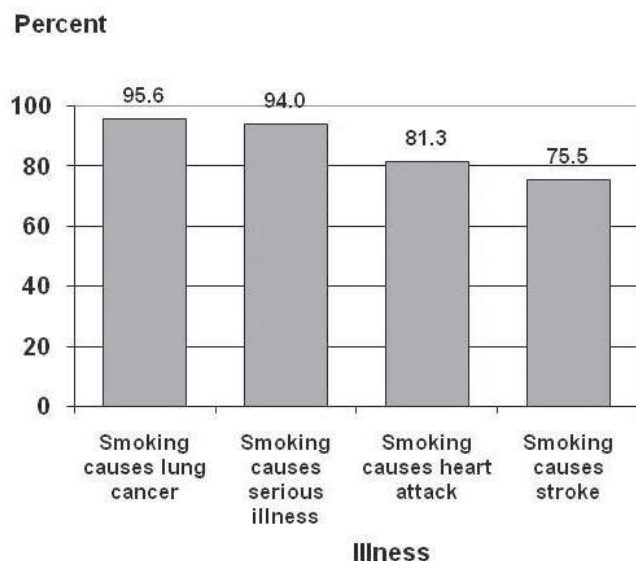
Figure 7: Smoking Cessation Status of Adults 15 years and older by Sex; Philippines Global Adult Tobacco Survey (GATS), 2009



- One in five (21.5%) of those who had ever smoked daily were former smokers in 2009 (Figure 7).
- Almost half (47.8%) of smokers (current smokers and former smokers who quit in the past 12 months) made a quit attempt during the past year.
- More than half (60.6%) of current cigarette smokers stated they are interested in quitting.
- Among current and recently quit smokers, 12.3% used counselling/ advice as their cessation method.

Knowledge, Attitude and Perception in Smoking

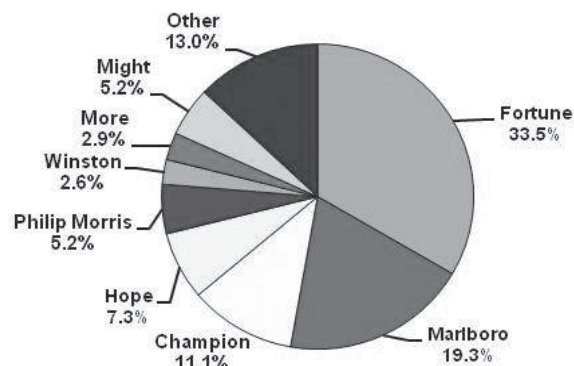
Figure 8: Percent of Respondents Who Believe That Smoking Causes Certain Illness; Philippines Global Adult Tobacco Survey (GATS), 2009



- Overall, 94.0% of adults in the Philippines believe smoking causes serious illness (Figure 8).
- Filipinos believe that smoking can cause lung cancer (95.6%), heart attack (81.3%) and stroke (75.5%).

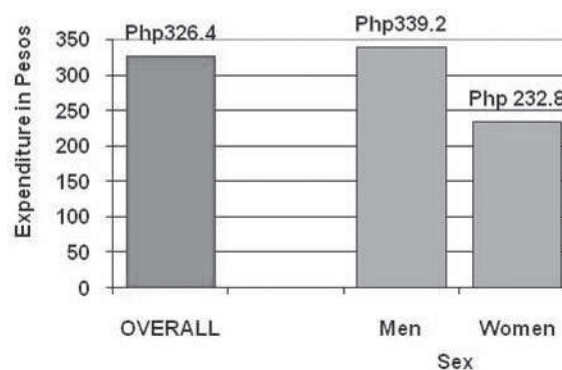
Economics and Media

Figure 9: Percent Distribution of Current Manufactured Cigarette Smokers by Last Brand of Manufactured Cigarettes Purchased; Philippines Global Adult Tobacco Survey



- Fortune (33.5%) was the most popular brand among those who currently smoke manufactured cigarette (Figure 9).
- Of those who smoke manufactured cigarette, 96.2% made their last purchase in store.

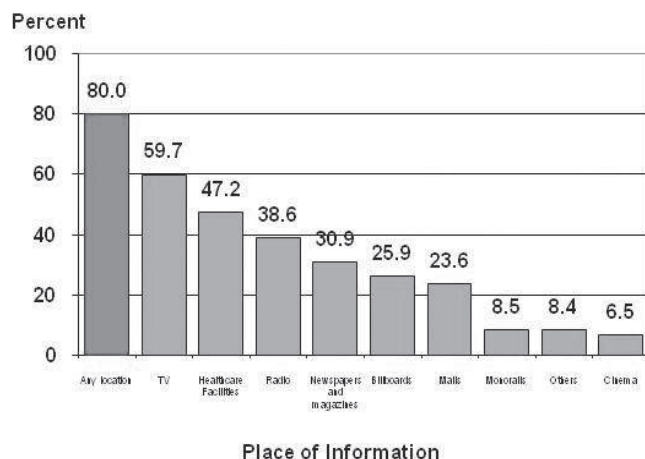
Figure 10: Average Cigarette Expenditure per Month Among Manufactured Cigarette Smokers by Sex; Philippine Global Adult Tobacco Survey (GATS), 2009



- The monthly average cigarette expenditure is Php 326.4 among manufactured cigarette smokers (Figure 10).
- Men spent on the average Php 339.2 for cigarettes monthly; while women spent Php 232.8.

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healthbeat@ymail.com

Figure 11: Percent of Respondents Who Noticed Anti-Cigarette Smoking Information; Philippines Global Adult Tobacco Survey (GATS), 2009



- 90.6% of current manufactured cigarette smokers noticed health warnings on cigarette packages during the past 30 days.
- Four in every five (80.0%) Filipino adults noticed anti-cigarette advertisements (Figure 11).
- Highest exposure of anti-cigarette advertisements were seen in television (59.7%); and mostly, in healthcare facilities (47.2%).
- Seven in every ten (71.2%) Filipino adults noticed pro-cigarette advertising during the past 30 days.
- Pro-cigarette advertising was seen mostly in stores (53.7%) and on posters, leaflets or calendars (31.7%).
- About three in every ten (29.1%) Filipino adults noticed pro-cigarette promotion during the past 30 days.
- Most popular form of pro-cigarette promotion was in clothes or any item with a brand name or logo on it (18.3%).



POWER-PACKED PANEL at the 2009 Philippines' Global Adult Tobacco Survey (GATS) Results Dissemination Forum on March 18. From left to right: Dr. Charles C. Warren from the US Centers for Disease Control (CDC); William C. Parra from CDC Foundation; Dr. Soe Nyunt-U, World Health Organization (WHO) country representative; Health Secretary Esperanza I. Cabral; Dr. Susan Pineda Mercado from the WHO Western Pacific Region; Administrator Carmelita N. Ericta from the National Statistics Office; Health Undersecretary Alexander A. Padilla; and Health Undersecretary Mario C. Villaverde. (Photo by Paking Repelente)

DOH Statement

Policy Implications of the 2009 Philippines' GATS Results

by

Hon. Health Secretary ESPERANZA I. CABRAL, MD

during the 2009 Philippines' GATS Results Media Dissemination Forum on March 18, 2010

With 17.3 million adult current smokers, 80% of whom are currently daily smokers, it is critical that our government places a priority on strong tobacco control legislation and action.

We join the international health community in calling for action and effective implementation of the international tobacco control treaty to reduce the deadly health and economic impacts of tobacco.

The ratification of World Health Organization Framework Convention on Tobacco Control (WHO FCTC) in 2005 marked a significant milestone for the control of tobacco in the Philippines. Republic Act (RA) 9211 was the first tobacco control act in the Philippines and was signed into law in 2003 after more than 13 years of deliberation. As the law preceded the WHO FCTC ratification, it may need to be amended or superseded by new legislation to harmonize it with our commitments as contained in the FCTC particularly on critical provisions such as (a) on the protection of public policy from interference of the tobacco industry, (b) the abolition of provisions that allow indoor smoking spaces in public places, (c) the use of graphic health warnings, and (d) the ban on point of sale advertising.

R.A. 9211 provides important leverage points for regulation of tobacco that has been strengthened through the Department of Health's Administrative issuances on tobacco control. The passage



Health Secretary Esperanza I. Cabral makes a country statement at the Media Dissemination Forum of the 2009 Philippines Global Adults Tobacco Survey (GATS) Results. (Photo by Paking Repelente)

of the Local Government Code in the Philippines in 1992 provided the platform for local governments to pass ordinances and regulations that may be stronger than national laws in tobacco control. This has been previously demonstrated in Davao and Makati cities that have been able to show how 100% indoor bans on smoking can be achieved in the absence of national law. These good practices can be replicated across the country and applied to other aspects of tobacco control such as (a) ban on point of sale advertising, (b) sale to minors,

and (c) protection of public health policy from interference of the tobacco industry as mentioned above.

To formalize and firm up all these initiatives, the National Health Sector Meeting in November 2008 passed Resolution No. 2008, 03-07 for the creation of the "Sector Wide Anti-Tobacco Council" (SWAT). Through the leadership of the National Tobacco Control Program of the DOH, the SWAT was established in August of 2009 and is expected to support progress in the implementation of the WHO FCTC,

R.A. 9211, and MPOWER in the country. The SWAT can build on the results of the GATS to strengthen intersectoral linkages at national and institutional levels for the control of global tobacco.

The GATS provides good baseline data on a wide range of indicators that can be adapted as part of the work of the SWAT, and could be used as part of the national objectives for health and the national health sector reform agenda. Reduction of prevalence and exposure to second hand smoke, as well as MPOWER compliance can be benchmarked through the results of the GATS. It is important that the GATS baseline data be widely disseminated and used as a national resource for monitoring and implementing the WHO FCTC. The country has an international commitment to continue to implement and enforce this health treaty.

The Philippines has yet to fulfill its commitment to promulgate graphic health warnings, which we were supposed to have complied with last September of 2008. We need to work towards achieving this commitment and need to work fast towards a 100% smoke-free environment. We need Congress to pass absolute bans on advertisements, promotion and sponsorships on tobacco products and use, as well as to amend R.A.9334 or the "Sin Tax Law" to raise taxes and adopt a single, unitary, and progressive tax system that is able to keep pace with inflation so as to decrease consumption and increase revenues. Most of all, we need to develop and institutionalize comprehensive smoking cessation programs at all levels of health care in the country.

I congratulate the Global Adult Tobacco Survey organizers and implementors and know that this is going to be another of our ammunitions in our desire to free the country of tobacco smoke.

About m p o w e r

Tobacco is the single most preventable cause of death in the world today. It kills one person every six seconds, over five million this year and more than what infectious diseases like TB, Malaria and HIV/AIDS can kill when combined. In the Philippines, 10 Filipinos die by the hour due to tobacco-related diseases. And unless urgent action is taken, tobacco could kill one billion people during this century.

It is also the only legal consumer product that can harm everyone exposed to it and it kills up to half of those who use as intended. And unlike many other dangerous substances, tobacco-related diseases usually do not begin for years or decades after tobacco use starts. Because developing countries are still in the early stages of the tobacco epidemic, they have yet to experience the full impact of tobacco related diseases and death already evident in the wealthier countries where tobacco use has been common for much of the past century.

Tobacco use is common throughout the world due to low prices, aggressive and widespread marketing, lack of awareness about its dangers and inconsistent public policies against its uses. The Philippines, as signatory to the World Health Organization's Framework Convention on Tobacco Control (FCTC), is exerting efforts to control the tobacco epidemic through the realization of Republic Act 9211. However, the unabated increase in smoking among adolescents and adults reflect weaknesses in the implementation of the policy to curb the epidemic.

The cure for this devastating epidemic is dependent on concerted actions of people in the community, government and civil societies. Through the FCTC global consensus among different stakeholders was achieved

and to realize this, MPOWER was developed. MPOWER is an acronym that denotes six proven tobacco control policies:

- **Monitor** tobacco use and prevention policies. Obtain nationally-representative and population-based periodic data on key indicators of tobacco use for youth and adults;
- **Protect** people from tobacco smoke. Enact and enforce completely smokefree environments in health-care and educational facilities and in all indoor public places including workplaces, restaurants and bars;
- **Offer** help to quit tobacco use. Strengthen health systems so they can make tobacco cessation advice available as part of primary health care. Support quit lines and other community initiatives in conjunction with easily accessible, low-cost pharmacological treatment where appropriate.
- **Warn** about the dangers of tobacco. Require effective package warning labels, Implement counter tobacco advertising. Obtain free media coverage of anti-tobacco activities.
- **Enforce** bans on tobacco advertising, promotion and sponsorship. Enact and enforce effective legislation that comprehensively bans any form of direct and indirect tobacco advertising, promotion and sponsorship.
- **Raise** taxes on tobacco. Increase tax rates for tobacco products and ensure that they are adjusted periodically to keep pace with inflation and rise faster than consumer purchasing power. Strengthen tax administration to reduce the illicit trade in tobacco products.

There's No Place Like A
**smokefree
home**
(A **Garantisadong Pambata** Advocacy)

by
ANTHONY R. RODA, MaHeSoS
HEALTHbeat Staff

Child health begins at home.

If your child is frequently getting sick and experiencing headaches, difficulty in breathing, runny nose, cough and colds,

ear infections or allergies, don't look far, the problem may be right in your home and it may even emanate from parents and caregivers.



Some parents and relatives find it cute or funny to let small children pose doing weird stuff in photos and videos. But wait, the first seven years of a child is the most crucial stage in his/her development. Let's teach our children well. (Photo courtesy of Ian Caguioa.)

Is someone smoking inside your home? The main place infants and children breathe secondhand smoke is in their homes. More than 60% of Filipino children are exposed to secondhand smoke.

When a person smokes near you, you breathe secondhand smoke. It is the combination of smoke from the burning end of the cigarette and the smoke breathed out by smokers. When you breathe secondhand smoke, it is like you are smoking.

Secondhand smoke has more than 4,000 chemicals and many of them are toxic and known to cause cancer. You breathe in these chemicals when you are around someone who is smoking.

Secondhand smoke is particularly dangerous to the health and well-being of children. Because their bodies are developing, they can absorb higher amounts of the poisons in smoke than adults. Besides, the immune system of infants and young children is still delicate and unable to fight off infections and diseases.

But whether you are young or

old, healthy or sick, secondhand smoke is dangerous.

Secondhand Smoke and Under-5 Children

Tobacco smoke harms babies before and after they are born.

Unborn babies are hurt when their mothers smoke or if others smoke around their mothers. Pregnant women who are exposed to secondhand smoke are more likely to have babies with lower birth weights. These babies can have more health problems because they breathe smoke. For example, they are more likely to have infections than babies who are not around secondhand smoke.

Studies show that babies whose mothers smoke while pregnant are more likely to have lungs that do not develop in a normal way. Babies who breathe secondhand smoke after birth also have weaker lungs. These problems continue as they grow older and even when they become adults.

The sudden, unexplained, unexpected death of an infant below one year old is known as SIDS or sudden infant death syndrome. The exact way these deaths happen is still not known. Medical experts suspect that it may be caused by changes in the brain or lungs that affect how a baby breathes. During pregnancy, many of the compounds in secondhand smoke change the way a baby's brain develops. Mother who smoke while pregnant are more likely to have their babies die of SIDS.

Babies who are around secondhand smoke – from their mother, father or anyone else at home – after they are born, are also more likely to die of SIDS than children who are not around

secondhand smoke.

Toddlers and preschoolers are in danger too. Studies show that older children whose parents smoke get more sick often. Like babies, their lungs grow less than children who do not breathe secondhand smoke. They get more bronchitis and pneumonia. Wheezing and coughing are also more common in children who breathe secondhand smoke.

Secondhand smoke can trigger an asthma attack in a child. Children with asthma who are around secondhand smoke have worse asthma attacks more often. Many children who go to the emergency room for asthma live with smokers. A severe asthma attack can put a child's life in danger.

Ear infections are painful. Children whose parents smoke around them get more ear infections. They also have fluid in their ears and more often have more

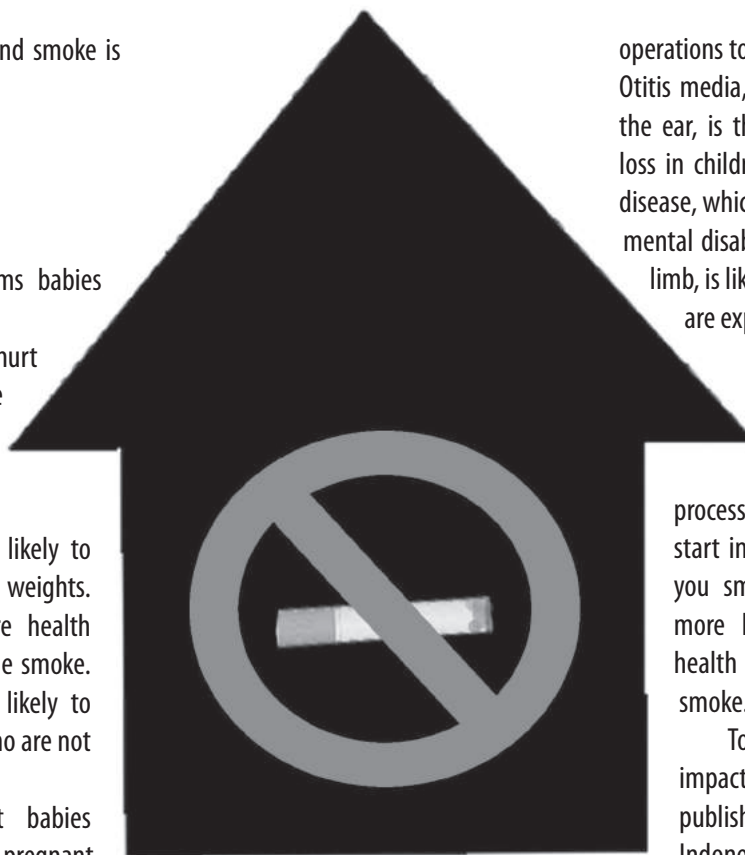
operations to put in ear tubes for drainage. Otitis media, an infection and swelling of the ear, is the common cause of hearing loss in children. Moreover, meningococcal disease, which can sometimes cause death, mental disability, hearing loss or loss of a limb, is likely to develop in children who are exposed to tobacco smoke.

Long term exposure to other people's cigarette smoke can cause heart disease in adults. The processes causing this disease can start in childhood. The more heavily you smoke around your child, the more likely your child will suffer health problems due to secondhand smoke.

Tobacco consumption negatively impacts child nutrition too. A recently published study conducted in Java, Indonesia found that children of living in households with a smoker are more malnourished than children of non-smokers. The association between tobacco and food expenditures has its impact on the nutritional outcomes of children under 5 years of age.

According to the study, poor households with at least one smoker spend almost 10% of their income on cigarettes. Smoking households spend more of their food budget on cheaper, less nutritious foods rather than micronutrient-rich foods. The reduced consumption of food and micronutrient-rich food among children in smoking households is associated with decreased child height — a measure of malnutrition in children.

Here in the country, the average Filipino household earning about PhP 5,100 monthly spends approximately 2.6% (or PhP 144) of household income on tobacco, which is more than they spend on education (1.6) and health.



Third-Hand Smoke

Remember, you cannot eliminate smoke exposure in your home by opening a window, using air conditioning or a fan, or allowing smoking in some rooms but not in others. If you can smell tobacco smoke, even if you can't see it, you are breathing in poisons.

Early last year, another alarm was sounded off by the medical community on third-hand smoke. It refers to the cigarette byproducts that cling to smokers' hair and clothing as well as to floors, surfaces, carpets, furniture, appliances, fabrics and even children's toys – even after secondhand smoke has cleared. The danger these invisible tobacco toxins pose to small children, who are especially susceptible because they breathe near, crawl on, play on, touch and mouth contaminated surfaces.

Among the substances in third-hand smoke are hydrogen cyanide, used in chemical weapons; butane, which is used in lighter fluid; toluene, found in paint thinners; arsenic; lead; carbon monoxide; and even polonium-210, a highly radioactive carcinogen.

Protect Your Children's Health and Safety

Young children have less control over their surroundings than the rest of us. Babies can't move to another room because the air is smoky, or the floor is contaminated with the toxic residue of cigarette smoke. Cigarettes and cigarette ash are poisonous. A child who eats a cigarette or even just a butt can be very sick. Keep ashtrays and cigarette packs away from your children. Moreover, many babies and children have suffered burns from cigarettes and cigarette ash. Lighted cigarettes can inflict serious

injuries to children's eyes. Matches and lighters, too, can cause serious accidents including house fires. Be sure to keep them away from children and out of their reach.

Children learn from adults and copy what they see. Children whose parents smoke are more likely to try cigarettes and to become regular smokers than children whose parents don't smoke. Mothers and fathers both influence their children. If you don't want them to smoke, set them an example. The best action parents can take is to quit.

Once you've decided you want to quit, make sure you are successful by planning before you stop. Throw away all cigarettes, lighters, and ashtrays in your home and car. If your partner smokes,

suggest that he or she stops, too, or only smokes outside the house. Your children suffer if anyone smokes in your home. Plan how to handle the places and events that you know make you want to smoke. Talk to your family and friends about how they can help and encourage you to quit.

Treat yourself with money you have saved. Your efforts deserve to be rewarded! Remember each craving only lasts a few minutes. Use the 4Ds – delay smoking, deep breathe, drink water, do something else. If you have a cigarette it's not the end of your quit attempt. A slip-up is a setback, not a defeat

Declare your home a smokefree home!

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aLAMAT nagkataon, nagkatagpo

Pumasok ang isang lasing sa beerhouse at umupo sa bar. Tumabi siya sa isang lalaki na kasalukuyang umiinom ng ika-walong boteng beer niya.

GUY 1: Ako nga pala si Donato Magat.

GUY 2: Akalain mo nga naman ang pagkakataon, ano? Magat din ang apelyido ko!

GUY 1: Talaga, pare?!? Nag-graduate ako sa St. Jude noong 2005.

GUY 2: Owws? Doon din ako nag-graduate at noong 2005 din!

GUY 1: Wow! Binabadya talaga ng Panginoon na magkatagpo tayo.

GUY 2: Huwag mong sabihing sa Dimasalang ka rin nakatira?

GUY 1: Oo, pare! Wow, tumatayo na talaga ang balahibo ko!

GUY 2: One in a million ang pagkakataong ito.

Let's be friends, pare!

Sa mesa na malapit sa bar, isang regular customer ang nakikinig sa usapan ng dalawa. Bumaling siya sa kasama niya at sinabing, "Tingnan mo yung kambal na Magat, lasing na naman!"



BANTAY hypertension

The latest National Nutrition and Health Survey of the Food and Nutrition Research Institute of the Department of Science and Technology revealed that one in every four Filipino adults (25.3%) has hypertension or a high blood pressure (BP).

In 2008, the prevalence of hypertension increased to 25.3% from 22.5% in 2003. Moreover, the survey revealed that 11 in every 100 Filipinos (10.8%) have pre-hypertension or a BP reading at the range of 130-139/85-89 millimeter mercury (mmHg). This becomes alarming as high BP increases with age starting from age 40-49 years.

Aside from hypertension, more Filipinos also have high fasting blood sugar, and high cholesterol and triglyceride levels. These conditions are risk factors for cardiovascular diseases, diabetes, and other lifestyle-related diseases.

Lifestyle Changes

According to the Philippine Society of Hypertension (PSH), treatment of high BP need not be too complicated. Although medicines are needed by most patients to control their BP, the mainstay in the treatment of hypertension and other risk factors is still strict compliance in practicing simple lifestyle changes.

High BP is diagnosed when the BP is consistently equal or higher than 140/90 mmHg. For most patients with uncomplicated hypertension, keeping the BP lower than 140/90 mmHg reduces their cardiovascular risks.

The PSH advised that the BP should be ideally less than 130/80 mmHg in high-risk patients with diabetes, previous heart attack or stroke, chronic kidney disease and multiple risk factors.

Lifestyle changes are especially important for people who have risk factors that cannot be changed. These are the so-called nonmodifiable risk factors which include family history, gender, race or age.

The following lifestyle changes can prevent hypertension:

- maintain a normal weight, with a body mass index of 18.5 to 23, computed by dividing weight in kilogram (kg) by height in meter (m) squared;
- reduce sodium in the diet to about 2.3 grams a day, which is about one teaspoon of salt (salt in cooking is allowed but not table sources of salt; salt substitutes like spices and herbs may be used);
- exercise that raises the heart rate for at least 30 minutes a day (such as brisk walking, jogging, dancing or aerobics);
- avoid alcoholic drinks;
- do not smoke and avoid people who smoke to prevent secondhand smoke;
- get 3,500 milligrams (mg) of potassium in the diet everyday which can be obtained by ample servings of fruits and vegetables;
- manage stress with enough sleep, recreation, meditation and relaxation techniques; and
- regular deep, slow breathing (having regular sessions of deep slow breaths consisting of deep inhalation and slow exhalation through pursed lips with rate

of less than 10 breaths per minute can help lower BP).

DASH Diet

The PSH also advocates for the Dietary Approaches to Stop Hypertension or DASH diet. It is an eating plan that may help lower the BP and other metabolic problems such as diabetes, high cholesterol and obesity. This diet is low in fat but rich in low-fat dairy foods, fruits and vegetables.

In those borderline or pre-hypertension stage, the DASH diet together with other lifestyle changes may help prevent the development of definite hypertension. Likewise, cholesterol problems of either high low-density lipoprotein (LDL) or bad cholesterol, or low high-density lipoprotein (HDL) or good cholesterol can be significantly improved with the DASH diet.

In the DASH diet, whole grains, fish, poultry, nuts, seeds and dried beans (legumes) are recommended as part of a balanced diet. In implementing the DASH diet:

- Avoid processed foods such as snack items, luncheon meats, and canned soups, will reduce the amount of sodium in the diet.
- Eat a diet high in calcium, potassium and magnesium may also help lower BP. The rich sources of potassium are fruits and vegetables while low-fat dairy products are high in calcium and magnesium. DASH recommends eight to 10 servings of fruits and vegetables and three servings of fruits and vegetables

and three servings of low-fat dairy products each day.

- Cut down on both saturated fat and total fat. Fats are good sources of calories but only 30 percent of one's total calories should be from fat, with only seven to 10 percent from saturated fats. Saturated fat is abundant in meat, cheese, butter,

poultry, snack foods and other processed foods.

- In general, vegetarian diets which comply with all requirements of the DASH diet help reduce BP. The DASH diet could be a vegetarian diet with legumes substituting for meat as protein source. Vegetarian diets tend to be higher in

potassium, magnesium and calcium, as well as fiber and unsaturated fat than other diets.

- Together with regular exercise, weight can be better controlled with the DASH diet without the need of expensive and unsafe treatments.

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BANTAY HYPERTENSION

TAMANG TIMBANG NORMAL NA PRESYON

Sukatin ang Bewang

Kumain ng Prutas at Gulay

Regular na Ehersisyo

Bawasan ang Asin



May is
— **NATIONAL
HYPERTENSION
AWARENESS MONTH** —

Bgy. Malibago

St. Bernard, Southern Leyte

2009 Grand National Winner of the Search for the BARANGAY WITH BEST SANITATION PRACTICES

Barangay Malibago in St. Bernard, Southern Leyte is declared the national winner of the search for the barangay with best sanitation practices for 2009.

The search, initiated by the Department of Health, is intended to challenge all local government units to showcase their best practices specifically on the provision of safe water supply and sanitary toilet facilities and other initiatives related to environmental sanitation. The search was first started in 2008, declared by the United Nations General Assembly as the international year of sanitation with the goal of raising awareness and accelerating progress towards the Millennium Development Goal (MDG) No. 7 on ensuring environmental sustainability, particularly the challenge of Target 10, that is "to halve by 2015 the proportion of people without sustainable access to safe drinking water and sanitation."

The period of the search was from January to December 2009 and the awarding ceremony was held on January 29, 2010 at the Hotel Sofitel Philippine Plaza in Manila.

No Easy Feat

All barangays with at least 75% sanitary toilet coverage and at least 85% water supply coverage were qualified to

join the search. The previous winners were not qualified to join, however, the regional and provincial technical working groups continued to monitor them for possible citation in the regional awarding. Then, the 16 DOH Centers for Health Development (CHDs) declared two winners in their areas. From these regional winners, the DOH Central Office selected the three national winners.

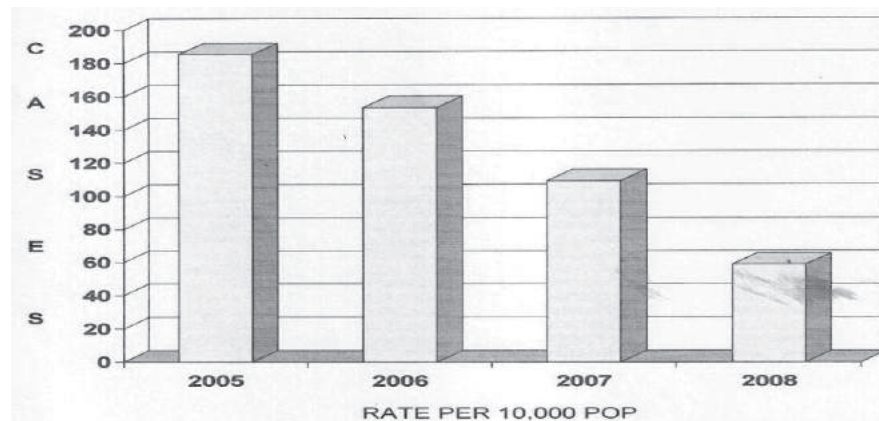
In CHD-Eastern Visayas or CHD-8, there were six regional nominees, namely: Bgy. Malibago, St. Bernard and Bgy. San Jose, Maasin of Southern Leyte; Bgy. Dona Felisa Mejia, Ormoc City; Bgy. Panoytoy, Calbayog City, West Samar; and Bgy. San Vicente, Sulat and Bgy. Buenavista, Guindapunan of Eastern Samar. From this list, two barangays were declared as regional winners, namely: Bgy. San Vicente,

Sulat, Eastern Samar and Bgy Malibago, St. Bernard, Southern Leyte.

In the national round, Bgy. Malibago, St. Bernard emerged as the grand winner for 2009. The second place went to Bgy. Alvenda, Mutia of Zamboanga del Norte (CHD-Zamboanga Peninsula) and the third place went to Bgy. San Pascual, Basud of Camarines Norte (CHD-Bicol). The top 3 awardees received plaques of recognition and cash prizes amounting to Php 200,000, Php 150,000 and Php 100,000, respectively. The cash prizes served as grants to fund water, sanitation, health and hygiene related programs/projects.

Keep Up The Good Work

Credits goes to the Southern Leyte provincial health office, St. Bernard



DIARRHEA CASES DOWN as a result of improved coverage of households with sanitary toilet facilities and access to safe water supply in Barangay Malabago.

municipal health office and the barangay officials and residents of Bgy. Malibago for implementing policies and actions to meet the sanitation target and mobilizing communities towards changing sanitation and hygiene practices through sanitation and health campaigns.

Special mention is fitting for the following people: Rosila Legaspi - barangay captain; Rico C. Rentuza - mayor of St. Bernard; Dr. Freddie J. Letigio - municipal health officer; Mr. Rufo Laraga - chief provincial sanitation inspector; and Ferlita Cinco - rural sanitation inspector.

Congratulation is extended to the Dr. Edgardo M. Gonzaga - director of DOH CHD-8 and Engr. Alejandro C. Rivera - regional supervising sanitary engineer.

BELOW: The Winning Team - standing from left are Engr. Alejandro Rivera, regional supervising sanitary engineer and Director Edgardo M. Gonzaga of DOH CHD-8; and seated from left are Marlyn Verbic from Bgy. Malibago and Ferlita Cinco - sanitation inspector of Bgy. Malibago, St. Bernard.
BOTTOM: Some images to show why this barangay is declared as the grand winner.



access the **beat** online at

<http://www.doh.gov.ph/healthbeat.html>

101 Ways for a Greener Lifestyle

Prepared by the

EARTH DAY NETWORK PHILIPPINES

Green Energy and Air Quality Management

1. Conserve energy. Change your light bulbs. Use compact fluorescent light bulbs (CFL) instead of incandescent bulbs. CFLs use up 75% less electricity and last up to 13 times longer. Better yet, shift to light emitting diodes (LED) which consume even less electricity.
2. Turn on the lights only when needed.
3. Turn off lights and all electrical appliances when you leave the room.
4. Make sure that you avoid overcharging your mobile phone. Turn it off as soon as it is fully charged.
5. Unplug appliances when not in use. Television sets, radios, video players, air conditioners and computers when on standby still consume power.
6. Buy emergency efficient appliances. Check the energy efficient rating of any appliance that you will buy.
7. Maintain and keep your appliances in good working condition to maximize their use.
8. Turn off your computer completely at night. And don't get addicted to it. If you turn on your computer for only 4 hours a day (instead of 24 hours), you will
- reduce its carbon dioxide (CO₂) emissions by 83%.
9. Keep bulbs/lamps clean at all times to maximize the light that they give.
10. Switch to electronic banking and credit card payment, too.
11. Drive carefully. Avoid rapid acceleration since this can burn as much as 50% more fuel.
12. Ride a bike or walk when going short distances.
13. Use the mass transport system, as much as possible. Take the train, bus or jeepney. Leave your car at home. This will not only save gas, it will also reduce CO₂ emissions by millions of tons.
14. If riding the public transport system is not practical, join a carpool. The idea is to get the most number of passengers for every vehicle on the road.
15. Consider buying a fuel-efficient car or a hybrid.
16. Turn your car engine off instead of idling.
17. Drive the speed limit.
18. Combine all your errands to minimize car trips.
19. Minimize vehicle loads. Transporting excessive weight will increase your vehicle's fuel consumption.
20. Pay your bills online. This

means less car trips and less fuel spent.

21. Report smoke-belching vehicles to the Land Transportation Office (LTO) at tel. no, 09217411111 or to anti-smoke belching unit in your locality.

22. Buy and use CFC-free sprays and perfumes. *(CFC or chlorofluorocarbon is formerly used as a refrigerant and as a propellant in aerosol cans; the chlorine in CFCs causes depletion of atmospheric ozone.)*

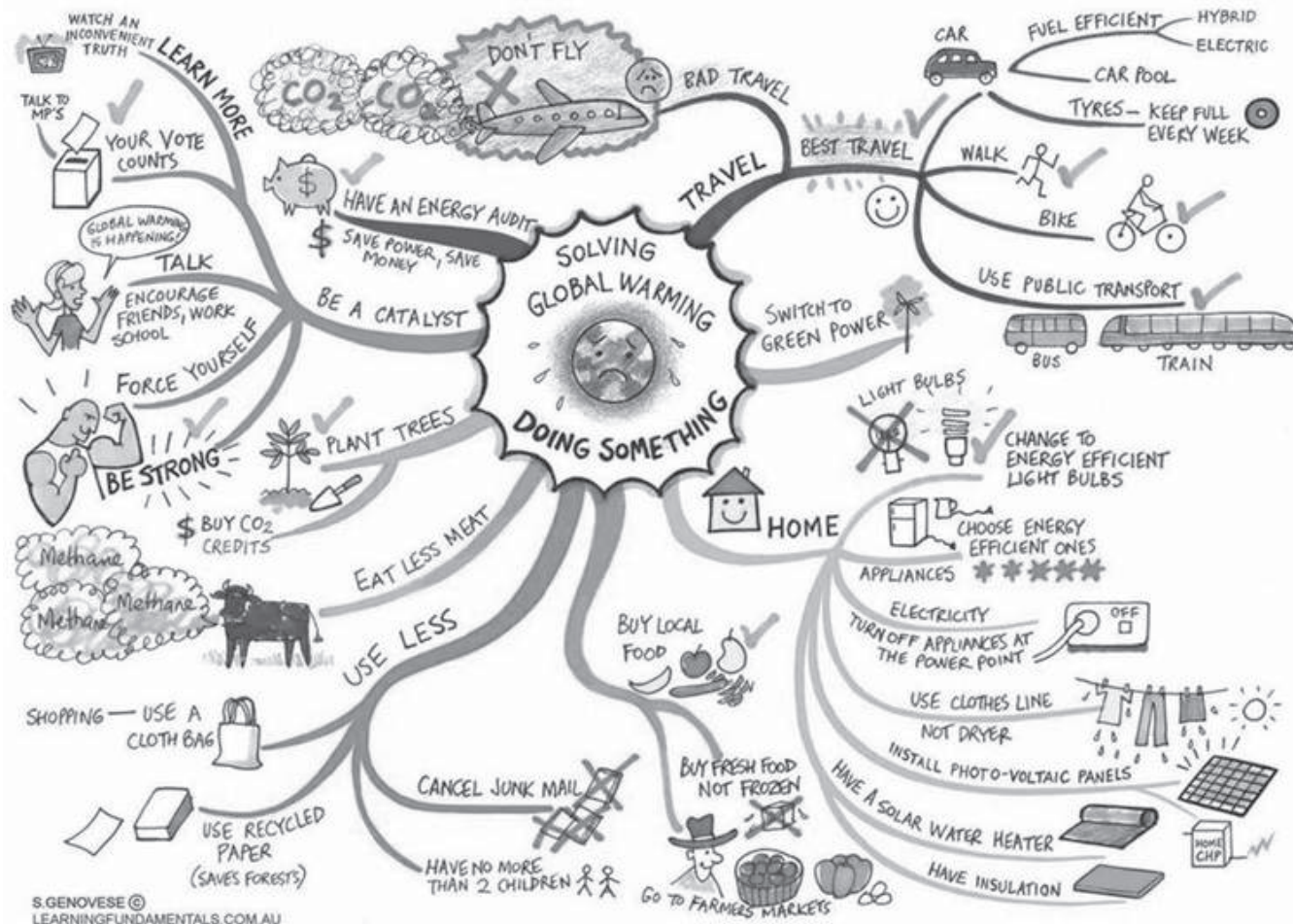
23. Take care of your car. Keep your engine properly maintained and your tires properly inflated. Keep your air filter clean. Good engines, properly inflated tires and clean filters will give you a 17% increase in fuel efficiency.

24. Keep plants in your home, school or office to freshen the air. Plants absorb CO₂ (which is a greenhouse gas) and release oxygen.

25. Do not ride smoke belching tricycles, buses taxis, jeepneys. This way you deliver the message that you demand clean air.

26. Give up smoking. Or at least, do not smoke in enclosed places.

27. Secondhand smoke is toxic to your health. Tell smokers to smoke in open air spaces that is far from other people. Or better yet, encourage them to quit smoking.



Art credit indicated; grabbed from the Internet.

28. Open the windows to allow sunlight and air to enter the rooms. This will reduce the need for artificial lighting, electric fans or airconditioners.

Solid Waste Management

29. Do not burn your waste.

30. Undertake an orientation on ecowaste management for everyone in your home, community, school, office or factory.

31. Segregate the waste at source into biodegradables (left-over food, etc), non-biodegradables that can be recycled or reused, and the non-biodegradable waste that cannot be sold which become your residual waste.

32. Compost the biodegradable

waste and use the compost as soil conditioner for plants and garden. Give away or sell excess compost.

33. Recycle your paper, cartons, bottles, PET (polyethylene terephthalate) plastic, aluminums, metals, etc. and sell them to nearby junk dealers. For communities, schools, offices and factories, set up a Materials Recovery Facility to store your recyclable and reusable materials.

34. Coordinate with your local government or with some environmental non government organizations (NGOs) for the processing and/or safe disposal of the residual waste.

35. Buy organic products like organic food, soap and detergent.

36. If you use plastic grocery

bags, reuse them for doggie poop bags or for small trashcan liners.

37. Reduce use of plastic and paper bags by using reusable totes. Most stores give a credit.

38. Keep candy wrappers and other small waste in your pocket or bag. Do not throw them in the streets.

39. Consider reading newspapers and magazines online.

40. If you have a baby, use cloth diapers instead of disposables.

41. Take your used car batteries to a recycling center. There is an ongoing Balik Bateria Program of Ramcar with Bantay Kalikasan.

42. Bring empty ink cartridges to accredited recyclers during the scheduled

waste market in your locality. Or have them refilled.

43. Post company information/materials online.

44. Share a magazine subscription with a friend, not only will you share the cost but you will cut down on the amount of trees used.

45. Use reusable containers instead of plastic or paper bags when bringing your lunch to work.

46. Save your old coffee grinds and reuse them as fertilizer for indoor or outdoor plants.

47. When you stop for coffee, bring a reusable mug from home. Refills are cheaper and there is no trash to throw away.

48. When going to the market, use a "bayong" or similar reusable bags.

49. Think before you print your emails and attachments. We can save trees by only printing necessary documents.

50. Minimize the use of disposable cutleries and plates during parties.

51. Reuse scrap paper. Use clean paper only for external communications.

52. Opt for recycled paper and paper products. Choose one with the highest recycled paper content.

53. Make rags out of old towels and t-shirts.

54. When riding a boat or any water vehicle, do not throw anything into the water even if the material is biodegradable.

55. If there is space within your home, school or office, establish a vegetable

garden or a herbal garden. Use the compost for these gardens.

56. Save the eggshells. It can help organic farming.

Water Conservation and Pollution Prevention

57. Fix leaky faucets right away and regularly check them.

58. Use a glass while brushing. Don't run the water when brushing your teeth.

59. Teach everyone to close the faucet while soaping their hands and open

it only when washing.

60. Check out your bathroom. Use low-flow faucets and showerheads.

61. If installing new toilets, use dual flush toilets which use less water for flushing urine.

62. Stop using the bathtub. This wastes a lot of water.

63. Limit the length of your showers. Shut off the water while soaping up and shampooing.

64. Better yet, use pail and dipper (tabo) when bathing.

65. Wash towels and bed sheets after several uses.

66. Collect rainwater, and use it to wash your clothes, flush the toilets, and water your houseplants and garden.

67. Recycle used water from washing clothes. Use this to flush the toilet and to clean the floors.

68. Use a basin when washing dishes instead of letting the water flow continuously. Better yet, wipe the plates, spoons and forks first before washing them.

69. Just thaw your frozen food inside your refrigerator. Do not use running water to thaw it.

70. Use a basin of water instead of running tap water to clean your fruits and vegetables.

71. Water your plants and garden early in the morning or late in the afternoon to lessen evaporation.

72. Use a pail and wash cloth when cleaning your vehicle. Do not hose it



SAVE THE PLANET from degradation. Photo grabbed from the Internet.

down.

73. Wash clothes in bulk for fewer loads in your washing machine. Set the rinse cycle to "cold". And hang clothes to dry, rather than using an electric dryer.

74. Check your septic tank. Make sure it is sealed. Have your septic tank dislodged regularly (3 to 5 years for a regular household).

75. Connect to a sewerage system, if one is available in your area.

Greening

76. Plant/landscape with native and indigenous plants.

77. Support Organic Farming! Do not use chemical-based fertilizers and pesticides.

78. Start Urban Farming! You can have creeping vegetables on your walls and fences, or even up on your roof.

79. Plant a tree at least once a year.

80. Find your local watershed. Ask the nearest Department of Environment and Natural Resources (DENR) office. Be involved in protecting/rehabilitating it.

81. Better yet, adopt a forest. Coordinate with your local DENR office to identify your watershed and offer not just to plant once but to adopt a portion of that watershed. Mobilize your family and friends (students, faculty, administrative staff and the parents for schools; management and employees for offices and factories) to go and plant the area and regularly maintain it. You can raise the seedlings or buy same from local communities. Seek technical advise from the local DENR.

Coastal Resource Management

82. Support efforts to protect and/or rehabilitate mangrove forests in your area.

83. Learn about threats to ocean life and help environmental groups take action.

84. Join the Bantay Dagat in your locality.

85. Support efforts to stop dynamite and cyanide fishing.

86. If living in a coastal area, lobby with your local government to establish marina protected areas.

87. Do not buy fish caught through dynamite fishing as well as endangered animals like turtles, manta rays, wild birds, etc. Remember when the buying stops, the illegal killing stops too!

Environmental Advocacy

88. Attend seminars and symposia on environmental management and protection.

89. Share with family and friends, especially kids, the need to protect the environment.

90. Be involved in legislation of environmental ordinances or laws.

91. Donate to your favorite environmental cause.

More Sustainable Lifestyle

92. Build a greener home by using non-toxic and non-hazardous materials.

93. When painting your house, use lead-free and non-hazardous paint. Also

ensure proper disposal of the remaining paint.

94. Use organic all natural cleaning products like a mixture of baking soda and vinegar instead of chemical-based products.

95. Support local restaurants that use organically grown food and use food derived less than 100 miles (160.9 kilometers) away.

96. Buy locally made products. Products from far areas consume a lot of fuel to transport.

97. Use services within your locality.

98. When you catch a wild animal like snakes, birds, etc., turn them over to the Protected Areas and Wildlife Bureau (PAWB) or the local DENR.

99. During holidays and birthdays, give your family and friends the gift of saving the earth. Plant a tree in their name or support groups that do so.

100. Ensure the physical cleanliness of your area. Set aside regular clean up days when you and your neighbors (for communities); students, faculty, administrative staff and parents (for schools); management and employees (for offices and factories). You can rotate this activity among the different streets, different grade levels/sections, or different departments.

101. In times of natural and manmade disasters and health emergencies, establish a community-based neighborhood support groups to effect disaster preparedness, disease surveillance and coordination with relevant agencies and organizations.



Sabi ng hangin mabait ka daw... Sabi ng dagat malambing ka daw...

Sabi ng ilog at bundok cute ka daw... Tama nga ang hinala ko...

SIRA NA ANG KALIKASAN!

earworm

(a.k.a. Last Song Syndrome)

*I gotta feeling
That tonight's gonna be a good night
That tonight's gonna be a good night
That tonight's gonna be a good good night*

*I gotta feeling
That tonight's gonna be a good night
That tonight's gonna be a good night
That tonight's gonna be a good good night*

What song got stuck in your brain today that won't just go away no matter how hard you try? Worse, you are humming or whistling the melody or even singing out loud the lyrics.

The way the song remains stuck in

your head is sickening and making you want to tear your ears out. But unfortunately, deafness cannot cure it because it is in there for good. People around you are ready to zip your mouth with duct tape if you don't stop singing. It is also often contagious; the next thing you know, other people are singing your song too.

It is known as the "earworm," or a portion of a song or other music that repeats compulsively within one's mind, put colloquially as "music being stuck in one's head." The word's origin is a translation of the German word "Ohrwurm." The use of the English translation was popularized by

a sufferer actually hears music that is not playing externally.

The Urban Dictionary website describes earworm as a song with an "addictive" element (hook, melody, lyric) that draws people into listening multiple times. A song does not have to be good or bad, popular or flop, it just needs to have that "addictive" element. Thus, an earworm may even be those cheesy commercial jingles that get stuck long after the television or radio has been shut off.

There is a new term that has been coined, probably by a Filipino, to substitute earworm and this is currently known as the "last song syndrome" or LSS.



James Kellaris and David Levitin to describe the "musical itch" of the brain.

Don't worry, earworm does not occur in the ear nor this phenomenon has something to do with maggot like creatures crawling inside the ear and laying eggs in the brain. Earworm works more like a virus, attaching itself to a host and keeping itself alive by feeding off the host's memory.

Earworm should also not be confused with endomusia or musical hallucinations, a serious affliction which

*Let's Do it
Let's Do it
Let's Do it
Let's Do it
Let's Do it
Let's Do it
Let's Do it
Let's Do it
Let's Do it
And live it up*

The Brain's iPod

An article by Vadim Prokhorov published online at <guardian.com.uk> described how researchers at the Dartmouth College, New Hampshire may have discovered the "brain's iPod" in the auditory cortex where earworms choose as

Art Credit: www.smynx.com/sketches

the center of their activity. David Kraemer, a graduate student of cognitive science and the lead researcher on the study entitled, *Musical Imagery: Sound of Silence Activates Auditory Cortex*, found that the auditory cortex that is active when a person is actually listening to a song is reactivated when he just imagines hearing the song."

What triggers the retrieval of a particular song - making it come to mind and get stuck in the head - is not exactly known. It might be anything: a title, a thought or a reminder of past experience that somehow is connected to a melody. Or it could just be a few notes that prompt the brain to refresh the memory and find the missing parts of the song.

The article also quoted James Kellaris, PhD, a professor of Marketing at the University of Cincinnati who has coined and extensively studied why catchy tunes stick in your head, as saying that "earworms seem to be an interaction between properties of music (catchy songs are simple and repetitive), characteristics of individuals (levels of neuroticism) and properties of the context or situation (first thing in the morning, last thing at night or when people are under stress)."

According to Kellaris, earworms are generally just irritating but in extreme cases can rise to the level of a serious debilitating disorder, preventing sleep and disrupting work.

Earworms affect women more than men, musicians more than non-musicians and is commonly found in sufferers of obsessive-compulsive disorders (OCD) and depression. OCD behavior, depression and earworm occurrence have been linked to low levels of the neurotransmitter serotonin in the brain. Moreover, earworms are more problematic for those inclined to worry, and women had higher neuroticism scores than men. Neuroticism is a fundamental

personality trait in the study of psychology; it is an enduring tendency to experience negative emotional states.

Effecting Earworms

Kellaris said that with a little more research musicians or even worse, advertisers, could design music to target a vulnerable earworm audience. He listed the musical factors that determine earworm effectiveness:

1) **Song Duration.** The brain apparently only stores 15 to 30 seconds of a song, so short that such as jingles and advertisements are particularly effective.

2. **Repetition.** Repeating lyrics, beats and musical patterns.

3. **Unexpected musical elements.** Irregular beats and unfamiliar or unexpected sounds.

4) **Songs that don't resolve.** The brain seems to fixate on songs that don't musically resolve.

Getting Rid of Earworm

Kellaris said that on the average,

the episodes of earworm may last several hours and happen quite frequently in chronic sufferers. If a song is stuck because you can't remember some of the words or how it ends, then listening to it or singing it in its entirety may help unstuck it. If this does not work, replace it with another song in your head. Listening to classical music, unfamiliar tunes or music without lyrics usually helps too.

You can also pass earworms on to someone else — sharing it certainly lightens things up.

And I'm feelin

That tonight's gonna be a good night

That tonight's gonna be a good night

That tonight's gonna be a good good night

I gotta feeling

tonight's gonna be a good night

That tonight's gonna be a good night

That tonight's gonna be a good good night

So, have we passed on to you our lingering earworm yet? This is "I Gotta Feeling" performed by Black Eyed Peas, from the album, "The E.N.D.," released in June 2009. Good luck!

stress limit

aspirin

If you have a lot of tension and you get headaches, do what it says on the aspirin bottle: "Take two and keep away from children."

test results

Answers to "Your Health Exam" on Page 3

1. **c) Hypokinesia.** Hypochondria is extreme depression of mind or spirits often centered on imaginary physical ailments while hypohidrotic is characterized by diminished sweating. The lack of, or insufficient, regular exercise and movement of the body is hypokinesia and this seems to be the global trend already. Thus, there is an urgency to promote physical activity among Filipinos. (See "Galaw-Galaw Baka Pumanaw" on page 6.)

2. **c) Third-Hand Smoke.** Early last year, another alarm was sounded off by the medical community on third-hand smoke. It refers to the cigarette byproducts that cling to smokers' hair and clothing as well as to floors, surfaces, carpets, furniture, appliances, fabrics and even children's toys — even after secondhand smoke has cleared. The danger these invisible tobacco toxins pose to small children, who are especially susceptible because they breathe near, crawl on, play on, touch and mouth contaminated surfaces. (See "There's No Place Like A Smokefree Home" on page 37.)

3. **a) Carbon dioxide.** Keep plants in your home, school or office to freshen the air. Plants absorb carbon dioxide and release oxygen. (See "101 Ways for a Greener Lifestyle" on page 44.)

5. **c) Vehicular accidents.** Leading the list of external causes of registered injuries was transport/vehicular accidents with 27.7% followed by mauling with 24.5%. There were also cases of injuries caused by sharp objects (10.1%). And topping the most common mode of transport of the injured is the motorcycle. This was the results of the initial run of the DOH National Electronic Surveillance System from August to December 2009. (See "Road Safety First" on page 14.)

5. **c) Saver Generic.** The mascot is named "Saver Generic," clad in Pacquiao's famous boxing outfit, knocking out high drug prices. (See "Compliance = Wellness" on page 24.)

6. **b) Earworm.** Earworm is that portion of a song or other music that repeats compulsively within one's mind, put colloquially as "music being stuck in one's head." The word's origin is a translation of the German word

"Ohrwurm." Earworm should not be confused with endomusia or musical hallucinations, a serious affliction which a sufferer actually hears music that is not playing externally. There is a new term that has been coined, probably by a Filipino, to substitute earworm and this is currently known as the "last song syndrome" or LSS. (See "Earworm" on page 48.)

7. **c) Mercury.** Of all the medical hazardous wastes, majority of the contamination and potential infection comes from mercury, a widely-used substance in the health sector. Mercury is common in thermometers, blood pressure monitors, incinerators and dental amalgam. Mercury can damage the nervous, digestive, respiratory, endocrine and immune systems. It can also cause tremors, impaired vision and hearing, paralysis, insomnia, emotional instability, developmental effects on a fetus, and attention deficit and developmental delays during childhood. (See "Mercury-Free Healthcare Facilities" on page 21.)

8. **a) Babies less than 6 months old.** Generally, children younger than six months of age should NOT get vaccinated with Influenza A(H1N1) vaccine without consulting a physician first. Also included are: those who have severe allergy to chicken eggs; those who have had a severe reaction to an influenza vaccine; those who have developed Guillain-Barre Syndrome, a severe paralytic illness; and those who have moderate-to-severe illness with a fever. (See "FAQs on Influenza A(H1N1) Vaccine" on page 17.)

9. **b) Pre-hypertensive stage.** The latest National Nutrition and Health Survey of the Food and Nutrition Research Institute revealed that 11 in every 100 Filipinos (10.8%) have pre-hypertension or a BP reading at the range of 130-139/85-89 mmHg. This becomes alarming as high BP increases with age starting from age 40-49 years. (See "Bantay Hypertension" on page 40.)

10. **c) 60 minutes a day.** Filipino children should engage in at least 60 minutes daily physical activities consisting of any one or a combination of active daily tasks (household and school chores), exercise, dance or sports, and high impact active play (running, jumping, hopping, skipping). (See "Physical Activity Prescription" on page 9.)

What Your Scores Mean

- 10 You don't need this magazine. Give it to someone and read something else!
- 7 - 9 Aha, you're getting new information. After reading this magazine, pass it to a friend so that our readership may increase too.
- 4 - 6 Keep this magazine as a reference. You might need to browse and read it again.
- 1 - 3 You have to be more concerned about health. Start now by reading this magazine from cover to cover. Don't miss the inside pages, okay?
- 0 What have you been doing lately? How about getting some English Reading and Comprehension classes?

sab eat

Wala ka kay Lolo at Lola

Lufet!

LOLO: Laro tayo.
 LOLA: Ano?
 LOLO: Kahit ano, 'wag lang taguan.
 LOLA: Bakit naman?!?
 LOLO: 'Coz a girl like you is impossible to find.

Emergency Exit

LOLO: Tinanong ako ng apo mo kanina kung pa'no i-translate sa Tagalog ang Emergency Exit.
 LOLA: Anong sinabi mo?
 LOLO: Eh di, "Madaling Labasan."
 LOLA: Parang bastos yata.

No ID, No Entry

APO: Lola, bakit hindi itina-Tagalog ang 'No ID, No Entry' sa gate lalo na sa paaralan?
 LOLA: Hay naku, apo, kasi kapag tinagalog yun, ang kalalabasan ay, 'Walang ID, Walang Pasok!'



Isang gabi habang nanonood ako ng TV tumabi sakin ang lola ko..

Ang haba ng buhok, itim na itim ang damit, parang malungkot at may hawak na kutsilyo

kinabahan ako...

nagsalita siya...

sabi niya...

"Apo, bagay ba sa akin ang EMO?"

Nursing Po

Nangungulangot ang kolehiyala sa jeep...

LOLA: Anong kinukuha mo, Ineng?
 GIRL: Nursing po...
 LOLA: Ah.. akala ko kulangot.

Tumbling

APO: Lolo, nagtumbling ako sa skul!
 LOLO: What did I tell you. Huwag kang magtatumbling at makikita yang panty mo!
 APO: Hindi naman po nakita kasi nilagay ko sa bag ko!

'Wag Kang Sumigaw!

BATA: LOLA, PABILI NGA PO NG SAFEGUARD!
 LOLA: 'Wag kang sumigaw, hindi ako bingi! Ano bang SIMCARD ang bibilhin mo, Globe, Smart o Sun?

Saplot

UNANG GABI: Humarap si Lola kay Lolo na ang suot lamang ay nighties... Hindi nag-react si Lolo

IKALAWANG GABI: Humarap si Lola kay Lolo na ang suot lang ay panty at bra... Hindi pa rin nag-react si Lolo

IKATLONG GABI: Humarap si Lola kay Lolo nang walang saplot... Nagalit si Lolo at nagsabing, "Ano ba yang suot mo? Lukot-lukot!"

Sabi ni Dok

LOLO: Sabi ng duktor, uminom ako ng tatlong kutsaritang gamot.
 LOLA: Anong problema dun?
 LOLO: Dalawa lang ang kutsarita natin.

(-: Photo and contents from the Internet. :-)

May BAKUNA na laban sa A(H1N1)



ANG BIBIGYAN NG BAKUNA AY ANG MGA SUMUSUNOD:

- Mga buntis na nasa ika-apat na buwan pataas
- Mga batang edad 6 na buwan hanggang 5 taong gulang; at matatandang edad 60 pataas
- Mga taong edad 5 hanggang 59 na taon na may mga malubhang karamdaman
- Mga frontline responders:
  - Mga medical personnel na hahawak ng mga kaso ng A(H1N1) sa mga DOH/LGU/private hospitals na itinalagang REFERRAL HOSPITALS
  - Mga tauhan sa DOH central at regional offices na hahawak ng mga kaso ng A(H1N1)
  - Mga tauhan sa mga Rural Health Units/Health Centers
  - Mga Barangay Health Workers
  - Mga tauhan ng DSWD at military/police na tutulong sa pagharap sa mga kaso ng A(H1N1)

Unahing mabigyan ng bakuna ang mga health workers sapagkat sila ang hahawak ng mga kaso ng A(H1N1).

Abangan ang itinakdang araw at lugar ng pagbabakuna laban sa A(H1N1) na ipagbibigay alam ng inyong health center.

Ano ang A(H1N1) vaccine?

- Ito ay bakuna laban sa A(H1N1) Influenza
- Ito ay epektibo at ligtas ayon sa mga pagsusuri ng World Health Organization

Bago magpabakuna, ipaalam sa doctor o sa nagbabakuna kung may allergy sa itlog, sa ibang bakunang natanggap o sa iba pang bagay upang malaman kung maari kang bakunahan laban sa A(H1N1).

Mga pangkaraniwang epekto:

Sa loob ng 1-2 araw, ang brasong nabakunahan ay maaring pansamantalang:

- Mamula
- Mamaga
- Sumakit

Kung may kakaibang maramdaman, kaagad na kumunsulta sa doctor.

Para sa karagdagang impormasyon, tumawag sa DOH Hotline (02)7438301 local 2350 -2352 o mag-logon sa www.doh.gov.ph

To-DOH Alerto Laban sa Flu! Mag-pabakuna laban sa A(H1N1)