



## World Heart Day 2022: "Heartathon"



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## **PSG** **Heartathon 22**

...only for women

**"WIN" YOUR HEART**

World Heart Day is being celebrated every year on 29th of September to underscore the serious nature and high rates of Cardiac diseases, raise awareness on the prevention and treatment of the condition, and ensure better care and support for survivors.

September is also considered as PCOS (Polycystic Ovarian Syndrome) month. PCOS is a common hormone disorder in women and one of the newer & important cardiovascular risk factor in women which affects the quality of life seriously.



Lifestyle modification plays a major role in preventing PCOS and Heart disease. Women being the pillars of family health need awareness on heart diseases.

To mark the occasion of World Heart Day, keeping women as the heart of the family, our Preventive Cardiology division along with Obstetrics & Gynecology organized a “PSG Heartathon” – 3km & 7km run exclusively for women with the slogan **“WIN YOUR HEART”** on 25.09.2022.



About 750 women participated in the Heartathon and won cash prizes worth Rs. 1,00,000 for each age category those who secured 1st to 3rd places. Among all the participants 10 women were honored & memento was given for physically active above 60 years. Dr. R. Kavitha was awarded special cash prize Rs.5,000 for won the “WIN” slogan competition.

Shri. L. GopalaKrishnan, Managing Trustee of PSG & Sons' Charities, Dr. Geethalakshmi- Vice chancellor of Tamil Nadu agricultural university, Smt. Vanitha Mohan, Chairperson of Pricol Ltd flagged off and distributed the prizes.



This Heartathon with an intent to identify women ambassadors in the community to create awareness and promote health in all families.



# SUICIDE PREVENTION

*A Public Health Responsibility*

**Dr. Anuja S. Panicker**, Professor in Clinical Psychology, Department of Psychiatry

Every life lost through suicide is a tragedy. India saw 1,64,033 deaths by suicide in 2021, according to data from the National Crime Records Bureau (NCRB). We often ponder- what drives a person to take his/ her own life? For people who are not gripped by suicidal thoughts and despair, it's difficult to understand what drives so many individuals to take their own lives. But for a person with suicidal intent, their pain is so intense that they can see no other option.

Suicide should be seen as a desperate attempt to escape suffering that has become unbearable. Blinded by feelings of helplessness, meaninglessness and hopelessness, a suicidal person can't see any way of finding relief except through death. But despite their desire for the pain to stop, most suicidal people are deeply conflicted about ending their own lives. They wish there was an alternative to suicide, but they just can't see one.

Death by suicide is preventable and not inevitable. Suicide Prevention Day is observed annually worldwide on September 10th to encourage people to join a worldwide campaign to create a world where fewer people die by suicide. The theme for the year 2022 for World Suicide Prevention Day is 'Creating hope through action'. The proactive efforts we take, no matter how big or small, may provide hope to those who are struggling with suicidal thoughts.

Suicide prevention starts with recognizing the warning signs of suicidal intent. Risk factors that we should be aware of for a person contemplating suicide include physical (changes in appetite and sleep patterns, persistent physical complaints, neglecting personal hygiene and appearance), behavioral (social isolation, changes in habits and routine activities, deterioration in quality of personal, work and academic functioning), emotional (mood fluctuations, emotional outbursts, crying spells) and cognitive (decreased concentration, negative thoughts).

How can we help? Take any suicidal talk of behavior seriously. It is not just a warning sign that the person is thinking about taking his or her life- it is a cry for help. If you feel that a friend or family member may

be contemplating suicide, the best way to know is to ask them directly. Encourage them to speak about their feelings and patiently listen to them non-judgementally. Let them know that they are not alone, offer support and encourage them to take help from a mental health professional for the same.

As a part of this campaign to spread awareness among patients, attenders and health care professionals of PSG Hospitals, the Hospital Counselling Center observed Suicide Prevention Day on September 10th, 2022 in the PSG Hospitals premises through: poster sessions, flash mobs, pamphlet distribution and individual and group psychoeducation sessions. The Hospital Counsellors also conducted a school awareness program for 10th and 11th standard students and teachers at PSG Sarvajana Higher Secondary School.

In order to create awareness and encourage the MBBS students of PSGIMS& R to bring out their thoughts on the importance of the day, PSG Student Wellness Center administered suicide prevention pledge to the students and also conducted a poster making competition and signature campaign in the PSGIMS&R campus.

## SUICIDE PREVENTION DAY OBSERVANCE

### I. Events by Hospital Counselling Center, PSG Hospitals

Flash Mob conducted by BSC Nursing students – Organized by PSG Hospital Counseling Center





**Awareness Session for school students on Suicide Prevention at PSG Sarvajana School by PSG Hospital Counselling Center**



**Events by PSG Student Wellness Center Suicide Prevention Day – 10.09.22**

Administration of Suicide Prevention Pledge to MBBS students by Dr. SubbaRao, Principal, PSGIMSR, 10.09.22



**Poster Making Competition- organized by Student Wellness Center, PSGIMSR 10.09.22**

**Signature Campaign for Suicide prevention by Student Wellness Center, PSGIMSR**





## A continuous commitment to Patient Safety

By **Dr. Vimal kumar Govindan**, Professor, General Surgery

World Patient Safety Day, is observed globally on September 17th, and is done primarily to promote awareness of patient safety and to call for action to reduce patient harm. More than 2500 years ago, the Greek physician, Hippocrates, had said “Primum non nocere”. This is a latin phrase that means "first, do no harm". Patient safety is fundamental to delivering quality essential health services, and therefore, when one speaks of quality in a hospital, patient safety is integral in it.

Worldwide, a little less than half a billion patients are hospitalised every year. Approximately 42 million suffer from adverse events, and this is a conservative figure. We do not have the actual figures of what the problem is in India. The major areas of concerns are hospital acquired infections, unsafe surgeries, unsafe injections, unsafe births, unsafe medication management and others.

Like every year, we at PSG Hospitals, observed World Patient Safety Day with poster presentations and conducting various awareness programmes. That apart, patient safety has been integral in all aspects of healthcare delivery in the organisation, right through the year.

Most of the adverse are due to failures in the system, and not due to erros committed by a particular individual. The hospital has a robust system of reporting incidents, however trivial they may be. When an incident is reported, it analysed to identify the root cause, which leads to corrective and preventive actions being implemented. It is vital to paying heed to warning signs of problems, and learning from risks and things that have gone wrong.

The hospital infection control committee monitors infection rates, prevalence of multidrug resistant organisms and antibiotic usage, among other things. It carries out surveillence activities of all high risk areas and high risk activities. Compliance to hand hygiene by the healthcare workers is actively looked at.



Key indicators of patient safety are monitored and discussed in detail, to identify any upward or downward trends. Both the top management, as well as the process owners, are involved in these discussions. It is vital to pay heed to warning signs of problems, and implement appropriate actions. International patient safety goals are implemented.

Patient feedback is actively sought. It is important to listen to the patient, however small the matter may be. There is nobody better to give you an understanding of how the systems are. Proactive risk management has been institutionalised across the organisation. Safety risks are anticipated and plans are put in place to mitigate them.





## Non transfusion dependent Beta thalassemia and Alpha thalassemia in pediatric practise

Dr. **M. Rumesh Chandar**, Paediatric Oncologist

Inherited hemoglobinopathy can be divided into two groups, those that involve defective synthesis of alpha or beta globin chains and those that include the presence of structural abnormal hemoglobin like hemoglobin S,C and E. Mutations that result in deletion of genes for alpha or beta globin synthesis result in alpha and Beta Thalassemia respectively. Homozygous or compound heterozygous mutations in beta globin gene result in beta thalassemia major and children with this hemoglobinopathy are dependent on regular blood transfusions and optimal chelation for their growth. Non-transfusion dependent thalassemia usually includes beta and alpha thalassemia intermedia and E Beta thalassemia. These are caused due to mild promoter mutations that cause a slight reduction in  $\beta$ -globin chain production. Children with these disorders may or may not require regular blood transfusions for optimal growth. We had two such children who were diagnosed with non-transfusion dependent thalassemia in our hospital.

**Case-1:** A 14 year old girl was brought to OPD for the complaints of persistent anemia (Hb - 6 g/dl) not responding to oral or parenteral iron. She had received a PRBC transfusion once for severe anemia (Hb - 4 g /dl). Her growth and development were age appropriate. Systemic examination revealed a moderate splenomegaly and a mild hepatomegaly. Her initial complete hemogram and peripheral smear revealed a microcytic hypochromic picture with a normal red cell distribution width. HPLC revealed an elevated Hb F (48%), low Hb A (3.8%) and an elevated HbA2 (3.5%) favouring thalassemia intermedia. A Next Generation Sequencing (NGS) analysis for beta globin gene revealed a homozygous mutation in consistent with thalassemia major. Her two younger siblings also had a similar clinical presentation with persistent pallor and moderate splenomegaly. Their respective HPLC revealed a similar picture consistent with thalassemia intermedia. All three children were started on Hydroxyurea (20 mg/kg/day) to increase the level of HbF and on follow up there is a slight increment in the Hb level.

### PATHOGENIC VARIANT CAUSATIVE OF THE REPORTED PHENOTYPE WAS DETECTED

Gene (Transcript)#	Location	Variant	Zygoty	Disease (OMIM)	Inheritance	Classification
HBB (-) (ENST00000335295.4)	5'UTR Promoter	c.-78A>G	Homozygous	Beta Thalassemia	Autosomal recessive	Pathogenic

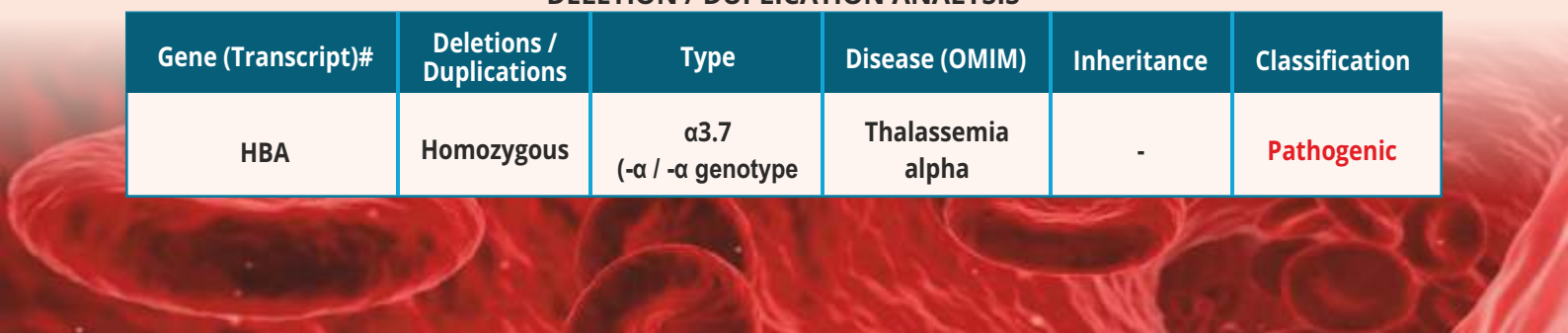
**Case-2:** 12 year old boy of Indian origin residing at Germany was found to have microcytic hypochromic anemia upon evaluation for mild pallor. There was no hepatosplenomegaly and the lab tests showed a normal ferritin and iron studies. HPLC done in Germany was normal. They were advised to be on regular follow up. Upon their return to India he had a consultation in our

hospital. After a normal clinical examination except for mild pallor, a NGS for globin chain mutation was done which revealed a Alpha thalassemia minor phenotype. Since there is no active treatment warranted, parents were counselled regarding the genetic nature of the disease and the need for doing a NGS for the child's sibling to look for the presence of any carrier state for alpha thalassemia.

### PATHOGENIC VARIANT CAUSATIVE OF THE REPORTED PHENOTYPE WAS DETECTED

#### DELETION / DUPLICATION ANALYSIS

Gene (Transcript)#	Deletions / Duplications	Type	Disease (OMIM)	Inheritance	Classification
HBA	Homozygous	$\alpha$ 3.7 (- $\alpha$ / - $\alpha$ genotype)	Thalassemia alpha	-	Pathogenic





29 September 2022. CME organized by  
ASI talk by Dr. Rajkumar Robotic surgery in surgical oncology



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