Botswana's Premier Health Journal

DIAGNOSTICS

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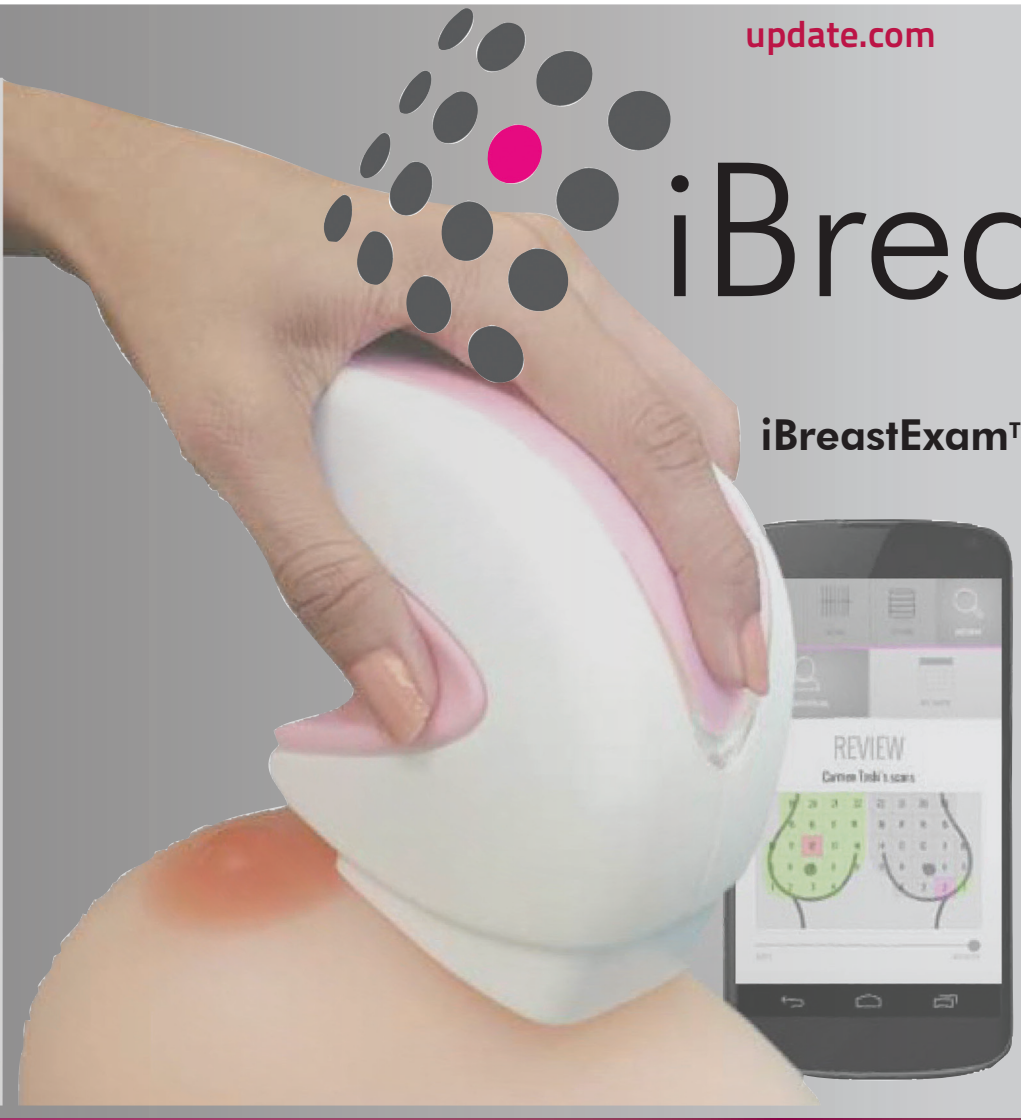

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PALPITATIONS

WHAT ARE PALPITATIONS?

BLOOD DONOR + HUMAN HEART CARE

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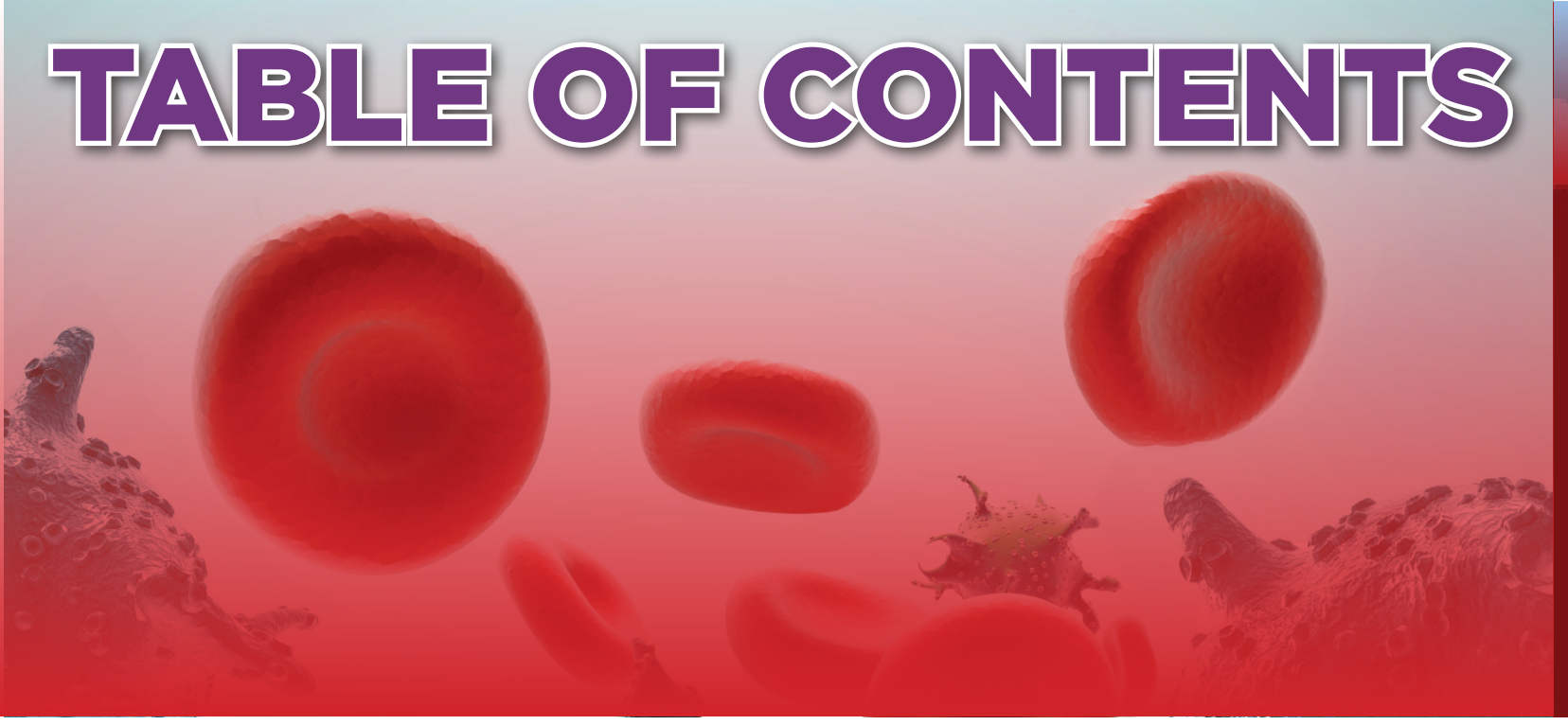

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Dear Reader

One of the great aspects of this job is having the opportunity to talk with and listen to the many different manufacturers, distributors, and of course the huge network of dealers that is the backbone of our industry.

Years ago I never would have ever imagined I would be in this position, and it is amazing. To say I really enjoy this job is an understatement.

What makes Diagnostics Update.com so unique is their informative and educative ways to the nation.

The staff and management is always looking for ways to inform their readers on how to tackle different medical issues. Basically, you want more people to enjoy reading more and more.

That said, there is still the need to get more readers to embrace healthy routines within and outside the homestead.

BLOOD DONOR

Quality systems are the key to ensuring the availability of safe blood for all patients needing transfusions

Blood transfusion is a multi-step process with risk of error in each process from selecting donors, collecting and processing donations, testing of donor and patient samples, issue of compatible blood, to transfusing the patient. An effective quality system provides a framework within which activities are established, performed in a quality-focused way and continuously monitored to improve outcomes. The risk associated with blood transfusion can be significantly reduced by the introduction of quality systems, external quality assessment and education and training for staff.

A quality system should cover all aspects of its activities and ensure traceability, from the recruitment and selection of blood donors to the transfusion of blood and blood products to patients. It should also reflect the structure, needs and capabilities of the blood transfusion service, as well as the needs of the hospitals and patients that it serves.

Key elements of quality systems include:

- **Organizational management;**
- **Standards;**
- **Documentation;**
- **Training;**
- **Assessment.**

Management commitment and support are essential for the development, implementation and monitoring of a national quality system in order to ensure continuous quality improvement. All staff should understand the importance of quality and the consequences of failure in the quality system.

Testing of donated blood

The first step in reducing the risk of transmission of infectious diseases through blood is to select voluntary non-remunerated donors from low-risk populations who give blood on a regular basis as these individuals are at a lower risk of transmitting transfusion-transmissible infections than are family/replacement donors, or paid donors.

However, even with the most careful selection, some donors may be seropositive for HIV or other infectious agents. Therefore, rigorous screening of all donated blood is required to ensure the safety of the blood supply.

Processing of donated blood

91% of the blood collected in high-income countries, 72% of that in middle-income countries and 31% of that in low-income countries is separated into components. Blood collected in an anticoagulant can be stored and transfused to a patient in an unmodified state. This is known as 'whole blood' transfusion.

However, blood may be used more effectively if component therapy is practiced. One unit of donated blood may be divided into components, including red cell concentrates, fresh frozen plasma, cryoprecipitate and platelet concentrates, to meet the needs of more than one patient.

For a safe and effective blood component processing, the following elements are required: Commitment and support by national health authorities for a sustainable, well-organized, nationally co-ordinated blood transfusion service, with adequate resources and quality system for all areas; Centralization of blood processing and testing within major centres to permit economies of scale by maximizing utilization of personnel and equipment and uniform standards; Effective and timely testing of all donated blood to ensure maximum safety and availability of blood components;

Promotion of appropriate blood component therapy. Consideration should be given to the use of surplus plasma for the production of plasma-derived medicinal products through fractionation, utilizing facilities either within or outside the country.

PALPITATIONS

WHAT ARE PALPITATIONS?

Palpitations are unpleasant sensations caused by the irregular or forceful beating of the heart. Some patients with palpitations have no heart disease or abnormal heart rhythms and the reason for their palpitations are unknown. In others, palpitations result from abnormal heart rhythms (arrhythmias).

Types of arrhythmias

Arrhythmias refer to regular heart beats that are either too slow or too rapid.

Sinus tachycardia

- This is a normal but fast rhythm (>100b/min). Your heart rate may be increased if you have an over-active thyroid gland, fever, anaemia, when you are frightened (caused by adrenaline) or if you are pregnant.

Sinus bradycardia

- This is a normal but slow rhythm (< 60 b/min). In many cases this condition is found in athletes due to their continuous physical activity. When you are sick it is normal for your heart to slow down, however if the heart slows down too much fainting may occur.

Ectopic beats (Extra beats)

- These are very common. Most people have at least one ectopic beat every 24 hours.

Supraventricular tachycardia

- This is a disturbance of the heart rhythm caused by rapid electrical activity in the upper parts of the heart. The heart beats very fast usually at a rate of 140-240 b/min. The most common symptom is palpitations but there may also be breathlessness, dizziness or occasional fainting. Some people find that certain things trigger an attack such as emotional upset, anxiety, drinking large amounts of coffee or alcohol, or excessive smoking. An attack can last a few seconds or several hours.

Ventricular tachycardia

- This is a condition where there is an abnormally fast heart rate of 120-200 b/min. This condition usually happens as a result of complications from an existing heart condition, but it is also seen in healthy people. The attacks may last for a few seconds or for several hours.

Atrial fibrillation

- This is a type of irregular heartbeat, where the heart beats irregularly

TREATMENT

but very fast. The speed and the irregularity of the heartbeat can produce unpleasant palpitations.

Heart Block

- This is when the heart is beating too slowly.

  Heart block can produce slow pounding palpitations and often is accompanied by dizziness or fainting.

  If you have a heart block your doctor may advise you to have a pacemaker inserted.

Investigations

- History - the doctor will ask you about the pattern and frequency of your attacks and how the palpitations feel.
- Electrocardiogram (ECG)- this is a test that gives information about the rhythm and electrical activity of the heart.
- Exercise ECG- an ECG recording is taken while you are exercising on a treadmill or stationery bike
- 24 hour ECG- if your palpitations do not happen often enough to be recorded on an ordinary ECG then a 24-hour ECG is recommended.

  This is a mobile device which is connected to you and the results downloaded to a computer.
- External Loop Recorder- if your symptoms are less frequent you may be given this device which allows you to record your heart beat whenever you have symptoms.
- Electrophysiological study- this allows doctors to analyze the heart's electrical activity in greater detail.
- Blood Test- in some cases you may be asked to do blood tests e.g. for anaemia or thyroid function tests.

TREATMENT

- If your palpitations are caused by an over-awareness of the heart's normal activity you may just need reassurance that your heart rhythm is okay, or that any palpitation you do have are harmless.
- Avoid 'triggers' such as coffee, alcohol and cigarettes if you have been under a lot of pressure recently. Reduce your stress levels.
- If your palpitations are persistent and troublesome you may need to take "anti-arrhythmic drugs"
- In some cases drugs are not effective then other forms of treatment, including cardioversion, pacemakers, catheter ablation therapy and implantable defibrillators are used.

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HUMAN HEART

The human heart is a vital organ that functions as a pump, providing a continuous circulation of blood through the body. It takes in deoxygenated blood through the veins and delivers it to the lungs for oxygenation before pumping it into the various arteries.

A few facts of the human heart are:

- A human heart is roughly the size of a large fist.
- The heart weighs between 9 and 12 ounces (250 or 300 grams).
- The heart beats about 100,000 times per day.
- An adult heart beats about 60 to 80 times per minute.
- Newborns hearts beat faster than adult hearts, about 70 to 190 beats per minute.
- The heart pumps about 6 quarts (5.7 liters) of blood throughout the body.
- The heart is located in the center of the chest, usually pointing slightly left.

Heart Diseases:

Daily stress or lack of exercise in our busy schedule clubbed with an improper diet can distort the heart and leave us with at a higher risk of heart disease. Coronary artery disease is the most common type of heart disease. It occurs when cholesterol builds up in arteries – called plaque – narrowing the space blood can flow through, a condition called 'Atherosclerosis'. Ultimately, the narrowing can build up enough to cause chest pain and shortness of breath – called angina. It can also block the vessel completely, causing a heart attack.

Preventive Measures:

It is imperative you ensure your heart remains healthy. A few preventive measures are:

- Eat more green leafy vegetables.
- Exercise daily.
- Take proper amount of sleep to relax your mind and body.
- Include olive oil in your daily cooking.
- Reduce the intake of fats and sweets.

TO PAGE 07

CARE

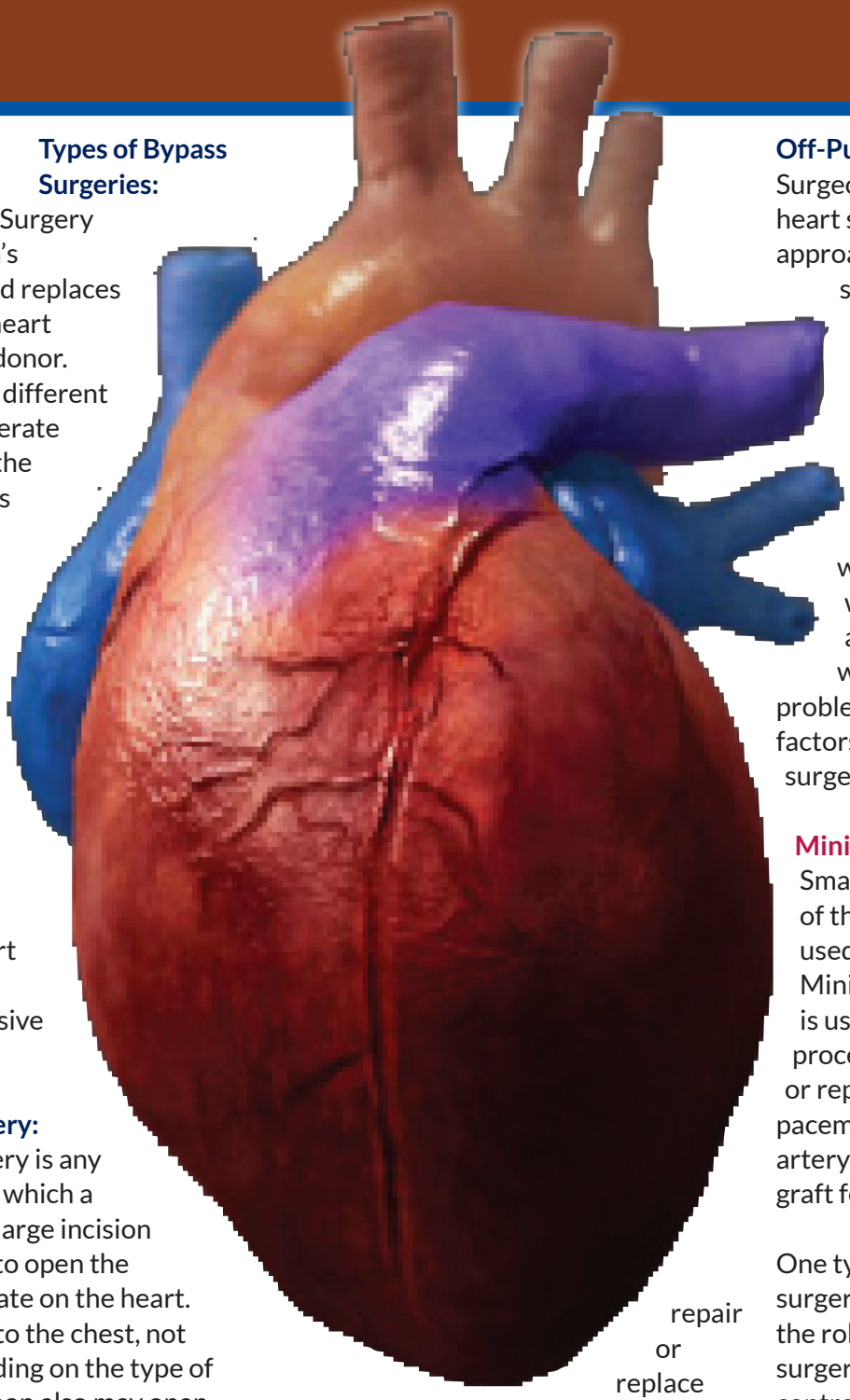
FROM PAGE 06

Types of Bypass Surgeries:

Heart Transplant Surgery removes a person's diseased heart and replaces it with a healthy heart from a deceased donor. Surgeons can use different approaches to operate on the heart and the approach depends highly on the patient's heart problem, general health, and other factors.

There are mainly three types of Bypass surgeries

- Open-heart Surgery
- Off-Pump Heart Surgery
- Minimally Invasive Heart Surgery



Open-heart Surgery:

Open-heart surgery is any kind of surgery in which a surgeon makes a large incision (cut) in the chest to open the rib cage and operate on the heart. "Open" referring to the chest, not the heart. Depending on the type of surgery, the surgeon also may open the heart.

An open-heart surgery is a vital part of a Coronary artery bypass grafting (CABG) as the surgeon may need to repair or replace heart valves, treat atrial fibrillation, transplant the heart or place a ventricular assist device (VAD) and in rare cases a total artificial heart (TAH).

Off-Pump Heart Surgery:

Surgeons use off-pump or beating heart surgery to do a CABG. This approach is like traditional open-heart surgery because the chest bone is opened to access the heart. However, the heart hasn't stopped, and a heart-lung bypass machine isn't used.

Off-pump heart surgery isn't right for all patients. Work with your doctor to decide whether this type of surgery is an option for you. Your doctor will carefully consider your heart problem, age, overall health, and other factors that may affect the choice of surgery method.

Minimally Invasive Heart Surgery:

Small incisions (cuts) in the side of the chest between the ribs are used as access points to the heart. Minimally invasive heart surgery is used to do a bypass and maze procedure. It's also used to repair or replace heart valves, insert pacemakers or ICDs, or take a vein or artery from the body to use as a bypass graft for CABG.

One type of minimally invasive heart surgery that's still being developed is the robotic-assisted surgery. For this surgery, a surgeon uses a computer to control surgical tools on thin robotic arms.

Heart disease can be a silent killer. To prevent heart diseases a regular heart check-up is necessary.

iBreastExam

early detection. for all.

iBreastExam™ is a hand-held, non-invasive & painless breast health test that offers standardized breast examinations accurately and easily, to identify breast lesions early, at the point-of-care.

What an iBreastExam test feels like?

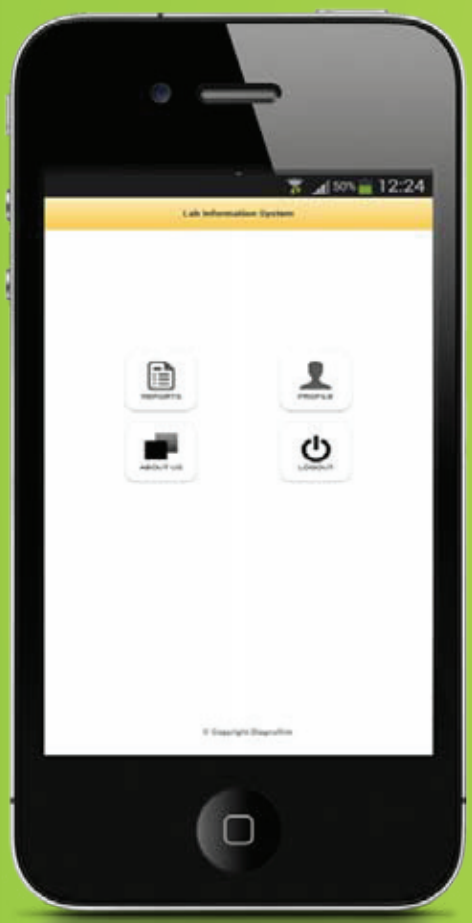
- Breast lesions are stiffer.
- Contrast in elastic modulus is measurable
- 3 studies with 4,000 women show Sensitivity 84%. Specificity 94%.
- iBreastExam sensor measure tissue elasticity non-invasively.

DML MOBILE APP

Diagnofirm Medical Laboratories continue bringing innovative technology to benefit the Clients. Yes!! Yet another first in Botswana, Diagnofirm will soon launch its **MOBILE APPLICATION** for Clinical Reports which can be seamlessly accessed by Patients, Doctors and Referrals. The application will connect and synchronizes Clinical Reports through your Mobile devices confidentially.

The application supports Android and IOS mobile devices.

With DML Email & SMS reporting the sample action will be known upon Authoristaion of Reports whereas **DML MOBILE APP** provides status of samples as it happens. Doctors, Referrers and Patients can view the sample action in every stage of processing.



FEATURES:

- **PATIENT LOGIN** - Patients can log in using their account and their reports (including past and current reports) can be viewed at any point of time
- **DOCTOR / REFERRAL LOGIN** - Test reports of Patients referred by them can be viewed
- If logged in, once the final test report is Authorised, user will be alerted on the same
- Upon clicking the **OK** button of alert, Test Report will be viewed in PDF format
- Patient / Referrer profile with basic demographics can be viewed under Profile

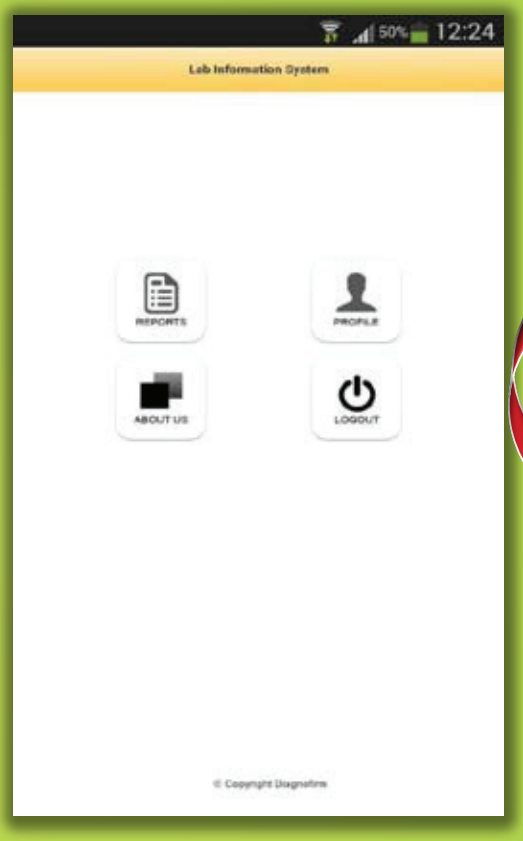
ADVANTAGES:

- Status of test report(s) on the move, anytime.
- Report readiness alert once authorized, which eliminates frequent checking of App for the readiness.
- Department wise availability of test report.
- Eradication of frequent checks or phone calls to the laboratory for the sample status and test report
- Test reports in PDF format, allows the user to view in whatever ways they want, like Zoom, Search, etc., but not alter the same.
- Test report availability of Patients referred to the laboratory, when ready, eliminating the need of the patient to produce the test report physically.
- Enables high patient care, not only for the laboratory but to the Physicians also.
- Easy and user friendly to use

DML MOBILE APP

FUTURE APP

- Doctor Request Form
- Clinical Notes



Diagnofirm Mobile Application Screenshot

DML DIAGNOFIRM
MEDICAL LABORATORIES
Pathology you can trust!

WORLD AIDS DAY

DECEMBER 1 2017

Safter steps to reduce your risk of getting HIV through sexual contact, and the more of these actions you take, the safer you can be:

Sexual Practices And HIV Risk

The risk of getting HIV through sexual contact varies widely depending on the type of sexual activity. Some activities carry a much higher risk of HIV transmission than others.

Your risk depends on several other factors as well, including whether you and your partner are using a condom and—if one of you is HIV-positive—whether the partner who is HIV-positive is using ART consistently and correctly and has achieved a suppressed viral load, and whether the partner who is HIV-negative is using PrEP consistently and correctly. Condoms and HIV medicines can greatly lower the risk of transmitting HIV. Here is a list of some sexual practices, the risks they pose for transmitting HIV, and steps you can take to lower your risk of getting HIV:

- **Insertive Anal Sex (Topping)**

- Insertive anal sex (penis in the anus of either a man or a woman or "topping") without a condom is considered a high-risk behavior for HIV transmission, but the risk is not as high as receptive anal sex (bottoming).

- The partner receiving anal sex (bottom) is at greater risk of getting HIV than the partner performing anal sex (top), however the top is also at risk because HIV can enter through the opening of the penis or through small cuts, abrasions, or open sores on the penis.

- If you are topping, always use a new condom with a water-based lubricant. This will help lower your risk of getting HIV and other STDs.

- **Receptive Vaginal Sex (Risks For Women)**

- Receptive vaginal sex (penis in the vagina) without a condom is considered a high-risk behavior for HIV transmission.

- In women, HIV can be directly absorbed through the mucous membranes that line the vagina and cervix. The lining of the vagina can also sometimes tear and possibly allow HIV to enter the body.

- Your risk of HIV infection increases if you or your partner also has an STD.

- You can lower your risk of getting HIV and other STDs by always using a new condom.

- Oral or hormonal contraceptives (e.g., birth control pills) do not protect women against HIV or other STDs.

- Many barrier methods used to prevent pregnancy (e.g., diaphragm, cervical cap) do not protect against HIV or other STDs because they still allow infected semen (cum) to come in contact with the lining of the vagina. If you use one of these methods, be sure to also use a male condom correctly every time you have vaginal sex.

- When worn in the vagina, female condoms are just as effective as male condoms at preventing STDs, HIV, and pregnancy. Don't use a male condom and a female condom at the same time; they do not work together and could break.

- Don't use nonoxynol-9 (N-9). Some contraceptives, like condoms, suppositories, foams, and gels contain the spermicide N-9. Don't use these gels, foams, or suppositories to prevent against HIV — these methods only lower your chances of pregnancy, not of getting HIV and other STDs. N-9 actually makes your risk of HIV infection higher, because it can irritate the vagina, which might make it easier for HIV to get into your body.

- Don't douche before sex. Douching removes some of the normal bacteria in the vagina that protects you from infection. This can increase your risk of getting HIV.

- **Insertive Vaginal Sex (Risks For Men)**

- Insertive vaginal sex (penis in the vagina) without a condom is considered a high-risk behavior for HIV transmission, but it is less risky for the male partner than the female partner.

- In men, HIV can enter the body through the urethra (the opening at the tip of the penis) or through small cuts or open sores on the penis. Men who are not circumcised are at greater risk of HIV infection through vaginal sex than are circumcised men.

- Your risk of HIV infection increases if you or your partner also has an STD.

- Use a new condom with a water-based lubricant every time you have insertive vaginal sex to prevent STDs, including HIV.

- **Performing Oral Sex On A Man**

- The risk of getting HIV by performing oral sex (your mouth on someone's penis or "fellatio") is low, but it is not zero risk. It is difficult to measure the exact risk because people who practice oral sex may also practice other forms of sex during the same encounter.

- Performing oral sex on an HIV-infected man, with ejaculation in the mouth, is the riskiest type of oral sex activity.

- If the man you are performing oral sex on has HIV, his blood, semen, or pre-seminal fluid may contain the virus.

- Performing oral sex also puts you at risk for getting other STDs, including herpes.

- Your risk of getting HIV or other STDs is reduced if you do not have open sores or cuts in your mouth.

- You can reduce your risk of getting HIV and other STDs through oral sex if you avoid having your partner ejaculate (cum) in your mouth, and if you use a condom.

- **Receiving Oral Sex If You Are A Man**

- The risk of getting HIV by receiving oral sex (someone's mouth on your penis or "fellatio") if you are a man is low, but it is not zero risk. It is difficult to measure the exact risk because people who practice oral sex may also practice other forms of sex during the same encounter.

- If the person giving you oral sex has HIV, blood from their mouth may enter your body through the lining of your urethra (the opening at the tip of your penis) or your

anus, or through cuts and sores.

- Receiving oral sex also puts you at risk of contracting other STDs, including herpes.

- Your risk of getting HIV is reduced if you do not have open sores or cuts on your penis.

Performing Oral Sex On A Woman

- The risk of getting HIV by performing oral sex on a woman (your mouth on a woman's genitals or "cunnilingus") is low, but it is not zero risk. It is difficult to measure the exact risk because people who practice oral sex may also practice other forms of sex during the same encounter.

- If the woman you are performing oral sex on has HIV, her vaginal fluid may contain the virus.

- Performing oral sex also puts you at risk of contracting other STDs.

- There are effective barriers you can use to protect you from contact with your partner's vaginal fluids. These include natural rubber latex sheets, dental dams, or using cut-open nonlubricated condoms between your mouth and your partner's genitals or rectum.

Receiving Oral Sex If You Are A Woman

- The risk of getting HIV by receiving oral sex (someone's mouth on your genitals or "cunnilingus") if you are a woman is low, but it is not zero risk. It is difficult to measure the exact risk because people who practice oral sex may also practice other forms of sex during the same encounter.

- If the person giving you oral sex has HIV, blood from their mouth may enter your body through your vagina, cervix, or anus, or through cuts and sores.

- Your risk of HIV is increased if you have genital sores or other STDs.

- Receiving oral sex also puts you at risk of getting other STDs, such as herpes, syphilis, gonorrhea, genital warts (human papillomavirus or HPV), intestinal parasites (amebiasis), or hepatitis A or B infection.

- There are effective barriers you can use to protect you from contact with your partner's mouth. These include natural rubber latex sheets, dental dams, or using cut-open nonlubricated condoms between your partner's mouth and your genitals or rectum.

Oral-Anal Contact (Rimming)

- The risk of getting HIV by giving or receiving oral stimulation to the anus (your mouth on someone's anus, also called "anilingus" or "rimming") is low, but it is not zero risk.

- This kind of sexual contact comes with a high risk of transmitting hepatitis A and B, parasites, and other bacteria to the partner who is doing the rimming. There are effective vaccines that protect against hepatitis A and B and human papillomavirus infections. Talk to your health care provider to see if these are right for you, if you have not already been vaccinated.

- You can reduce your risk of getting HIV or other STDs if you use a cut-open unlubricated condom, dental dam, or non-microwaveable plastic wrap over the anus to protect against infection.

Digital Stimulation (Fingering)

- There is a very small risk of getting HIV from fingering your partner if you have cuts or sores on your fingers and your partner has cuts or sores in the rectum or vagina. HIV transmission this way is technically possible but unlikely and not well documented.

- Use medical-grade gloves and lots of water-based lubricant to eliminate this risk.

Sex Toys

- There is a very small risk of getting HIV from sharing sex toys. HIV transmission this way is technically possible, but unlikely and not well documented.

- Using sex toys can be a safe practice, as long as you do not share your toys with your partner.

- If you share your toy with your partner, use a condom on the toy, if possible, and change the condom before your partner uses it.

- Clean your toys with soap and water, or a stronger disinfectant if indicated on the cleaning instructions. It is important to do this after each use!

No-Risk Sexual Activities

These activities carry no risk of HIV transmission:

- .Non-sexual massage
- Casual or dry kissing
- Phone sex, cyber sex, sexy talk
- Masturbation (without your partner's body fluids)
- Frottage—also known as "dry humping" or body-to-body rubbing. You can still contract other STDs, like herpes, HPV, or pubic lice ("crabs") if you have bare skin-to-skin contact with your partner.

Using Condoms

When used consistently and correctly, condoms are highly effective in preventing HIV. They are also effective at preventing STDs transmitted through body fluids, like gonorrhea, chlamydia, and HIV. However, they provide less protection against STDs spread through skin-to-skin contact like human papillomavirus (genital warts), genital herpes, and syphilis.

Taking HIV Medicines To Prevent HIV

As noted above, there are ways to prevent getting HIV by taking some of the medicines used to treat HIV. These methods are PrEP (taking HIV medicine daily to prevent HIV infection) and PEP (taking medicine to prevent HIV after a possible exposure).

Circumcision

Male circumcision reduces the risk that a man will get HIV from an infected female partner, and also lowers the risk of other STDs, penile cancer, and infant urinary tract infection. Studies have not consistently shown that it prevents HIV among men who have sex with men. Circumcision is only partly effective and should be used with other prevention measures. Men who are considering circumcision should weigh its risks and costs against its potential benefits.

INSPIRED EATING

WHAT TO EAT, WHY YOU EAT AND HOW TO MAKE IT EASY

Food, Emotions, Inspiration

We all have a relationship with food, conscious or not. Maybe yours is respectful. Or maybe it's filled with confusion, animosity or fear. No matter how you feel about food, you would probably acknowledge food has power. Once you recognize the profound physical and emotional influence of food, you can start to eat in a way that supports your body. And you can change your relationship with food, for the rest of your life.

With Inspired Eating, you can:

- Overcome food issues.
- Eat mindfully and intuitively.
- Identify and banish foods that cause cravings and weight gain.
- End dieting and disordered eating struggles.
- Create a peaceful, pleasurable relationship with food, forever!

WHY AND HOW YOU EAT

Most diets, nutrition plans or eating regimens tell you what to eat. That's important, for sure, and I can help you identify the foods that nourish and support your particular body.

But it's also vital to understand why and how you eat. Even the best eating plan won't work if you don't do it. Most people hire a nutritionist, walk away from the appointment with a list of foods to eat, lose a few pounds or improve a health condition, and then drop the diet. (Maybe that sounds familiar; it sure does to me!) Eventually, they go back to the same way of eating–and the same problems–because nothing internal has shifted.

And here's the thing: even if you don't have emotional eating issues, you still have some kind of relationship with food. One way or another, you're choosing food, either consciously or not, at least three times a day. That's a lot of eating, and a lot of choices.

Do you treat food—and eating—with respect? Do you think about where your food comes from, how it's grown, raised, packaged and processed? Do you think about what it's doing in your body, if it's helping or harming your well-being? In a world of conflicting advice and shifting fads, it's hard to know what "good food" means any more; that decision is best left to you and your body.

The bottom line is, you need both the right kind of food and the right thinking around food.

And at some point, you have to be your own expert, to be inspired by your intuition, your particular body's wisdom, your passion for foods you love. All that knowledge is already in you; it's just a matter of allowing it to emerge.

WHAT TO EAT

We'd like to think eating healthy is entirely a science, full of absolutes and hard-and-fast rules. That's just not the case; every body is individual, and even the "experts" disagree on what's good, what's bad, and what's downright tragic. There's enormous value in the science of

INSPIRED EATING

WHAT TO EAT, WHY YOU EAT AND HOW TO MAKE IT EASY

nutrition, and how food works in the body. And, at some point, healthy eating becomes an art, a balance between science, personal experience and intuition.

Inspired Eating marries the science of nutrition with the art of intuitive eating.

Here's how it works:

1. Identify food sensitivities. It's hard to create a consistent, intuitive pattern to your eating if you're suffering from food sensitivities, digestive issues, gas and bloating. Plus, studies show food sensitivities can mimic food addictions, leading to binge eating and cravings, and making weight loss or healthy eating darn near impossible. I use a simple but comprehensive test to determine your individual food sensitivities (and it's not always gluten and dairy).

2. Cleanse the right way. A well-designed cleanse can detox your kidneys, liver and colon, and lead to lasting weight loss. But most cleanses are short-lived, based on gimmicky, sexy-sounding concepts that don't last—and may leave you worse off than before. Depending on your situation, we may do a balanced, intelligent detox that's designed to cleanse while healing and supporting your body.

3. Address any troubled eating patterns. How and why you eat is as important as what you eat. And because life is short and food is fun, we want to make your relationship with food peaceful and pleasurable. So, in addition to great meal plans and delicious recipes, you'll learn how to heal troubled eating patterns like binge eating, chronic dieting, overeating and emotional eating.

4. Find the right diet for you. While there's no perfect diet, one that's made up of whole, unprocessed foods will make your body more fun, happy and comfortable to live in. And while your specific dietary needs are as individual as you are, every body does best on a diet that's made up of seasonal, local and organic foods in their least-processed forms, with no preservatives, flavorings, sugar, flour or other added ingredients (even if they're organic).

WHY AND HOW YOU EAT

Food issues and disordered eating–overeating, binge eating, chronic dieting or obsessing about weight or food–are rarely about food. They're about old patterns, lack of self love, the longing for expression, the need for control, or any number of other deeper issues. Examining these is richly rewarding, even life-changing. At the same time, I don't think "eating intuitively" in the face of our chemical-laden food supply, works for many people with stubborn weight gain or digestive disorders.

CHANGE THE FUTURE OF MIGRATION. INVEST IN FOOD SECURITY AND RURAL DEVELOPMENT

The world is on the move. More people have been forced to flee their homes than at any time since the Second World War due to increased conflict and political instability. But hunger, poverty, and an increase in extreme weather events linked to climate change are other important factors contributing to the migration challenge.

Large movements of people today are presenting complex challenges, which call for global action. Many migrants arrive in developing countries, creating tensions where resources are already scarce, but the majority, about 763 million, move within their own countries rather than abroad.

Three-quarters of the extreme poor base their livelihoods on agriculture or other rural activities. Creating conditions that allow rural people, especially youth, to stay at home when they feel it is safe to do so, and to have more resilient livelihoods, is a crucial component of any plan to tackle the migration challenge.

Rural development can address factors that compel people to move by creating business opportunities and jobs for young people that are not only crop-based (such as small dairy or poultry production, food processing or horticulture enterprises). It can also lead to increased food security, more resilient livelihoods, better access to social protection, reduced conflict over natural resources and solutions to environmental degradation and climate change.

By investing in rural development, the international community can also harness migration's potential to support development and build the resilience of displaced and host communities, thereby laying the ground for long-term recovery and inclusive and sustainable growth.

What FAO is doing

FAO is working with governments, UN agencies, the private sector, civil society and local communities, to generate evidence on migration patterns and is building countries' capacities to address migration through rural development policies. We support governments and partners as they explore the developmental potential of migration, especially in terms of food security and poverty reduction.

Find out more about FAO's work on migration here.

Migration and the Sustainable Development Goals

Migration is part of the process of development as economies undergo structural transformation and people search for better employment opportunities within and across countries. The challenge is to address the structural drivers of large movements of people to make migration safe, orderly and regular. In this way, migration can contribute to economic growth and improve food security and rural livelihoods, thus advancing countries' progress in achieving the Sustainable Development Goals.

Source: http://www.fao.org/world-food

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