

Editorial



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This is a special issue of the journals with a number of papers from the region in addition to abstracts from the last two sessions of MEAMA of the seventh postgraduate advanced course in geriatrics and gerontology.

Helvacı, Et al., looked at whether Plasma triglycerides and fasting plasma glucose may behave as sensitive acute phase reactants in irritable bowel syndrome. The authors studied consecutive patients with IBS and age and sex-matched control cases were studied. IBS was diagnosed according to Rome II criteria in the absence of red flag symptoms including pain, diarrhea interfering with sleep, weight loss, fever, and any pathologic physical examination finding. The study included 936 patients with IBS (592 females and 344 males) and 346 control cases. Mean age of the patients was 41.0 ± 14.7 (13-86) years. Interestingly, 63.2% of the patients were female. Prevalence of smoking was higher in the patients, significantly (35.2% versus 20.8%, $p < 0.001$). Beside that prevalence of chronic gastritis (CG) (80.4% versus 15.0, $p < 0.001$), antidepressants use (46.4% versus 16.1%, $p < 0.001$), hemorrhoids (37.1% versus 7.2%, $p < 0.001$), and urolithiasis (22.0% versus 9.5%, $p < 0.001$) and mean values of fasting plasma glucose (FPG) (111.9 versus 105.4 mg/dL, $p = 0.002$) and plasma triglycerides (167.0 versus 147.3 mg/dL, $p = 0.013$) were all higher in the patients with IBS, significantly. The authors concluded that IBS may be a low-grade inflammatory process initiated with smoking, infections, inflammations, anxiety, depression, sleep disorders, illness fear, cancer fear, and death fear-like stresses, and eventually terminates with dysfunctions of gastrointestinal and genitourinary tracts and elevations of some metabolic parameters. There may be some significant relationships between IBS, smoking, female gender, CG, depression, hemorrhoids, urolithiasis, FPG, and plasma triglycerides. In other words, FPG and plasma triglycerides may behave as sensitive acute phase reactants in IBS.

In another interesting paper Helvacı et al., showed that Umbilical hernia should alert physicians about terminal endpoints of the metabolic syndrome in adults. They studied Consecutive patients with an umbilical hernia and/or a surgical repair history of the umbilical hernia were included into the study. There are 46 patients with the umbilical hernia with a mean age of 62.0 years, and 73.9% of them were female. Body mass index of the hernia group was higher, significantly (33.6 versus 29.1 kg/m², $p = 0.000$). Although the prevalence of hypertension (HT) was higher in the hernia group (50.0% versus

27.3%, $p < 0.01$), mean triglycerides and low density lipoproteins were lower in them ($p < 0.05$ for all). Although the prevalences of diabetes mellitus (DM) and coronary heart disease (CHD) were also higher in the hernia patients, the differences were non-significant, probably due to the small sample size of the hernia group. The authors concluded that there may be some significant associations between the umbilical hernia and terminal endpoints of the metabolic syndrome, probably on the bases of prolonged inflammatory, atherosclerotic, and pressure effects of excessive fat tissue on abdominal wall muscles. The inverse relationships between obesity and hypertriglyceridemia and hyperbetalipoproteinemia may be explained by the hepatic fat accumulation, inflammation, and fibrosis induced relatively lost hepatic functions in obese individuals. So the umbilical hernia should alert the physicians about terminal endpoints of the metabolic syndrome including obesity, HT, DM, CHD, cirrhosis, peripheral artery disease, chronic obstructive pulmonary disease, chronic renal disease, mesenteric ischemia, osteoporosis, stroke, dementia, other end-organ insufficiencies, and cancers in adults.

A review on management of Parkinson disease the use of dopamine agonist was discussed. The authors stressed that Dopamine agonists are also useful first-line medications that may cause less dyskinesia than levodopa/dopa-decarboxylase inhibitors. They are accessible in a once-daily form. Long-term data indicate that there is no statistically significant difference in outcomes between patients initiated on levodopa/dopa-decarboxylase inhibitors and those initiated on dopamine agonists. 6 As time passes, it is becoming more common to utilize a mix of these medications. The drugs available to manage Parkinson's disease include the following: 1-Levodopa & Carbidopa/Levodopa 2- Agonists of Dopamine Receptors Inhibitors of Catechol-O-Methyltransferase (Tolcapone and Entacapone) 4-MAO 5-Anticholinergic 6-Puatative. In this review we present the latest on the use of Dopamine-receptors Agonists.

The Middle East Academy for Medicine of Ageing finished the seventh advanced postgraduate course in geriatrics for the years 2020/2022. The highly successful format of intensive student participation in working groups, giving short presentations and leading discussions, as well as state-of-the-art lectures by experts in the field, will be followed again. The seventh course of the MEAMA, started virtually in Nov-Dec. The second session took place in March and the third session is planned for Sept-Oct, 2021, virtually as well. The fourth session took place in April 2022. This intensive study course composed of four sessions is directed towards physicians, nurses, social workers, and health care officers, responsible for the health care of older people, in addition to faculty members of medical, nursing, social and physiotherapy schools interested in developing the field of geriatrics and gerontology. The course can also be attended by junior potential academic staff, working in other fields (internal medicine, sub-specialties, biology) involving the ageing process and care of elderly people. The complete program aims to increase scientific, clinical, educational and managerial competencies in medical gerontology. Participants that successfully complete the four sessions will receive a postgraduate certificate issued by the Group of Executive Board of the MEAMA. The Middle East Academy for Medicine of Ageing carried the seventh advanced postgraduate course in geriatrics for the years 2020/2022. In the last two sessions there were call for abstracts from previous graduate of MEAMA. The abstract submitted and presented are included in this issue.