



## DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY  
Wednesday 20201216

Corona Virus (Hindustan: 20201216)

[https://epaper.livehindustan.com/imageview\\_515006\\_86299396\\_4\\_1\\_16-12-2020\\_0\\_i\\_1\\_sf.html](https://epaper.livehindustan.com/imageview_515006_86299396_4_1_16-12-2020_0_i_1_sf.html)

# दिल्ली में संक्रमण दर 2% से नीचे

नई दिल्ली | वरिष्ठ संवाददाता

राजधानी दिल्ली में कोरोना की संक्रमण दर तेजी से कम हो रही है। मंगलवार को यह दो फीसदी से भी नीचे रही। स्वास्थ्य विभाग के मुताबिक, 85105 कोरोना जांच की गईं लेकिन इनमें सिर्फ 1.9 फीसदी ही मरीज मिले।

अफसरों ने बताया कि मंगलवार को 1617 नए मरीजों की पुष्टि हुई, इसके

### सुखद

- 85 हजार से ज्यादा कोरोना टेस्ट करने पर सिर्फ 1.9% मरीज मिले
- 14480 सक्रिय मरीज बचे जिनका इलाज किया जा रहा

साथ ही राजधानी में संक्रमितों का कुल आंकड़ा बढ़कर 6,10,447 तक पहुंच गया। इनमें से 5,85,852 लोग अब

तक पूरी तरह ठीक हो चुके हैं। मंगलवार को भी 2343 मरीजों को छुट्टी दे दी गई। हालांकि, वायरस ने 41 और लोगों ने अपनी जान गंवा दी, जिसके बाद मरने वालों की संख्या बढ़कर 10,115 तक पहुंच गई। दिल्ली में कोरोना से मृत्युदर 1.66% है। विभाग के अनुसार दिल्ली में कोरोना के 14480 सक्रिय मरीज हैं। इनमें से दिल्ली के अलग अलग अस्पतालों में 4040 मरीज भर्ती हैं।

**India records 26,382 new Covid-19 cases; death toll crosses 144,000 (Hindustan Times: 20201216)**

<https://www.hindustantimes.com/india-news/india-records-26-382-new-covid-19-cases-death-toll-crosses-144-000/story-2Eqdf8i1FdpkD6hZTni36M.html>

Senior government officials said on Tuesday that India has bucked the global trend and is showing a sustained improvement in containing the Covid-19 outbreak but warned that the country must keep its guard up.

A healthcare worker, wearing protective gear, collects swab sample for Covid-19 test, in New Delhi on Tuesday.

India recorded 26,382 new cases of the coronavirus disease (Covid-19) in the last 24 hours, according to Union health ministry update on Wednesday. With this, the nationwide tally reached 99,32,547.

The number of active cases, which have been steadily falling, stood at 3,32,002, the health ministry update at 8 am showed. And 94,56,449 patients have been cured or discharged from the hospitals.

The country also recorded 387 fresh fatalities due to Covid-19, which took the nationwide death toll to 1,44,096.

India's daily case trajectory is at its lowest level in five months. On Monday, India recorded 22,022 new Covid-19 cases. This is the lowest number of new infections reported across the country since July 2, when the country saw 21,853 daily cases.

The numbers are also receding in every major hotspot region in the country, according to analysis of data done by Hindustan Times. In India's worst-hit state, Maharashtra, the seven-day average of daily cases has dropped nearly 82 per cent from the peak of 22,149 seen on September 17.

Senior government officials said on Tuesday that India has bucked the global trend and is showing a sustained improvement in containing the Covid-19 outbreak. But at the same time, they warned that trends in other countries are also a strong reminder of how the situation can quickly go out of control even if one peak is contained.

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“Active cases have declined from over 10 lakh in mid-September to fewer than four lakh at present... India’s cumulative fatality rate has also come down to 6.37%, and if you take into account the last week, it is 3%,” said Union health secretary Rajesh Bhushan.

According to Bhushan, preparations are underway to prepare local officials to receive and administer vaccines, a process that is likely to cover close to 300 million people by the middle of next year.

### **New cases below 30,000 for third straight day (The Indian Express: 20201216)**

<https://indianexpress.com/article/explained/coronavirus-numbers-explained-december-16-india-cases-deaths-prediction-7106853/>

India's coronavirus cases numbers: Of the nearly 10 million people infected with Covid-19 so far, just about 3.3 lakh are currently sick. The active cases were previously at this level in the first half of July.

India’s coronavirus cases, numbers: Tuesday was the third straight day that detection of new cases of coronavirus infections remained within 30,000. Not since the middle of July, when India’s daily tally was still to touch 30,000, has this happened. Incidentally, the total number of infections in the country at that time were yet to cross one million. Now, that number is poised to reach ten million in a couple of days.

If current trends continue, by the end of this month, not more than 20,000 cases are likely to get detected every day.

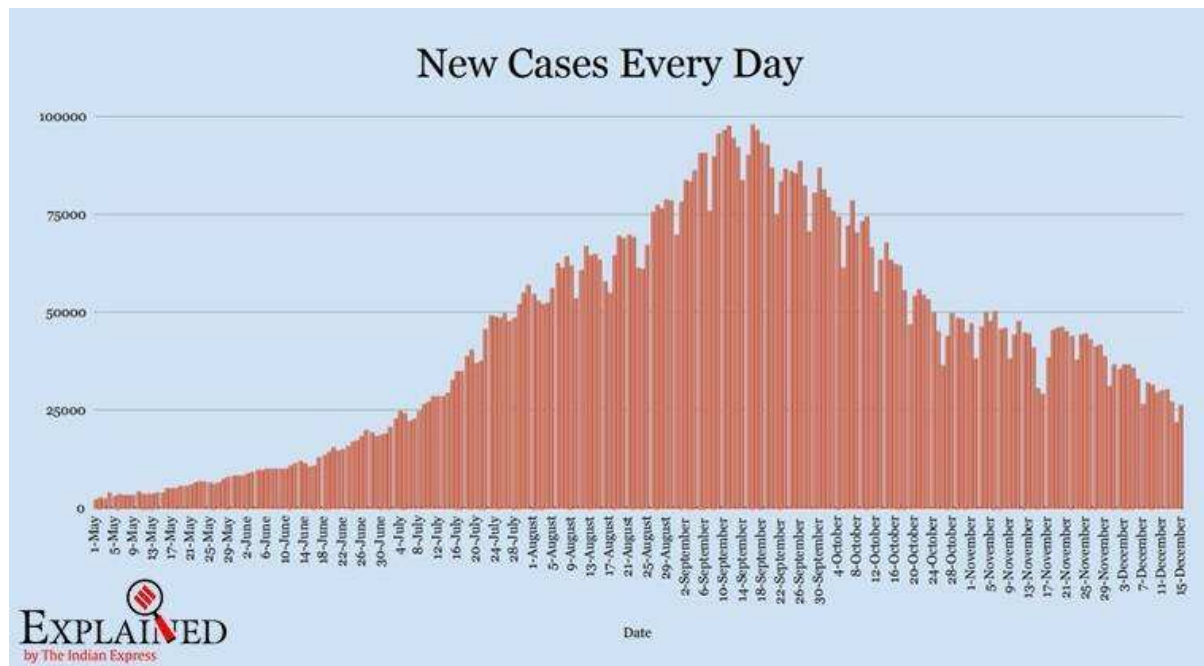
“That is what our mathematical model is predicting. The numbers being predicted by the model right now are in close alignment with what is being reported every day. And, going further, the model shows that the daily detection of new cases should come down to about 20,000 by the end of December,” said Manindra Agarwal, a professor at IIT Kanpur, who was part of a government-appointed team that developed a mathematical model to map the trajectory of the disease in India.

This model was the first one to predict, in late October, that the disease in India had already peaked, and that the downhill journey had begun. At that time, the daily new detections had already fallen between 50,000 and 60,000, after having scaled the peak of about 98,000 in the middle of October. The numbers have continued to fall steadily after that as well.

“This is only a mathematical model. It takes in data coming in from various states to predict future pathways based on certain assumptions. As with any other mathematical model, this

too has its limitations. For example, it cannot tell us the reason why the decline might be happening. But over the last few months, the predictions of this model have been in remarkable agreement with the ground realities, even during the festival season, or the elections in Bihar, when we would intuitively expect the infections to spread very fast. This gives us the confidence to believe in the trajectory being predicted by the model for the end of this month as well,” Agarwal said.

At the time of announcing the results of the model in October, the committee had said that the disease was likely to run its course in India by the end of February next year.



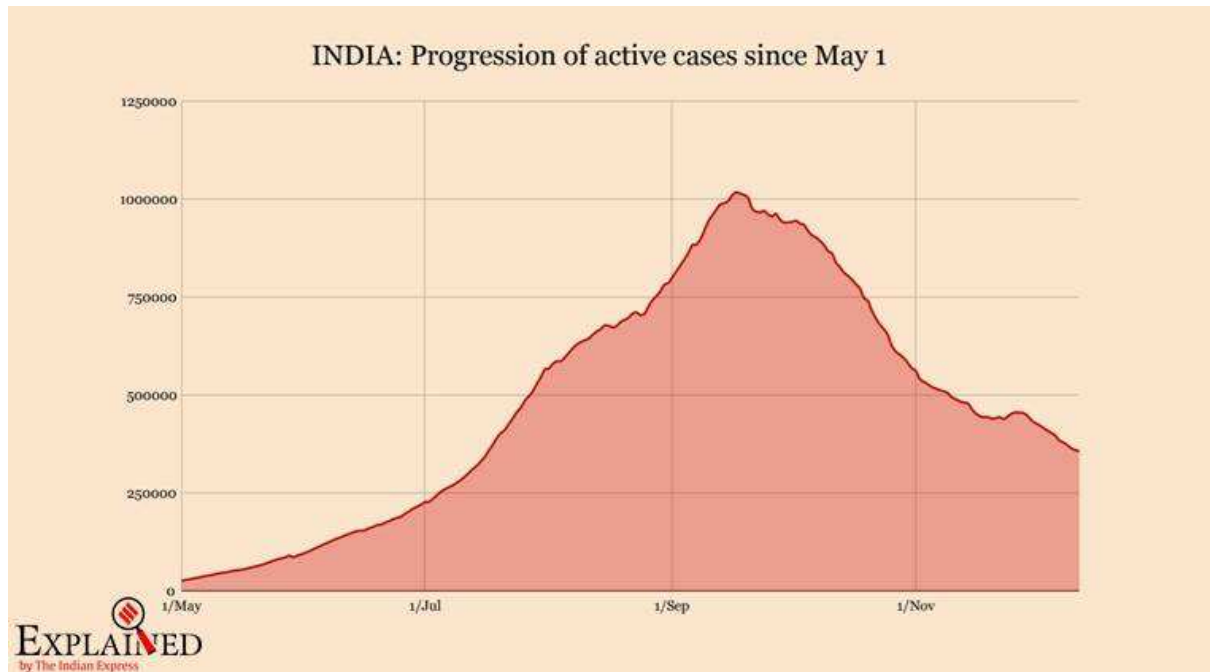
But Shahid Jameel, a virologist and director of Trivedi School of Biosciences at the Ashoka University, says that would be too optimistic.

“Even if we believe that the downhill journey is now irreversible, it will take some time before the epidemic is over. The rate of decline is always slower than the rate of ascent. Already, you would notice that we have been spending much longer time in the 30,000s and 40,000s (cases a day) while coming down, than we had spent while going up. And even if we believe that the decline itself is irreversible, there would be small surges on the way, like the one we had towards the end of November,” Jameel said.

“The important thing is, and I never get tired of repeating this, is that the disease is not yet over. And that, we must not abandon taking precautions. This is because of several reasons. Even if we say that a vast majority of population has already been infected, and thus some community level protection has kicked in, something for which we have no evidence right now, we still don’t know how long the immunity gained from natural infection lasts. The same would apply in the case of vaccinations also. We don’t know how long the immunity gained from vaccines would last. Also, the best vaccines are only 95 per cent effective, and that is only in controlled testing conditions. In real life situations, the effectiveness would be

slightly low. It is therefore in our own interests to continue wearing masks and follow the usual rules of physical distancing,” he said.

Out of the nearly ten million people who have been infected with the virus till now, just about 3.3 lakh are currently sick. The active cases were previously at this level in the first half of July when less than one million total infections had been recorded.



Almost every state has been reporting a steady drop in active cases. Only a few smaller states have reported a marginal rise in active cases in the last one week. Even Kerala, which continues to report more than 5,000 new cases a day, has been seeing a decline in its active cases.

The number of deaths have also been coming down. For four consecutive days now, less than 400 deaths have been reported from across the country. At its peak, Maharashtra alone used to report more than 500 deaths a day.

# TOP TEN STATES WITH MAXIMUM CASELOAD



STATE	TOTAL POSITIVE	NEW CASES	TOTAL RECOVERIES	DEATHS
Maharashtra	1,886,807	3,442	1,766,010	49,441
Karnataka	903,425	1,185	875,796	11,984
Andhra Pradesh	876,336	500	864,612	7,064
Tamil Nadu	801,161	1,132	779,291	11,919
Kerala	677,255	5,218	616,666	2,788
Delhi	610,447	1,617	585,852	10,115
Uttar Pradesh	568,064	1,336	541,579	8,103
West Bengal	525,918	2,289	496,110	9,145
Odisha	324,389	300	319,850	1,868
Rajasthan	293,584	1,045	275,506	2,568

Andhra Pradesh, which at one time had been finding more than 10,000 new cases a day, has seen its daily numbers come down to below 1,000 for several days now. Karnataka and Tamil Nadu, which had also been in a situation similar to that of Andhra Pradesh, are now reporting between 1,000 and 1,500 cases a day. Delhi, which has experienced three different periods of surge in numbers, is also in a declining phase now.

**हर बुखार नहीं है कोरोना, संक्रमण से मत घबराएं; जांच और सही इलाज कराएं (Dainik Jagran: 20201216)**

<https://www.jagran.com/delhi/new-delhi-city-coronavirus-safety-tips-do-not-worry-about-infection-get-tested-and-treated-jagran-special-21171396.html>

बुखार का नाम आते ही वे घबरा जाते हैं कि कहीं उन्हें कोरोना संक्रमण तो नहीं हो गया है।

दिल्ली के सीनियर फिजीशियन डॉ. रमन कुमार ने बताया कि बुखार आना इस बात का संकेत है कि हमारा शरीर किसी संक्रमण से लड़ रहा है। इस मौसम में यदि बुखार आ रहा है तो इसे कोरोना संक्रमण का ही लक्षण मानकर घबराने के बजाय चिकित्सक से ले सलाह...

नई दिल्ली, जेएनएन। मौसम बदलने के साथ ही मौसमी बीमारियों के प्रसार में भी तेजी आ जाती है। इन दिनों कोरोना संक्रमण के साथ ही बुखार, खांसी और जुकाम से काफी संख्या में लोग पीड़ित हो रहे हैं। बहुत कम लोग ऐसे होंगे जिन्हें पिछले कच्छ समय में बुखार न आया हो। बुखार आना हमारे स्वास्थ्य से जुड़ी सबसे सामान्य समस्याओं में से एक है, लेकिन पिछले दस महीनों से कोविड-19 महामारी ने लोगों को इतना डरा दिया है कि बुखार का नाम आते ही वे घबरा जाते हैं कि कहीं उन्हें कोरोना संक्रमण तो नहीं हो गया है।

यह ठीक है कि बुखार आना कोविड-19 का एक लक्षण है, लेकिन शरीर का तापमान बढ़ने की केवल यही वजह नहीं है। इसके कई कारण हैं, जिससे शरीर का तापमान सामान्य से अधिक हो सकता है। इसमें इम्युनिटी का कमजोर होना, अधिक श्रम करना, मौसम में बदलाव और कोई अन्य संक्रमण हो सकता है। इन दिनों कोरोना संक्रमण के अतिरिक्त अन्य वायरस भी सक्रिय हैं और मौसम भी तेजी से बदल रहा है, जो बुखार का कारण बन रहा है। कुछ मामलों में कैंसरग्रस्त ट्यूमर के पनपने, ऑटो इम्यून डिजीज, किसी दवा या टीके का साइड इफेक्ट, फूड प्वाइजनिंग और ब्लड क्लॉटिंग भी बुखार का कारण बनता है। इसलिए यदि बुखार की समस्या है तो उसे कोरोना का संक्रमण मानकर छिपाने या डरने के बजाय चिकित्सक की सलाह पर सही उपचार लेने में ही समझदारी है।



# दवाओं के दुष्प्रभाव का अध्ययन शुरू

नई दिल्ली | वरिष्ठ संवाददाता

दिल्ली के लोकनायक अस्पताल के डॉक्टरों ने कोरोना वायरस से संक्रमित मरीजों पर अलग-अलग दवाओं के दुष्प्रभावों का अध्ययन शुरू किया है। इस समय कई तरह की दवाएं उपचार के जरिए दी जा रही हैं, लेकिन इनमें से कुछ दवाओं के दुष्प्रभाव भी देखने को मिल रहे हैं। इन्हीं दुष्प्रभावों की जानकारी एकत्रित करने के लिए लोकनायक अस्पताल ने एक चिकित्सीय अध्ययन करने का फैसला लिया है।

लोकनायक अस्पताल ने एक हजार से भी अधिक संक्रमित मरीजों में दवाओं के दुष्प्रभाव जानने के लिए अध्ययन शुरू किया है। इसमें आइवरमेक्टिन से

## कनॉट प्लेस में कोविड जांच 16 और 17 को

नई दिल्ली ट्रेडर्स एसोसिएशन और जिला प्रशासन की ओर कनॉट प्लेस के मिडिल सर्कल एम-2 में 16 व 17 दिसंबर को कोविड जांच शिविर लगाया जाएगा। सुबह साढ़े दस से शाम पांच बजे तक चलने वाले इस शिविर के दौरान दुकानदार और उनके यहां काम करने वाले कर्मचारी मुफ्त में जांच करा सकेंगे। इसको लेकर विभाग की तरफ से तैयारी पूरी कर ली गई है।

लेकर सुखियों में रही दवा हाइड्रोक्सी क्लोरोक्वीन तक शामिल है। डॉक्टरों का कहना है कि कुछ मरीजों में दुष्प्रभाव ज्यादा देखने को मिल रहे हैं, जबकि कुछ में पता ही नहीं चल पा रहा है। ऐसे में दवाओं के दुष्प्रभावों को लेकर विस्तृत जानकारी एकत्रित करना बेहद जरूरी है। इस अध्ययन में संक्रमित

मरीजों के साथ-साथ अस्पताल से डिस्चार्ज होने के बाद पोस्ट कोविड दुष्प्रभाव झेलने वालों को भी शामिल किया जाएगा। डॉक्टरों का कहना है कि कई बार मरीजों में अस्पताल से छुट्टी लेने के बाद दुष्प्रभाव दिखाई देते हैं। जबकि कुछ में शुरुआती दिनों में ही पता चल जाता है।



## हड्डियों की सेहत

सर्दियों के मौसम में हड्डियों को इन 5 तरीकों से रखें स्वस्थ और मज़बूत (Dainik Jagran: 20201216)

<https://www.jagran.com/lifestyle/health-bone-health-care-5-ways-to-keep-bones-healthy-and-strong-in-winter-21169849.html>

ठंड के मौसम में लोग फिज़िकल एक्टिविटी गर्मियों के मुकाबले कम करने लगते हैं। जिससे हड्डी अकड़ने के साथ कमज़ोर हो जाती है। ऐसे में विटामिन-डी हड्डियों की सेहत के लिए लाभदायक हो सकता है।

नई दिल्ली, लाइफ़ स्टाइल डेस्क। Bone Health Care: सर्दियों के दौरान हड्डियों से जुड़ी दिक्कतों में अचानक वृद्धि हुई, जो विभिन्न कारणों से हो सकती हैं। का एक परिणाम है। ठंड के मौसम में लोग फिज़िकल एक्टिविटी गर्मियों के मुकाबले कम करते हैं। जिससे हड्डी अकड़ने के साथ कमज़ोर हो जाती है। ऐसे में विटामिन-डी हड्डियों की सेहत के लिए लाभदायक हो सकता है। सर्दियों के मौसम में सूरज कम ही निकलता है, जिसकी वजह से लोगों के शरीर में विटामिन-डी की कमी हो जाती है। जिससे हड्डी कमज़ोर होनी शुरू हो जाती है।

सर्दियों में कैसे रखें हड्डियों को मज़बूत

वर्कआउट: शरीर को फिज़िकली एक्टिव रखने से हड्डियां कमज़ोर नहीं पड़ती और लचीली भी रहती हैं। वर्कआउट से हड्डियों में मज़बूती आती है और वे सेहतमंद रहती हैं। यहां तक कि सर्दियों में भी रोज़ाना वर्कआउट करना चाहिए।

पेट की बीमारियों को दूर करने का बेहतरीन इलाज है अजवाइन।

संतुलित डाइट: हड्डियों की सेहत बनाए रखने के लिए ज़रूरी है कि आप खाने के ज़रिए अहम पोषक तत्वों को ज़रूर लें। विटामिन-डी और कैल्शियम दो ऐसे पोषक तत्व हैं, जो हड्डियों को मज़बूती देते हैं। खाने में ऐसी चीज़ें खाएं जो विटामिन-डी, कैल्शियम, प्रोटीन, विटामिन-सी, प्री-बायोटिक और विटामिन-के से भरपूर हों।

पॉशचर का रखें ध्यान: लॉकडाउन की वजह से ज़्यादातर लोग घर से काम कर रहे हैं। जिसकी वजह से एक ही जगह पर लंबे समय तक बैठे रहने से शरीर अकड़ जाता है। इस दौरान अपनी पीठ और हड्डियों को सही पॉशचर में रखने से हड्डी की सेहत अच्छी रहती है।

कैफीन का सेवन करें कम: कैफीन का सेवन शरीर द्वारा कैल्शियम के अवशोषण में बाधा पैदा कर सकता है। यह आगे शरीर में अपर्याप्त कैल्शियम के कारण हड्डियों को कमज़ोर करता है। कैफीन का सेवन कम कर दें या फिर अपनी कॉफी में दूध का उपयोग भी करें।

धूम्रपान छोड़ें: स्मोक करने से हड्डियां नाज़ुक हो जाती हैं, जिसकी वजह से ऑस्टियोपोरोसिस जैसी बीमारी होने की संभावना बढ़ जाती है। इसलिए हड्डियों की मज़बूती के लिए स्मोकिंग छोड़ दें।

ब्लड प्रेशर को कंट्रोल करने के लिए दवा के साथ डाइट भी जरूरी है।

इन सभी टिप्स को फॉलो करने से आपको सर्दियों में हड्डियों से जुड़ी दिक्कतें नहीं होंगी और वे सेहतमंद रहेंगी। इसके अलावा ऐसा कोई काम न करें जिससे हड्डियों को नुकसान पहुंचे और आखिर में खूब पानी पिएं।

## **Pollution**

**Why everyone per cent counts, writes Sunita Narain (Hindustan Times: 20201216)**

<https://www.hindustantimes.com/analysis/pollution-why-every-one-per-cent-counts-writes-sunita-narain/story-kPYxgWkBuT89SpLz1sTU3I.html>

The source of pollution here is local. Action has to be taken through local agencies. And it has to be systemic

The sources of pollution here include construction and road dust, garbage-burning in vacant areas, and industries that spew pollutants from their stacks or congestion points for traffic.

Now that the stubble-burning period is over, but air is still polluted and toxic over vast parts of the country, we need to talk about what needs to be done.

Three kinds of actions are essential — steps against episodic pollution events like stubble-burning; steps against local sources of pollution, which aggravate the problem; and more transformational action that will bring long-term benefits. All three levels of pollution management are critical. And all sources of pollution need to be addressed.

I say this because all contributors to pollution say that they are only one per cent of the problem. So if steps are taken to control diesel from vehicles, car owners will say they are one per cent; when power plants are asked to clean up or shut down, they say they are one per cent.

Or when industry is told that the coal that they burn is contributing to the toxic air in the region, they will cry foul and say, what about action against garbage-burning? So, the net result is to point fingers at some other source, away from the action that needs to be taken.

This is also the favourite ploy of governments — Centre to state, agency to agency. Pass the buck and make the problem go away.

But it won't. Every winter, we will continue to choke and hurt. Every winter, when the weather turns adverse and pollutants settle close to the ground, even the steps taken in the past few years to reduce pollution will get negated. This is because the sources of pollution will continue to grow — the vehicles on the road will increase; they will get older with each passing year and so more polluting; the numbers of industries will increase.

Let us deal with each source. The first is episodic stubble-burning, which starts around October 15, when winter is settling in and the wind turns to bring pollutants from fires to cities of the region, including Delhi.

Steps are needed from now till next October to ensure that machines for stubble management are available in every village; that small and marginal farmers get free access to these and that farmers have evidence of the benefits to turn the crop residue back into the land and not to burn it.

In addition, there are exciting efforts underway to use the stubble to make compressed natural gas or for power generation. These need to be tracked, prodded, pushed and implemented. What is needed is deliberate steps and careful monitoring — month after month.

What is also clear is that post this stubble-fire period, the quality of air in Delhi and the surrounding region remains foul. It ranges between very poor and severe, depending on what meteorologists call the ventilation index — which determines dispersion of pollutants — and wind speed.

According to the National air quality index (AQI), exposure to “poor” levels of air is unhealthy and gets more severe as exposure is prolonged and air quality deteriorates into very unhealthy and hazardous.

To fix this, in the short-term, each pollution hotspot needs to be managed. Currently, there are some 13 hotspots in the region — identified as those with the highest air pollution levels.

The sources of pollution here include construction and road dust, garbage-burning in vacant areas, and industries that spew pollutants from their stacks or congestion points for traffic.

The source of pollution here is local. Action has to be taken through local agencies. And it has to be systemic.

The reason is that garbage removed one day; or a road paved one day, is then filled again with waste or dug up again. This is where we need maximum governance for maximum gain.

But all this will not be enough — it will be like putting out small fires in a blazing forest. We need action at speed and scale. The key is to tackle the problem of coal-burning in the region — in power plants and in literally thousands of industrial units scattered across the legal and illegal parts of Delhi and the region.

Delhi's ban on the use of coal is good. But industries have then moved either to illegal and unauthorised areas in the city or to surrounding states. Here they continue to use coal, for it is the cheapest fuel, as against natural gas, which is doubly and triply taxed so it is unaffordable.

We need a second gas revolution in the region — compressed natural gas (CNG) for vehicles brought us the first-generation change. We now need a fuel-switch in all sources for clean air.

This includes using clean electricity for powering industry and vehicles. But remember, if the power plant is dirty, then electric vehicles will only mean that we shift the problem from us to them. The airshed is one, so the pollutants will come back to our lungs.

This is why air pollution is a great equaliser, and we are all in it together. Every one per cent counts.

## **Covid Vaccine**

**One in four people globally may not get Covid-19 vaccines until 2022 (Hindustan Times: 20201216)**

<https://www.hindustantimes.com/health/one-in-four-people-globally-may-not-get-covid-19-vaccines-until-2022/story-QO0DOA89XqlbpS2lrXBziP.html>

Nearly one in four people may not get Covid-19 vaccines until at least 2022 because rich countries with less than 15% of the global population have reserved 51% of the doses of the most promising vaccines.

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Nearly one in four people may not get Covid-19 vaccines until at least 2022 because rich countries with less than 15% of the global population have reserved 51% of the doses of the most promising vaccines, researchers said on Tuesday.

Low- and middle-income countries - home to more than 85% of the world's population - would have to share the remainder, said researchers from the Johns Hopkins Bloomberg School of Public Health in the United States.

An effective response to the pandemic requires high-income countries "to share in an equitable distribution of Covid-19 vaccines across the world", they wrote.

"The uncertainty over global access to Covid-19 vaccines traces not only to ongoing clinical testing, but also from the failure of governments and vaccine manufacturers to be more transparent and accountable over these arrangements," they added.

As of November 15, high-income nations had pre-ordered nearly 7.5 billion doses of vaccines from 13 manufacturers, the paper said.

This included Japan, Australia and Canada who collectively have more than 1 billion doses but accounted for less than 1% of current novel coronavirus cases, it said.

Even if leading manufacturers' vaccines reach their projected maximum production capacity, nearly 25% of the world's population may not get the vaccines for another year or more, according to the paper.

The People's Vaccine Alliance coalition last week said pharmaceutical companies should openly share their technology and intellectual property through the World Health Organisation (WHO) so that more doses can be manufactured.

The John Hopkins researchers said WHO's COVAX Facility could play a key role in ensuring fairer access to approved vaccines but it has only secured 500 million doses, far below its target of delivering at least 2 billion doses by the end of 2021.

Launched in April, the global pact aims to pool funds from wealthier countries and nonprofits to accelerate the development and manufacture of Covid-19 vaccines and distribute them equitably around the world.

It has so far secured half of the funding it needs and the United States and Russia - key players in vaccine development and manufacture - have not joined, the Johns Hopkins study said.

## **Diet/ Nutrition**

### **Eating an avocado daily keeps gut healthy: Study (Hindustan Times: 20201216)**

<https://www.hindustantimes.com/health/eating-an-avocado-daily-keeps-gut-healthy-study/story-qJt5EMs2pW0P4X2bjqurN.html>

Consumer and environmental sciences has revealed that including avocado in your daily diet can help improve gut health.

A study at the University of Illinois College of Agriculture, consumer and environmental sciences has revealed that including avocado in your daily diet can help improve gut health.

Avocados are a healthy food that is rich in dietary fibre and monounsaturated fat which impacts the microbes in the gastrointestinal system or 'gut'.

Sharon Thompson, a graduate student in the Division of Nutritional Sciences at U of I and lead author on the paper, published in the Journal of Nutrition said, "We know eating avocados helps you feel full and reduces blood cholesterol concentration, but we did not know how it influences the gut microbes, and the metabolites the microbes produce."

The researchers found that people who ate avocado every day as part of a meal had a greater abundance of gut microbes that break down fibre and produce metabolites that support gut health. They also had greater microbial diversity compared to people who did not receive the avocado meals, says the study.

Thompson told, "Avocado consumption reduced bile acids and increased short-chain fatty acids. These changes correlate with beneficial health outcomes."



The study included 163 adults between 25 and 45 years of age with overweight or obesity - defined as a BMI of at least 25 kg/m<sup>2</sup> - but otherwise healthy. They received one meal per day to consume as a replacement for either breakfast, lunch, or dinner. One group consumed an avocado with each meal, while the control group consumed a similar meal but without the avocado. The participants provided blood, urine, and faecal samples throughout the 12-week study. They also reported how much of the provided meals they consumed, and every four weeks recorded everything they ate.

While other research on avocado consumption has focused on weight loss, participants in this study were not advised to restrict or change what they ate. Instead, they consumed their normal diets with the exception of replacing one meal per day with the meal the researchers provided.

The purpose of this study was to explore the effects of avocado consumption on the gastrointestinal microbiota. Assistant professor of nutrition in the Department of Food Science and Human Nutrition at U of I and senior author of the study said, "Our goal was to test the hypothesis that the fats and the fibre in avocados positively affect the gut microbiota. We also wanted to explore the relationships between gut microbes and health outcomes."

The researchers found that while the avocado group consumed slightly more calories than the control group, slightly more fat was excreted in their stool.

"Greater fat excretion means the research participants were absorbing less energy from the foods that they were eating. This was likely because of reductions in bile acids, which are molecules our digestion system secretes that allow us to absorb fat. We found that the number of bile acids in stool was lower and the amount of fat in the stool was higher in the avocado group," Holscher explains.

Different types of fats have differential effects on the microbiome. The fats in avocados are monounsaturated, which are heart-healthy fats.

A medium avocado provides around 12 grams of fibre, which goes a long way toward meeting the recommended amount of 28 to 34 grams of fibre per day, says study.

Eating fibre isn't just good for us; it's important for the microbiome, too, Holscher stated. "We can't break down dietary fibres, but certain gut microbes can. When we consume dietary fibre, it's a win-win for gut microbes and for us."

Holscher's research lab specializes in dietary modulation of the microbiome and its connections to health. "Just like we think about heart-healthy meals, we need to also be thinking about gut healthy meals and how to feed the microbiota," she explained.

Avocado being an energy-dense food also, is nutrient-dense, and it contains important micronutrients that Americans don't eat enough of, like potassium and fibre.

"It's just a really nicely packaged fruit that contains nutrients that are important for health. Our work shows we can add benefits to gut health to that list," Holscher added.

## High Blood Pressure

**People on dialysis are more prone to high blood pressure (The Indian Express: 20201216)**

<https://indianexpress.com/article/lifestyle/health/did-you-know-people-on-dialysis-are-more-prone-to-high-blood-pressure-7103512/>

People who are on dialysis need blood pressure medicines to ensure their blood pressure remains under control

The problem of high blood pressure has become more common now than ever before. Typically, blood pressure is a measurement of the force of blood against your artery walls. A person's blood pressure is measured using two numbers: the systolic, in which your heart pumps blood around the body, and the diastolic, when your heart is at rest. In normal conditions, a person's blood pressure should be 130/80 mmHg, explains Dr Neeru P Aggarwal, Director & HOD, Dept of Nephrology and Renal Transplant Medicine, Max Vaishali (NephroPlus Dialysis Unit).

She tells indianexpress.com that people on dialysis are more prone to high blood pressure, also known as hypertension. "There are several patients who are on end-stage renal disease and are maintained on Hemodialysis. These people, too, are at a greater risk of hypertension, and this could be probably because of impaired baroreflex function. Blood pressure and chronic hypertension contribute significantly to the high incidence of cardiovascular disease and the markedly reduced lifespan of Hemodialysis patients."

What causes high blood pressure?

Dr Aggarwal explains that fluid balance and blood pressure go together, and when there is an excess amount of fluid in the body, water is pushed from your blood system into the surrounding tissues. This is observed more in patients with chronic kidney disease and dialysis patients who pass a reduced amount of urine. "Excess fluid can cause high blood pressure as well as swelling in the ankles and legs. Sometimes it can reach up to your lung in which a patient might experience problems while breathing," she says.

The solution

People who are on dialysis will need blood pressure medicines to ensure their blood pressure remains under control. This, generally, is taken on days when a patient is not going for dialysis. And since blood pressure medicines work in different ways and sometimes the same medicines cannot be used forever, one should consult their doctor to ensure they are consuming the right medication, the doctor says.

“As we are aware, blood pressure is caused by too much fluid in the body, and reducing the dry weight can help a patient on dialysis. In certain cases, some patients may even have to stop blood pressure medication and have normal blood pressure when they reach their true dry weight.”

There are many other ways in which one can improve their blood pressure:

- \* Stick to your fluid allowance (how much fluid you can drink in 24 hours).
- \* Reduce salt intake in your diet.
- \* Exercise within your capabilities. Any form of physical exercise that is good for a person’s overall health and blood pressure.
- \* If you are diabetic, keep your blood glucose under control.
- \* Ensure your medications are taken as prescribed.

## **Mental Health**

### **How to protect mental health (Medical News Today: 20201216)**

<https://www.medicalnewstoday.com/articles/christmas-2020-how-to-protect-mental-health#The-take-home>

For most people, Christmas will be very different this year. In this article, we provide 5 basic tips to help bolster our mental health during and after the 2020 holiday season.

Christmas is traditionally a time to share food and frolics with our nearest and dearest. For most of us, this is unlikely to be the case this year. With travel restrictions and quarantines in place, we will need to adjust.

Although the pandemic has affected everyone in different ways, there seems to be little doubt that the average mental health of the population in the United States has declined.

At a time when family and friends are normally the closest, this year, they will be farther away. Looking after our mental health in a proactive way is more important than ever as we enter the holiday season.

Stay informed with live updates on the current COVID-19 outbreak and visit our coronavirus hub for more advice on prevention and treatment.

In this Special Feature, we will look at ways to fend off the seemingly inevitable blues of a physically distant Christmas. Even without a pandemic to deal with, the holiday season brings stresses and strains, so with the added pressures this year has presented to us, we need to focus.

Right from the get-go, it is important to make it clear that nothing we provide below can fill the void or heal the anxiety that COVID-19 has produced. Perhaps, though, it might nudge the needle in the right direction. Sometimes, small steps, taken together, can produce significant benefits.

Before we dive in, here is something to bring to the forefront of your mind as often as possible over the coming days and weeks:

Each day, scientists are learning more about how SARS-CoV-2 works, and vaccines are being rolled out. Yes, 2020 has been challenging, but, with medical research in our armory, we will defeat COVID-19.

## 1. Sleep

No article on maintaining mental health would be complete without mentioning sleep. We do not give it the space that it needs in our modern, neon-lit world. We all need to do better.

Losing sleep interferes with our mood. This is intuitive, but it is also backed by research. For instance, one study concludes, “Sleep loss amplifies the negative emotive effects of disruptive events while reducing the positive effect of goal-enhancing events.”

In other words, if we do not sleep enough, we are more likely to feel negative when things go wrong, and we are less likely to feel good when they go well.

Similarly, another study found that “individuals become more impulsive and experience less positive affect after a period of short sleep.” Once again, reduced sleep duration appears to dampen mood.

At a time when the mood of the nation is at a low ebb, sleeping a little extra might be a relatively simple way to tip the scales in our favor. For advice on getting better sleep, [click here](#).

It is worth noting, though, that the relationship between sleep and mental health is complex and two-way — mental health issues can impact sleep quality, and a lack of sleep can damage mental health.

## 2. Keep active

As with sleep, any article that aims to boost mental health has to include exercise. As the temperature drops, forcing ourselves outside can become increasingly challenging. Scientists have shown that physical activity can boost mood both in the short and long term.

A review published in 2019, for instance, found a relationship between cardiorespiratory fitness and the risk of common mental health disorders. Similarly, a 2018 meta-analysis concluded that “[a]vailable evidence supports the notion that physical activity can confer protection against the emergence of depression.”

Importantly, we do not need to run a 4-minute mile to gain mental benefits from exercise. A study from 2000 found that short, 10–15-minute walks boosted mood and increased calmness.

So even if it is something simple, such as dancing in your kitchen or walking your dog for a little bit longer, it all counts.

It is true that neither exercise nor sleep can replace a hug from a friend or relative, but if our mood is momentarily boosted or our overall average mood is upped, it might help us manage disappointment better and reframe this difficult year.

### 3. Addressing loneliness

For many people, loneliness has already been a significant feature of 2020. Reflecting on friends and family during the Christmas period is likely to intensify those feelings of isolation.

To combat this, make an effort to make contact. Whether it is a simple phone call or a video chat, schedule some conversations in. Remember, you are not the only one feeling lonely. If it is safe and permissible in your area, meet up with a friend somewhere outside and take a walk.

Check in with others — emails, texts, and social media can be useful in times like this. Rather than doomscrolling, send a “How are you?” to someone you miss. They likely miss you, too.

Stay occupied. Empty time can move slowly. Find a new podcast, listen to new or old songs, pick up that guitar, start drawing again, learn a new skill, or anything else. An occupied and engaged mind is less likely to dwell on the loneliness.

A recent study found that people who get involved in an enjoyable task and enter a state of flow fared better during lockdowns and quarantines. The authors write:

“Participants who reported greater flow also reported more positive emotion, less severe depressive symptoms, less loneliness, more healthy behaviors, and fewer unhealthy behaviors.”

### 4. Eat and drink well

Christmas is associated in no small part with overindulgence. I don’t think it would be fair or reasonable to expect people, in 2020 of all years, to reduce their turkey intake.

With that said, there is growing evidence that what we eat impacts our mood. For instance, a recent review that appears in *BMJ* concludes:

“Healthy eating patterns, such as the Mediterranean diet, are associated with better mental health than ‘unhealthy’ eating patterns, such as the Western diet.”

With this in mind, ensuring that we eat well in the lead-up to and the days following Christmas could help us keep a steady mind.

## 5. Align expectations

Not everyone is on the same page when it comes to the pandemic. Some people might still be shielding, while others might have succumbed to “pandemic fatigue” and be returning to normal prematurely. Others still might use terms such as “scamdemic” and refuse to wear a mask.

Some family members might be pushing for a family meal, like the long distant days of 2019. Others, sensibly, might be visualizing a Zoom-based meal plan.

These differences in position have the potential to cause disappointment and additional stress. It is important to have clear and frank discussions with family members about what they can expect this year.

Remember, with any luck, next Christmas will see a return to some form of normality. Hopefully, we will only have to endure this unusual and uncomfortable Christmas once. If you are not comfortable with someone’s proposed plan, say “no.” And stick to your guns.

With spikes in case numbers across much of the U.S., the most sensible option is to limit human contact as much as possible.

Although laws, rules, and regulations vary between regions, when it comes down to it, each individual has to make their own decision about how they act within the law. To protect your own mental health, make your own decision and do not allow yourself to be railroaded into doing something that you consider to be too risky.

The safest way to enjoy Christmas this year, unfortunately, is to do it virtually.

## The take-home

Individually, the tips outlined above cannot replace the good times we expect from Christmas. However, if we make more of an effort to eat right, sleep right, and move around, the cumulative effect might be enough to enjoy some benefit.

Remember, we are on the home straight. Reach out and talk to friends and family if you are feeling low. The odds are they are feeling low, too. Never be afraid to talk about your emotions. No one is having the holiday season they expected.

As many people struggle during this time, it might be hard to see an end in sight. If you are contemplating self-harm or if you know someone who is, we have a list of excellent resources here. We are in this together, and it will end.



## Women Health

### The unspoken impact on female well-being (Medical News Today: 20201216)

<https://www.medicalnewstoday.com/articles/long-covid-and-periods-the-unspoken-impact-on-female-well-being#Doctors-perspectives>

Many people with long COVID — who keep experiencing COVID-19 symptoms months after the disease should have subsided — have been pointing out that it has also affected their menstrual cycles. Medical News Today wanted to find out more.

Over the past few months, an increasing number of people worldwide say that after developing COVID-19, they are experiencing a prolonged state of ill health that people now refer to as long COVID.

People with long COVID often experience symptoms, such as fever, fatigue, or headaches, on and off for months after the initial disease should have subsided.

Existing evidence indicates that COVID-19 symptoms should disappear around 2 weeks after the onset of symptoms.

Stay informed with live updates on the current COVID-19 outbreak and visit our coronavirus hub for more advice on prevention and treatment.

The reasons why so many people continue to experience disruptive symptoms remains unclear. However, researchers and medical doctors are now starting to look into possible mechanisms and the best ways to support individuals with long COVID.

Most recently, on social media and dedicated support groups, many people with long COVID have spoken about how this prolonged state of illness has affected their menstrual cycles, further impacting their quality of life.

Medical News Today spoke to six people with long COVID who have been experiencing disruptive changes to their menstrual cycles to find out more.\*

MNT have also sought the opinions of two medical experts. One is Dr. Linda Fan, assistant professor of Obstetrics, Gynecology and Reproductive Sciences and the section chief of Gynecology and the Director of Gynecologic Quality and Safety at Yale School of Medicine in New Haven, CT.

The other is Dr. Valinda Nwadike, a board-certified obstetrician-gynecologist based in the United States.

Irregular periods, clots, symptom flare-ups

Most of the people we spoke to told us that ever since they contracted COVID-19, they have been experiencing irregular periods, unusual clotting of their period blood, or worsened premenstrual syndrome (PMS).

However, while everyone we spoke to had experienced some changes to their menstrual cycle, the form of these disruptions varied.

One contributor, Rose, reported getting irregular periods since she developed COVID-19, months previously.

“I noticed that my menstrual cycles changed immediately when I became ill [with COVID-19],” Rose told MNT.

“Two weeks into my COVID-19 battle, I was supposed to get my period, and nothing came. I figured to myself, ‘I must be really sick. It will come next month.’ But nothing came the next month, either. Eight months later, and I’ve only had five periods.”

– Rose

Julia, who is in her mid-40s, developed COVID-19 symptoms in March but had no access to a test. She believes she had long COVID, which has interfered with her menstrual cycle.

“In May, I skipped a whole month’s cycle of having a period. In June and then July, it returned, but [it was] very erratic, lasting a lot longer and stopping and starting,” she explained.

Several people told us that they were worried about an unusual amount of clots in their menstrual discharge or about unusually large clots in the blood.

Bianca, a woman in her late 40s, told us that she only started to experience these changes to her menstrual cycle sometime after the initial illness.

“I didn’t notice anything different during the initial onslaught of COVID. It wasn’t until 3 months later [...] when some symptoms came back that I noticed a change. I noticed an increase in clots — but quite a bit.”

Louise had a similar experience. “My cycles,” she told us, “have been more irregular — [going from] 24 to 28 days. The first 3 months, I had big clots that were very alarming for me, and I had to take a photo, and I sent it to the [family doctor] who said [that] this is normal.”

Yet, she added, “I know for sure it isn’t normal [for me].” Louise also noticed an increase in the severity of her long COVID symptoms around the time that she would get her period: “A week before my period I would relapse and [also become] more breathless.”

Edith also reported irregular periods and increases in the severity of long COVID symptoms around the time her period is due.

“[My periods] have changed in frequency, duration, flow, intensity, and pain level. I also experience COVID symptom flare-ups before my period starts, which is rather confusing because my periods are unpredictable,” she told MNT.

“I will experience extreme, debilitating fatigue, horrible muscle aches that completely lock my body down — and only when I get my period do I realize that that’s why my body felt that way.”

– Edith

Edith also specified that her doctors diagnosed perimenopause in her case. However, she remains unconvinced by this assessment because of the peculiar timing of these changes to her menstrual cycle.

“[M]y perimenopause status has been attributed to the issues I’ve had with my periods post-COVID, which I don’t feel is at all accurate,” she explained.

Finally, Jean, who has been taking birth control pills for many years, worries because her periods are returning — even though she continues to take contraceptive medication.

She told us that she associates this change with the fact that she is experiencing long COVID. Like Bianca and Louise, she also started noticing unusual clots in her menstrual discharge.

“I have been taking birth control pills for 10 years. During this period, I [did] not get my periods. At ‘worst,’ I [used to have] spotting once a year. Since getting ill, I have been consistently getting my monthly periods, getting shorter periods, getting a ton of clots (more than I’ve gotten in my life combined).”

– Jean

How this has affected quality of life

Most of the contributors told MNT that, alongside other symptoms of long COVID, the changes to their menstrual cycles have affected how they can live their lives.

For instance, Jean explained that: “The reason I started birth control was due to incredibly painful periods and other debilitating PMS symptoms. Now, these are back, though not as bad as prior to taking the birth control. I am already housebound due to other symptoms.”

“One other thing is [that] my major issues, [and] emergency [hospital] visits, seem to all coincide with my cycle,” she added.

Louise reported that the changes to her period have “affected me mentally because I worried about clots and complications, but I have been OK.” However, “[t]he [long COVID] relapses have been mentally draining,” she said.

Edith told us about the significant emotional impact of these changes: “I feel like I have PMS all the time. COVID has [also] made me more sensitive emotionally, and I am aware of emotional ups and downs that I’m having now that I didn’t have before.”

Rose experienced a debilitating array of symptoms just before getting her period:

“[In] the days leading up to my period, my eczema would worsen, my breathing would start to get more difficult, my POTS [postural orthostatic tachycardia syndrome] would act up, I would get a migraine with aura, my fingertips would have sharp pains, my joints would start hurting, and my right leg would start tingling.”

Julia believes that the blood loss that she associates with her much heavier and unpredictable periods likely contributed to the development of anemia.

“[These changes were] an additional worry at the time, with all the other post-COVID symptoms, as it felt my body was shutting down,” she told MNT.

For Bianca, the changes she noticed in her menstrual cycle triggered worries about reported links between COVID-19 and cardiovascular complications.

“It made me pay attention to the advice related to the increased risk of heart attack and stroke for people suffering from post-COVID symptoms,” she said. “I started taking a daily low dose aspirin,” low doses of which can reportedly help prevent stroke in females.

Lack of medical support an issue

All of the contributors who responded to MNT’s queries said they had received little to no support from doctors when they sought help for long COVID symptoms, including disrupted periods.

Jean said that she received few explanations and even less support when she expressed her worries regarding her menstrual cycle.

“With regard to my period, my [gynecologist] just says it’s due to the stress that my body is going through due to this illness, while all other healthcare professionals do not care, since having periods is normal (they don’t put it into a context that I haven’t had periods for the past 10 years).”

– Jean

Bianca said she was much less successful in receiving expert care. “I have seen my doctor, but not just [about] the period change, but for overall post-COVID help, and [they were] unable to help me. [Her doctor] immediately dismissed any COVID relationship [regarding the impact on menstruation],” she told us.

This dismissal led Bianca to worry about other possible reasons for the changes, such as breast cancer. She underwent a costly mammogram, which revealed she was cancer-free.

According to Bianca, her doctor rejected her worries about COVID-19 because she had been unable to take a test to confirm infection with SARS-CoV-2, the virus that causes this disease.

“I had COVID-19 in April, and [my doctor’s] own hospital said I did not qualify for COVID testing then because I had not been out of the country or near anyone who had been. And then they said I had symptoms consistent with COVID-19 and had [to isolate] for 2 weeks,” she recounted.

Because of the resistance she encountered from healthcare practitioners, Bianca told MNT that she is doing her own research into long COVID and self-medicating, which, she admits, can be dangerous.

“It was frustrating, and then my doctor is questioning if I even had [COVID-19]. Walking her through to helping me with post-COVID symptoms seemed impossible, so I literally gave up and feel alone in trying to read everything I can to help myself. It’s dangerous because I have hypertension, and I have no idea how much [of] whatever I take is going to conflict with my meds or pressure.”

– Bianca

“I understand that doctors and everyone are just learning about [COVID], but when you are dealing with it for months and months, and you experience what I did, you feel as if they are gaslighting you — as if they want to put you in a box that they are more comfortable dealing with because they don’t want to admit they don’t know,” she told MNT.

Her symptoms, as well as the process of seeking and not receiving appropriate health support, have taken their toll on Bianca: “There is trauma related to this, and I would rather get a referral to a doctor who is willing to admit what they don’t know [how to help].”

Like Louise, others confessed that they do not have enough confidence in the health system even to attempt to seek support for their disrupted periods or other symptoms of long COVID.

“I didn’t dare to discuss more [of] my issues with [my family doctor] as they always dismiss [them],” she told us.

A few have been luckier in their pursuit of specialist care. Rose told MNT that she was “able to receive some care after a fair amount of trial and error.”

Rose also explained that because she had not tested positive for COVID-19, she came across a lot of resistance from doctors, which, like Bianca, she described as gaslighting.

“I have finally found a team of doctors who believe me,” she told us, “but we’re still all learning about how long COVID affects the body. For my menstrual cycles, I recently found an endocrinologist I like who is monitoring my progress and contemplating testing my estrogen levels as a next step.”

A stringent need for resources

Almost none of the contributors who were in touch with MNT had access to any specialized resources through their healthcare providers.

They confessed to navigating long COVID on their own, with informal support from dedicated online groups set up by people in similar situations, such as the Body Politic support group.

Some of them have been researching treatments and coping strategies online, turning to Reddit forums and YouTube videos discussing potentially helpful medication for people with long COVID.

Jean told MNT that she wishes there was more interest from researchers and medical professionals concerning long COVID, in general, but also specifically concerning menstrual cycles:

“In general, medical [...] advice is lacking for the entire COVID illness, [and more so] with regard to periods. I’ve been told [that it is due to] ‘stress and anxiety’ by the majority of doctors for every symptom. I’ve worked in the medical device field in women’s health, so I’m very aware of these issues — the gender bias is ingrained in medicine, and add [COVID] to that... I’ve been through lots of stress in certain periods of my life and have never had any of these symptoms.”

Rose wished that there were more ways of finding out whether a person has had COVID-19 besides antibody tests — blood tests that show if a person has recently had a SARS-CoV-2 infection by screening for the presence of antibodies generated in reaction to this virus.

“[N]ot everyone who tests positive for the nasal swab ends up testing positive for antibodies. If I had a way to show doctors I definitely fought [COVID-19], I wouldn’t be dismissed, told I have anxiety, etc., as much as I am now,” she told us.

“I regret not going to the hospital when I became ill and getting a PCR test [a test that detects the presence of a virus in the system] because currently, I’m lost in the system with nobody fighting for me but myself,” she added.

A common thread for most of the people who spoke to MNT about their experiences was that they wished they had access to more specialized resources and expert care.

“I wish I had access to doctors who specialize in post-SARS and long-term illness. I wish my doctor got it and was a source of understanding and was willing to learn about this with me instead of trying to gaslight me into her comfort zone. I wish there was more research and understanding for those of us the health system wouldn’t let test for COVID but who are holding the lack of a positive test as a barrier. I wish they would remember us when the COVID vaccine is available.”

– Bianca

Bianca, Edith, and Julia all expressed a wish that their doctors would believe them and that they could access expert knowledge about the long-term impact of COVID-19.



For instance, Edith told us that “[a]ccess to doctors and or women’s health experts about their research or insights about menstruation and COVID-19” would have been most helpful for her.

### Doctors’ perspectives

It remains unclear why menstrual cycles might be affected during and after COVID-19.

However, based on their experiences of how viral infections can unexpectedly impact periods, our medical experts have offered some possible explanations.

Dr. Fan emphasized that: “Stress itself is well-known to cause menstrual irregularities by disrupting the hypothalamic-pituitary-ovarian axis (essentially the hormonal system that the brain uses to speak to the ovaries).”

“We see this in [people who] experience other chronic diseases, life-stressors, anxiety and or PTSD [post-traumatic stress disorder],” she added.

Dr. Fan hypothesized that the new coronavirus could affect female reproductive organs.

“The published information on the effects of SARS-CoV-2 is fairly sparse. However, there is some biologic plausibility that the virus could attack ovarian function directly based on some of the effects of the virus on other organs,” she told MNT.

“[S]mall studies out of China this year have revealed that 25% of people with COVID have menstrual changes. These appear to return to baseline after the person recovers, and there is nothing to indicate changes in fertility,” Dr. Fan went on to say.

According to one study published in Reproductive BioMedicine Online in September, of 177 individuals with COVID-19 with menstrual records, 45 (25%) reported changes in the volume of menstrual blood, and 50 (28%) saw various changes to their menstrual cycles, such as lighter bleeding or longer-lasting periods.

The study participants were part of a cohort of people with COVID-19 who had received care at Tongji Hospital in Shanghai, China.

Dr. Nwadike told MNT that, based on anecdotal evidence, changes to the menstrual cycle might depend “on the length and severity of illness” in people who have had COVID-19.

“Some patients experience heavier cycles, and others have lighter volume. Comorbidities [coexisting conditions] affect the cycle volume as well. But what has been consistent is a return to normal cycles as their COVID symptoms improve. This is probably related to ovarian hormone suppression.”

– Dr. Valinda Nwadike

Dr. Fan wanted to reassure us that “[w]hile it can be disconcerting, one or two delayed or changed periods should not cause too much anxiety in the setting of COVID-19 infection.”

Nevertheless, she encouraged those who may be experiencing period changes due to COVID-19 to speak with their doctors and receive additional tests if necessary.

“It’s appropriate to let your [doctor] know that you’ve had some menstrual irregularity. They may wish to perform other tests, such as a blood count to check for anemia, possible pregnancy, or thyroid function,” Dr. Fan said.

If the bleeding is heavier than usual or lasts longer than you feel comfortable with, hormonal treatment options may be available. But knowledge is power, in this case. I think just knowing that it is an expected side effect is reassuring,” she added.

When MNT asked how a person with menstrual changes related to COVID-19 might best advocate for their health needs, Dr. Fan advised persistence and keeping a detailed record of these changes.

“If it is worsening, asking for a telehealth visit with your [obstetrician-gynecologist] or family [doctor] is a good place to start. Having your menstrual history on hand through a tracking app is a great idea,” she suggested.

Those who are navigating the effects of long COVID and its impact on periods without help from medical experts are calling for more insights into the possible consequences of this disease on the body and better overall care and specialist support.

“We need recognition, we need medical help, we need research, we need financial assistance in paying for our medical needs, and we need to feel as if the medical community remembers us and is there for us. We need to be acknowledged. There are thousands of us all over the world. We are exhausted, and we cannot do this alone forever.”

– Bianca