

WORRIED ABOUT WELL-BEING? ASK OUR EXPERTS



MISSING FOOD: Skipping meals can cause low blood sugar, leading to fatigue, dizziness, headaches, and irritability



Ask the doctor questions were answered by **Andrew Sekitoleko**, a clinical nutritionist at Platinum Hospital in Kampala; and **Dr. Joseph Muhumuza** of Roswell Women and Children's Hospital. They spoke to **Agnes Kyotalengerire**

ASK THE DOCTOR

What How does missing meals affect my health?

What causes babies to be born with small ears?

Q Dear Doctor, My two-year-old son has got small ears, and people, including my family members, often say he has Down Syndrome. Recently, I took him for a medical check-up, and the doctors confirmed that he did not have Down syndrome. The ears of his siblings look normal. What causes babies to be born with small ears?

Worried Anita, from Kampala

Dear Anita, Babies can be born with small ears for several reasons, and most of them are harmless. Importantly, having small ears does not automatically mean a child has Down syndrome, and since doctors have confirmed that your son does not have Down syndrome, that is very reassuring. Medical assessment is far more reliable than public

opinion. Possible reasons for small ears in babies stem from normal genetic variation. Just like height, nose shape, or eye size, ear size varies naturally from child to child. Some children simply inherit smaller ears, even if siblings have larger ones. Not all siblings look alike.

Sometimes, a child may be born with slightly smaller or differently shaped ears due to minor differences during early pregnancy when the ears are forming. These differences often have no effect on health, hearing, or development.

Besides, there may be familial traits, even skipping generations, where a child may inherit features from extended family members such as grandparents, uncles, or distant relatives other than parents or siblings.

Ears continue to grow as a child grows. At two years old, your son's ears may still look small compared to his head, but they often become more proportionate as he gets older.

However, you should watch for normal hearing (responding to sounds and voices), normal speech and developmental milestones, and normal growth and activity for his age. If these are on track, there is usually no cause for concern.

Q Dear doctor, I am 87kg and I have decided to skip meals as a strategy to lose weight. However, recently a friend told me that missing meals is not healthy. How does missing meals affect my health?

Anxious Molly

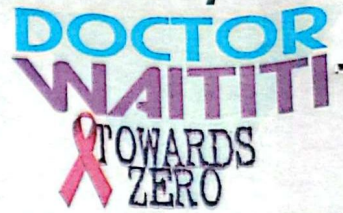
Dear Molly Skipping meals can cause low blood sugar, leading to fatigue, dizziness, headaches, and irritability. Overeating later: Additionally, skipping meals often leads to intense hunger, making you more likely to overeat or choose unhealthy foods later in the day. Such unhealthy eating habits may result in weight gain.

Besides, irregular eating patterns can disrupt your body's natural energy balance. In some people, especially women, frequent meal skipping can affect hormones and menstrual cycles.

Instead of missing meals, I advise you to eat in moderation and also avoid fatty and sugary foods that can result in weight gain.

Is fungal meningitis caused by HIV?

Q Dear doctor, I have just lost an aunt who has been living with HIV for a long time and was on ARVs but unfortunately, she stopped taking the medicine but we did not know. We were told she died from fungal meningitis. Is fungal meningitis also caused by HIV?
Henry



Dear Henry, Fungal meningitis, also known as cryptococcal meningitis is caused by a fungus known as cryptococcus neoformans not HIV. However, there is a relationship between the two, because cryptococcal meningitis is one of the serious opportunistic infections that attack people living with HIV who have what is known as advanced HIV disease (AHD). A person living with HIV is said to have AHD when he or she has a CD4 count below 200 cells/ml of blood. CD4 cells are a type of white blood cells that are part of the immune system, which protects the body from infections. When people living with HIV are not on ARVs, stop taking them or they take the medicine with poor adherence, then their viral load, which is normally suppressed and undetectable while on the drugs rises and their CD4 count drops. This makes them vulnerable to opportunistic infections like cryptococcal meningitis, severe bacterial infections, some cancers and TB, which is the leading cause of death among people living with HIV. That is why it is important for all

people living with HIV to know that antiretroviral therapy (ART) as treatment with ARVs is known, is treatment for life. No one should stop taking his or her ARVs because they are feeling healthy with an undetectable viral load and high CD4 count. Taking ARVs with good adherence does not only prevent AIDS related deaths, but it also prevents new HIV infections; because an undetectable viral load is untransmittable. Therefore, if we are to achieve our goal of ending HIV being a threat to public health by 2030, all people with HIV must be identified, put on ARVs and supported to take the medicine with good adherence; so that they have high CD4 counts and undetectable viral loads. Lastly, it is important for people living with HIV who are on ART to have at least one treatment supporter, a person whom they have disclosed their status to. A treatment supporter helps one by reminding him or her to take their ARVs if needed in case of challenges; such as depression, which is very common among people living with HIV or when one is experiencing stigma associated with the infection.

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