**Letter to the Editor**

**Hypothermia therapy, neuroprotection and meaningful brain recovery**

Madam, We read the recently published article "Therapeutic Hypothermia: Keeping cool inside" by Zeeshan Mahmood with great interest. We have some additional comments elaborating the clinical implications of this promising neuroprotective therapy. We agree that therapeutic hypothermia (TH) has cardioprotective effect and if initiated during extended ischaemia/early reperfusion period, it optimally protects cardiomyocytes from ischaemic insult. We would like to highlight neuroprotection as the main reason for a resurgence of interest in hypothermia treatment, which was touched on by the author but does not stand out from this article. It has been observed that even small decreases in brain or body temperature result in marked attenuation of ischaemic brain injury. One of the main indications of TH is in patients with out-of-hospital cardiac arrest as mentioned by Zeeshan Mahmood. With reference to the last sentence of his article we agree that TH helps these patients to maintain a normal lifestyle due to "healthy heart". However, the protection afforded by TH may go beyond the heart to include a neuroprotective effect and allow for meaningful brain recovery in patients who suffer from cardiac arrest, stroke, acute traumatic brain injury and neonatal asphyxia. TH is an evidence-based intervention strategy and there is a need for improved awareness and education regarding this treatment option. While clinically induced hypothermia is beneficial as a treatment to preserve neurologic function, it is not without complications (such as electrolyte and coagulation abnormalities) and these should be carefully watched in these patients.

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**References**


**Letter to the Editor**

**Correlates of unintentional and intentional injuries among grade 8 - 10 students in Jordan**

Madam, The substantial burden of disease associated with injuries is "under-recognized" globally. In United States, injuries are responsible for more deaths in adolescents than all other diseases combined and about fifteen thousand adolescents (10-19 years old) die each year as a result of injuries. In the Eastern-Mediterranean Region; injuries were responsible for over 30% of disease burden in 15-44 year old males. While medically-attended injuries in the preceding twelve-months were reported by over 40% of grade 7-8 female students in a study conducted in Islamabad.

To describe gender, considering attempting suicide in the past twelve-months, bullying experience, having felt so sad or hopeless for almost everyday for two weeks or more so as to have stopped doing usual activities in the past twelve months, number of close friends, and understanding of one's problems/worries by the parents/guardians, associated with self reported unintentional and intentional serious injuries in the past twelve months in grade 8-10 students in Jordan and its percentages; we used data from the Global School-based Student Health Survey for Jordan (GSHS-Jordan) conducted in 2004 by the Jordanian Ministry of Health. We selected all the respondents in grade 8-10, who responded to the question "During the past 12 months, how did the most serious injury happen to you?" Students responding as either not seriously-injured, I hurt myself by accident, someone hurt me by accident, I hurt myself on purpose, or someone hurt me on purpose. These five-response categories were recoded into no-serious-injury, unintentional-injuries, or intentional-injuries in the

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past twelve months. A two-stage cluster sample design was adopted for the GSHS-Jordan to produce nationally representative estimates for all students in grade 8-10. Using SUDAAN, Ordered logistic regression to identify factors associated with serious injuries among students and adjusted Odds Ratios (aOR) were computed.

The percentage of grade 8-10 students reporting no serious injury in the past twelve months was 64.94% and Standard Error (SE) was 1.66 (n=2406), while 28.30% (SE 1.39) reported unintentional injuries and 6.76% (SE 0.79) reported intentional injuries. Adjusting for other variables present in the model, students who seriously considered attempting suicide were less likely to have sustained serious injury in the past twelve months (aOR = 0.59; 95% CI: 0.42, 0.81) compared to students who did not report such consideration. Odds of having sustained serious injury were lower in male students (aOR 0.42; 95% CI: 0.34, 0.52.) compared to female. Similarly students who did not report having ever felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the preceding twelve months were also less likely to have sustained serious injury (aOR=0.56; 95% CI: 0.45, 0.70) compared to students who answered this question affirmatively. While students who were not bullied on one or more days during the past thirty days were more likely to have sustained serious injury (aOR 2.61; 95% CI: 1.78, 3.81) compared to those who did report being bullied.

However, results indicate that parent's understanding of a student's problems/worries, or the number of close friends a student has, were not statistically significant predictors of self reported serious injuries in the past twelve months.

The results demonstrate that 8-10th grade students in Jordan, were more likely to report having sustained serious unintentional as well as intentional injuries in the past twelve months, if they were not bullied in the past thirty days. Additionally being male, having seriously considered attempting suicide in the past twelve months, or students who did not report having ever felt so sad or hopeles almost every day for two weeks or more in a row that they stopped doing some usual activities in the preceding twelve months bestowed protection from having sustained serious injury in the past twelve months.

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References

Letter to the Editor

Carcinoembryonic Antigen (CEA) levels in Hookah smokers, cigarette smokers and non-smokers - A comment

Madam, I read with interest the recent article by Sajid and colleagues (J Pak Med Assoc, Dec 2007) about exposure to CEA among different types of smokers and non-smokers. The authors report in the abstract that levels of CEA were significantly higher in cigarette smokers than in non-smokers and hookah smokers and they report a p value of <0.0067. This p level according to the authors' Table 1 (page 597) belongs to the comparison between cigarette smokers and non-smokers, but not for cigarette and hookah (p=0.61), or the three groups. Yet the authors conclude in the abstract that the mean levels of CEA among waterpipe smokers are lower than cigarettes smokers (see conclusions, Abstract, page 595). In addition, levels of CEA are age-related, so the comparison between CEA levels should be adjusted for age to be valid. Given these facts, I do not think that the comparative conclusions made in the abstract about exposures associated with cigarette and hookah smoking are substantiated.

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References