



ENT Care - Why & Where? For MO

1





ENTs Treat the Simple to Severe

Did you know that nearly half of patients going to primary care offices have some sort of ENT issue?

Think about it. Almost everyone has had a stuffy nose, clogged ears, or sore throat, but ENT specialists treat a diverse range of conditions and disorders of the ears, nose, throat, head, and neck region—from simple to severe, for all persons, at all stages of life.

Medical Officers Vs ENT Specialists



COMMON ENT PROBLEMS

Children



- Earache
- Otitis Media
- Hearing Loss
- Tonsillar Hypertrophy/Adenoids
- Nasal Bleeding
- Foreign Body

Adults



- Ear Discharge
- Nasal Obstruction
- Sinusitis
- Tonsillitis
- Neck swelling
- Oral Cavity Lesions



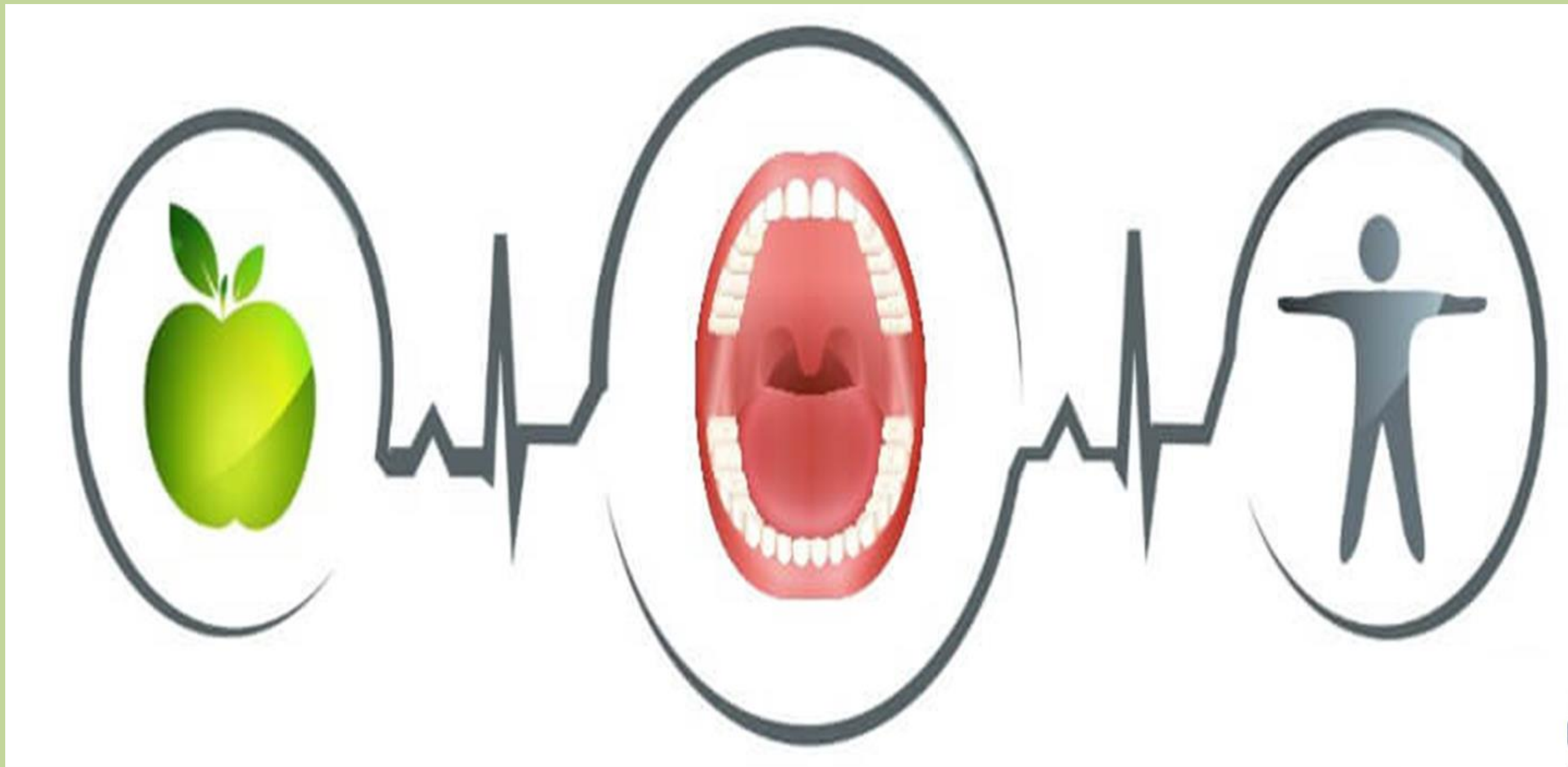
HISTORY TAKING IS KEY ALONG WITH AGE OF PATIENT

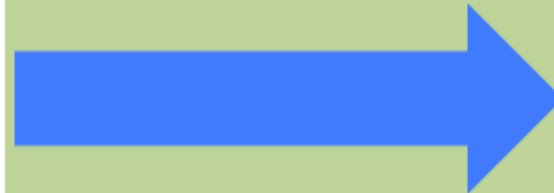
- Short Duration – Infections/Foreign Body
- Intermediate Duration – Chronic infection
- Long Duration with Progressive symptoms (Red Flag)– Tumors
- History of Tobacco Use?
- Ask about all ENT symptoms in any Patient with any one problem.
- Emergency: Excessive Bleeding, Difficulty in Breathing and noisy breathing, Foreign Body Aspirations(Button Battery)





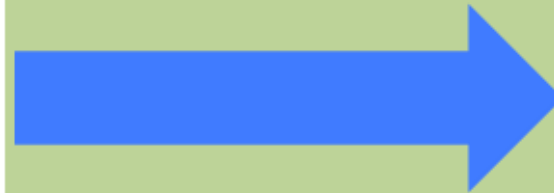
ORAL HYGIENE & SYSTEMIC HEALTH





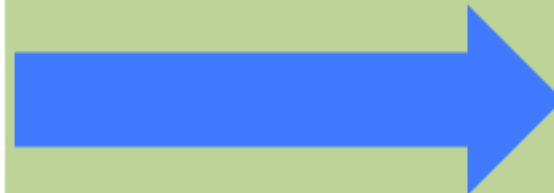
PERIODONTAL DISEASE

The Surgeon General Reports That About 80% Of Adults Have Gum Disease.



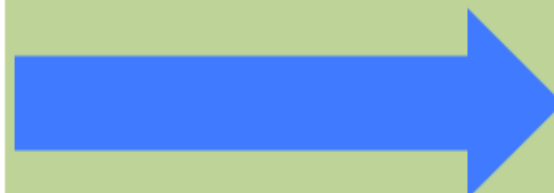
HEART DISEASE

People With Gum Disease Are 2x Likely To Die Of Heart Attack And 3x Likely To Die From Stroke

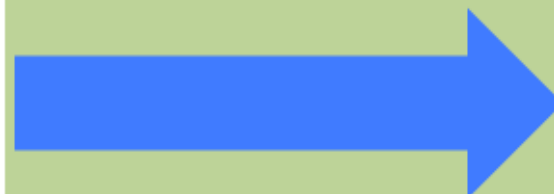


RESPIRATORY PROBLEMS

Poor Oral Hygiene Leads To Pneumonia And Respiratory Illness
Journal of American Dental Association



DIABETES AND BLEEDING GUMS Increase Your Risk Of Premature Death By 400-700%
American Academy of Systemic Health



Research has found positive correlation between **gum disease and Rheumatoid Arthritis**

American Academy of Family Physicians

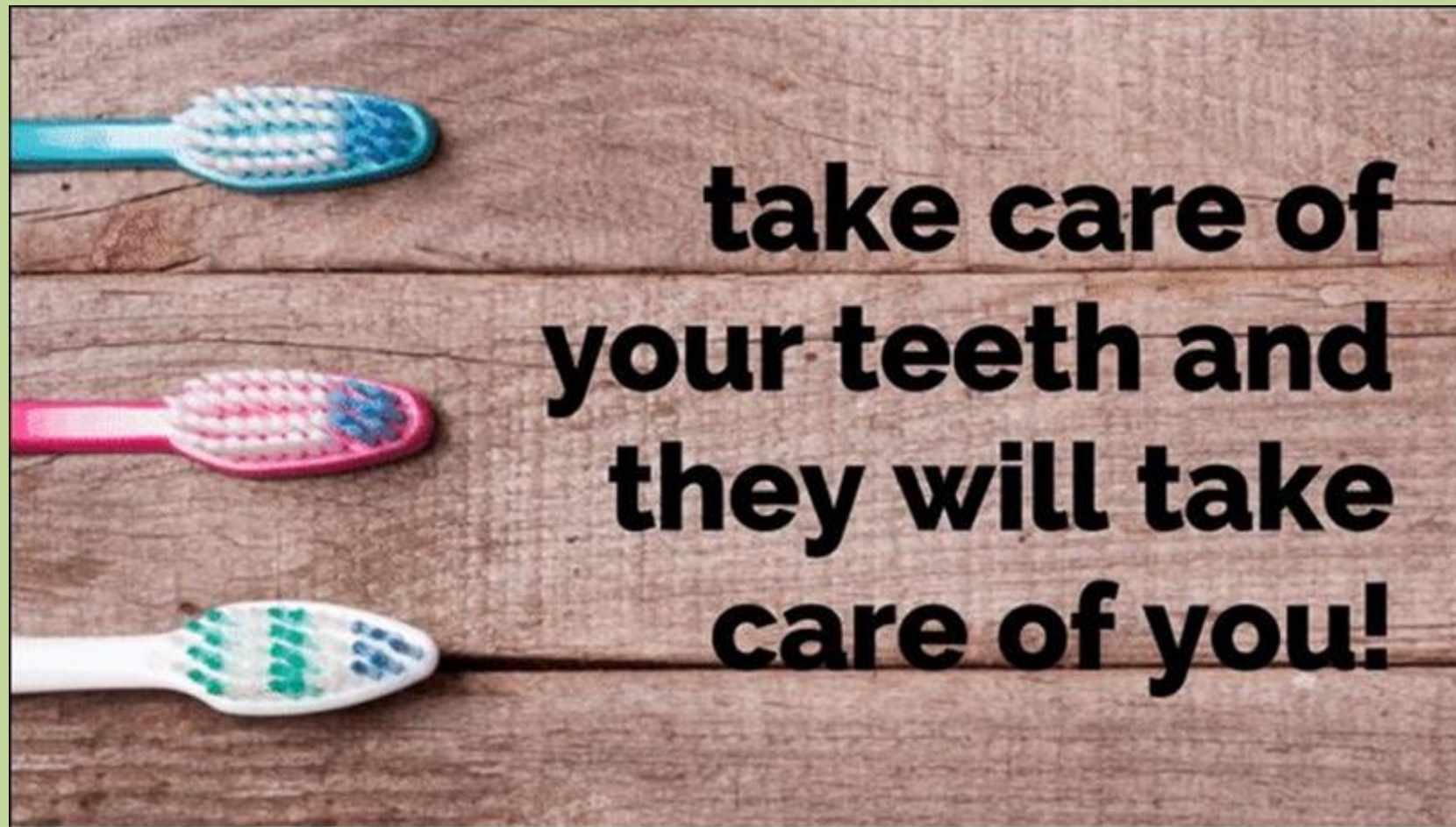


RESPIRATORY DISEASES & PERIODONTAL HEALTH



- Incidence of pneumonia can be reduced by oral hygiene measures such as chlorhexidine and povidone-iodine in all patients



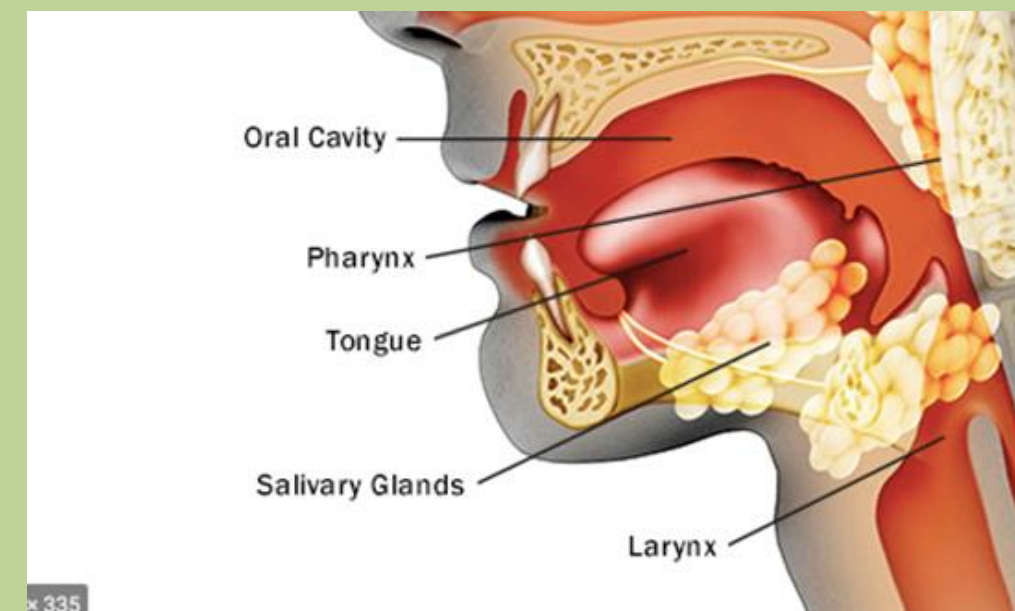




VARIOUS COMMON CONDITIONS



- An Indian study reported that prevalence of allergic rhinitis was 11.3% in children aged 6–7 years, and 24.4% in children aged 13–14 years.
- Viral tonsillitis: Most cases (up to 70 percent) of tonsillitis are caused by a virus such as cold or flu (influenza).
- Adenoid hypertrophy is common in children. Size of the adenoid increases up to the age of 6 years, then slowly atrophies and completely disappears at the age of 16 years. Adenoid hypertrophy in adults is rare.



Throat and Neck

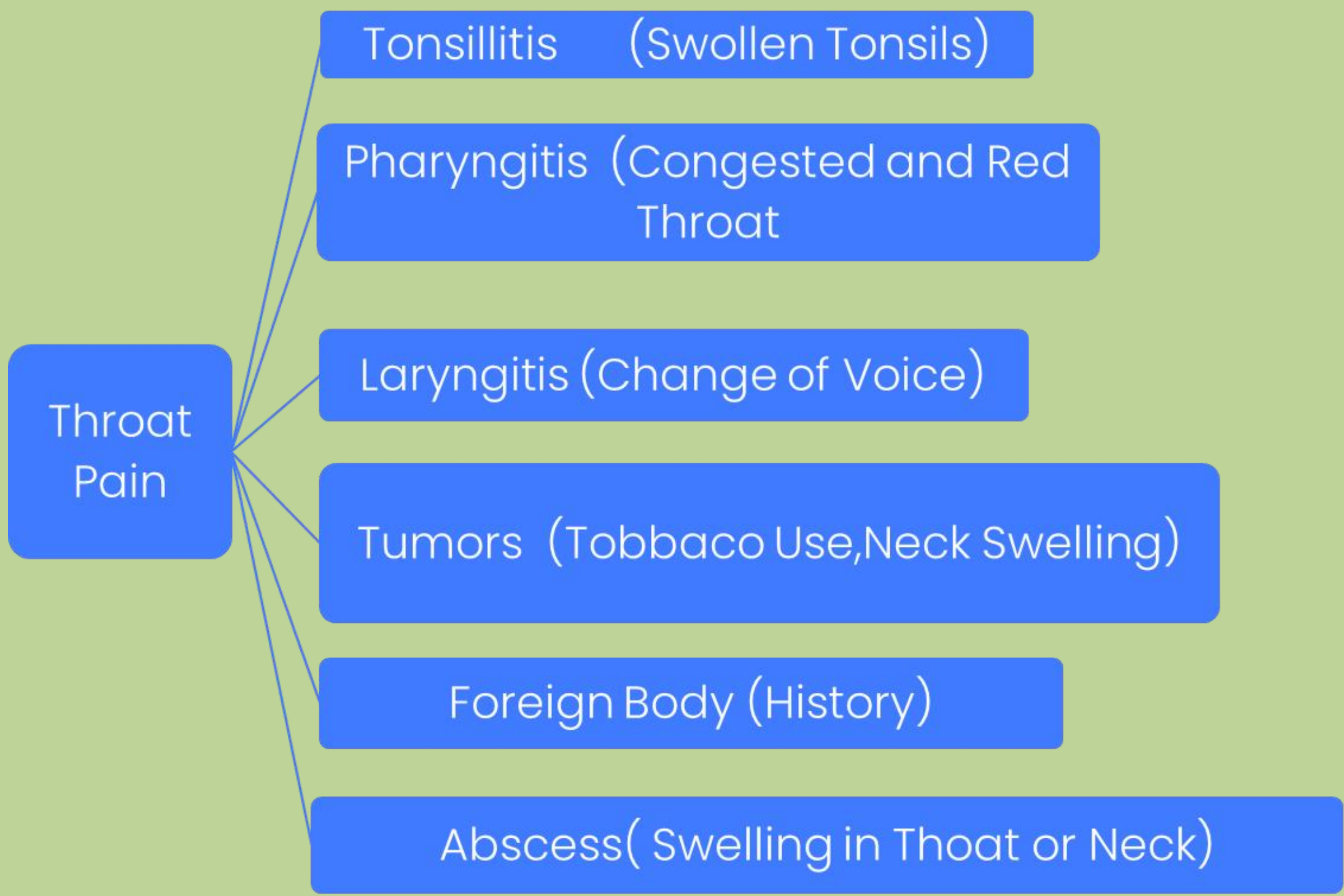
Throat Pain

Dysphagia/
Odynophagia

Change of
Voice/Difficulty in
Breathing

Neck Swelling

RED FLAGS: Absolute Dysphagia, Foreign Body Ingestion, Difficulty in Breathing with Change of Voice, Sudden Increase in Neck swelling, Hard Swelling





Dysphagia/
Odynophagia

Tonsillitis

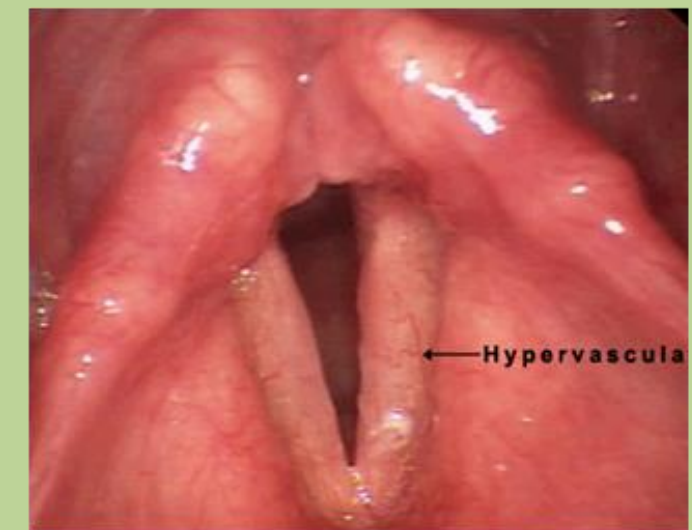
Pharyngitis

Laryngitis

Tumors

Foreign Body

Abscess





Hoarseness
of voice
/Breathing
difficulty

Infection

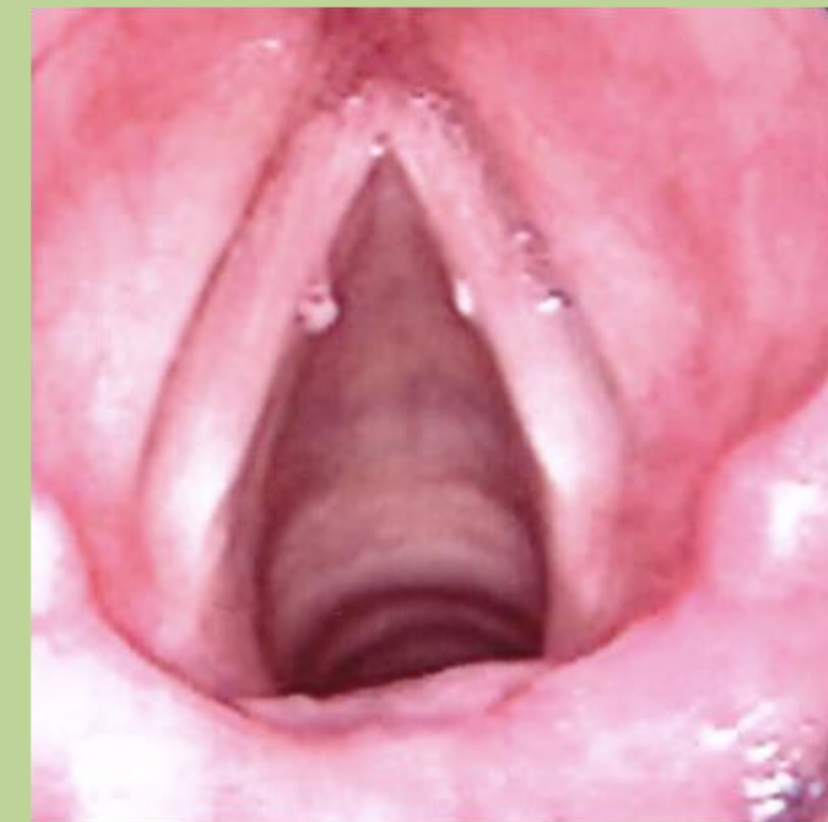
Vocal Cord
Nodules and Polyp

Laryngitis

Tumors

Foreign Body

Abscess





Neck Swelling

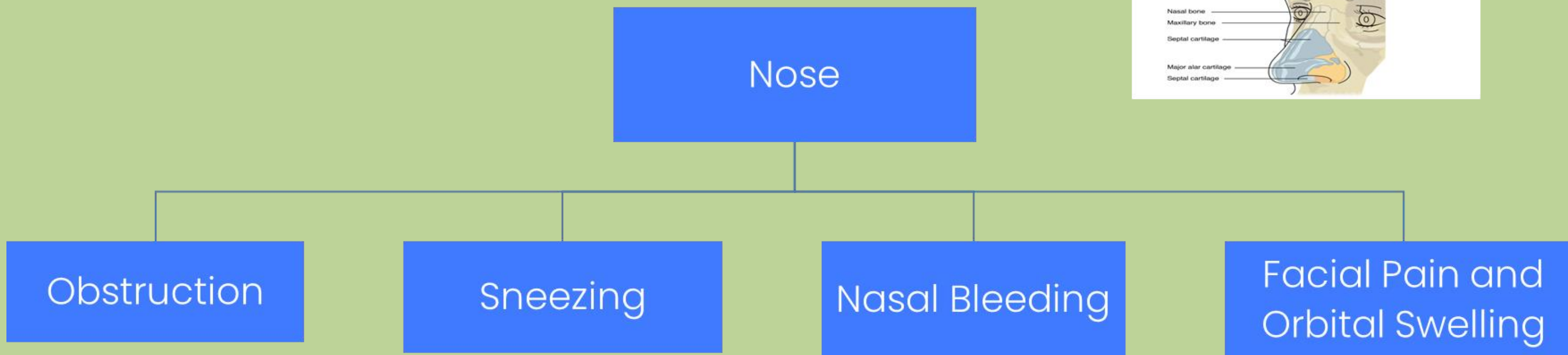
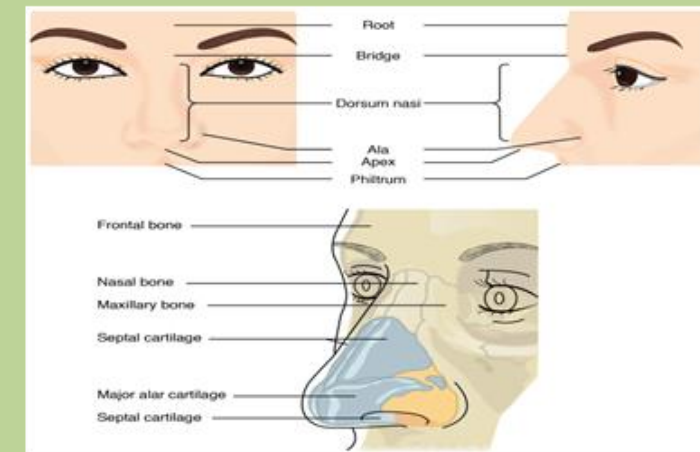
Infections

Lymph node

Submandibular Gland / Parotid Glands

Tumors





RED FLAGS: Severe Nasal Bleeding, Foreign Body Ingestion, Facial Pain not responding to Antibiotics, Headache and Eye Symptoms



Nasal Obstruction
U/L vs B/L

Deviated Nasal Septum

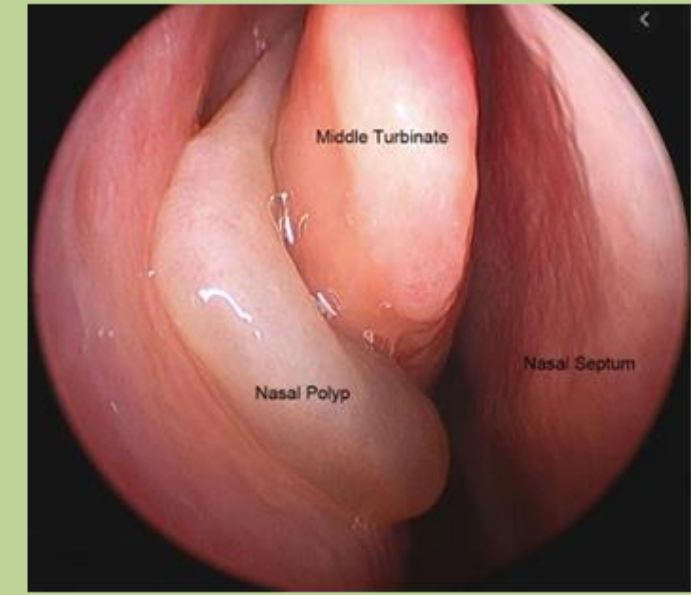
Allergic Rhinitis

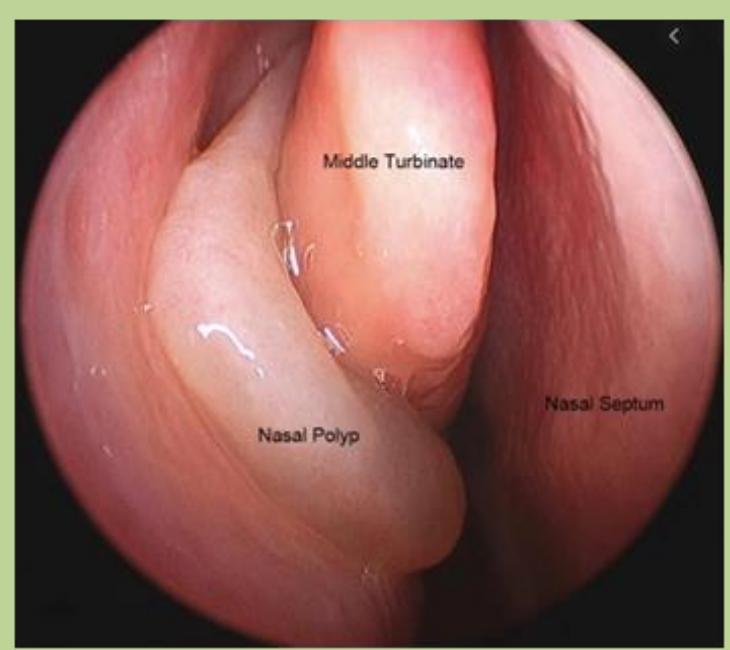
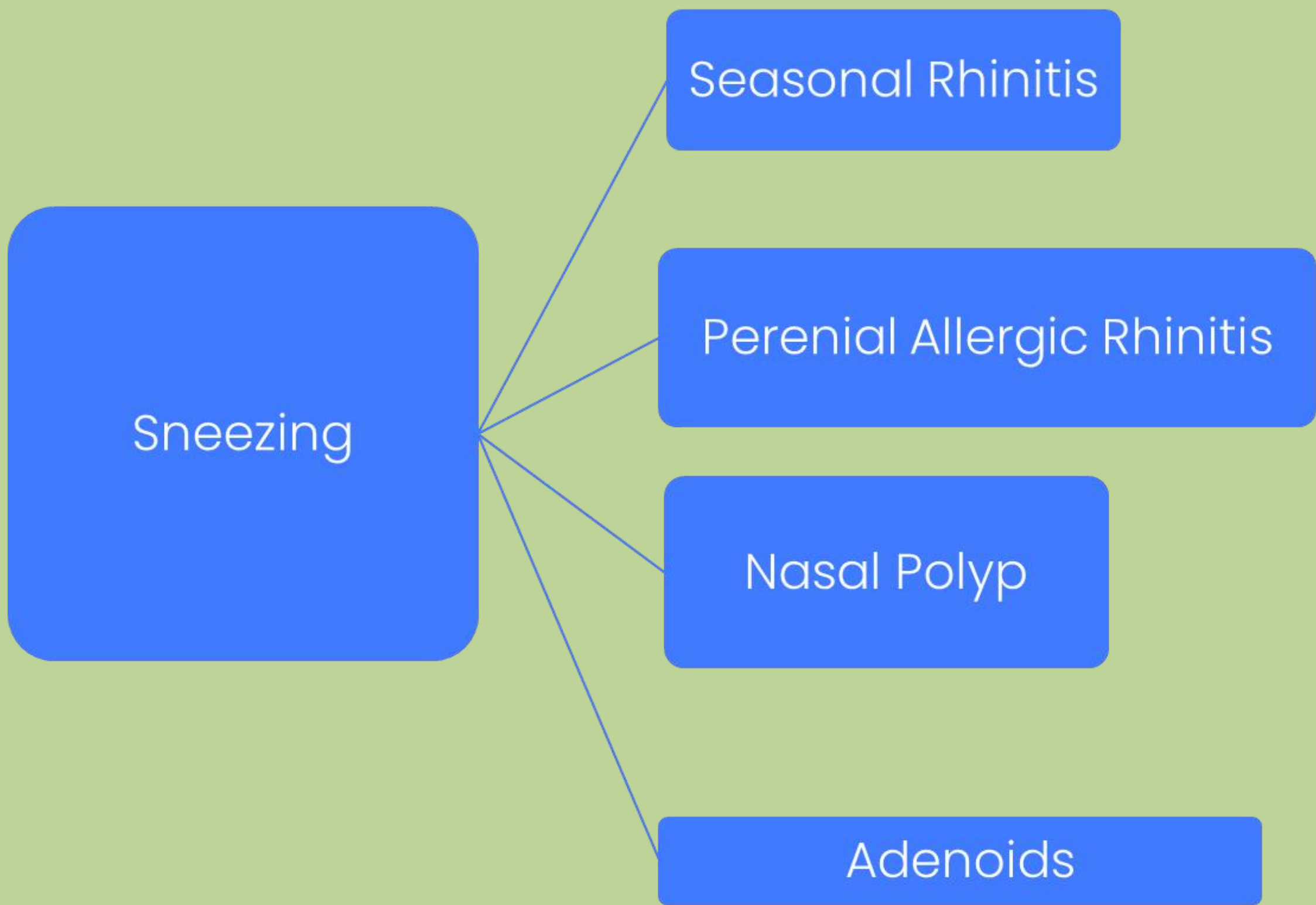
Nasal Polyp

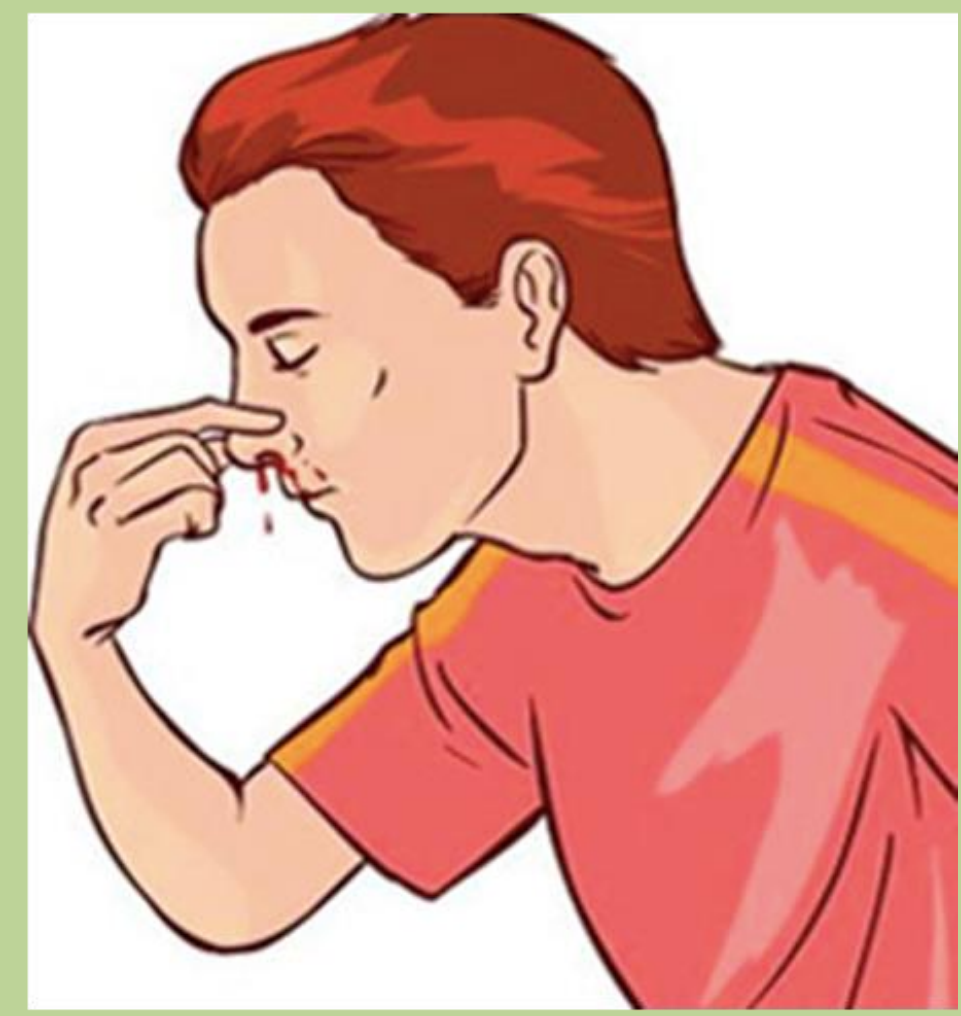
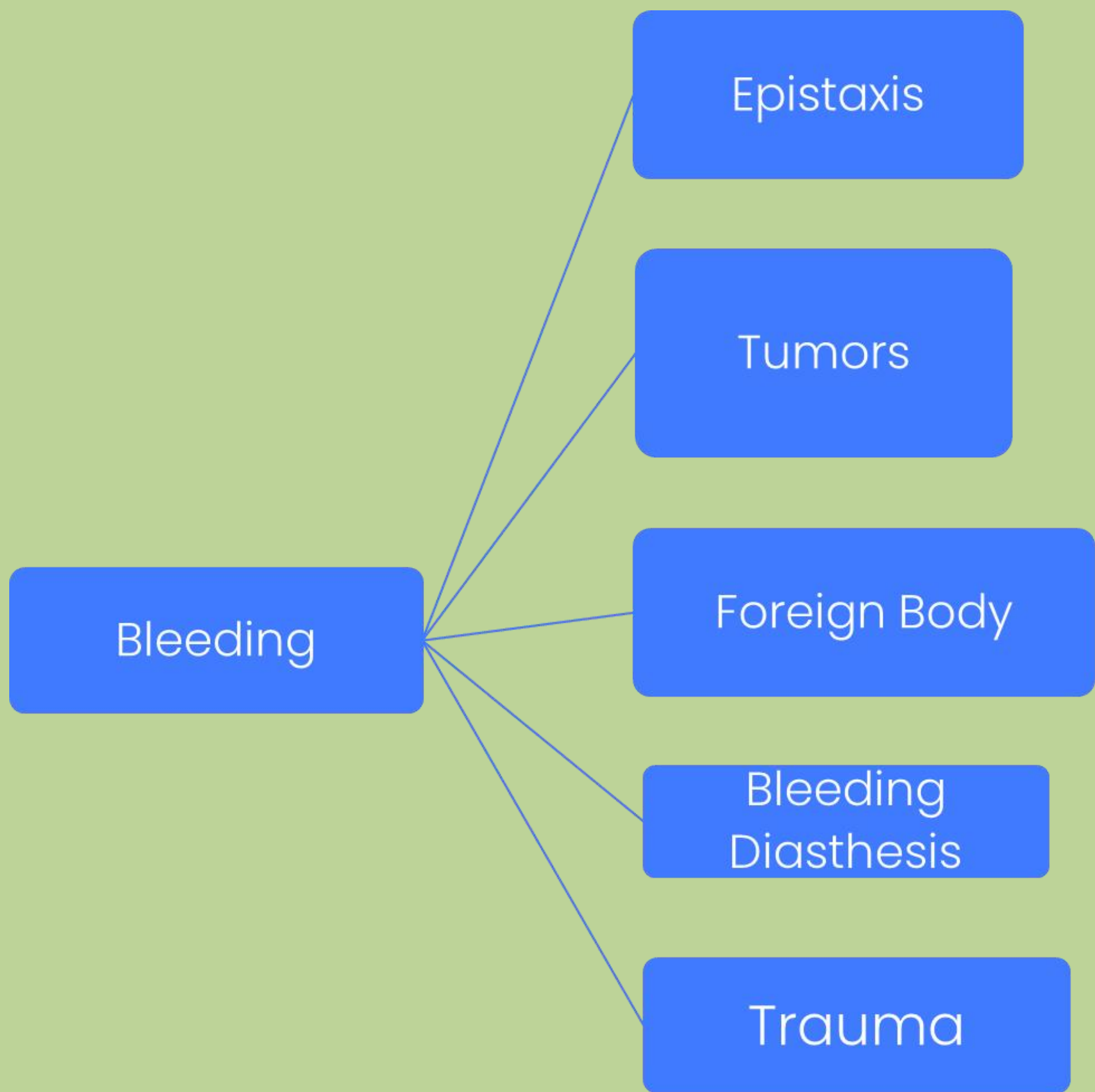
Tumors

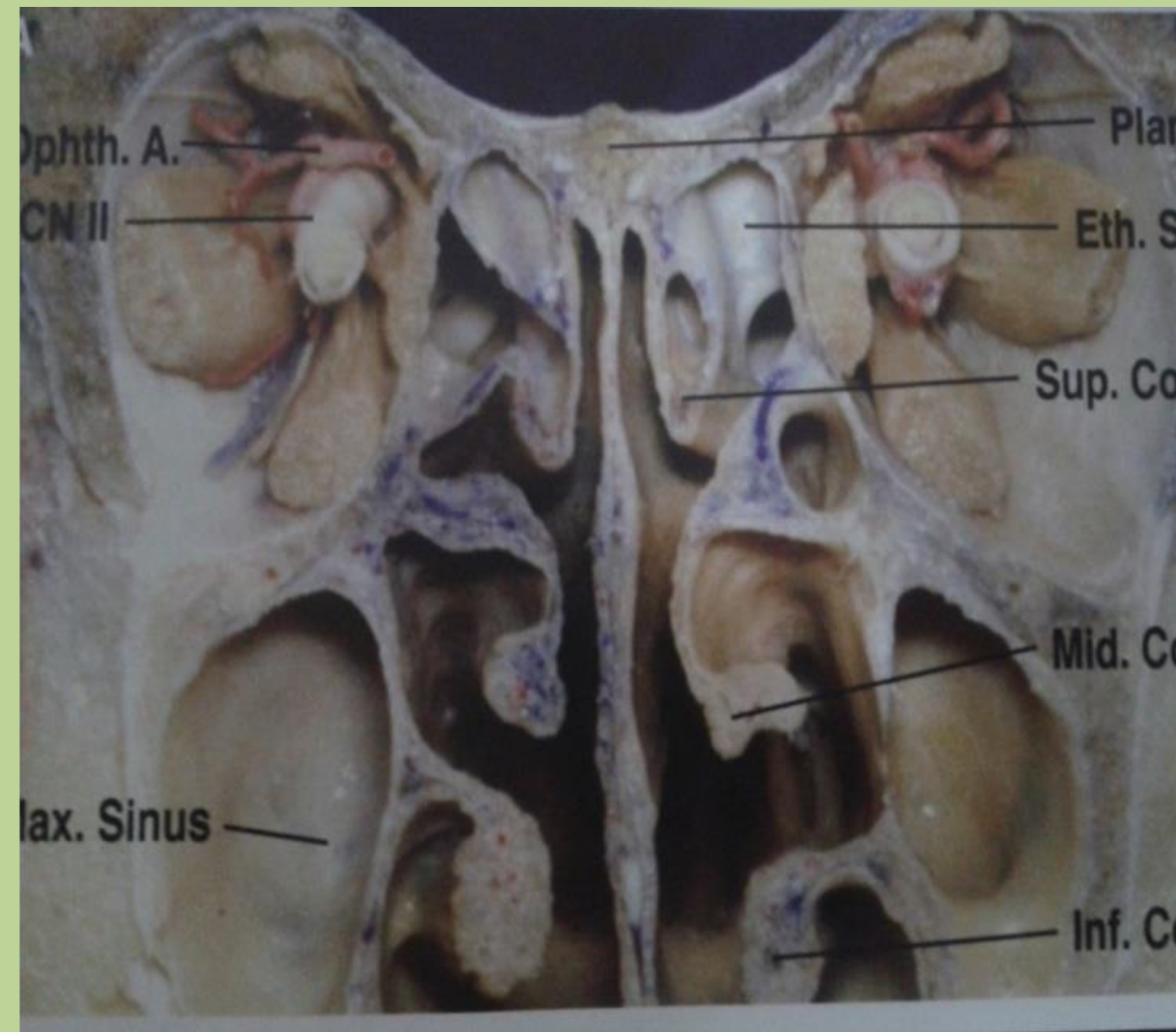
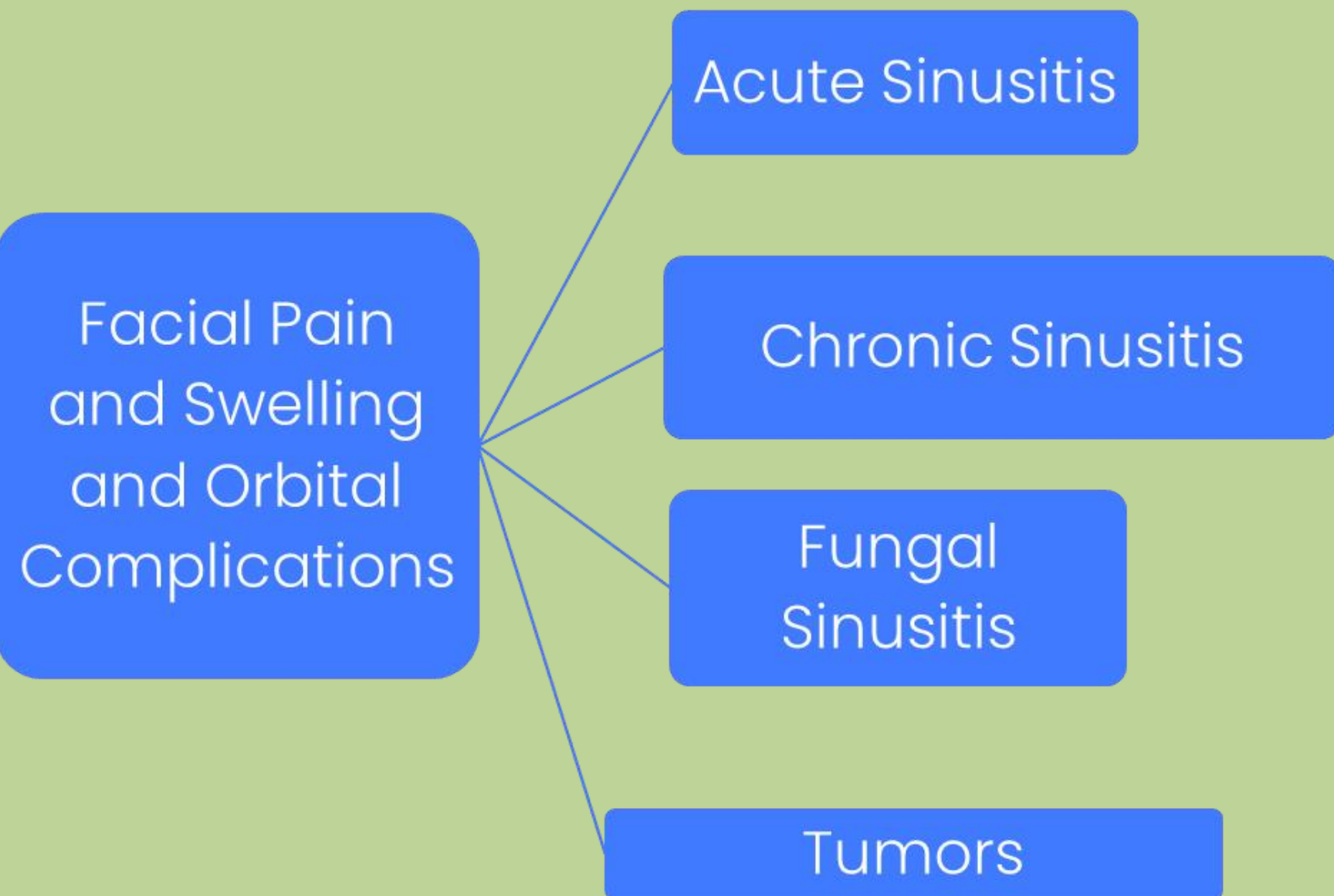
Foreign Body

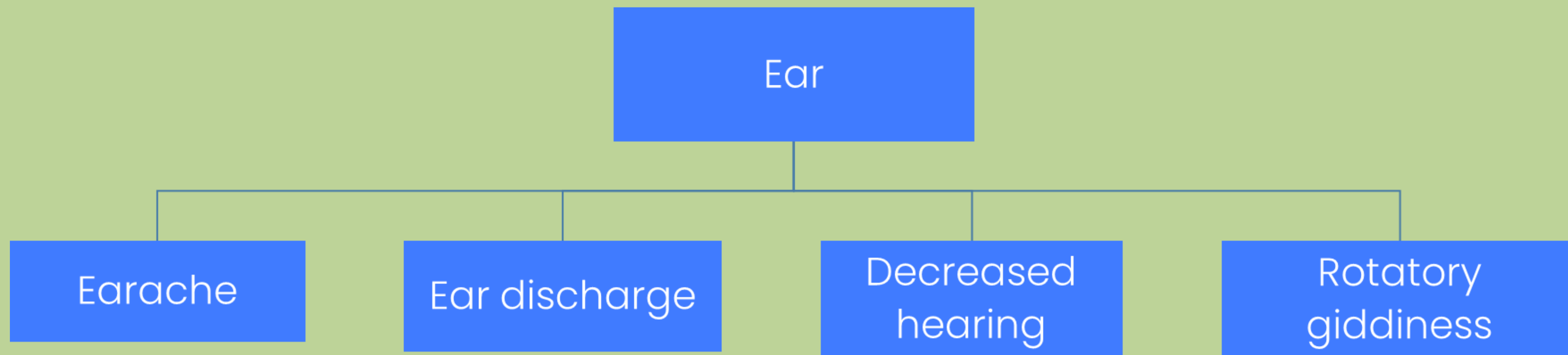
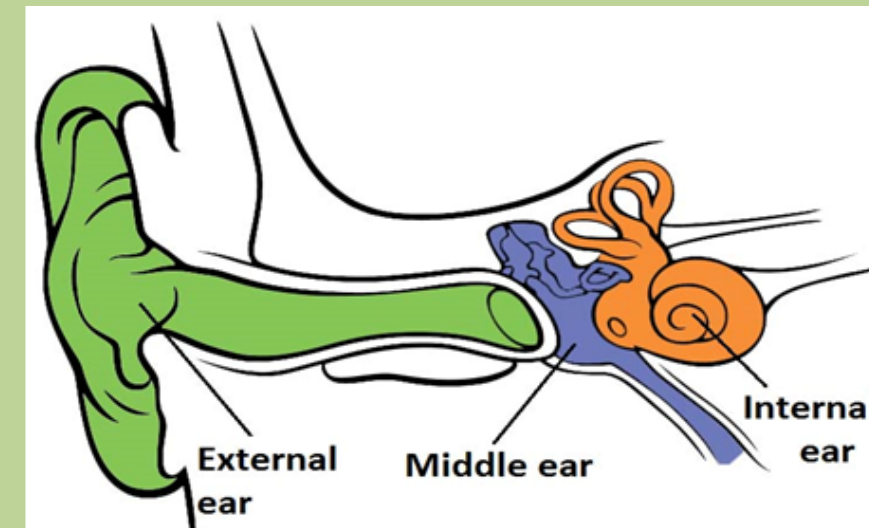
Adenoids



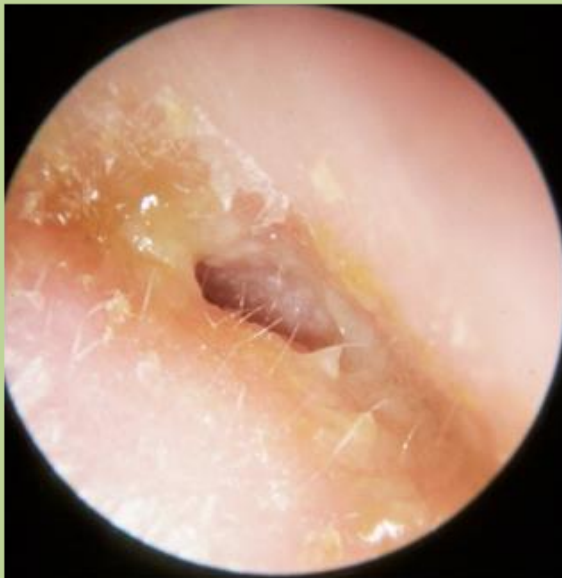
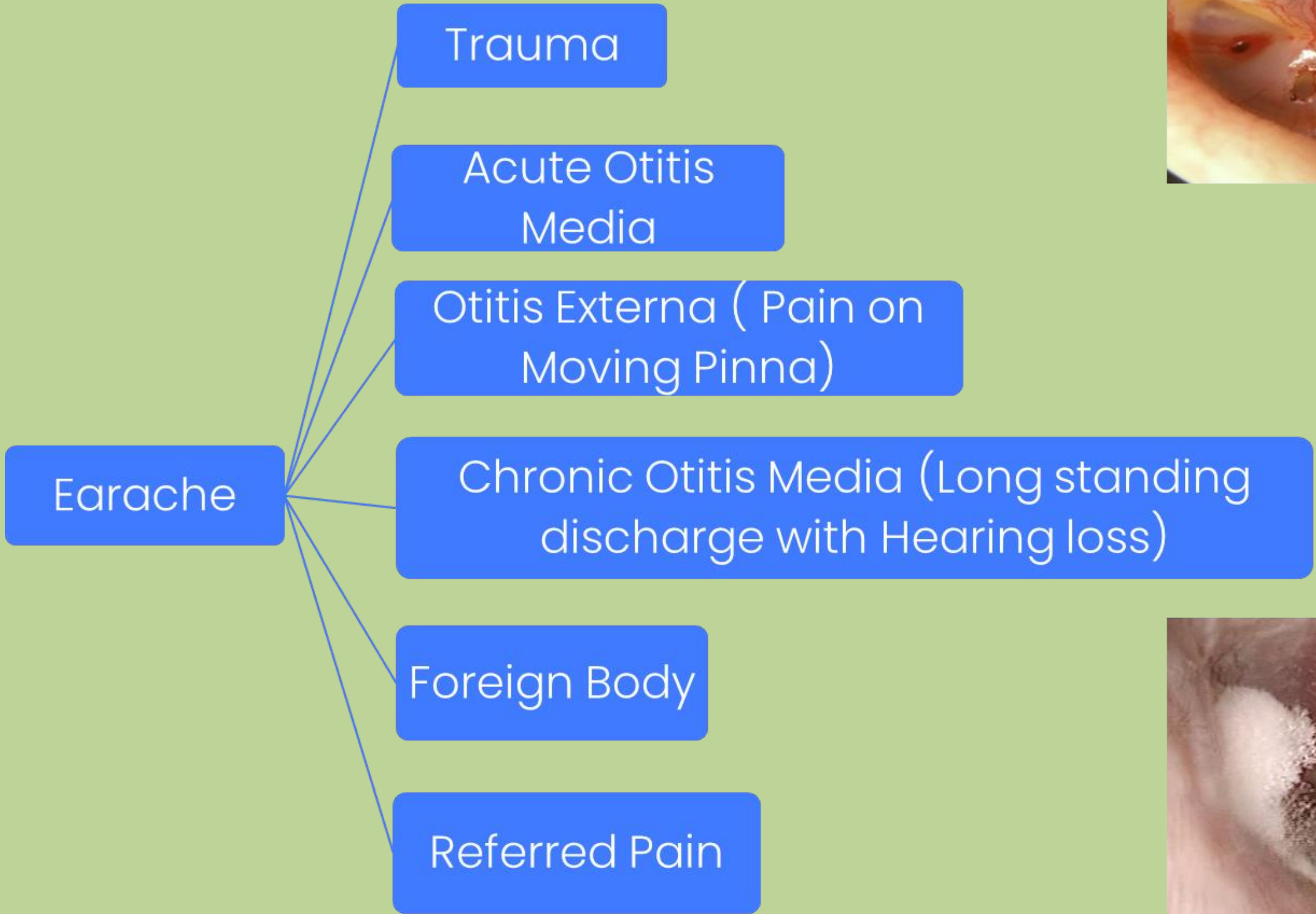


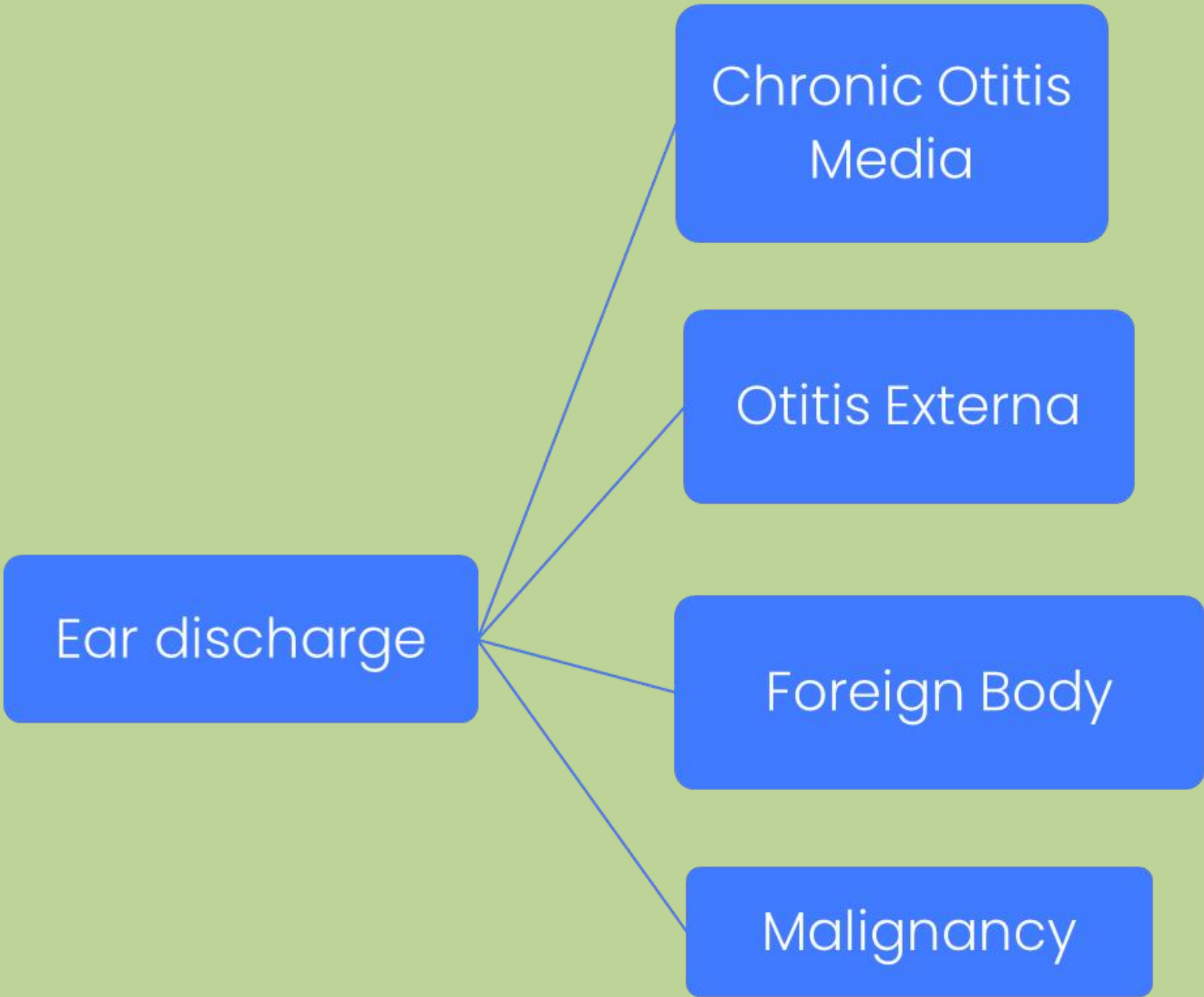






RED FLAGS: Ear mass with Bleeding, Foreign Body ,Child with Hearing Loss, Earache in Diabetic Individuals, Ear discharge with Fever and Headache







Decreased hearing

Impacted wax

Chronic Otitis Media

Congenital Hearing Loss

Age related hearing loss

Sudden hearing loss





Hearing Problem in Childhood



Inattentiveness





Day Dreaming





Speech Problems





Inappropriate responses to questions





Trouble following directions



Hearing Problems in Old Age



Alzheimer's





Dementia

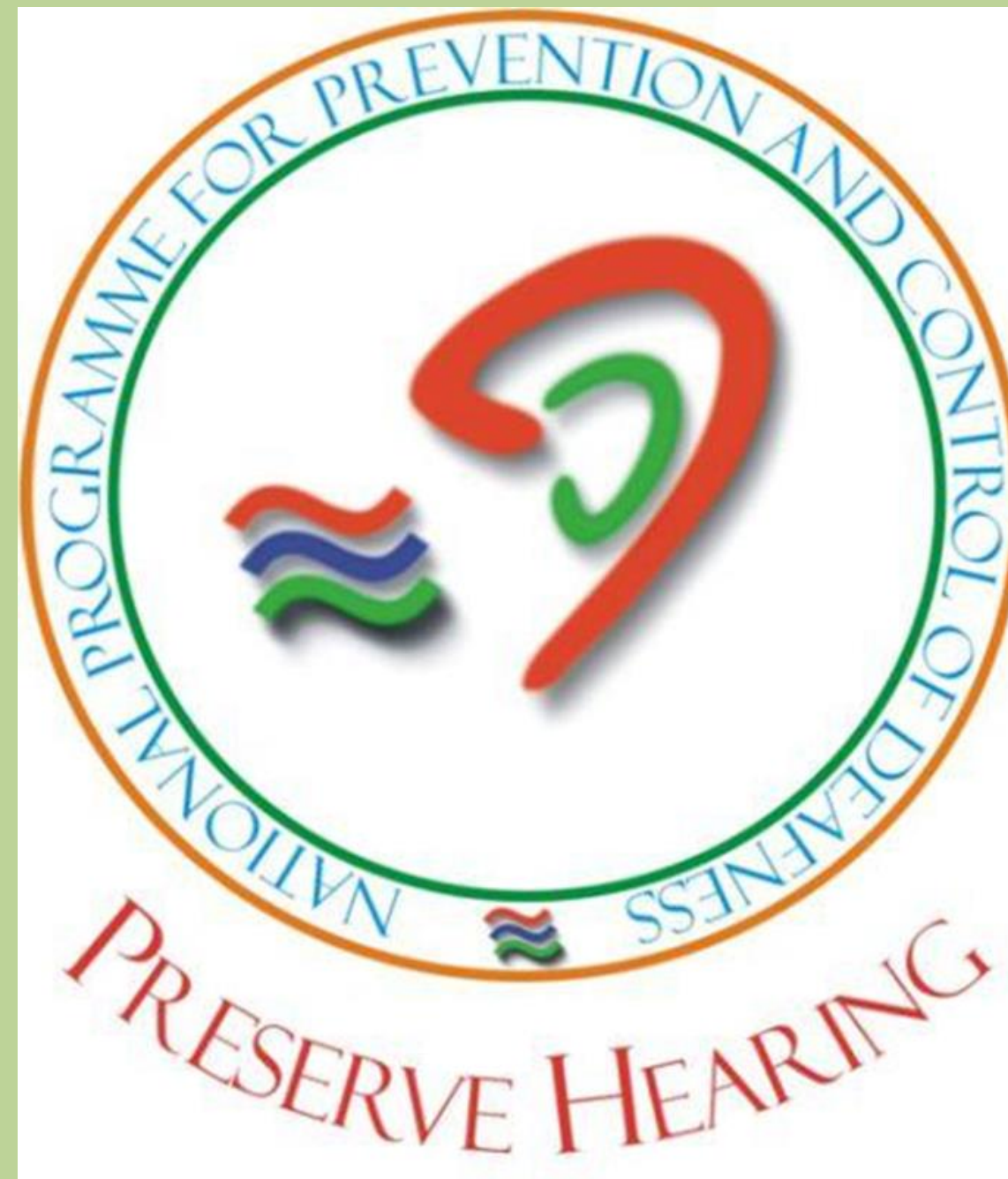




Parkinsons



NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF DEAFNESS IN INDIA





INDIA



- LARGEST DEMOCRACY IN THE WORLD
- 17.5% OF POPULATION OF THE WORLD





WHO GLOBAL ESTIMATES OF HEARING LOSS



- 466 million people in the world live with disabling hearing loss, including 34 million children
- Majority of them are in low- and middle-income countries of the world.
- Countries of South Asia account for 28% of the global burden
- 21% of those affected are in East Asia.

WHO MBD Global estimates on hearing loss, 2018



INITIATION



- Hearing loss perceived as major problem by GOI
- Deafness control Programme was launched as a pilot project in 2006 in 25 districts
- Presently in 32 states and UTs across 595 districts



OVERALL OBJECTIVE



To prevent hearing loss due to disease or injury, do early diagnosis, treatment, medical rehabilitation, strengthening linkages, create a database, and facilitate need-based research.



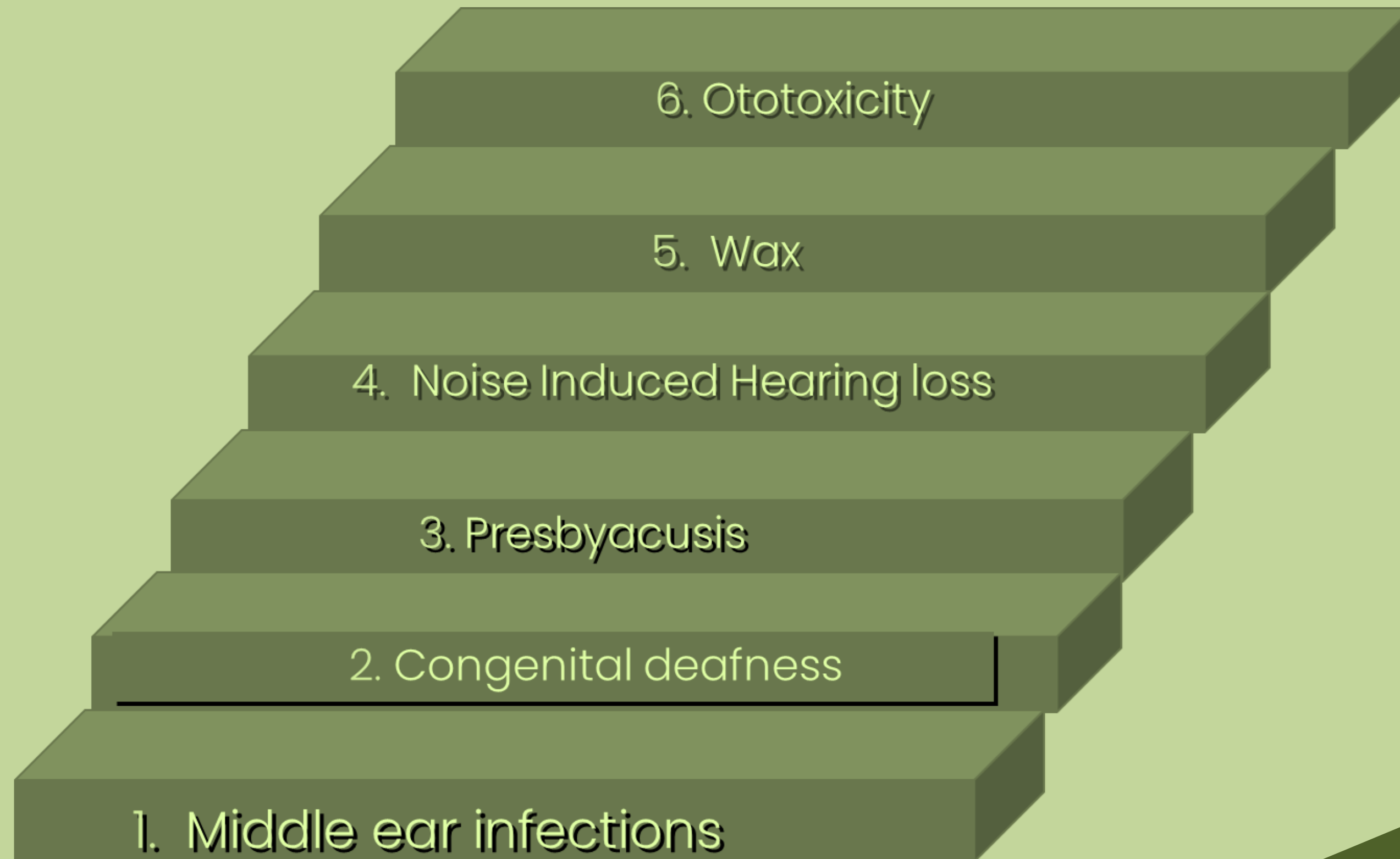
STRATEGIES



- To strengthen the service delivery including rehabilitation.
- To develop human resources for ear care.
- To promote outreach activities and public awareness through innovative and effective IEC strategies with special emphasis on the prevention of deafness
- To develop institutional capacity

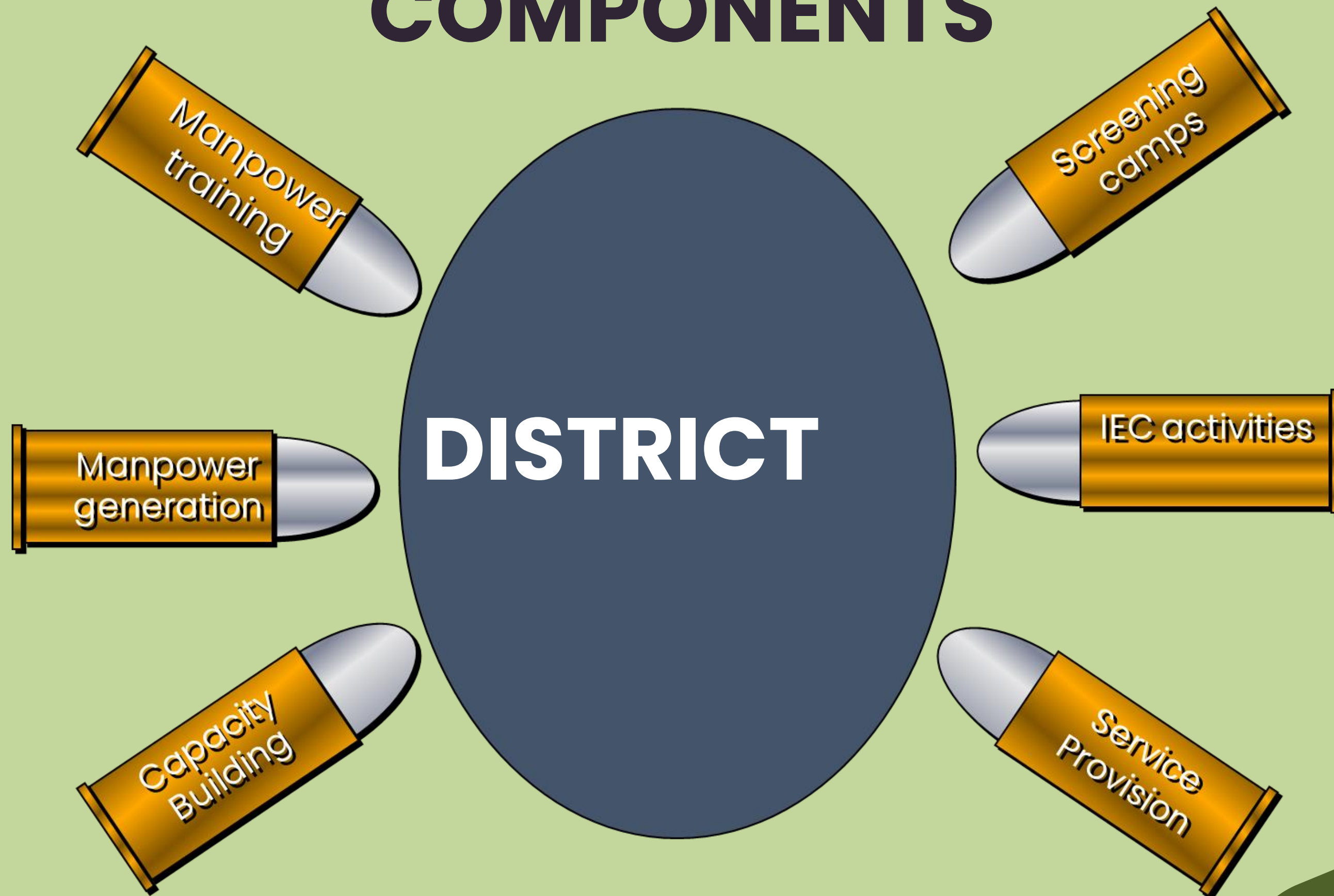


PRIORITIES





MAIN COMPONENTS





TRAINING OBJECTIVES



- To orient all the Health Care personnel from the district to grassroots level about prevention, promotion, early identification, intervention, and rehabilitation of all types of ear diseases leading to deafness.
- To make this personnel aware of the existing facilities available for persons with deafness in order to facilitate appropriate referral.



TRAINING OBJECTIVES



- To sensitize the health care personnel regarding their specific roles in the program.
- To enable the health providers to provide a leadership role in creating awareness about hearing impairment.
- To facilitate the development of suitable manpower, in order to implement the program in the entire nation, in a phased manner.



TRAINING MODULES : PURPOSE



- Focussed training of all manpower from the grassroots level to the District level
- The modules will act as Ready reckoners for the trainees after the training is over.



FOCUSSED TRAINING

- All the persons are assigned focussed tasks.
- The person is to be trained regarding those aspects that are important to the performance of their assigned tasks.





GENERATION OF AUDIOLOGICAL MANPOWER



- Through distance learning courses
- Diploma courses in affiliation with the Rehabilitation Council of India
- Training courses for 'Teachers for young Hearing impaired'.



CAPACITY BUILDING



MANPOWER

- AUDIOMETRIC ASSISTANTS
 - 10+2+1 year Diploma in audiology

Functions:

1. Assist in providing audiological services
2. Assist in conducting screening camps
3. Assist in training programs
4. Maintenance of Database



CAPACITY BUILDING

AUDIOMETRIC ASSISTANTS

e-DHLS course started in AIISH, MYSORE, and 12 centers through video conferencing



CAPACITY BUILDING



MANPOWER

- INSTRUCTOR FOR HEARING IMPAIRED
 - 10+2+2 year Diploma in special edu

Functions:

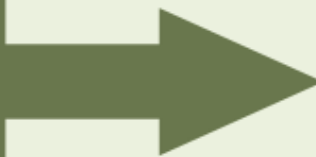
Training, therapy, and early education and rehabilitation of the young Deaf child



CAPACITY BUILDING



District hospital



Microscope
Microdrill & ear surgery instrument
Audiometer & Sound treated room
OAE machine
Impedance Audiometer

Primary H. Centre



Otoscope
Tuning forks

School health doctors



Equipment for wax removal



SERVICE DELIVERY



Grass root &
Secondary level
(Subcentre)

Detection, Screening,
Awareness creation
Guidance regarding ear diseases

Primary level
(PHC/CHC)

Diagnosis & treatment of
common ear diseases
Referral & guidance
School screening

District level

Audiometry
Tympanometry
Screening (with OAE)
Microear surgery
Hearing Aid fitting
Audiological rehab



SERVICE PROVISION



Early detection
& Referral

Treatment:
medical
surgical

Screening camps
In community

School level
Screening

Rehabilitation &
H. Aid provision





SERVICE PROVISION



Early detection & Rehab.

Healthy Ear Care habits

Rubella: Immunization

NOISE

Ototoxic drugs



IEC activities: Posters, TV clips, Radio jingles, Flip charts



कान की देखभाल!

कान शरीर का नाजुक अंग
इससे न करना तुम जंग
परदे पर गर लग गई चोट
जीवन भर का लग जाएगा रोग।



राष्ट्रीय बहिरता बचाव व रोकथाम कार्यक्रम
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
भारत सरकार

अगर आपका या आपके

बच्चे का कान बहता है तो...

- कान में पानी न जाने दें और किसी प्रकार का तख्त पदार्थ न डालें।
- मक्खन को साफ और बरत कपड़े से साफ करें।
- मक्खन में बरतू लेना या खून आना गम्भीर रोग के लक्षण हो सकते हैं।
- कान से मक्खन आते रहने से, बहुरूपन हो सकता है।



स्वास्थ्य केन्द्र में जाँच करावें।



राष्ट्रीय बहिरता बचाव व रोकथाम कार्यक्रम
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
भारत सरकार

बच्चों में कान की देखभाल

अध्यापकों के लिए सुझाव

बच्चा यदि कक्षा में अनजाना रहे और ध्यान न दे तो हो सकता है उसे कम सुनता हो।



बच्चों को कान में कुछ डालने से रोकें।

बच्चों को कभी कान पर न मारें।

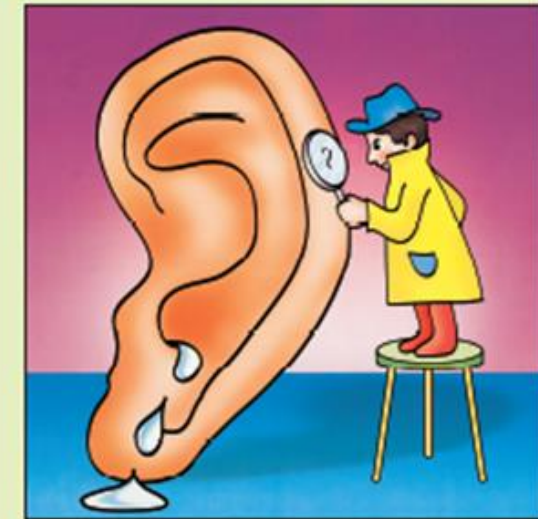


किसी बच्चे का कान बहता है या कम सुनता हो तो उसे जाँच करावें।



राष्ट्रीय बहिरता बचाव व रोकथाम कार्यक्रम
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
भारत सरकार

EAR DISCHARGE? BEWARE! PROTECT YOUR EARS



g/Bathing in dirty water
unhygienic places
sharp objects in the ear

Programme for Prevention and Control of Deafness
National Rural Health Mission
Government of India

अपने कान बचाइए



कान में कभी भी नुकीली वस्तु मत डालिए
बच्चे या बयस्क को कान पर मत मारिए
कानों को तेज शोर से बचाइए
कानों में गंदा पानी नहीं आने दें

यदि कान में कुछ रिसाव हो या कम सुनाई
दे तो तुरंत डॉक्टर की सलाह लें



राष्ट्रीय बहिरता बचाव व रोकथाम कार्यक्रम
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
भारत सरकार





ACTION ON HEARING LOSS



Understand the prevalence and profile of ear diseases in the community. Identify barriers.



Engage with health care providers and community to:

- Raise awareness
- Train health workers



Establish linkages/strengthen infrastructure for treatment of Hearing Loss.

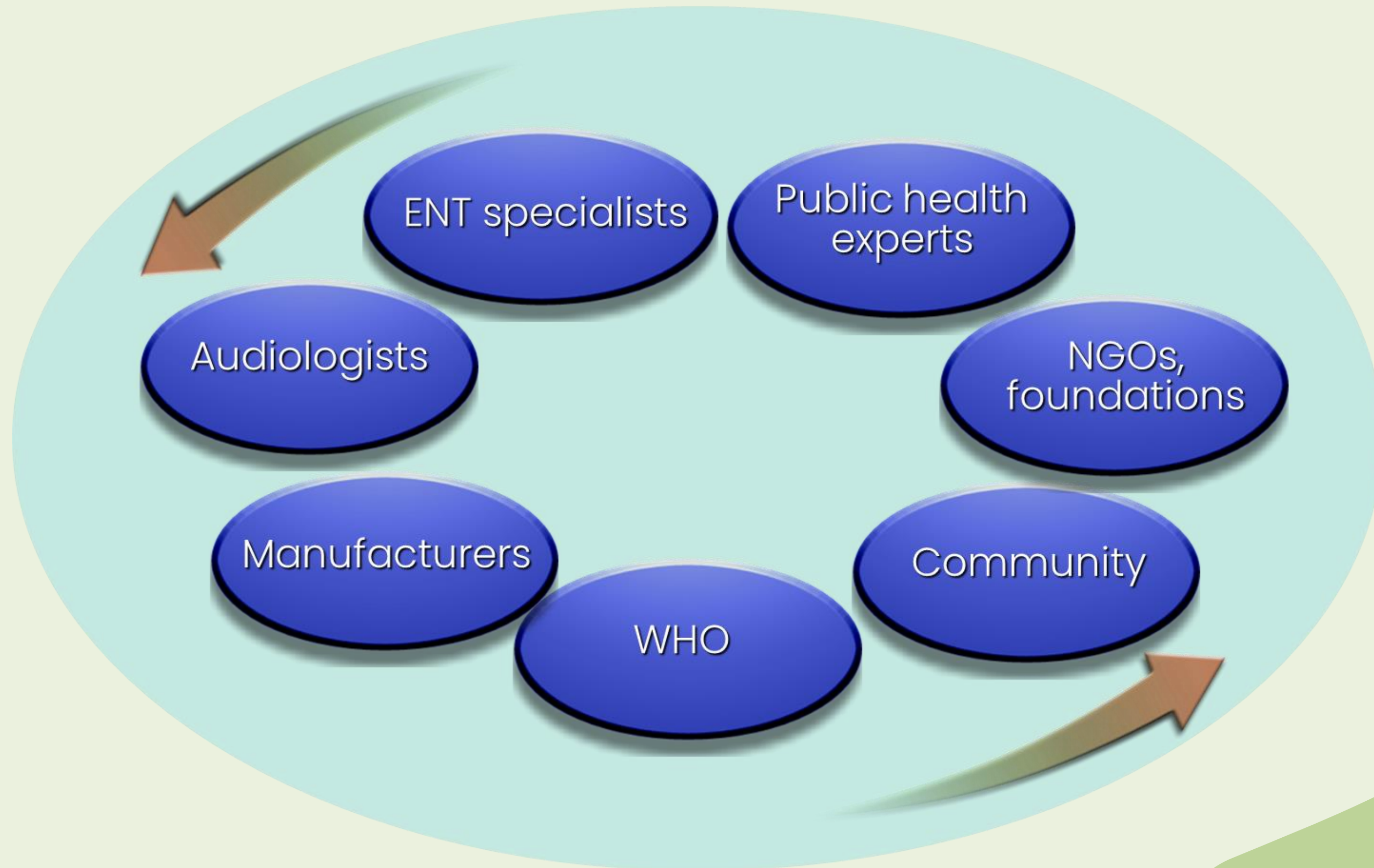


Launch community based screening and intervention programmes





EACH ONE OF US HAS A ROLE TO PLAY





STEP 1:



Prevalence and profile of ear diseases and hearing loss

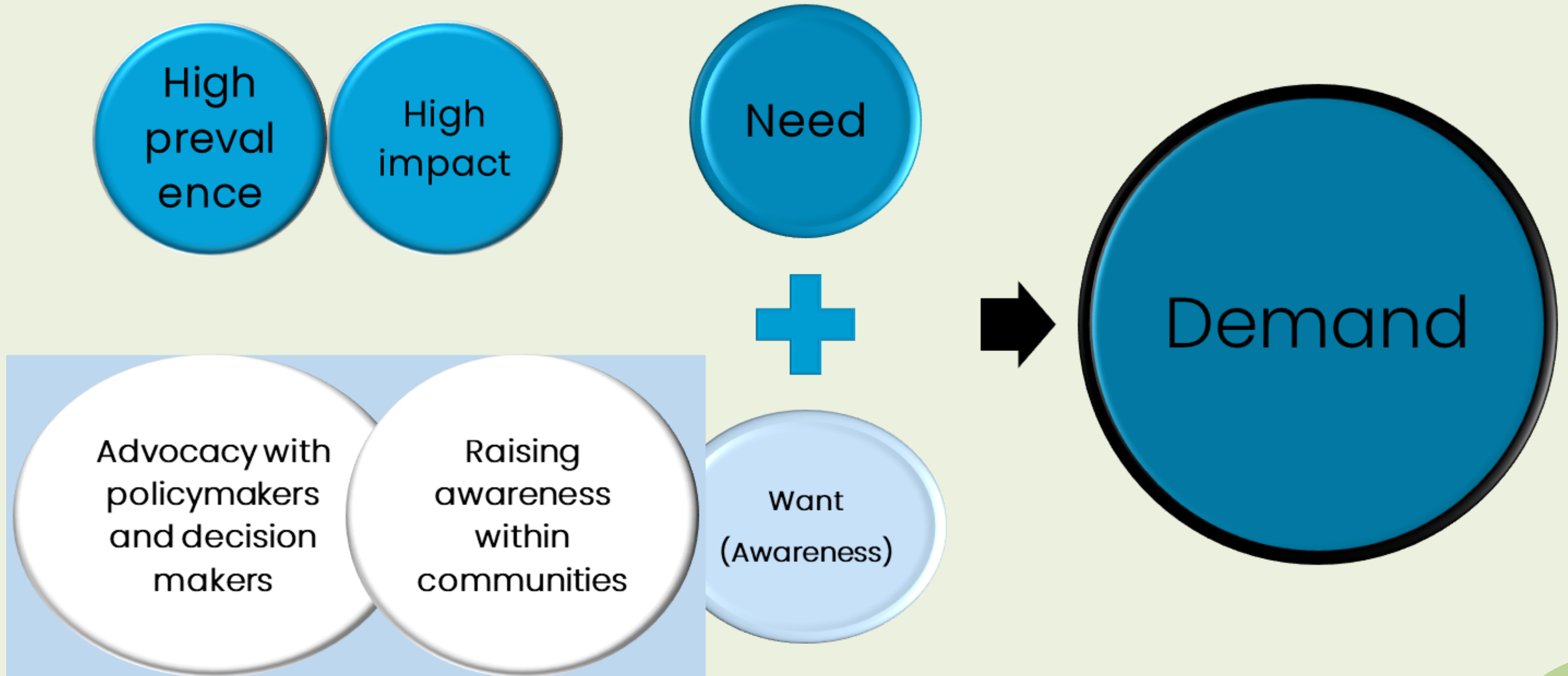
Potential resources available

Knowledge and attitudes

Barriers

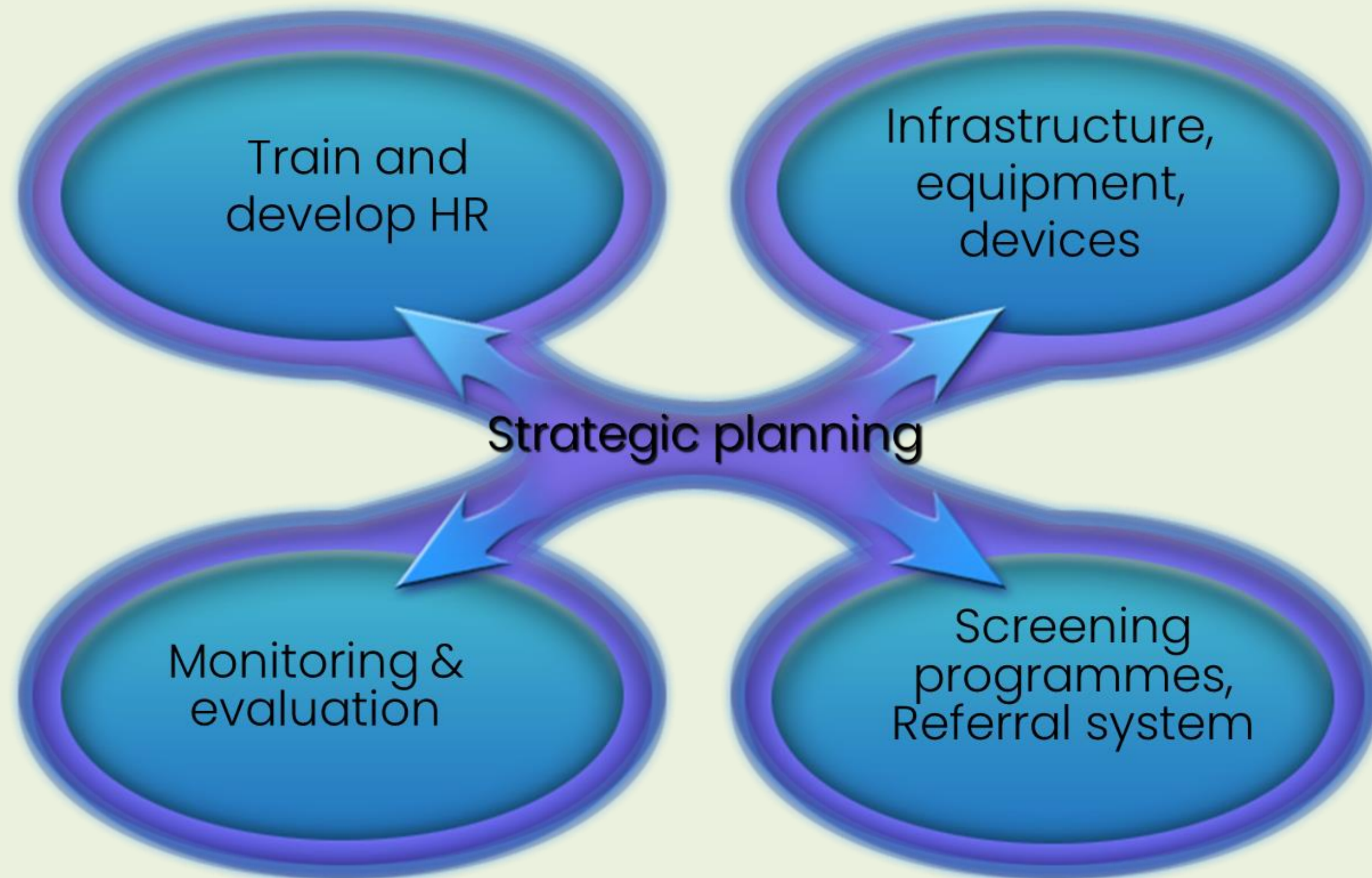


Step 2: Raise awareness to generate demand



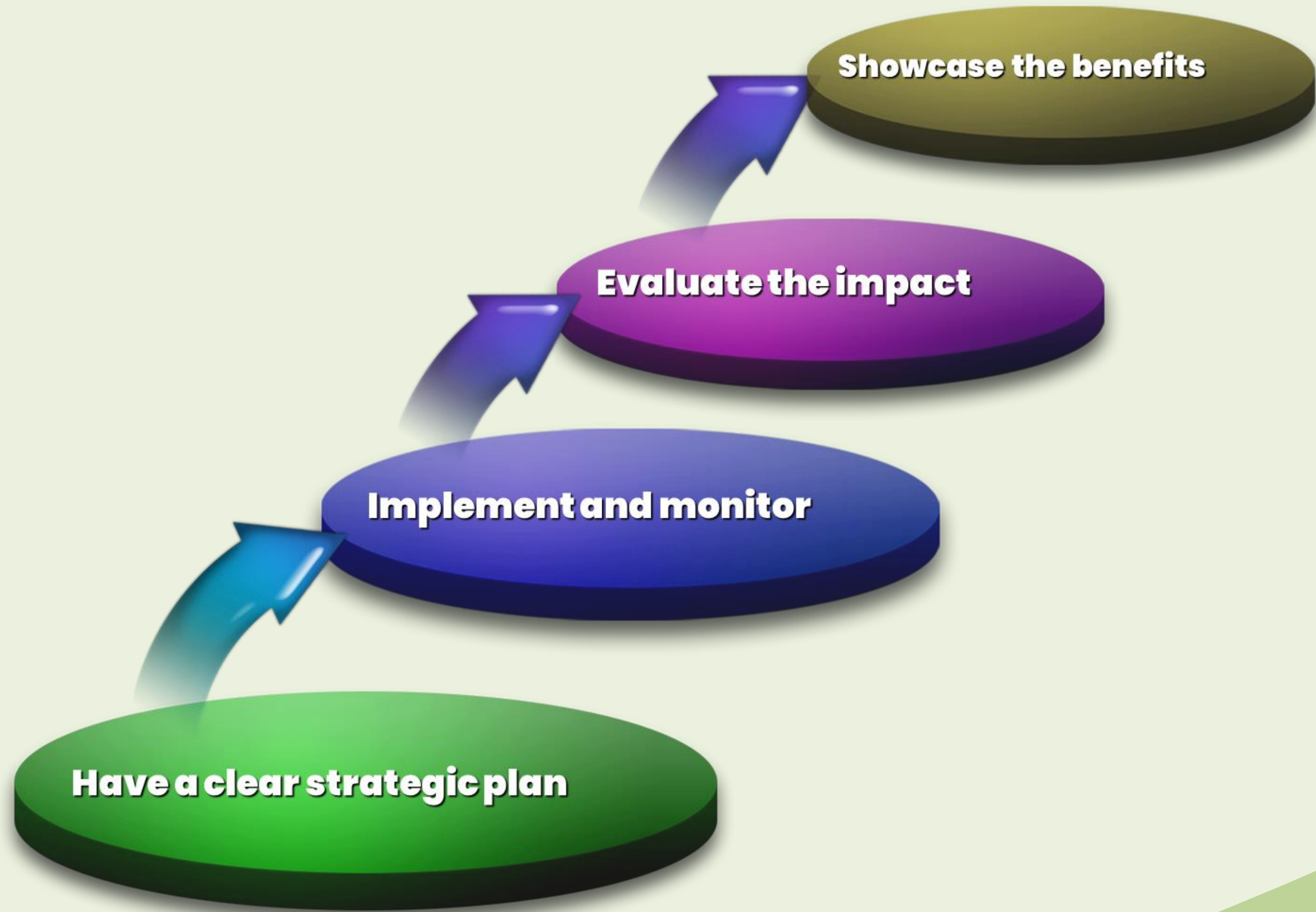


Step 3: Plan for services



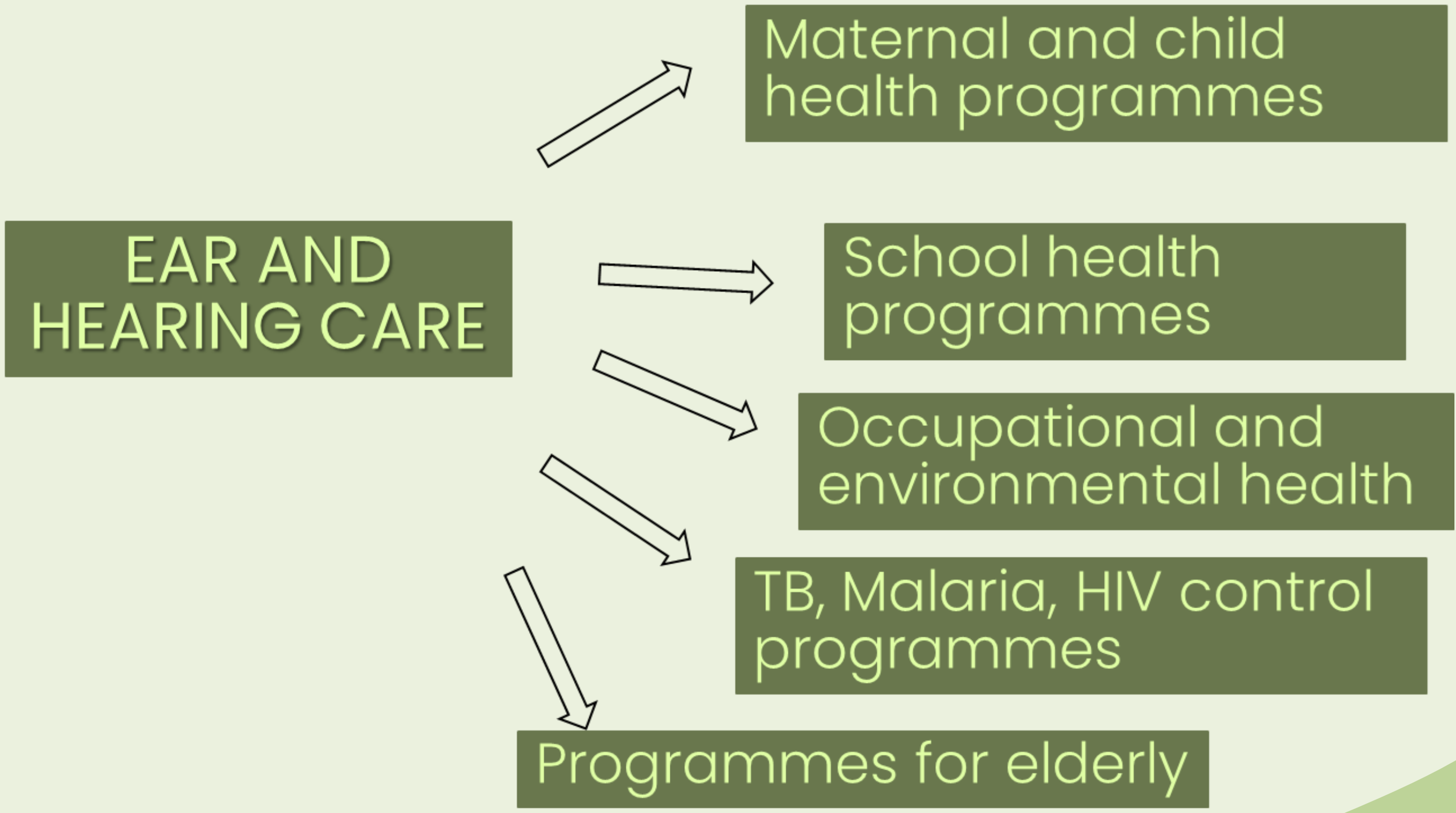


Step 4: Implement, monitor, evaluate





INTEGRATION: NEED OF THE HOUR





Thank You

