

CHETTINAD DENTAL COLLEGE AND RESEARCH INSTITUTE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

CLINICAL POSTING: E BATCH 17.04.2021 SESSION 1 REPORT.

Staff present:

Dr. Jagannatha G V sir

Posting discussion topic: NATIONAL ALCOHOL AWARENESS MONTH EVENT

Students: IV Year main Batch – E

Total No of Students: 10/10(E-batch)

1.Laurel vijitha .M

2. Logeshwari M

3.Mahamudha.A

4. Maheshvaran S

5.Mothirajathi.K

6.Mukilan.S.C

7.Nandini.N

8.Narendhar.S

9.Nithya Sri .B.R

10.Niveditha.R

Absentees: Nil

Summary:

NATIONAL ALCOHOL AWARENESS MONTH EVENT was conducted by Final Year E Batch - was conducted under the guidance of Dr. Jagannatha G V sir. from 10.30 am onwards till 12.30 pm. We had active participation from all year students.

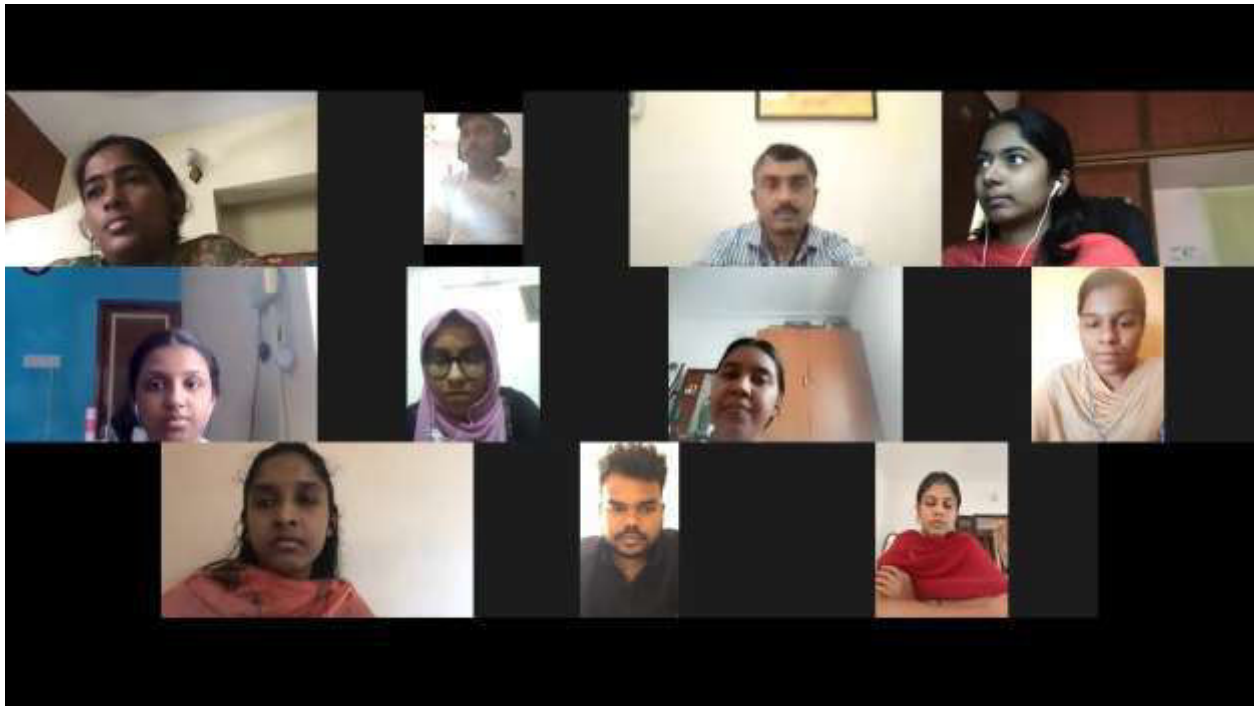
- Introduction to National Alcohol Awareness Month by Laurel Vijitha M

- Logo of the Day by Logeshwari M
- Alcohol and its effects presentation by Nithyasri B R
- Facts about Alcohol poster by Maheshvaran S
- Alcohol: Toxin in Disguise - Nandini N and Laurel Vijitha M
- Counselling Scenarios - Game by Laurel Vijitha M and Logeshwari M

Attendance Sheet:

Participants (15)

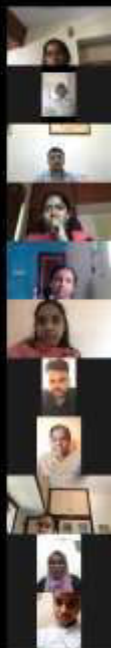
- Find a participant
- Mukilan S C (Host, me)   
 - Nandini N  
 - Logeshwari M  
 - 20 Haripriya B  
 - 4A 47.Mahamudha A  
 - N 51.Nandini N  
 - 5R 54.Niveditha Rengarajan  
 - 9S 90. Suganya A P  
 - 9 97.Varshini.K  
 - C Care@1234  
 - LV LaUreL VijiTha  
 - MS Mahesh S  
 - MR Mothi Rajathi  
 - Narendhar Sreedharan  
 - NB Nithyasri B.R  



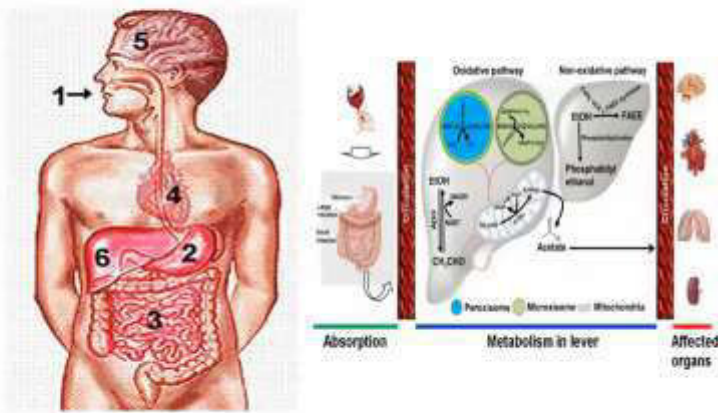
DISTILLED DRINKS(LIQUORS AND SPIRITS)

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- GIN is a made from juniper berries- 35%- 55% of Alcohol by volume
- BRANDY is distilled wine- 35% to 60% of Alcohol by volume
- WHISKEY is a spirit made of fermented grain – 40%to 50% of Alcohol by volume
- RUM is a distilled drink made from fermented sugarcane or molasses-40% of Alcohol by volume
- TEQUILA is a liquor made from Mexican agave plant – 40% OF Alcohol by volume
- VODKA is a liquor made from fermented grains and potatos-40% of Alcohol by volume
- ABSINTHE is a spirit made from variety of leaves and herbs some forms have about 40% while others have 90% of Alcohol by volume



ALCOHOLIC PATHWAY IN HUMAN BODY



Stages of Alcohol Intoxication

	BAC	# of Drinks (in an hour)
Sobriety	0-.05	0
Euphoria	.03-.12	1 (MEN), 1 (WOMEN)
Excitation	.09-.25	2 (MEN), 2 (WOMEN)
Confusion	.18-.30	3 (MEN), 3 (WOMEN)
Stupor	.25-.4	4 (MEN), 4 (WOMEN)
Coma	.35-.45	5 (MEN), 5 (WOMEN)
Death	<.45	6 (MEN), 6 (WOMEN)

Danger Point (indicated by red exclamation marks) is reached at the transition from Excitation to Confusion.

Blacking Out occurs between the Stupor and Coma stages.

Alcohol Poisoning occurs between the Coma and Death stages.

FACTS ABOUT ALCOHOL
Department of Public Health Dentistry

States with highest number of alcohol dependent persons in India (per 100 population)

State	Per 100 population
Goa	15.2
West Bengal	14.8
Andhra Pradesh	14.5
Madhya Pradesh	14.2
Chhattisgarh	13.8
Odisha	13.5
Uttar Pradesh	13.2
West Bengal	12.8
Madhya Pradesh	12.5
Chhattisgarh	12.2
Odisha	11.8
Uttar Pradesh	11.5
West Bengal	11.2
Madhya Pradesh	10.8
Chhattisgarh	10.5
Odisha	10.2
Uttar Pradesh	9.8
West Bengal	9.5
Madhya Pradesh	9.2
Chhattisgarh	8.8
Odisha	8.5
Uttar Pradesh	8.2
West Bengal	7.8
Madhya Pradesh	7.5
Chhattisgarh	7.2
Odisha	6.8
Uttar Pradesh	6.5
West Bengal	6.2
Madhya Pradesh	5.8
Chhattisgarh	5.5
Odisha	5.2
Uttar Pradesh	4.8
West Bengal	4.5
Madhya Pradesh	4.2
Chhattisgarh	3.8
Odisha	3.5
Uttar Pradesh	3.2
West Bengal	2.8
Madhya Pradesh	2.5
Chhattisgarh	2.2
Odisha	1.8
Uttar Pradesh	1.5
West Bengal	1.2
Madhya Pradesh	0.8
Chhattisgarh	0.5
Odisha	0.2

Alcohol Use in India

- 16% of population consumes alcohol
- 5.7% of population are chronic alcohol users
- 2.9% of population are alcohol dependent users
- 14.8% of population are alcohol dependent users
- 5.2% of population are alcohol dependent users
- 2.7% of population are alcohol dependent users

Deaths from Liver disease

- 17,432 deaths from liver disease in India (2011-2015)
- Alcohol liver disease was responsible for 75% of alcohol-specific deaths (2011-2015)
- +15% increase in deaths from liver disease (2011-2015)

Effects of Alcohol on the Body

- Alcohol increases your risk of cancer
- Alcohol increases your risk of liver disease
- Alcohol increases your risk of heart disease
- Alcohol increases your risk of stroke
- Alcohol increases your risk of hypertension
- Alcohol increases your risk of diabetes
- Alcohol increases your risk of obesity
- Alcohol increases your risk of depression
- Alcohol increases your risk of anxiety
- Alcohol increases your risk of addiction
- Alcohol increases your risk of fetal alcohol syndrome
- Alcohol increases your risk of miscarriage
- Alcohol increases your risk of stillbirth
- Alcohol increases your risk of low birth weight
- Alcohol increases your risk of developmental delays
- Alcohol increases your risk of learning disabilities
- Alcohol increases your risk of behavioral problems
- Alcohol increases your risk of mental health issues
- Alcohol increases your risk of physical health issues
- Alcohol increases your risk of social problems
- Alcohol increases your risk of legal issues
- Alcohol increases your risk of financial issues
- Alcohol increases your risk of family issues
- Alcohol increases your risk of community issues
- Alcohol increases your risk of national issues
- Alcohol increases your risk of global issues

Alcohol increases your risk of cancer

Age Group	Alcohol consumption	Relative risk of cancer
35+	200g	1.15
14	126	1.04
0	109	1.00

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60 MINUTES

Alcohol increases your risk of cancer

The infographic features a 60-minute timer on the left and a human torso on the right with the liver highlighted in red. The text 'Alcohol increases your risk of cancer' is prominently displayed in the center.

Table 1: Gender-wise distribution regarding tobacco and alcohol abuse in India.

Gender	Tobacco			P-Value	Alcohol			P-Value
	Abuse	No Abuse	Total		Abuse	No Abuse	Total	
Male	1879 13.1%	12449 86.9%	14328 100%	<0.001	2252 18.0%	11997 84.21%	14249 100%	<0.001
Female	508 3.2%	15491 96.8%	15999 100%	<0.001	389 2.4%	15493 97.6%	15882 100%	<0.001
Transgender	2 0%	25 92.00%	27 100%	<0.05	0 0%	28 100%	28 100%	0.00
Total	2389 7.9%	27965 92.1%	30354 100%	<0.01	2641 8.7%	27490 91.3%	30159 100%	<0.01

Alcohol consumption and Smoking

ARTICLES QUOTATION

W. J. Guan, BBA, 49-47 (2016)
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SYNERGISTIC EFFECT OF ALCOHOL DRINKING AND SMOKING ON IN VIVO ACETALDEHYDE CONCENTRATION IN SALIVA

W. J. Guan, BBA, 49-47 (2016)

Research Unit of Dentistry, Oral Medicine, Biostatistics, Dental Hospital, Hubei, China

Alcohol drinking and smoking are independent risk factors for upper digestive tract cancers. Furthermore, their combined use increases in a multiplicative way the cancer risk. There is mounting evidence that acetaldehyde, the final metabolite of ethanol and a constituent of tobacco smoke, is a local carcinogen in humans. Therefore, we examined the combined effect of alcohol drinking and tobacco smoking on in vivo acetaldehyde concentration in saliva. Heavy smokers and 8 nonsmokers participated in the study. First, to assess the effect of alcohol on salivary acetaldehyde, all subjects ingested 50 g gly body weight of ethanol and saliva samples were collected every 20 min for 60 min thereafter. After a 3-day washout period, smokers ingested again the same amount of ethanol and smoked one cigarette every 20 min and saliva samples were collected at 10 min intervals for 100 min. Acetaldehyde and ethanol concentrations were analyzed by headspace gas chromatography. Finally, smokers without concomitant smoking during ethanol challenge had 3 times higher in vivo salivary acetaldehyde concentrations than nonsmokers after ethanol ingestion (AUC: 14.3 ± 11.5 vs. 4.2 ± 1.7 μM × h, respectively; $p = 0.02$). Heavily smokers with active smoking during ethanol challenge had 3 times higher in vivo salivary acetaldehyde levels than non-smokers (AUC: 16.5 ± 12.1 vs. 3.2 ± 1.7 μM × h, respectively).

Smokers who do not smoke did not drink alcohol after cigarette consumption.

The study indicates that heavy alcohol drinking and smoking have an additive effect on in vivo acetaldehyde production in the saliva. The aim was to examine the combined effect of alcohol drinking and tobacco smoking on in vivo acetaldehyde levels in saliva to better describe the possible role of acetaldehyde as a carcinogen in the pathogenesis of alcohol- and smoking-related upper digestive cancers.

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MATERIAL AND METHODS

Subjects

Thirteen healthy volunteers (10 males, 3 females) took part in the study. Six were nonsmokers, mean age 28.8 ± 3 years (range 26–35), and 7 were permanent cigarette smokers, mean age 39.5 ± 3 years (range 28–61). Information about smoking status, alcohol consumption and nutritional habits was obtained by a self-administered questionnaire. All volunteers were moderate alcohol consumers, with a weekly average consumption of 70 g or less. Average cigarette consumption among smokers was 10.5 ± 2.1 (range 5–30), and all had a smoking history of more than 10 years. All volunteers were on a normal Western diet, and none was vegetarian. Exclusion criteria were as follows: treatment with antibiotics or oral contraceptives in the past month, recent food or fluid intake, smoking or recent smoking during the previous 30 min. All participants were told to refrain from alcohol for at least 24 hr before the study.

Study design

Our study was approved by the ethical committee of the Department of Medicine, Hubei University Central Hospital. Informed consent to participate in the study was obtained.

Volunteers were divided into 2 groups: smokers and nonsmokers. Two repeated measurements (2 study days) were separated by at least a 3-day interval: one done with the smokers, and the nonsmokers were used as controls.

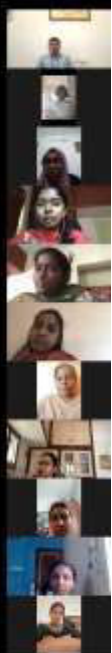


Table 1. Fetal and perinatal risks of maternal smoking or drinking

	Smoking			Drinking		
	OR or RR*	95% CI	comment	OR or RR*	95% CI	comment
Spontaneous miscarriage						
Hackley and Shanno (16)	RR 1.01	0.53-2.11	1st trimester	RR 1.98	1.04-3.77	1-2 drinks/day
Dominguez-Roman et al. (17)	RR 1.21	0.67-2.19	2nd trimester	RR 3.55	1.77-7.01	>3 drinks/day
Rauch (18)	OR 0.97	0.80-2.20	≥20 cigarettes/day	OR 4.94	2.87-8.39	≥5 units/week
Armstrong et al. (19)	OR 1.22	1.13-1.32	10-19 cigarettes/day	OR 1.11	1.00-1.24	1-2 drinks/week
Orofacial clefts						
Lawrence et al. (20)	OR 1.79	1.07-3.04	Both lip and palate	OR 2.20	1.02-5.09	Palate only
Anal atresia						
Yoshi et al. (21)	OR 1.6	0.5-5.0	20+ cigarettes/day	OR 4.8	1.2-19.1	-
Paternal injury						
Bodurovic et al. (22)	OR 1.7	1.0-2.9	≥10 cigarettes/day	OR 3.8	1.7-13.0	≥14 drinks/week
Shiono et al. (30)	OR 1.3	1.1-1.4	≥1 pack/day	OR 1.3	1.0-1.7	≥1 drink/day
McDonald et al. (31)	OR 1.22	1.00-1.41	≥10 cigarettes/day	OR 1.20	0.88-2.17	≥3+ drinks/week
Bada et al. (32)	OR 1.2	1-1.49	≥0.5 pack/day	OR 1.11	0.86-1.43	≥1 drink/week
Low birth weight						
Bada et al. (33)	OR 1.0	1.36-2.07	≥0.3 pack/day	OR 1.07	1.11-2.22	≥1 drink/week
Growth restriction						
Spinillo et al. (37)	OR 2.01	1.56-4.93	Throughout pregnancy	OR 3.50	1.03-12.21	≥2 drinks/day
Abruption						
Tikkaen et al. (44)	OR 1.8	1.1-2.9	-	OR 2.2	1.1-4.4	-
SIDS						
Iyama et al. (14)	OR 2.2	0.8-5.8	Any smoking during pregnancy	OR 2	1.0-3.3	Single first trimester pregnancy

Odds ratios (ORs) refer to adjusted odds ratios, whenever available. Only the lowest amount of smoking or drinking that has caused a significant change in outcome in a particular study was listed. RR = Relative risk; CI = confidence interval; SIDS = sudden infant death syndrome.
*OR is referred to unless RR is mentioned.

ANTIHISTAMINES

Drugs included:

1. Diphenhydramine
2. Chlorpheniramine
3. Promethazine
4. Hydroxyzine

Uses:

1. Relieve symptoms of allergy
2. Short term treatment for insomnia
3. Prevents motion sickness

Interaction:

1. Enhances effects of these agents on CNS (drowsiness, sedation and reduced motor skills)
2. Exaggerated effects in elderly



HISTAMINES

Drugs included:

1. Cimetidine
2. Nizatidine
3. Ranitidine

Uses:

1. Peptic ulcer disease
2. Heart burn

Interaction:

1. Inhibit ADH in the stomach -> reduce alcohol first pass metabolism
2. Bais are higher than expected



Rules

- Imaginary Scenarios are given for each team and to answer them accordingly.
- Two Rounds, In each round one scenario is given to each team.
- 4 Teams
- The Best counsellor will be announced as winner by Dr.Jagannatha HOD sir.

CASE SCENARIOS

Laurel Vijitha M
Logeshwari M



Rules

- Imaginary Scenarios are given for each team and to answer them accordingly.
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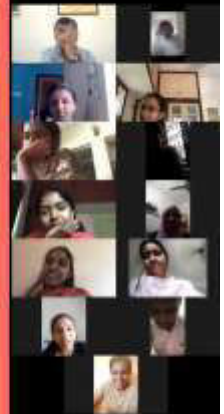
3. A young boy from a well settled family with good college and school grades is into drinking alcohol because all of his friends drink. He developed the habit on force and not by interest. How will you help him out of the habit?



4. A young pregnant mother addicted to alcohol after her husband left her few months after marriage. Her parents are not financially stable and have lost contact after her marriage. She has nobody to support her mentally , physically and financially now. How will you help her?



7.A young man, who works as a software engineer. Who was a occasional drinker in social parties conducted by his company. And became addicted to alcohol due to stress in his company for past 5 years. Now He is willing to quit drinking habit.



Winner!!



