

AKHBAR : NEW STRAITS TIMES  
MUKA SURAT : 3  
RUANGAN : NATION

## WORKPLACE ANTI-BULLYING GUIDELINES

## 'SAFE COMPLAINT CHANNEL PLANNED'

Psychosocial support also among key features, says Health Ministry



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A SAFE channel to file complaints and psychosocial support are among the key features of the Health Ministry's workplace anti-bullying guidelines scheduled for launch in October.

The guidelines, which apply to Health Ministry personnel, outline measures to prevent, report and manage bullying incidents in

the ministry.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said the guidelines would offer reporting channels that ensured confidentiality and protect complainants.

"As part of the psychosocial support component, victims will be given access to counselling services, referrals to professionals and also group support," he told the *New Straits Times*.

He added that confirmed perpetrators would face disciplinary action and undergo counselling interventions.

On compliance mechanisms, Dzulkefly said department heads and management teams would be responsible for fostering a healthy work environment.

These responsibilities include preventive measures, such as awareness campaigns and training sessions to address bullying.

He said monitoring and evaluation would focus on achieving the guidelines' goals of increasing awareness and reporting, and improving workplace culture and staff well-being.

"It will be carried out through a



Health Minister Datuk Seri Dr Dzulkefly Ahmad says department heads and management teams are responsible for fostering a healthy work environment. NSTP FILE PIC

systematic monitoring mechanism that includes data collection and analyses, as well as assessment of the guidelines' implementation and compliance at ministry facilities."

On July 12, he said the guidelines were part of broader efforts to strengthen the ministry's support systems, including the MyHelp KKM platform.

Bullying cases can now be re-

ported through the MyHelp portal, which was launched in 2022.

Reports submitted online must be investigated within 15 working days, depending on whether the case is classified as standard or complex.

Last year, he announced the formation of a task force to investigate bullying cases in hospitals as well as at other health-care facilities.



AKHBAR : NEW STRAITS TIMES

MUKA SURAT : 3

RUANGAN : NATION

# Healthcare groups welcome guidelines

**KUALA LUMPUR:** Healthcare groups, in welcoming the Health Ministry's anti-bullying guidelines, stress the need for greater transparency, trust and leadership to drive systemic change.

The guidelines, to be launched in October, will include secure and confidential complaint channels and psychosocial support for victims.

They also outline clear protocols to prevent, report and manage workplace bullying involving ministry personnel.

Malaysian Medical Association (MMA) president Datuk Dr Kalwinder Singh Khaira said the association had long raised concerns over bullying in the sector.

He views the ministry's efforts as a step in the right direction.

However, he called for broader engagement and public disclosure of the draft guidelines before they were finalised.

"MMA's experience in handling bullying complaints can help ensure the measures are effective and practical."

He added that MMA maintained a zero-tolerance stance on bullying and that a safe, respectful environment for healthcare workers was essential to ensure

high standards of patient care.

The Galen Centre for Health and Social Policy said the guidelines' success would depend on the system's credibility and public confidence in how complaints were handled.

Its chief executive, Azrul Mohd Khalib, said regular reporting of bullying cases, including outcomes and remedial actions, should be made available — potentially through an online dashboard — to promote accountability and transparency.

"This move signals that bullying allegations will be taken seriously and places responsibility on supervisors and Ministry leadership to act."

He added that while the provision of confidential channels and psychosocial support was a positive step, the long-term effectiveness of the initiative would depend on how well it is implemented, particularly in overcoming bureaucratic inertia and institutional mistrust.

"There must be leadership from the top — from the minister down to state directors and hospital administrators.

"Training and briefings are key to building confidence in the sys-



**Datuk Dr Kalwinder Singh Khaira**

tem.

"Leaders must lead by example."

Hartal Doktor Kontrak lauded the initiative as timely but added that guidelines alone were not enough.

Its spokesman, Dr Muhammad Yassin, said enforcement would be the real test. He said that the complaint system's success would depend on its ability to maintain confidentiality.

To ensure consistent enforcement in all facilities, Yassin proposed a national-level audit by an independent body to track bullying cases and responses.

"Any delays or lack of investigation must be examined to avoid abuse of power," he added.

Currently, healthcare workers can report bullying cases through the MyHelp portal, launched in October 2022.

Reports must be investigated within 15 working days, depending on whether they are classified as standard or complex.



AKHBAR : BERITA HARIAN

MUKA SURAT : 17

RUANGAN : NASIONAL

BH Isnin, 21 Julai 2025

Nasional

17

# KKM beri jaminan kerahsiaan pengadu kes buli

Kementerian tangani secara sistematik, perbaiki budaya kerja semua peringkat

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**Kuala Lumpur:** Kementerian Kesihatan (KKM) memberi jaminan berkaitan kerahsiaan pengadu kes buli di organisasinya antara yang terkandung dalam garis panduan berkaitan yang akan dilancarkan Oktober ini.

Menterinya, Datuk Seri Dr Dzulkefly Ahmad, berkata ia adalah sebahagian daripada mekanisme berstruktur yang sistematik untuk mencegah, melaporkan dan mengurus insiden buli di seluruh organisasinya.

"Misalnya melalui ciri saluran selamat, pengadu boleh mengemukakan aduan mengikut platform disediakan dengan jaminan kerahsiaan dan perlindungan individu yang mengadu.

"Dari sudut sokongan psikososial pula, pengadu akan mendapat akses kepada perkhidmatan kaunseling, susulan pakar profesional serta sokongan berkumpulan untuk mangsa," katanya dalam kenyataan semalam.

Dr Dzulkefly berkata semua pemantauan dan penilaian itu akan dilakukan berdasarkan Garis Panduan Pengurusan Buli



Keratan akhbar BH, semalam.

di fasiliti kesihatan awam untuk petugasnya.

## Tetapkan dua matlamat

Katanya, garis panduan baharu itu menetapkan dua matlamat, iaitu meningkatkan tahap kesedaran dan kadar pelaporan serta memperbaiki budaya kerja dan kesejahteraan semua peringkat kakitangan.

"Jadi dengan keberkesanan garis panduan pengurusan buli

ini akan dilaksanakan melalui mekanisme pemantauan sistematik yang dibuat melalui pengumpulan dan analisis.

"Selain itu, penilaian terhadap pelaksanaan dan pematuhan garis panduan akan dibuat di semua fasiliti kementerian," katanya.

Semalam, BH melaporkan penggunaan bahasa atau kata-kata menyakitkan hati menjadi antara elemen buli di tempat kerja disenaraikan dalam garis panduan baharu di klinik dan hospital kerajaan yang akan dilancarkan kementerian pada Oktober ini.

Dr Dzulkefly berkata, elemen buli lisan di tempat kerja itu juga merangkumi kata-kata menghina, mengancam, mengejek dan mengaibkan individu.

Beliau berkata, garis panduan baharu itu kelak turut mer-

angkumi saluran aduan yang selamat dan sokongan psikososial sebagai antara ciri utamanya.

"Garis panduan yang terpakai kepada semua warga kerja kementerian menggariskan langkah-langkah berstruktur untuk mencegah, melaporkan dan mengurus insiden buli di seluruh organisasi," katanya.

Bagaimanapun beliau berkata, bagi pelaku yang disahkan bersalah, individu berkenaan akan dikenakan tindakan disiplin dan menjalani kaunseling.

"Garis panduan ini hanya terpakai kepada pekerja dan kakitangan kementerian.

"Jadi ketua jabatan dan pihak pengurusan bertanggungjawab mewujudkan persekitaran kerja yang kondusif, mencegah insiden buli, melaksanakan kempen kesedaran dan latihan," katanya.



AKHBAR : HARIAN METRO

MUKA SURAT : 5

RUANGAN : NEGARA

Harian Metro | Isnin 21.07.2025

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## ISU PERHIMPUNAN LGBT

# JKN Kelantan bukan penganjur

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## Kota Bharu

Jabatan Kesihatan Negeri (JKN) Kelantan bukan penganjur acara berkaitan kesihatan di Kampung Kemumin, Pengkalan Chepa, baru-baru ini yang diserbu oleh polis atas dakwaan terkait dengan perhimpunan komuniti lesbian, gay, biseksual dan transgender (LGBT).

Pengarahnya, Datuk Dr Zaini Hussin berkata, acara itu dianjurkan sebuah pertubuhan bukan kerajaan (NGO) berdaftar dan bukannya oleh Pejabat Kesihatan Daerah Kota Jembal atau JKN Kelantan.

"Program itu dianjurkan oleh sebuah NGO. Pegawai

**"Pegawai  
Kesihatan Kota  
Jembal hanya  
dijemput untuk  
menyampaikan  
ceramah kesihatan  
semasa salah satu  
sesi acara itu"**

*Datuk Dr Zaini Hussin*

Kesihatan Kota Jembal hanya dijemput untuk menyampaikan ceramah kesihatan semasa salah satu sesi acara itu," katanya ketika dihubungi.

Beliau menambah, NGO terbabit adalah sebuah badan berdaftar di bawah Majlis AIDS Malaysia (MAC), sementara Kementerian Kesihatan dan MAC adalah rakan strategik dalam usaha kesihatan awam.

Dr Zaini sekali lagi menegaskan bahawa program itu tidak diselenggarakan atau diketuai oleh mana-mana pejabat kesihatan kerajaan.

Katanya, berdasarkan maklumat yang diterima, serbuan polis itu dilakukan selepas program kesihatan tamat, bukan ketika acara berlangsung.

Jumaat lalu, sebanyak 31 NGO dan individu mengeluarkan kenyataan bersama menolak dakwaan polis bahawa serbuan pada pertengahan Jun itu menyasarkan sebuah 'pesta seks gay'.

Mereka menegaskan bahawa acara itu sebenarnya adalah satu sesi kesedaran HIV dan kesihatan yang sah.

Sementara itu, Ketua Polis Kelantan, Datuk Mohd

Yusoff Mamat berkata, serbuan ke atas perhimpunan yang membabitkan lebih 100 individu daripada komuniti LGBT itu adalah berdasarkan bukti yang kukuh.

"Biarlah mereka cakap apa yang mereka mahu, tetapi kami pihak polis mempunyai bukti yang membawa kepada operasi tersebut," katanya.

Terdahulu, media melaporkan polis Kelantan menyerbu sebuah banglo di Kemumin berikutan aduan mengenai perhimpunan yang didakwa membabitkan individu gay.

Tiga individu ditahan kerana memiliki video lucah membabitkan lelaki manakala keterangan telah diambil daripada 20 peserta lain.



AKHBAR : THESUN  
MUKA SURAT : 10  
RUANGAN : SPEAK UP

10 MONDAY | JULY 21, 2025  
the Sun **SPEAK UP**

# Call for empathy in public healthcare

**W**HAT started as an ordinary morning took an unexpected turn towards noon when I was hit with unsettling symptoms that sent alarm bells ringing. A wave of unease, unlike anything I had felt before, left me torn between seeing a random doctor at any clinic or heading straight to the hospital.

My gut told me not to wait, and soon I found myself at the Emergency Department of the University Malaysia Medical Centre (UMMC). The five hours I spent there opened my eyes to the relentless world of public healthcare and the remarkable people who keep it running against all odds.

Walking into UMMC's Emergency Department felt like stepping into a crisis zone operating 24/7. The staff, nurses, doctors and support personnel moved with a precision that belied the chaos around them, attending to each and every patient who scream for attention, some silently and yet others in groans.

Malaysia's public hospitals handle an estimated 17,800 emergency cases daily based on 2020 figures, and as a leading facility, UMMC likely sees 200-300 of those cases each day. Five years from now, the figures would have escalated considerably.

The team's ability to function under such pressure is nothing short of extraordinary. I watched nurses and doctors remain on their feet throughout their shifts, with no visible breaks for meals or rest.

It is a gruelling job I would not be able to cope in such stress, yet it's a scene that we can't do without.

My only gripe during my recent emergency ordeal was having to repeat my symptoms at least four times, from registration to various stages of assessment.

At first, this felt like a administrative inefficiency, but I later understood it as a safeguard to ensure accuracy in diagnosis and treatment.

In the high-stakes environment of an emergency room, correctness matters, and this repetition, though tedious, was a small price to pay for thorough care.

That realisation shifted my perspective on the broader complaints often levelled at Malaysia's public healthcare system, particularly about long waiting times.

In Malaysia, public hospitals have long been criticised for delays, particularly at specialist clinics, a problem rooted in, overwhelming demand. Recent increases in private insurance premiums have pushed more patients towards public facilities, further straining resources.

While specialist appointment systems have alleviated some pressure, they are no match for the growing patient load.

My experience at UMMC made me reflect on the humans behind the system, overworked, under pressure,

yet committed to saving lives.

It is easy to criticise when you are waiting hours for care, but seeing the emergency team in action gave me a newfound appreciation for their dedication and superior performance.

This dynamic is not unique to Malaysia. Globally, government-run hospitals are lifelines, but their challenges vary by context. In developed nations, systems differ starkly. The UK's National Health Service (NHS) provides universal, tax-funded care, excelling in preventive measures like vaccinations and screenings.

Yet, it struggles with long wait times for elective procedures, workforce shortages exacerbated by post-Brexit policies, and resource strain, evidenced by £604 million (RM2.44 billion) spent on just urinary tract infections in 2023/24.

Recent innovations, like telehealth expansion and new treatments show progress, but labour disputes, like healthcare assistant strikes in recent times, highlight ongoing tensions.

Singapore's mixed model, with 80% of hospital beds in public facilities, is a global leader, ranked first in 2024.

Supported by MediSave, MediShield Life, and MediFund, it balances efficiency and affordability, with 10,400 beds across eight general

hospitals and specialty centres.

High staffing ratios and subsidies keep costs low, but an ageing population and limited long-term care coverage pose challenges.

Investments like the \$51.38 billion (RM4.56 billion) Woodlands Health Campus and programmes like CareShield Life signal a forward-thinking approach, yet even Singapore is not immune to growing pains.

In the US, government-run hospitals, including those under the Veterans Health Administration, serve specific groups like veterans and low-income patients.

The Affordable Care Act's Medicaid expansion has reduced uncompensated care, but the lack of universal healthcare creates disparities. Urban public hospitals are often underfunded, and high costs and administrative inefficiencies add strain, despite innovations in a managing healthcare system.

Developing countries face steeper hurdles. In the Philippines, 40% of 1,700 hospitals are government-run, while China's New Rural Cooperative Medical Care System covers 80% of rural residents.

Reforms like India's Ayushman Bharat for the economically underprivileged or Mexico's Seguro Popular show promise, but half the world's population still lacks essential services.

Post-Covid-19, regional epidemic detection systems and social insurance programmes are steps

forward, yet weak accountability and reliance on international aid persist.

My time at UMMC reminded me that behind every statistic and Malaysia's millions who visit public hospitals, there are healthcare professionals who are human beings working under immense pressure.

When we voice frustrations about long waits or inefficiencies, we often overlook the context, underfunded systems grappling with overwhelming demand.

Increasing healthcare budgets could ease the strain, but it's a delicate balancing act, as funds diverted to healthcare mean less for other sectors like education or infrastructure. It is a tough call for any government.

The next time we are tempted to make a sharp remark about public healthcare, let us pause. The doctors, nurses and staff at places like UMMC are not just cogs in a machine, they are people who chose to be in a relentless storm to keep us alive.

By the way, I walked out with a clean bill of health after all the tests and assessment, and the scare? Some things are best left unknown!

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AKHBAR : NEW STRAITS TIMES  
MUKA SURAT : 10  
RUANGAN : NATION

## SEXUAL OFFENCES AGAINST CHILDREN

# GIRL TRICKED INTO SENDING NUDE PIX TO 'DOCTOR'

15-year-old made to believe she was taking part in virtual health screening, say police

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**A** 15-YEAR-OLD girl has become the latest victim of an online scam after being deceived into sending nude photographs of herself via the Telegram messaging platform to an individual posing as a medical officer.

District police chief Assistant Commissioner Hasbullah Abd Rahman said the teenager had believed she was participat-

ing in a virtual health screening for cervical and breast cancer.

He said the victim was instructed to submit personal and family information, along with several nude images, allegedly for medical purposes.

"The suspect convinced the victim that the procedure only required her photographs. The victim complied, believing it to be a legitimate request from a medical professional."

"Upon realising she had been scammed, the teenager lodged a report out of fear that the images may be shared online."

He added that police had so far received two related reports, and investigations were ongoing under Section 15(a) of the Sexual Offences Against Children Act 2017.

The offence carries a maximum penalty of 10 years' imprisonment, a fine of up to RM20,000, or both, upon conviction.

He urged parents, educators and the

public to remain vigilant and proactive in educating children about the dangers of sharing personal information or images online.

"This case highlights the critical need for awareness, especially among young people, about digital safety and online predators."

"We urge parents and schools to continuously remind children not to share personal data or images with strangers online," he said.

He added that the public was also advised to activate two-step verification on messaging apps like Telegram to protect their social media accounts from unauthorised access.

Anyone with information about the case can contact Inspector Nur Munawarah Ahmad at 011-16240391, the Manjung police headquarters operations room at 05-6886222, or the WhatsApp hotline at 017-6828005.

AKHBAR : HARIAN METRO

MUKA SURAT : 20

RUANGAN : LOKAL

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Isnin 21.07.2025 | **Harian Metro****lokal**

# 4 lokasi IPU tidak sihat

*Putrajaya kawasan terbaharu direkod selepas Nilai, Johan Setia dan Banting*

KELIHATAN pemandangan jerebu di Kampung Tengah, Puchong pada tengah hari, semalam. Empat lokasi di Selangor dan Negeri Sembilan mencatat bacaan Indeks Pencemaran Udara (IPU) tidak sihat setakat 9 pagi, semalam. - Gambar NSTP/HAZREEN MOHAMAD

Oleh Nurul Hidayah Bahaudin  
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## Kuala Lumpur

Putrajaya menjadi lokasi terbaharu mencatatkan bacaan indeks pencemaran udara (IPU) tidak sihat setakat jam 2 petang, semalam.

Semakan menerusi laman sesawang Sistem Pe-

### INFO

Nilai di Negeri Sembilan merekodkan bacaan IPU tertinggi iaitu 162 diikuti Johan Setia dan Banting yang masing-masing merekodkan 154 dan Putrajaya (153).

ngurusan Indeks Pencemaran Udara (APIMS), Jabatan Alam Sekitar (JAS) men-

dapati Putrajaya, Nilai, Banting dan Johan Setia di Klang merekodkan bacaan IPU tidak sihat.

Nilai di Negeri Sembilan merekodkan bacaan IPU tertinggi iaitu 162 diikuti Johan Setia dan Banting masing-masing merekodkan 154 dan Putrajaya (153).

Semalam Metro Ahad melaporkan jerebu rentas sempadan didapati sedang melanda beberapa negeri

## Kebakaran akibat perbuatan manusia

Kuala Lumpur: Kebakaran hutan dan belukar di Kajang dan Bukit Jalil sejak beberapa hari lalu dipercayai berpunca akibat perbuatan manusia.

Ketua Pengarah Jabatan Bomba dan Penyelamat Malaysia (JBPM) Datuk Nor Hisham Mohammad berkata, keadaan cuaca ketika ini tidak cukup panas mencetus kebakaran secara semula jadi.

"Penyalan sendiri tak mungkin berlaku dengan cuaca sekarang. Jadi, besar kemungkinan kebakaran ini berpunca daripada manusia, walaupun kita tidak membuat siasatan forensik khusus," katanya ketika dihubungi, semalam.

Nor Hisham berkata, antara kejadian terkini ialah kebakaran hutan seluas kira-kira 1.2 hektar di kawasan bukit Kajang Prima, Selangor, semalam, yang memerlukan 22 anggota bomba serta empat jentera untuk memadamkan api.

Sebelum itu, kejadian kebakaran belukar dilaporkan berlaku berhampiran kawasan Bukit Jalil di sini hingga memaksa pasukan bomba mengambil tindakan pantas bagi mengawal api daripada merebak ke kawasan berhampiran.

Nor Hisham berkata, sebanyak 7,223 kes kebakaran direkodkan di seluruh negara bagi tempoh 1 Januari hingga kelmarin membabitkan kebakaran kebun atau ladang, hutan, belukar dan sampah.

Kebakaran belukar atau ladang mencatat jumlah tertinggi iaitu 4,733 kes diikuti kebakaran sampah (1,662 kes), hutan (537 kes) dan kebun atau ladang (291 kes).

Selangor merekodkan jumlah kes tertinggi dengan 1,364 kejadian diikuti Perak (938), Johor (831), Kedah (662), Kuala Lumpur (113) dan Labuan (44), manakala Putrajaya mencatatkan jumlah terendah dengan lapan kes.

pantai Barat Semenanjung Malaysia.

Ketua Pengarah Jabatan Meteorologi Malaysia (METMalaysia), Dr Mohd Hisham Mohd Anip dila-

porkan berkata, laporan dikeluarkan oleh Asean Specialized Meteorological Centre (ASMC) mendapati terdapat 79 titik panas di kawasan Sumatera.

Menurutnya, ia berkeungkinan menjadi punca kepada keadaan berjerebu di Malaysia yang dibawa oleh tiupan angin barat da-



AKHBAR : NEW STRAITS TIMES

MUKA SURAT : 14

RUANGAN : LIFE &amp; TIME

**A**S Malaysia moves closer to becoming an aged nation by 2030, many adults over 60 will start noticing leg discomfort, swelling and skin discolouration.

These changes are often brushed off as part of growing old, but may actually signal a medical condition that deserves attention — chronic venous insufficiency (CVI).

Many assume that leg pain and swelling are part of ageing, so they try to live with it, says Ara Damansara Medical Centre (ADMC) consultant general and vascular surgeon Dr Syaiful Azzam Sopandi.

But when veins in the legs stop working properly, it can lead to more than just discomfort and if left untreated, the complications can be serious.

CVI happens when the valves in the leg veins weaken or become damaged, he explains.

These valves are meant to ensure that blood flows upwards to the heart. When they stop working properly, blood pools in the lower limbs, increasing pressure and causing damage to the surrounding tissue.

Think of your veins as rubber tubes with one-way doors, explains Dr Syaiful.

As we age, the "doors" don't shut completely, and the tube walls stretch. Blood collects in the legs, leading to swelling, skin changes, and eventually, ulcers.

As the condition progresses, venous pressure builds up, a condition known as venous hypertension. Initially, this causes the veins to leak fluid into the surrounding tissues, leading to swelling under the skin.

In more advanced stages, the veins begin to leak red and white blood cells. When red cells break down, they release iron, which gets trapped in the tissue and causes a dark staining effect on the skin.

"This is why some patients notice a brownish discolouration on their lower



A 2021 study found that more than 30 per cent of Malaysians over 50 had signs of cardiovascular disease.

PICTURE CREDIT:  
LIFESTYLEMEMORY —  
FREEPIK

## No vain effort in vein health

legs. It's not just a skin issue but a sign of ongoing inflammation inside the tissue," says Dr Syaiful.

Over time, this inflammation weakens skin, making it more fragile and prone to ulcers, which are slow to heal, especially in older adults.

### COMMON YET OVERLOOKED

Despite its seriousness, CVI is often underdiagnosed in older adults.

Globally, it affects an estimated 20 to 40 per cent of the adult population,

with prevalence increasing significantly with age.

In Malaysia, a 2021 study under the Vein Consult Programme Malaysia found that more than 30 per cent of Malaysians over the age of 50 had signs of CVD.

Among those aged 60 and above, the numbers are likely higher, possibly up to 40 or 50 per cent, says Dr Syaiful.

This would be especially true for people with risk factors like obesity, a history of prolonged standing, previous deep vein thrombosis, or a sedentary lifestyle.

As Malaysia's elderly population continues to grow, vein-related problems will become more common and should not be overlooked.

Some patients delay care due to fear of hospitals or believing nothing can be done, while others face language barriers, limited mobility, or financial concerns.

In some cases, reduced sensitivity in the legs can cause patients to overlook pain altogether.

### SIGNS THAT SHOULDN'T BE IGNORED

The warning signs of CVI can appear gradually. Leg pain that worsens with standing or walking, swelling around the ankles, and visible varicose veins are among the most common early indicators.

Skin around the lower leg may become darker or feel tight and itchy. In more advanced cases, ulcers may form, usually near the inner ankle.

These are more than skin deep. If you notice them, especially after 50, you should speak to a doctor. Early treat-

ment can make a huge difference."

As we grow older, the structure of our veins changes. The valve flaps that once closed firmly may now leak. The vein walls, once elastic, become stiff. The calf muscles, which help pump blood back up to the heart, may lose strength due to reduced physical activity.

This combination of factors contributes to slower blood flow and increased risk of vein-related complications.

"Older adults may not walk as much or stay as active as they used to. This loss of movement slows down blood circulation and makes venous disease more likely."

Despite advancements in treatment, myths and misinformation continue to delay care, says Dr Syaiful.

One of the most persistent beliefs is that varicose veins are purely cosmetic. In reality, they may signal an underlying disease.

Another common myth is that older adults are too frail for surgery or that vein removal will disrupt blood flow.

Without proper treatment, CVI tends to worsen over time.

"Vein disease is progressive. The earlier we catch it, the easier it is to manage."

While medical treatment is necessary for more advanced cases, adopting good daily habits can help maintain healthy veins and manage early symptoms.

Dr Syaiful recommends regular walking to strengthen calf muscles, elevating legs a few times a day to reduce swelling and avoiding long periods of sitting or standing.

Wearing compression stockings



Many people assume that leg pain and swelling are just part of ageing, so they try to live with it, says Ara Damansara Medical Centre consultant general and vascular surgeon Dr Syaiful Azzam Sopandi.

PICTURE CREDIT: ADCMC

in the morning, maintaining a healthy weight, eating a fibre-rich diet and avoiding tight clothing that restricts circulation can make a difference.

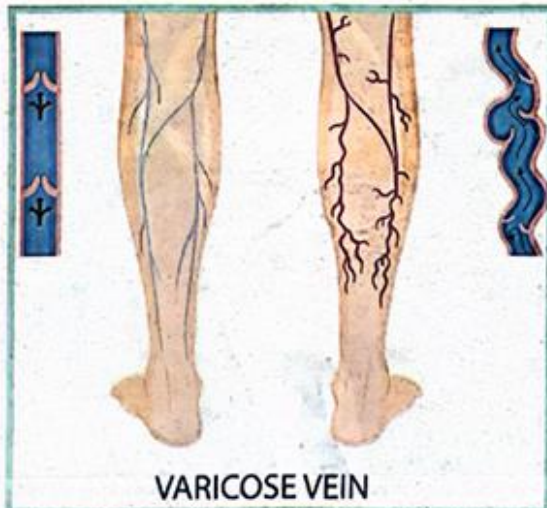
Daily leg care is also important. Moisturising skin, especially around the ankles, helps prevent cracks, while regular self-checks can catch early signs of swelling, wounds, or discolouration.

Smoking damages blood vessels and worsens circulation so quitting is one of the best things one can do for vascular health.

Left untreated, CVI can result in open ulcers that take months to heal, frequent infections and in severe cases, deep vein thrombosis or even limb amputation.

Delaying treatment is like ignoring a leak in your roof. It might seem small initially, but eventually the damage becomes extensive and costly to fix."

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### VARICOSE VEIN

One of the most persistent beliefs is that varicose veins are purely cosmetic. In reality, they may signal an underlying disease. PICTURE CREDIT: BIGFOX — FREEPIK



AKHBAR : NEW STRAITS TIMES

MUKA SURAT : 15

RUANGAN : LIFE &amp; TIME

**I**t often begins subtly — a forgotten name, a repeated story, a misplaced item.

But dementia isn't just forgetfulness — sadly, it's about losing the essence of who you are.

In Malaysia, this silent epidemic is growing faster than most realise, driven by an ageing population and widespread chronic illnesses like diabetes and high blood pressure.

Globally, dementia affects more than 55 million people, and the World Health Organisation predicts this number will reach 78 million by 2030.

Malaysia, with nearly 16 per cent of its population aged 60 and above, will not be exempted from this rising trend.

Local studies suggest more than 200,000 Malaysians are living with the condition, but the figure is likely underestimated due to low awareness and limited screening.

While slower memory and reduced mental agility can come with age, dementia is different.

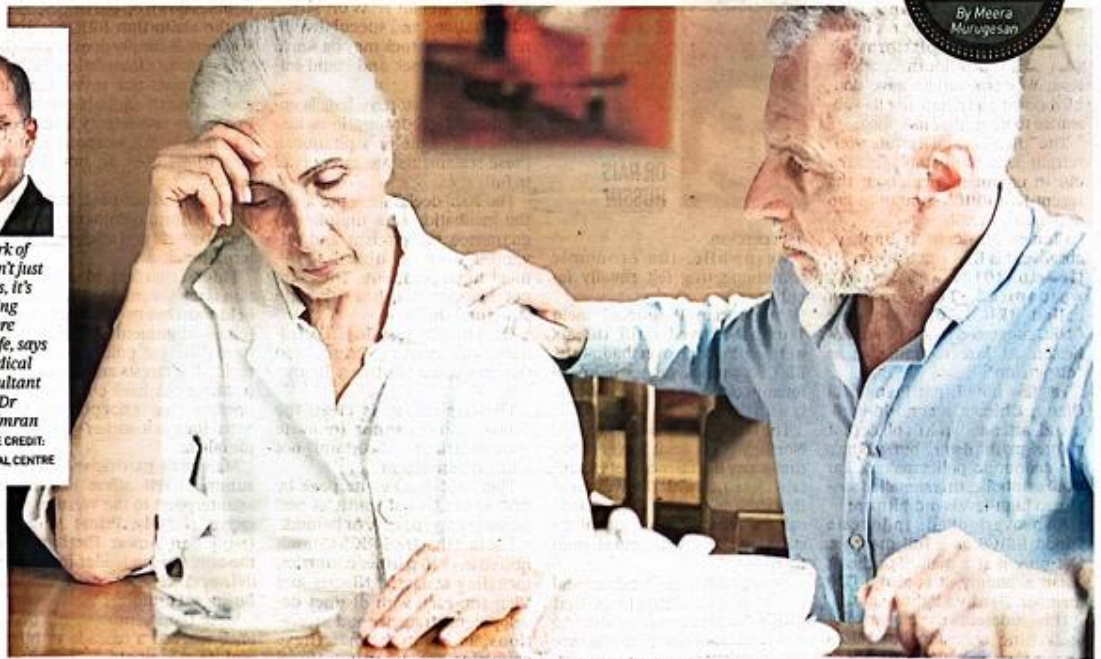
The hallmark of dementia isn't just forgetfulness, says Sunway Medical Centre consultant neurologist Dr Mohamad Imran Idris.

It is when thinking skills interfere with daily life — language, judgment, even recognising familiar faces. That is when it is time to get help.



The hallmark of dementia isn't just forgetfulness, it's when thinking skills interfere with daily life, says Sunway Medical Centre consultant neurologist Dr Mohamad Imran Idris. PICTURE CREDIT: SUNWAY MEDICAL CENTRE

# When the mind fails



People with dementia live in the present. They can't access the past or plan for the future. PICTURE CREDIT: FREEPIK

## A LIFE-ALTERING CONDITION

When someone can no longer perform tasks they once managed easily, such as cooking, managing finances or holding a conversation, that's when doctors usually begin to suspect dementia.

Oftentimes people confuse dementia and Alzheimer's.

Dr Imran explains that Alzheimer's disease is just one type of dementia.

Dementia is an umbrella term. Alzheimer's is the most well-known, but in Malaysia, vascular dementia caused by impaired blood flow to the brain, often after a stroke or due to chronic conditions like high blood pressure, is also very common.

Conditions such as hypertension, high cholesterol, smoking and diabetes are key contributors to vascular dementia, and all are common among Malaysians.

Technically, age is a risk factor we can't control, but vascular risks are manageable. You can reduce your risk by managing your blood pressure, cholesterol, and blood sugar levels early.

Dementia is often dismissed as just ageing or depression, but its roots can be medical — even in younger adults.

"It's not just grandma or grandpa anymore. We've seen people in their 40s and even 30s developing early signs after a stroke or years of unmanaged

chronic illnesses," says Dr Imran.

The damage builds silently over decades. When symptoms show, the brain may already be severely affected.

## SLEEP AND SOCIALISING — THE GAME CHANGERS

While diet and exercise are known brain boosters, one often overlooked factor is sleep.

Dr Imran says people glorify working late and surviving on minimal rest, but poor sleep affects brain health more than we realise. Socialising also plays a powerful role.

Talking with friends, engaging in conversation — these spontaneous, unpredictable interactions challenge the brain and help preserve cognitive function," he explains.

Repetitive digital games may feel mentally stimulating but offer little long-term benefit, he adds.

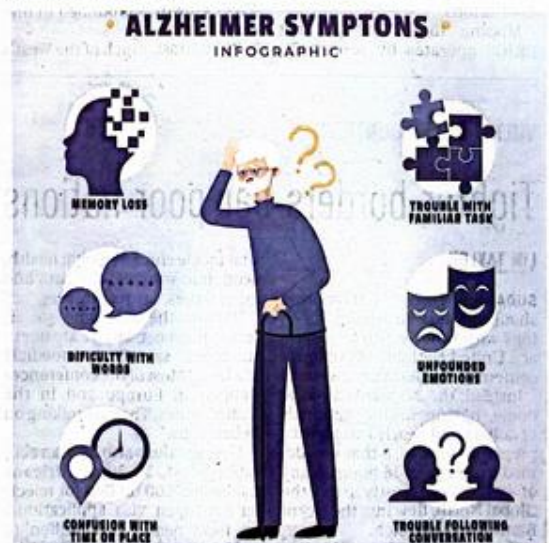
Since the burden of care for people with dementia often falls on families, it can be emotionally and physically draining, and support is limited.

"We risk having two unwell people instead of one — the patient and the caregiver," says Dr Imran.

Structure and routine can help. If the person with dementia has a routine, for example going to the park on Mondays, visiting the children on Wednesdays — it can help them feel grounded.

Daycare centres designed specifically for dementia care also offer a small but promising model. They provide safe, stimulating environments for patients and respite for caregivers.

"People with dementia live in the present. They can't access the past or



Alzheimer's disease is one type of dementia. PICTURE CREDIT: FREEPIK

plan for the future. That can be terrifying, especially when they're isolated. They may not remember your name but feel your kindness."

While dementia has long been seen as a hopeless diagnosis, science is now catching up, he adds.

We now have medicines that can slow its progression and we're entering a new era of treatment.

Screening tools — from digital cognitive assessments to blood tests that

detect early brain changes are becoming more accessible.

The best approach though is to start thinking seriously about brain health in your 40s and 50s.

Control your blood pressure, stay socially engaged, sleep well and eat a balanced diet.

These aren't just good habits — they're investments in our future cognitive health.

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Since the burden of care for people with dementia often falls on families, it can be emotionally and physically draining. PICTURE CREDIT: FREEPIK