Diabetes FootCon 2024 program Announced......PFN Online turn One Year Old (Editor's Note.)..... Presidential Prides of PCDA Pakistan.....page-5 to page-28 Core Summit 2024 Nathiagali ..... Efficacy of Empagliflozin in depression..... Benefits of FDC by Dr. Ali Asghar.....

# DIABETES FOOTCON starts from 24th'Aug 2024 in Karachi PCDA is the main collaborator of the Mega Event on Diabetic Foot

 ${f P}$ resident of PCDA Pakistan, Dr. Zahid Miyan who is also the Chairman & Council Member of MENA Region - D-Foot International has invited all the healthcare professionals of the mega polis of Karachi to attend the grand event on diabetic foot, to be held on 24th. And 25th. August 2024 in Hotel Movenpick Karachi. He highlighted that there are over three million people suffering from diabetic foot in the country, and this is likely an underestimation due to many individuals not seeking care at diabetic clinics. He emphasized the concerning fact that a simple infection can lead to amputation.



Throughout their lives, 25% Diabetes of adults will develop foot ul- (26.7%) people are living with diabetes. cers. Diabetes-related foot and Diabetic foot ulcers and infections place lower limb issues are severe a significant financial and resource and long-lasting. They affect strain on healthcare systems by requir-40–60 million people with dia- ing hospital in-patients and outpatients around the world. to be handled by primary care and com-Chronic foot ulcers and ampumunity care services. In terms of overall tations among diabetic patients performance, significantly reduce the quality

> diabetic complications. Amputation is country, struggles to sustain an effective 10-20 times more common in people healthcare system in the form of quality

with diabetes than in nondiabetics. It is argued that a lower limb or part of a lower limb is ampuevery 30 s due diabetes.

The prevalence of diabetic foot ulcers in Pakistan ranges from 2.1 to 50.9%.

fection reduce patient's quality educational program and adequate and of life and significantly in- appropriate footwear. The prevalence of crease their risk of amputation, foot ulcers among diabetic patients is which is a tragic end for most 6.3% around the world. The highest people. It is an expensive dis- prevalence is in Belgium at 16.6%, and ease to treat. Currently, 537 in Asia, it is 5.5%. The lowest prevamillion adults are living with lence of foot ulcers in Australia is 1.5%. diabetes. This figure is forecast to increase to over 783  ${
m The}$  prevalence of diabetes and associmillion adults by 2045.

ated complications in Pakistan is steadily rising. According to the International

of life and increase mortality risk. Diabetes foot is one of Pakistan is ranked 154th out of 195 the most common, costly, and severe countries. Pakistan, as a developing

Foundation,

healthcare tion, and accessibility. With the limited number of diabetic foot ulcer management centers, Pakistan is ill-equipped to address the problem of diabetes and diabetic foot ulcer complications. According to published studies, the prevalence of

**D**r. Miyan drew attention to the severity of mortality from diabetes, which he compared to cancer but noted that it doesn't receive the same level of attention and importance. The direct and indirect costs of treating diabetic foot have increased significantly, resulting in not only absenteeism from work but also loss of lives. Lack of patient education and inadequate facilities were also men- tated globally tioned as contributing factors.

A diabetic foot ulcer is a chronic con- Particularly in sequence of diabetes characterized by low-income lesions in the deep tissues. It causes neuregions, rological problems and peripheral vas- betic foot ulcular diseases in the lower extremities. It cers can have poses a significant challenge for socie- a significant economic, social, and pub- foot ulcers in Pakistan ranges from 2.1 ties worldwide. Foot ulceration and in- lic health impact without an appropriate to 50.9%.

# **Program Details**

#### 24-25 AUGUST 2024

Mövenpick Hotel, Karachi, Pakistan

# NADEP

12th Train the Foot Trainer (TTFT) Program MENA Region (War E by D-Foot International

- International & National Speakers
- State of the Art Lectures
- Interactive Workshops
- Updates on Diabetic Foot Management
- Innovations in Diabetes Education



Diahetes & Foot Care

Submit Your Abstract till, 14 August, 2024













# PCDA COLLABORATION **DIABETES FOOTCON 2024**

# Registration committee: Research committee:

Dr Riasat Ali Khan Dr Shahid Akhtar

**Reception Committee:** 

Dr Iqbal Batavia Dr Qazi Mujahid

Dr Shakeel Ahmed

# Stage committee:

Dr Najum F Mahmudi Dr Fareed Uddin Dr Izhan Ali Khan Dr Fareed Uddin Dr Riasat Ali Khan Dr Adnan Kanpur

#### Social & marketing committee:

Dr Majid Khan Dr Ashraf Raheem Dr Shakeel Ahmed

#### NADEP FOOT CON, 2024 DAY 1: Saturday AUGUST 24, 2024

IJ	DAY 1: Saturday AUGUST 24, 2024					
Ų		Breakfast Symposium 1		8:30 am - 9:00 a	am	
ı		INAUGURATION CEREMONY		9:00 am - 9:40 a	am	
li	SESSION 1	TOPIC	SPEAKER	TIME	HALLS	
ľ		Diabetic Foot in Pakistan – A national approach	Prof. Abdul Basit	09:40 am to 10:05 am		
	LECTURES	Diabetic Foot – Plan and strategies by D-Foot international	Dr. Zulfiqar Ali G abbas	10:05 am to 10:30 am		
		Fast Track Concept/Results/Hurdles/ Solutions	Dr Zahid Miyan	10:30 am to 10:55 am		
Į	PANEL OF EXPERTS	Prof.Jameel Ahmed, Prof.Jamal Zafar, Pro	of.Najamul Islam, Prof. Yaqoo	b Ahmedani		
		SATELLITE SYMPOSIUM 2		10:55 am to 11:25am		
Ī	PANEL OF EXPERTS	Prof.Qazi Masroor, Dr. Musarrat Riaz				
		Diabetic Foot – Assessment of peripheral neuropathy & Peripheral arterial disease	Prof. Sharkawy   Dr.Fahad Tariq Dr Asim Bin Zafar  Mr.Furqan uddin,  Mr. Arshad Ali	11:25 am to 13:05 pm (25 minutes)		
	WORKSHOPS	Diabetic Foot-Wound Assessment & Classifications	Prof. Sobia Sabir   Prof. Roberto Achini   Prof. Sajid Abbas Jafri   Mr. Arsalan	11:25 am to 13:05 pm (25 minutes)		
		Diabetic Foot wound bed preparation	Dr. Salma Khuraibet   Dr. Saif Ul Huque   Dr. Abdul Majid Shareef  Ms. Huma khan	11:25 am to 13:05 pm (25 minutes)		
		How to choose the right Footwear	Dr Riaz   Mr. Ausaf Mehdi   Mr. Danish Majeed   Mr. Abdullah Hussain	11:25 am to 13:05 pm (25 minutes)		
ı		SATELLITE SYMPOSIUM	13	13:05 pm to 13.35 pm		
	PANEL OF EXPERTS	Prof. Qaiser Jamal, Prof.Zaman Sheikl	h, Prof. Karim Qamaruddin,	Prof. Najam Mahmoodi		
Ì		LUNCH AND PRAYER	BREAK	13:35 pm to 14:20 pm		
Ī	SESSION 2	TOPIC	SPEAKER	TIME	HALLS	
		Diabetic Foot – A Global Perspective	Prof. Andrew Boulton	14:20 pm to 14:45 pm		
		Do we need expensive dressing for LMICs	Prof. Harikrishna K.R. Nair	14:45 pm to 15:10 pm		
	LECTURES	Diabetic Foot Infection – a challenge in developing countries	Prof. Eric Senneville	15:10 pm to 15:35 pm		
		Offloading/Orthotics When, How, Where	Dr. Salma Khuraibet	15:35 pm to 16:00 pm		
		Treating PAD to heal ischemic wounds	Prof. Mohammad Sharkawy	16:00 pm to 16:25 pm		
	PANEL OF EXPERTS	Prof.Zia ur rehman, Prof. Khadija Irfan,	Prof Iftikhar Shah, Dr. Asim			
		SATELLITE SYMPOSIUM 4		16:25 pm to 16.55 pm		
	PANEL OF EXPERTS	Prof. Sajid Abbas Jafri, Prof.Saleemullal	-	40.55		
		POSTER COMPETI	TION	16:55 pm to 17:25 pm		

PANEL OF EXPERTS

Lectures:

Panel Of Experts

#### DAY 2: Sunday AUGUST 25,2024

		.,		
Breakfast Symposium 5			8:30 am - 9:00 am	
SESSION 1	TOPIC	SPEAKER	TIME	HAL
	Diabetic peripheral neuropathy-An update	Dr. Zulfiqar Ali G abbas (Tanzania)	9:00 am to 9:25 am	
LECTURES	Consensus on Wound Healing according to World Union Wound Healing Society	Prof. Harikrishna K.R. Nair (Malaysia)	9.25 am to 9.50 am	
	BE SMART: Educational Strategies for foot care and prevention of foot complications	Ms. Erum Ghafoor	9.50 am to 10.15 am	
	Osteomyelitis management -Medical Vs Surgical	Prof. Eric Senneville (France)	10.15 am to 10.40 am	
	What are common problems after amputation, and how can they be avoided?	Prof.Laar, Wilbert van (Netherland)	10:40 am to 11:05 am	
PANEL OF EXPERTS	Dr. Zahid Miyan, Prof Sobia Sabir, Prof. W	aris Farooka		
	SATELLITE SYMPOSIUM 6		11:05 am to 11:35 am	
PANEL OF EXPERTS	Dr. Asjad Hameed, Dr. Bashir Khuhro, Dr.	Feroz Memon		
TEA BREAK		11:35 am to 11:50 am		
	Nutritional support to improve wound healing in Diabetic foot	Mrs. Mehwish Sheriaz	11:50 am to 11:15 am	
D&E Workshop	Better foot care for people living with diabetes	Ms. Erum Ghafoor/Mrs. Rabia Abdul Reham/Mr. Farrukh Ahmed	11:15 am to 12:40 pm	
	SATELLITE SYMPOSIUM 7		12:40 pm to 13:10 pm	
PANEL OF EXPERTS	Prof. Tahir Ansari			
	MEET THE	EXPERTS		

rof. Salma Tanveer, Dr. Qamar Masood, Prof. Itaat Hussain, Dr. Danish Muneeb

Recurrence of ulcer - How to prevent

Charcot Foot: don't miss it

Surgical fixation of Charcot Foot

Current Surgical Techniques in

Diabetic Foot

CLOSING SESSION

SPEAKER

Dr. Salma Khuraibet

Prof.Roberto Achini

Dr. Tashfeen Ahmad

Mr. Patrick Burns

13:10 pm to 13: 35 pm

13:35 pm to 14:00 pm

14: 00 pm to 14: 25 pm

14: 25 pm to 14:50 pm

# **Diabetes Pakistan**

Metabolic Syndrome











**Empowering Communities, Advancing Care:** Date: A Global Approach to 1st - 2nd Diabetes Management November. 2024

Venue; Serena Hotel, Faisalabad

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Prof. Dr. Hooria Aamir Dr. Ahmad Shahzad

Dr. Riasat Ali Khan

Dr. Ijaz Anwar

#### Contact Conference

Email: diabetes.pkfsd@gmail.com

**WhatsApp Contact:** 

O 0313 599 1457

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Prof. Dr. Khalid Amin Prof. Dr. Amir Hussain

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Haji Riaz Sheikh Tariq Sattar

Mirza Aslam Baig Engg. Faizan

# Diabetes Pakistan

METABOLIC SYNDROME

**Primary Care Diabetes Association** 

1st, 2nd November 2024 Serena Hotel, Faisalabad



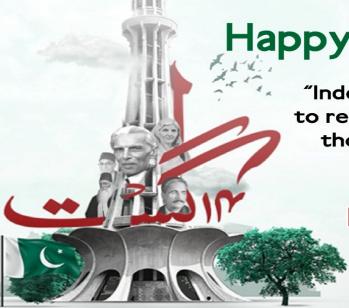
# Happy Independence Day

"Independence Day is a time to remember the sacrifices of those who fought for our FREEDOM."

Dr. Ahmad Shahzad

Chapter Head PCDA (Punjab) President LDF





# PCDA Newsletter is now One Year Old

Happy 1st Birthday



# Alhamdolillah

PFN-Online (Online version of "Prevention First Newsletter") was launched on 15th. September 2023. The Publications Committee during "General Body Meeting 2023" accepted the challenge of issuing a newsletter regularly every month. This apparently looked very difficult if not impossible, as expressed by some collogues during the meeting. Today we are rightly feeling proud that we are today releasing 12th. Issue of PFN-Online. All 12 issues were released on the 15th. day of corresponding month and none got late.

The most important thing is that the editors tried hard and consistently to include comprehensive coverage of all the PCDA activities every month. In Sep'23(9 pages), Oct'23(12 pages), Nov'23(20 pages), Dec'23(21 pages), Jan'24(19 pages), Feb'24(30 pages), Mar'24(35 pages, Apr'24(34 pages), May'24(50 pages), Jun'24(31 pages), Jul'24(28 pages), (Symposium'24 Special Edition 90 pages) and now Aug'24(47 pages). Total 422 pages with standard coverage and pleasant visual content in last eleven months is something that give us energy to improve our performance in the forthcoming months

How much we succeed in this will be reflected from the readers feedback only. Its very heartening to see the feedback coming from our teachers and mentors who gone through various issues of PFN-Online and honored us with their valuable comments and feedback. All PCDAians are thankful to them with the deepest corners of their hearts. The Publications Committee requests all readers, specially heads of the chapters of PCDA, to send their articles, photographs of the PCDA events, updates in diabetes and related fields etc. to the committee to make PFN-Online true representative of Primary Care Diabetes Association Pakistan

Allah bless us all. Ameen!

Dr. Shahid Akhter (Head of Publications Committee)

# Presidential Prides of PCDA Pakistan

Primary Care Diabetes Association Pakistan was established in 2009, and later registered by the Directorate of Social Welfare, Government of Sindh in 2016.

Main objectives set by the founders were to provide a forum for the Primary Care Physicians in Pakistan, to meet together to create opportunities to exchange & share ideas, strategies & methods for professional development, to encourage evidence-based practice in diabetes care by the primary care team, including the implementation of appropriate standards, to promote research & development for providing good quality diabetes care in the primary care setting and to provide awareness in the community regarding diabetes through educational programs, seminars, and workshops.

**D**r. Mansoor Ali (Late) was elected as founder president of the newborn organization, who by virtue his hard work, devotion and dedication nurtured the tiny plant to become a huge tree, till his sudden death in 2020. Indeed it was a great setback for the newborn organization. But the torch enlightened by the departed president was so strong and progressive that its beams are reaching to each and every corner of the country.

Later Dr. Fareeduddin took charge of the fast sailing ship. After completion of his tenure of two years, Dr.

Zahid Miyan is presiding the fast expanding and growing organization, till date.

Dr. Riasat Ali Khan has been elected as the next president who will take charge of PCDA from Feb'2025.

Dr. Najum Feroz Mahmudi is guiding the cabinet as senior vice president since the foundation of the organization. Dr. Asima Khan is permorming responsibilities as vice president in the current cabinet.

PFN-Online in its 1st. Anniversary Issue, is paying tribute to all the PRESIDENTIAL PRIDES OF PCDA PAKISTAN. Please keep reading......

# Presidential of Prides of PCDA of Pakistan





PCDA-Pakistan PC



Dr. Shakeel Ahmed shares his memories about founder President of PCDA

Dr. Mansoor Ali (Late)

بیٹے بٹھائے ہم کو دلا کر کسی کی یاد کس نے بیہم کوڈال دیاامتحان میں



pursue diabetes research and foster a passion for continued learning.

Mansoor
Sahab was a
man of great
vigor and
showed
kindness to
everyone he
met. He was
not only an
exceptional
mentor but
also a wellversed aca-

demic. His passion for research shone through his work and his continuous efforts to incorporate it into every class he taught. He often told his students that without research, they would not be acknowledged anywhere, encouraging them to develop an interest in it.

Dr. Mansoor's aim was to address diabetes at the primary care level because the first person to interact with patients is often the primary physician. He believed that if primary physicians were fully trained in diabetes care, it could lower the prevalence of the disease. The Primary Care Diabetes Association (PCDA) was his dream project, and he created a family within the organization that will have a lasting impact on future generations. He was one of the pioneers in diabetes care.

In addition to his passion for medicine and diabetes, Dr. Mansoor had a vast knowledge of literature and history. He enjoyed traveling and working for non-profits solely to spread knowledge. He had hoped to take the PCDA team to Maasai Mara in Kenya for an awareness program, but sadly, he passed away before he could plan this trip.

One of the core memories we have of Dr. Mansoor is the multi-city journey from Karachi to Mardan, known as the "Defeat to Diabetes" trip. His witty comments and exceptional knowledge of history made the journey unforgettable.

Mansoor Sahab was reserved in speech; he made sure to speak only when absolutely necessary and always considered others before speaking. He was a problem solver, and people often sought his advice on both clinical and non-clinical matters.

I still remember the morning he passed away; the sorrow we felt was indescribable. Dr. Mansoor was a clinician, teacher, mentor, and exceptionally dear friend to many. Though he is gone, we are united as a team to continue the work he started.

Upon being asked to write an essay on Dr. Mansoor Ali, I found myself at a loss for words, as they cannot truly capture the marvelous person he was. My journey with Dr. Mansoor dates back to "BIDE," the parent institute of all diabetologists. His mentorship inspired me to



CDA-Pakistan PCDA-Pakistan PCDA-Pakistan PCDA-Pakistan PCDA-Pakistan PCDA-Pakistan PCDA-Pakistan PCDA-Pakistan PCDA-Pakistan PCDA-Pakistan PCDA-P



# آسان تیری لحد برشبنم فشانی کرے سبزهٔ نورستهاس گھر کی تگہبانی کرے

# ڈاکٹرمنصور۔۔ایک ہمہصفت شخصیت

ڈاکٹر عبدالجبار (Consultant Endocrinologist/Internal Medicine)

ڈ اکٹر منصور علی ڈاؤمیڈیکل کالج میں ہمارے علقۂ احباب میں شامل تھے۔ زمانۂ طالب علمی کے ٹی سنہری برس ہم نے ساتھ ساتھ گذارے۔ ڈاؤکے پرانے ساتھیوں میں ہمارا نچ 'Dow85 کے نام سے خاصی شہرت رکھتا ہے۔ جمھے چھی طرح یا دہے کہان کی شخصیت اس دور میں بھی شجیدگی اور متانت کانمونہ تھی۔ ہمیشہ خاموش رہنا لپند کرتے۔

جب ہم عملی زندگی میں آیئے تو ان کی زندگی کے بچھا ور پہلو ہم پر منکشف ہؤے۔ بالخصوص جب انہوں نے ایک آرگنا پُریشن کی واغ تیل ڈائی ہیں ایسوی ایشن (PCDA)" ان کی انتقاک خدو جہد ، ہمد جہت رہ ہمائ اور قابل صدارت میں ای فورم نے پورے پاکستان میں ذیا بیٹس سے متعلق ڈاکٹر وں اور مریضوں کی معلومات کو بہت آگے بڑھایا۔ ڈاکٹر منصور کے ساتھ جور وابطر ہے، اور جووقت گذرااس میں ان کی دورا ندیشی ، خاموثی کے ساتھ پلانگ معلومات کو بہت آگے بڑھایا۔ ڈاکٹر منصور کے ساتھ جور وابطر ہے، اور جووقت گذرااس میں ان کی دورا ندیشی ، خاموثی کے ساتھ پلانگ کرنا اور سب سے زیادہ جمھے جس چیز نے متاثر کیاوہ ان کی قائید انصاحیۃ ت (لیڈرشپ سکل) تھی۔ جس طرح سے انہوں نے اپنی اس کرنا ور سب سے زیادہ جمھے جس چیز نے متاثر کیاوہ ان کی قائید انصاحیۃ الیڈرشپ سکل) تھی۔ جس طرح سے انہوں نے اپنی اس ان کی سبت کے ساتھ کیا گذائر میں آسانی کے ساتھ انہوں کے ساتھ میں ہوئی تھی۔ اور وہ بڑے دوسے انفر دوس میں اعلی کرتے تھے۔ میری دعا ہے آپ سب کے ساتھ کیا گذائر ان کو جنت الفر دوس میں اعلی سرتی مقام عطافر مائیوہ بہت نیک ، اصول پہنداور محبت کرنے والے ساتھیوں میں سے سے اوران کے ساتھ بات کر کے ہمیشہ بہت خوش ہوتی تھی۔ وہ سب کی بہت عزت کرتے تھے۔

انہیں خراج عقیدت پیش کرنے کاسب سے عمدہ طریقہ یہ ہے کہان کی جلائ ہوگ مٹٹع کوروثن رکھنے میں اپنا کردار بھر پورطریقے سےادا ۔

الله دُاكْرُ منصور كى كامل مغفرت فرمائي - أمين!

# منصور بھائی کہیں نہیں گئے۔

ڈاکٹر منصور سے متعلق ڈاکٹر فریدالدین کی یادیں

۔۔۔ ڈاکٹر منصور سے میری شاسائ گذشتہ دو دہلیئوں سے تھی۔ان سے میری کیلی ملاقات میر سے قریبی دوست ڈا کٹر ظفر حیدری نے BIDE میں کروائ۔ان دنوں میں نے ذیا بیطس کے مریضوں کے علاج میں پیچیورم اعتمادی محسوس ہوئ تو ڈاکٹر ظفر نے مجھے BIDE میں ہونے والے ذیاوہ اے بارے میں بتایا۔ اور ڈاکٹر منصور سے ملوایا، اور اس طرح ان کے ساتھ ایک طویل رفاقت کی ابتدا ہوگ۔ میں نے انہیں انتهائ شقی، ہمدرداور دومروں کی فکرر کھنے والا دیکھا۔وقت گذرنے کے ساتھ ساتھ ان سے قربتوں نے گہری دوستی کا روپ دھار ایا۔بلیڈ سے فارغ ہونے کے جب کھی ہم خیال دوستوں نے PCDA کے بنیا در کھی،اورا یک طویل جد وجہد کا آغاز کیا جو بردا ہی کیھن اورمبراز ما خاطر ڈاکر مفور کو بھی مایوی اور غصے میں نہیں دیکھا اور نہ ہی اپنی سینیار ٹی کار عب ڈالا ۔ وہ ایک انتہا ک زیر کے فنہم ، ہمہ صفت اور كثرالمونوناتي عوم بردسترك ركحني والمسان المنتقد الموال المورج الجائك أوث جائيكا ال كااب تك يقين نزيل أتا-ان كاخلا جرنا اگرنامکن نیمی تو انتهای د شوار خرور به منصور بھائی کہیں نیمیں گئے، وہ پی ک ڈی اے کی صورت میں ہمارے در میان ہیں۔



به منصورعلی آه ڈ اکٹر مقصور مجمود کی بادیں



میرا پہلارابطہڈاکٹرسیّدمنصورعلی (مرحوم) سے تقریباً جولائ2006میں فون پر ہوا۔ جب انہوں نے میرے ڈبلومہ میں داخلے کے فارم کے جواب میں مجھےفون کیا۔وہ اتنے Co-operative تھے کہ مجھےمحسوں ہی نہیں ہوا کہ یہ ہماری پہلی گفتگو ہے۔میر امسلُہ گوجرا نوالیہ ہے کراچی سفر کرنا تھا۔اینٹری ٹمیٹ کیلیئے میں تقریباً انکار کرنے ہی والاتھا کمرحوم بھانپ گئے اور مجھے انٹری ٹمیٹ کے بغیر داخلہ دے

ڈاکٹرمنصور کے مزاج میں نہایت شائستگی اور زمی تھی۔وہ بات بات پر چیکے کہتے۔ مجھے مزاقاً '' قبلہ بڑے تکیم صاحب'' کہتے تھے۔ڈیلو ما کی بھیل کے بعدانہوں نے بار ہا اس خواہش کااظہار کیا کہ میں کراچی میں رک جاؤں، تا ہم میری قیملی کی ذمہ داریوں کے باعث ایسا ممکن نیہوسکا۔میری گوجرا نوالہ واپسی کے بعد بھی تقریباً روز اندان کے سیج آتے رہے۔

ڈاکٹر منصور کومرحوم لکھتے ہوئے قلم کانپ رہاہے۔مگرریاست بھائ کے حکم پر چند جملے سپر قلم کئے ہیں اس دعاکے ساتھ کہ اللہ تبارک و تعالیٰ ان کی کامل مغفرت کرے اور جنت الفر دوس میں ان کے در جات بلندفر مائے۔ آمین!

# Tributes to Dr. Mansoor Ali

Dr. Qazi Mujahid Ali DEW wing of PCDA)



The man with calm, smiley face, kind words with a tinge of pleasure.

The man with whom travelled and spent lots of time.

I have been with him since 2004 till his demise 2021, during this whole period I found him unbelievably

dedicated, hard working both academically and professionally he was always helpful to his colleagues and patients.

As president of PCDA he was very dedicated despite of his immensely busy schedule of practice.

meeting with great pleasure. He had a Vice President PCDA) great vision about PCDA and worked tirelessly and we all as his colleagues and members of the organization need to follow his

dreams about PCDA.

Prof. Dr Saeed A Mahar (Endocrinologist, Diabetologist)



Late Dr Mansoor Ali was a very humble and through gentleman.

He was eager to spread awareness of Diabetes in young doctors so he made plat-

form of PCDA with another dynamic person Dr Riasat Ali Khan. He worked very hard to spread knowledge by doing workshops and CMEs all across Pakistan including in far flung areas where travel himself. to He will be remembered among his colleagues as a person of principles who dedicated his life for wellbeing of his patients

#### **Dr** Najmul Islam (Consultant Di- I feel it an honor for me to write about adetologistAKUH)

sudden death of Dr Syed Mansoor Ali. I him through his writings in press.



cal conferences and CME program organised by PCDA and other programs. He was a humble god fearing with lots of enthusiasm

irreparable loss.



sudden death of Dr. Syed Mansoor Alicame not onty to the members of

PCDA, but to all the medical community; because his contribution in the field of diabetes is undoubtedly enormous.

He played a pivotal role in the formation of PCDA which has proved its value in upgrading the knowledge of primary care physicians in managing their patients with diabetes accordind to the latest guidelines.

Dr. Mansoor, as I saw him was very soft spoken and even when he had to a friend, and never Besides he had good knowledge of med-sudden. not common and he will be remembered more in this perishable world. by the friends

# Prof. Abdul Rasheed Khan (Consultant Cardiologist)

Dr Mansoor Ali Khan to whom writing I was shocked to hear the sad news of late is very painful. I have been know had chance to interact with him in medi- have been associated with PCDA as a



consultant Cardiologist, gave me opportunity to meet and work with him. found him more than my perceptions.

for He was a thorough humble gentleman, training/teaching GP's with the aim of very much academic. He introduced improving medical care provided to our PCDA at multiple platforms. He was a mandatory member of every academic He was a thorough gentleman and a per- and social or philanthropic activity. I son who will be missed by medical fra- have the honor to accompany with him years. at different medical camps arranged by May Allah bless the departed soul, place PCDA in different parts of the country him in Januar ul Firdous and give cour- especially interior of Sindh. He did comage to the bereaved family to bear this mendable job in promotion and recogni-Ameen. tion of PCDA in the medical community. We can only pray for his mughfirat He always remained involved in every Dr. Najum F. Mahmudi (Senior and request to Almighty Allah keep his soul rest in peace and give him highest The news of place of Jannah. May Allah give his family to bear this irreparable loss Aameen Suma Aameen.

#### as **Dr. Veeru M. Lohano** (Ex-Joint great shock Secretary PCDA)



Apparently Dr. Mansoor is no more with us, but he is, and will always main, with us in the form of his love, his teaching and training. was a mentor, a teacher and

disagree he used to di it in a polite way. imagined that he will disappear all of a

icine was well aware of general history I never thought that I would have to ant current affairs. Such individuals are write about him when he will be no

> Whenever I think about him my heart says you can call him any time, but my mind keep realizing that he is gone. I am pretty sure that every member of PCDA must have passed through this experience of grief and pain.





President PCDA from 19 January 2021 to 31 January 23

# Dr. Fareed Uddin

Diabetologist & Endocrinologist



Council & Past President of Primary Care Diabetes Association. He is member of Pakistan Endocrine Society too.

Dr. Fareed Uddin is one of the founder members of Primary Care Diabetes Association Pakistan. In fact he and Dr. Riasat Ali Khan were the creator of the idea that there should be a diabetes association in the country which would focus on the primary care segment and the Primary care physicians.

"We discussed this idea for many nights in the hotel of a European city where we travelled to attend EASD conference," recalled Dr. Fareed.

"We always used to feel about the need to upgrade the knowledge of Primary Care Physicians (PCPs) according to the very fast advancements in the field of diabetes. We at that time were engaged in our diploma program in Baqai Institute of Diabetes and Endocrinology. We were lucky enough to have very devoted demiology of Non-Communicable Dis- Feb 1994. Basit, Dr. Zahid and Dr. Mansoor Ali, since 2016. ering the PCPs with the tools to fight gist in National Institute of diabetes &

Dr. Mansoor supported the idea of the Health sciences from July 2013; and at foundation of a diabetes association for Diabetes Care Centre from January the PCPs."

Fareed Uddin has conducted dozens of Dow University of Health sciences from RTDs and lecture programs for the September 2005. PCPs. Attend three days' workshop on Diabetes Management by IDC at Istan- He bears working experience as bul on Dec 2008. He attended various 1. Medical Officer and Co-coordinator National and International Conferences and Seminars on Diabetes and Endocri-

Currently he is working as Lecturer 2. Medical Officer and Medical Director Medical College DUHS from 17 may 2002. 2023. Also working as Faculty School 3. House Surgeon in Jinnah Post Gradu-

with the dragon of diabetes. Specially Endocrinology, Dow University of

Since the foundation of PCDA Dr. Dr. Fareed Uddin worked as lecturer in

- of PDC in Bagai Institute of Diabetology and Endocrinology from Jan 2002 to Aug 2005.
- community medicine Dow International at Sadqat Clinic from Mar 1994 to Dec
- Dr. Fareed Uddin is Head of Supreme of Public Health DUHS, Teaching Epi- ate Medical Centre from Sep 1993 to



and dedicated trainers like Prof. Abdul eases to Masters Public Health student 4. House Physician in Jinnah Post Grad-

who are very enthusiastic about empow- He ha also been working as Diabetolo- Aug 1993.

uate Medical Centre from Mar 1993 to



# **RESEARCH ACTIVITIES:**

1. Title: A Consensus of Key Opinion Leaders on the Management of Prediabetes in the Asia-Pacific Region Roberto Mirasol, 1 Ah Chuan Thai, 2 Aftab Ahmad Salahuddin, 3 Kathryn Tan, 4 Chaicharn Deerochanawong, 5 Mafauzy Mohamed, 6 Made Ratna Saraswati, 7 Bipin Kumar Sethi, 8 Sanjiv Shah, 9 Nanny Natalia Soetedjo, 10 Swangjit Suraamornkul, 11 Rima Tan, 12 FaridUddin 13 journal: Journal of the ASEAN Federation of Endocrine Societies

year: Vol. 32 No. 1 Ma; 2017 <u>www.asean-endocrinejournal.org</u>

2. Title: PREVALENCE OF DIABET-IC COMPLICATIONS IN NEWLY DIAGNOSED TYPE 2 DIABETES PATIENTS IN PAKISTAN: FINDINGS FROM NATIONAL REGISTRY

Fareed Uddin, Beena Ali\*, Nabeea Junaid\* National Institute of Diabetes and Endocrinology, Karachi, \*Sanofi-Aventis Pakistan limited, Karachi-Pakistan journal: J Ayub Med Coll Abbottabad 2018;30

(4 Suppl1) <a href="http://www.jamc.ayubmed.edu.pk/">http://www.jamc.ayubmed.edu.pk/</a>

iv 3. Title: Role of anthropometric indices as a screening tool for predicting metabolic syndrome among apparently healthy individuals of Karachi, Pakistan. Adil, Syed Omair, Kamarul Imran Musa, Fareed Uddin, Kashif Shafique, Asima Khan, and Md Asiful Islam.

Frontiers in Endocrinology 14 (2023): 1223424.

4. Title: Risk Assessment for Cardiovascular Disease Using the Framingham Risk Score and Globorisk Score Among Newly Diagnosed Metabolic Syndrome Patients.

Adil, Syed Omair, Fareed Uddin, Kamarul Imran Musa, Asima Khan, Areebah Shakeel, Kashif Shafique, and Md Asiful Islam.

International Journal of General Medicine (2023): 4295-4305.

5. Title: Frequency of Hepatitis B and C Viruses in Patients with Malignancies in a Tertiary Care Hospital, Karachi, Pakistan.

Zulfiqar Ali Shaikh, Noshaba Noor, Huzefa Ahmed, Maheen Zaidi, Syeda Kashaf Zaidi, Shahkamal Hashmi, Usama Ahmad, Fareed Uddin

Pakistan Journal of Public Health. 2023 Sep 29;13(3):138-41.

6. Title: Impact of Treviamet® & Treviamet XR® on quality of life besides glycemic control in type 2 DM patients. Asima Khan, Muhammad Adnan Kanpurwala, Riasat Ali Khan, Najum F Mahmudi, Verumal Lohano, Shakeel Ahmed, Majid Khan, Fareed Uddin, Syed Mohammad Ali, Maliha Saghir, Syed Hussain Baqar Abidi, Jahanzeb Kamal

BMC Endocrine Disorders. 2023 Nov 8;23(1):244.

<u>7</u>. Title: Prevalence of undiagnosed metabolic syndrome using three different definitions and identifying associated risk factors among apparently healthy adults in Karachi, Pakistan: a cross-sectional survey in the year 2022.

Kashif Shafique, Md Asiful Islam, Syed Omair Adil, Kamarul Imran Musa, Fareed Uddin, Asima Khan, Irfanullah Khan, Areebah Shakeel

Archives of Public Health. 2024 Feb 20;82(1):22.



#### November 2020 PCDA started its "JOURNEY TO DE-FEAT DIABETES" Various teams were constituted for different areas of Sindh Province.

The first team lead by Dr. Fareeduddin and accompanied by Dr. Asif Hafeez and Dr. Salim Burni visited District Sajawal and arranged a well attended Patient Awareness program at Dr. Abdul Jabbar's Clinic at Darro. Later WDD cake cutting ceremony was held and Dr. Abdul Jabbar was announce as Chapter Head for District Sajawal.

**Team:** Simultaneously on the same day another team headed by Dr. Mansoor Ali (Late), accompanied by Dr. Adnan Kanpurwala, Dr. Najam F. Mehmudi and Dr. Iqbal Batawia aimed to cover Hyderabad and Mirpur Khas. They arranged Patient Awareness programs and lecture programs for the primary care physicians of these cities. **Dr.** Saleem Sheikh was appointed as On 25<sup>th</sup>. November Chapter head of PCDA Hyderabd and **Dr. Abdul Samad** as Chapter head of PCDA Mirpur Khas.

Team: Simultaneously on the same day another team headed by Dr. Shahid Akhter, accompanied by Dr. Veeru Mal Lohano, Dr. Qazi Mujahid Ali and Dr. Moazzam Ali Shah travelled to Sangarh and arranged a very well attended CME lecture program for the doctors of Sangarh and Shehdadpur. WDD Cake cutting was also done. There Dr. Neel Kanth was announced as Chapter Head of PCDA

Team: Simultaneously on the same day another team headed by Dr. Majid Kan visited Matli and arranged a lecture program of the area doctors and a Public Awareness program. WDD Cake cutting was also attended by large number of area doctors. Dr. Majid Khan is also given responsibilities of Matli Chapter Head of PCDA.

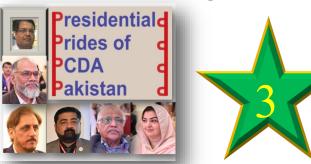
Team: Simultaneously on the same day another team headed by Dr. Riasat Ali Khan, accompanied by Dr. Asima Khan, Dr. Tariq Adnan and Dr. Shakil Ahmed visited Dadu and Larkana. They attended very large Public awareness programs for the diabetic patients and lecture programs for the Primary Care Physicians of the areas. Dr. Pawan Kumar was appointed as Chapter Head PCDA for Larkana and Dr. Zahoor Sheikh as Chapter Head of Dadu

a six members team headed by Dr. Mansoor Ali and Dr. Riasat Ali Khan, accompanied by Dr. Fareeduddin, Dr, Shakeel Ahmed, Dr. Asima Khan and Dr. Tariq Adnan started its country wide journey as the final part of "JOURNEY TO DEFEAT DIABE-**TES".** This team visited Nawabshah, Raheem Yar Khan, Multan, Faisalabad, Lahore, Sialkot, Gujranwala, Mardan and Islamabad. The team conducted lecture programs in all these cities and opened PCDA Chapters. Following Heads of Chapter were announced. For Nawabshah Dr. Sikandar Raho, For





Raheem Yar Khan Dr. Khalid Mazari, For Multan Dr. Irfan Sheikh, For Faisalabad, Dr. Ahmed Shehzad, For Lahore Dr. Tahir Rasoolc, For Sialkot Dr. Muhammed Haneef, For Gujranwala Dr. Magsood Mehmood & Dr. Ajaz For Mardan Dr. Peer Alam, For Islamabad Dr. Shehzad Tahir, For Mansehra Dr. FIrasat, For temar Girah Dr. Tariq Hasan, For Muzzafar Garh Dr. Ahmed Waqas.



President of PCDA Pakistan from 1st. Feb'2023 till date

# Dr. Zahid Miyan

Our adored Dr. Zahid Miyan has been with PCDA since its foundation. After the tragic death of founder president, Dr.



Mansoor Ali all the grieved PCDAians wished him to take over the organization. But he didn't agree because of som personal reasons. Yet he kept patronizing PCDA and side by side with the organization.

Dr. Zahid Miyan is MCPS, MD (Int. Med), Associate Prof. of Medicine and Head of Department of Diabetic Foot Care at Baqai Institute of Diabetology and Endocrinology (BIDE) of Baqai Medical University, Karachi Pakistan.

He is current Chairman & Council Member of MENA Region - D-Foot International. Besides Presiding Primary Care Diabetes Association Pakistan (PCDA) he is also the Project Director Saving Limbs in Pakistan (SLiP)-The Fast-Track pathway implementation in Pakistan

He is Project Director, Footwear for Every Diabetic (FED), Past. Vice. President, D – foot International, Past. President, National Association of Diabetes Educators of Pakistan. Also the Program Director-Diabetic foot training program for health care professional; and Member FLRIT Project, D – foot International General Secretary, Pakistan Working Group on Diabetic Foot (PWGDF).

riorating situation of diabetes care in the country. He expressed his concerns recently in an interview with PFN Online. President elect of PCDA Dr. Riasat Ali Khan who is also the chief editor of "Prevention First Newsletter" and head of the Publications Committee Dr. Shahid Akhter questioned Dr. Zahid Miyan about various issues related to the healthcare system of Pakistan. Here is the details of his interview.

Dr. Riasat Ali Khan: Dear readers. Today we have the honor of having with us a very renowned and learned person of our country, in the field of diabetes, especially diabetic foot care. We'll try to get his valuable opinion on various issues related to diabetes and primary care physicians.

Thank you very much for giving us time for this interview. In the beginning our readers would like to know about your personality, your childhood, your education etc.

in fact a matter of honor for me too, to childhood. talk to you through this platform.

As far as childhood memories are Esteemed President talked about dete- Dr. Zahid Mian: I am grateful to the concerned, there are always many PREVENTION FIRST NEWSLET- things you never forget, so do I. But TER, and certainly all PCDA people, one thing is clear that I had never been a for communicating with those who have naughty child. I don't exactly remember always been very near to my heart. It is any mischievous moments from my

Yet I remember that I used to play



games with my fellows and friends, like cricket and badminton, till college level. I played cricket at Club level and I was captain of the college team. Actually some very popular cricket players of national and international fame were produced from our college.

I liked hockey very much but only watching others playing it. I could never play hockey by myself, but I remember many famous hokey players

were produced from our school hockey been a hot debate team. Obviously you can't be master of on this issue. Altall trades.

I got my early education from Govt. Public College Nazimabad, popular for top po- Healthcare Syssitions in the board. I don't claim that I tem exists in Pawas some extraordinary student. I was kistan an average student as most of my functionality and friends used to be. Thus overall a very performance prideful and glowing childhood, as far not up to the exas I remember. And it was all because pected and proamong my brothers and sisters I was jected level due LAADLA of my parents. After Allah to a cluster of I'm always thankful to all my family reasons. members who supported me by all of means. Your family extends when you "Standards get marry. My life partner, my wife is Care" has now very cooperative, supportive, caring become a dream. constructive, and friendly. I feel myself Instead we are the luckiest person on this earth to have trying to at least ed their education.

provided me great people to guide me both the sectors, private or public. who helped a lot in my character building. Dr. Abdul Basit gave me a direction The most important thing is the budg- for the World Diabetes Day 2021-2023. time and relaxation.

its betterment?

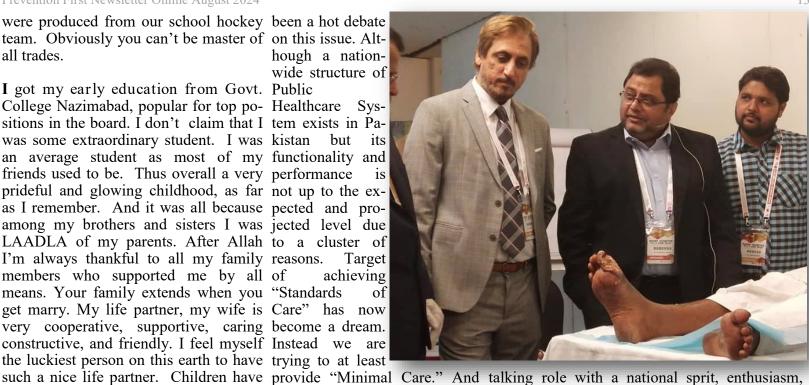
hough a nationwide structure of

achieving

grown up and Alhamdo Lillah complet- about who is more responsible, public or devotion, dedication, loyalty and comprivate sector, or both is can't be simply mitment. Goals should be reset accordanswered. Probably we as a nation ing to the need of the day. As I said ear-This is all what you always wish and should accept the responsibility. There lier "Standards of Care" had now beplan in your life. Then Allah the greatest is huge room for the improvement in come a remote destination. Instead we

for my future. He in fact helped, project- et allotted by the governments on health ed and guided me in choosing the field is very scanty. Next is the health policy, Dr. Riasat Ali Khan: Can you further of working. There are some other if there is any! How and by whom it is explain the friends too, who always stood beside me made. Is this periodically updated ac- "Standard of Care" and "Access to in my efforts and provided me a leisure cording to fast occurring changes in the Care?" environment and the diseases?

for the deterioration of our health care organs. Dr. Zahid Miyan: There has always system. Everyone will have to play his



now need to work on "Access to Care", which is actually declared official theme

difference

If there is a policy, who are the persons *Dr. Zahid Miyan: "Standards of Care"* Dr. Riasat Ali Khan: Who is more re-implementing it. How much trained they for a person with diabetes, for example, sponsible for the deterioration of our are to implement it. It's not an individu- is a holistic approach comprising of health care system, public or private alor a single institution that is responsi- thorough and standard management of sectors? What are your suggestions for ble. We all as a nation are responsible all his/her co-morbids, and all the target



According to the guidelines you should examine his eyes, heart, kidneys, feet peripheral arteries etc, planning a management plan. Also you will have to consider realistically his socio-economy, his state of depression and his ethical and moral status before writing a prescription, so that he can adhere to it. His frequency of visits should be realistic. He should be compulsorily given access to a qualified diabetes educator. Unfortunately such parameters and practices are not commonly observed in our healthcare system, whether public or private.

Thus now even International Diabetes Federation (IDF) is suggesting "Access to Care" to make our motto and theme. It signifies to make sure that each and every person with diabetes, at least has access to sugar lowering drugs. Even those medicines which have now become least important to the international guidelines & algorithm makers; and hve less evidence in terms of safety and benefits. These medicines can be life saving for many people with diabetes in a region like ours. At least **Some Treatment** would be better than No Treatment at all. Make a uniform policy for all, and do it today. Unfortunately we've reached a Now or *Never* stage.

Dr. Riasat Ali Khan: What is your opinion regarding the way how Primary Care Diabetes Association Pakistan (PCDA) is working? How can PCDA improve its performance to achieve the targets set in the "Aims & objectives" of PCDA?

Dr. Zahid Miyan: Yes Primary Care Diabetes Association Pakistan (PCDA) is a force. It is capable of doing all this, be-

cause is exists and works on the grounds, in each and every part of the country and competent enough to bring Dr. Zahid Miyan: Newer data of prevaa positive change in this situation.



**Dr. Shahid Akhter:** What role primary tion of diabetes?

lence which is expected this year is

probably worse; much more than the previous. All primary care practitioners might have noticed and observed that the number of people with diabetes has drastically increased recently. This may also be because of increased awareness about diabetes, among the common people. Still the prevalence is increasing very fast due to uncountable reasons, which we can't cover here. Life style may be the most important explanation among all the reasons. People need to be guided and be informed about the risk factors of diabetes and Prediabetes. The efforts done by PCDA are really praiseworthy and exemplary in this regards. Your logo and your motto is "Prevention-First." You are running an excellent program with the title of ".... ركهو اينا خيال "خیابیطس سے پہلے Through which you are going province to province,

town to town, street to street; and person to person. This is the only way to spread message effectively. This can certainly change the fast deteriorating scenario. These efforts are very consistent of concentrated. Actually this is everyone's duty and responsibility to be the part of this war against diabetes which PCDA is fighting.

Dr. Shahid Akhter: Do you feel there is a gap between consultants and the primary care physicians and there is lack of confidence and harmony between them, which may be a reason why things are not getting better.?

**Dr.** Zahid Miyan: There are gaps naturally. But these can be filled by sitting together, helping each other, combining strengths; and invite other people to join you. And as I see people are joining hands with PCDA and seriously thinking to do something for this great cause. So let's welcome

care physicians can play in the preven- them, use their strength and appreciate their devotion. Everyone will work in his own style and capacity, and we must appreciate him and not criticize.



Dr. Riasat Ali Khan: Your advise for PCDA?

As far as primary, second- Primary Care Diabetes Assoary and tertiary segments of ciation Pakistan with noble our healthcare system are aims and objectives. He and concerned, these are all parts his early allies like Dr. of a single machine, that will Fareeduddin and Dr. Riasat work efficiently only when Ali, always used to talk to me each part is functioning its very enthusiastically about assigned job. There may be PCDA. This was only their obvious gaps between public dedication to the cause that and private sectors, between people went on joining professors and Health Care Practitioners, but ganization today. Main credit our problems are same. Our of this success goes to Dr. direction in this war should Mansoor (late). be same. The responsibility of uniting all these compo- Today PCDA is a team of nents for a greater cause is hundreds of skilled and well taken by PCDA.

Dr. Shahid Akhter: What areas of the country. These will you suggest PCDA are involved not only in treatshould make changes to its ing the known diabetics acpolicies to achieve its goals?

Dr. Zahid Miyan: PCDA is brain child of my departed friend, late Dr. Syed Mansoor

Ali who laid foundation of Primary PCDA, and it is a great or-

> trained primary care diabetologists working in far flung cording the set standard and guidelines but doing efforts in its prevention by screen camps.

**Dr. Zahid Miyan:** I'm dam sure if PCDA continues moving in the right direction with the current pace it will not only become the most effective platform for diabetes management, but it can be a forum for all the social problems. I have never been away from PCDA since its foundation. Since I was elected as the president of PCDA, we have moved forward a lot. It is only because od the never tiring efforts by really a wonderful team. They are all very devoted, dedicated and hard working people like Dr. Riasat, Asima Khan, Fareeduddin, Najum Mahmudi, Shakeel, Majid, Iqbal Batavia, Shahid Akhter, Qazi Mujahid. Forgive me if I missed any name. I am really honored to captain this strongly built ship sailing smoothly on high tide. PCDA surely have a brighter future. Their endeavors will certainly help in reducing the worlds highest prevalence rate of diabetes and also assist in achieving the goal of providing quality care to the people with diabetes in Pakistan. I'm, and will always remain with PCDA and I wish all the success in achieving its noble objectives.

Dr. Riasat Ali Khan: Thank you very much Dr. Zahid Miyan for giving your precious time for PREVENTION FIRST N EWSLETTER and guiding PCDA with your valuable suggestions.







# President Elect of PCDA Pakistan Will take office from 1st. Feb'2025

# Dr. Riasat Ali Khan



Let me first introduce WHO is WHO in PCDA.

Dr. Zahid Miyan is the president of PCDA.

Dr. Najum F. Mahmudi is Senior Vice President of PCDA

Dr. Asima Khan is the Vice President of PCDA

Dr. Shakeel Ahmed is the General Secretay of PCDA

Dr. Pawan Kumar is Joint Secretary of PCDA

Dr. Riasat Ali Khan is the PCDA.

One would say that PCDA is a team of very hard working, very dedicated, very resolute, very committed and very devoted healthcare workers, mostly consultants, otherwise very busy in their professional, social and domestic affairs. But when it comes about PCDA, they scarify all their valuable time for PCDA. And this has been proven during all events and projects executed and organized by PCDA.

I don't remember Dr. Riasat or any of the founders of PCDA even talked about a post or position in the cabinet. They merely believe in working hard and continuously. And all the subsequent cabinet members are customized to this theme. As a true leader creates a nation, Dr. Riasat has created an organization which is very much organized.

Till now PCDA has expanded to nearly 70 cities of Pakistan, this number is continuously increasing, all the chapters are organizing very academic and productive programs in consultation and collaboration with the central cabinet. This simply reflects complete harmony among the PCDA.

# **Professional Engagements** of Dr. Riasat Ali Khan

Medical University and MSc. Diabetes Town Karachi,

(Dow University of Health Sciences), Riasat Ali Khan started his practice as consultant diabetologist at his person-Khan Clinic Karachi, Zubaida Medical Centre and Consultant Diabetologist and Research Project Manager at Bagai Institute of Diabetology and Endocrinology.

Previously he has been en-

ganizations:

After doing his Dip Diab from Baqai Dr. Riasat Medical Centre, Allah Wala um Batla Hospital Malir Karachi and and Endocrinology from National Insti- Hospital, Allah Wala Town Karachi,

tute of Diabetes and Endocrinology Sindh Institute of Urology & Transplant, Dr. Riasat Ali is the President-Elect Pri-

gaged with the following esteemed or- Civil Hospital Karachi Pakistan, Al-Shifa Medical Centre, Muscat, Sultanate Ehad Medical Centre Karachi, Medical of Oman, Dialysis Unit In-charge - Mo-Services Pakistan Petroleum Limited, hammedi Kidney Centre, Karachi, Mari-Fazal-e Elahi Cardiac B.H.Y Jamiat Hospital Clifton Karachi.

> mary Care Diabetic Association of Pakistan (PCDA)

- Lifetime Member Pakistan Medical Association (PMA)
- Lifetime Member Diabetic Asian Study Group (DASG)
- Member D-Foot International
- Member Pakistan Society of Internal Medicine (PSIM)
- Member International Diabetes Centre (IDF)
- Member UK Diabetes



# Dr. RIASAT's RESEARCH PROJECTS



- Combination of Ertugliflozin and Sitagliptin Safety E icacy and Tolerability Study (CEASE Diabetes Study) A Project of Primary Care Diabetes Association Pakistan
- Diabetes Quality of Life (DQOL) A Project of Primary Care Diabetes Association Pakistan
- Pakistan's Recommendations for Optimal Management of Diabetes from Primary to Tertiary Care Level (PROMPT) under the supervision of Baqai Institute of Diabetology and Endocrinology
- BRIGHT Guidelines on Self-Monitoring of Blood Glucose under the supervision of Baqai Institute of Diabetology and Endocrinology.
- Mission Zindagi Tuberculosis Prevention and Treatment Program under Indus Hospital Karachi.
- Insulin for Life in collaboration with IDF under the supervision of the Baqai Institute of Diabetology and Endocrinology
- WDF Diabetic Foot project under the supervision of Baqai Institute of Diabetology and Endocrinology

# DR. RIASAT ALI KHAN'S PUBLICATIONS

• Khan, A., Kanpurwala, M. A., Khan, R. A., Mahmudi, N. F., Lohano, V., Ahmed, S., Khan, M., Uddin, F., Ali, S. M., Saghir, M., Abidi, S. H. B., & Kamal, J. (2023). Impact of Treviamet® & Treviamet XR® on quality of life besides glycemic control in type 2 DM patients. BMC Endocrine Disorders, 23(1). https://doi.org/10.1186/ s12902-023-01492-2

• Fawwad, A., Mahmood, Y., Askari, S., Butt, A., Basit, A., Abro, M. U. R., Ahmed, K. I., Ahmed, K., Ali, S. S., Bilal, A.,



- Butt, A., Devrajani, B. R., Hayder, I., Humayun, Y., Irshad, R., Khan, R. A., Khan, A., Khowaja, A. A., Khowaja, R., . . . Basit, A., Waris, N., Fawwad, A., Tahir, B., Siddiqui, I. A., Abro, M. U. R., Ahmed, K. I., Ahmed, K., Ali, S. S., Bilal, A.,
- Butt, A., Devrajani, B. R., Hayder, I., Humayun, Y., Irshad, R., Khan, R. A., Khan, A., Khowaja, A. A., Khowaja, R., . . . Basit, A., Mustafa, N., Waris, N., Askari, S., Fawwad, A., Abro, M. U. R., Ahmed, K. I., Ahmed, K., Ali, S. S., Bilal, A., Butt, A., Devrajani, B. R., Hayder, I., Humayun, Y., Irshad, R., Khan, R. A., Khan, A., Khowaja, A. A., Khowaja, R., . . .
- Shera, A. S., Basit, A., & Team, P. (2017). Pakistan's Recommendations for Optimal Management of Diabetes from Primary to Tertiary care level (PROMPT). Pakistan Journal of Medical Sciences, 33(5). https://doi.org/10.12669/pims.335.13665
- Basit, A. (1969). Self-monitoring of blood glucose recommendations. Pakistan Journal of Medical Sciences, 30(5). https://doi.org/10.12669/pjms.305.6006



# An Innovative, Progressive & Ingenious personality

You will always find him moving, talking, arguing and convincing his co-workers about his plans. Dr. Riasat always comes forward with new, unique and contemporary ideas. He always thinks of others, of his friends and his association. His approach is collective, cooperative, composite and concerted. His companions have to run fast to match his speed, sometime happily, at other times unwillingly. But later the outcomes surprises everyone. He has, many times, proved his sincerity, impartiality and candor.

Here are some very successful programs and projects of PCDA completed under the leadership of Dr. Riasat Ali Khan.

# Journey to defeat Diabetes.

From the beginning of PCDA Dr. Riasat was keen about spreading PCDA's message to the entire country to achieve the noble aims and objectives of PCDA. Ouner president Dr. Mansoor Ali (Late) and Vice President Dr. Fareed Uddin 3rd. Team: Simultaneously on the stood with Dr. Riasat.

On 22<sup>nd</sup> November 2020 Dr. Riasat started "JOURNEY TO DEFEAT DIABE-TES" and for this he constituted many teams for different areas of Sindh Prov-

1st. team lead by Dr. Fareeduddin and accompanied by Dr. Asif Hafeez and Dr. Salim Burni visited District Sajawal and 4th. Team: Simultaneously on the same arranged a well attended *Patient Aware*-District Sajawal.

2<sup>nd</sup>. Team: Simultaneously on the Head of PCDA. same day another team headed by Dr. Mansoor Ali (Late), accompanied by 5<sup>th</sup>. Team: Simultaneously on the same Samad as Chapter head of PCDA Mirpur mar was appointed as Chapter Head

same day another team headed by Dr. Shahid Akhter, accompanied by Dr. Veeru Mal Lohano, Dr. Qazi Mujahid Ali and Dr. Moazzam Ali Shah travelled to Sangarh and arranged a very well attended CME lecture program for the doctors of Sangarh and Shehdadpur. WDD Cake cutting was also done. There Dr. Neel Kanth was announced as Chapter Head of PCDA

day another team headed by Dr. Majid ness program at Dr. Abdul Jabbar's Kan visited Matli and arranged a lecture Clinic at Darro. Later WDD cake cutting program of the area doctors and a Public ceremony was held and Dr. Abdul Jab- Awareness program. WDD Cake cutting bar was announce as Chapter Head for was also attended by large number of area doctors. Dr. Majid Khan is also giv-

en responsibilities of Matli Chapter

Dr. Adnan Kanpurwala, Dr. Najam F. day another team headed by Dr. Riasat Mehmudi and Dr. Iqbal Batawia aimed Ali Khan, accompanied by Dr. Asima to cover Hyderabad and Mirpur Khas. Khan, Dr. Tariq Adnan and Dr. Shakil They arranged Patient Awareness pro- Ahmed visited Dadu and Larkana. They grams and lecture programs for the pri- attended very large Public awareness mary care physicians of these cities. Dr. programs for the diabetic patients and Saleem Sheikh was appointed as Chapter lecture programs for the Primary Care head of PCDA Hyderabd and Dr. Abdul Physicians of the areas. Dr. Pawan Ku-PCDA for Larkana and Dr. Zahoor Sheikh as Chapter Head of Dadu

> On 25<sup>th</sup>. November a six members team headed by Dr. Mansoor Ali and Dr. Riasat Ali Khan, accompanied by Dr. Fareeduddin, Dr, Shakeel Ahmed, Dr. Asima Khan and Dr. Tariq Adnan started its country wide journey as the final part of "JOURNEY TO DEFEAT DIA-BETES". This team visited Nawabshah, Raheem Yar Khan, Multan, Faisalabad, Lahore, Sialkot, Gujranwala, Mardan and Islamabad. The team conducted lecture programs in all these cities and opened PCDA Chapters. Following Heads of Chapter were announced.

> For Nawabshah Dr. Sikandar Raho, For Raheem Yar Khan Dr. Khalid Mazari, For Multan Dr. Irfan Sheikh, For Faisalabad, Dr. Ahmed Shehzad, For Lahore

> > Dr. Tahir Rasoolc, For Sialkot Dr. Muhammed Haneef, For Gujranwala Magsood Mehmood & Dr. Ajaz

> > For Mardan Dr. Peer Alam, For Islamabad Dr. Shehzad Tahir, For Mansehra Dr. FIrasat, For temar Girah Dr. Tariq Hasan, For Muzzafar Garh Dr. Ahmed Waqas.



Prevention First Newsletter Online August 2024



# Sehri Seminar in Ramadan-An Innovative Idea

Clinical discussion program during the odd hours after midnight was really an innovation and a risk of failure to capture doctor's interest was associated with it. But Dr. Riasat was fully confident about the success, and he proved it.

A new history was written by PCDA on 19<sup>Th</sup> May 2019 in Ramzan; by arranging a seminar at Sohor times, on ROLE OF VILDAGLIPTIN DURING FASTING. The topic was elaborated nicely by Dr. Asma Riasat the research secretary of PCDA.

The venue was Marriot hotel Karachi. The talk started at 2 a.m. Attendance was 95%. After the talk all members especially President of PCDA Dr. Mansoor Ahmed made this session very interactive. Time passed swiftly and at 3.30 a.m. all the participants were reminded that Sehri time has started so the seminar has to wound up aptly.

# **HPL-PCL** Champions League

The HPL-PCDA Champions League respectable seniors. (HPL-PCL) was an incredibly innovative and exciting concept. It brought to- Their efforts in orgether professionals from the healthcare ganizing and exeindustry to compete in a friendly yet cuting the Champicompetitive environment. This event ons League were was a testament to the hard work and commendable. The dedication of Dr. Riasat Ali Khan, the event was flawless-President Elect, and the scientific com- ly executed, and mittee consisted of Dr. Shahid Akhtar, the participants had Dr. Fareed Uddin, and Dr. Asima and all a fantastic experi-



**or, Riasat Ali Khan** 

The Mastermind of HPL-PC

combining proach, the participants.

We must acknowledge PCDA, for his supprocess.

ence. The concept of was a resounding success, and it is crucial that such activities are repeated in healthcare providers the future. The event not only promoted in a different way healthy competition but also provided an was a refreshing ap- opportunity for professionals to network it and learn from each other. It would be brought a new level wonderful to see the concept evolve and of engagement and become even more advanced, incorpocamaraderie among rating new elements and challenges.

By repeating and enhancing such activities, the healthcare industry can continue also to foster a sense of unity, collaboration, the and excellence. The HPL-PCDA Chamcontribution of Dr. pions League has set a high standard, Khan, and we eagerly anticipate future itera-President elect of tions of this remarkable concept.

port and guidance All who watched these academic conthroughout the entire tests on social media or on stage of Hotel Movenpick Karachi appreciated the hard work and efforts of Dr. Riasat, for HPL-PCDA his wonderful untiring efforts in execut-Champions League ing this event successfully.

# Some Important Projects/Programs

# Rakho Apna Khayal Diabetes Se Pehle"

Pakistan, 1 in every 4 people has diabe- awareness about Prediabetes and reduce tes (Prevalence 26.3%), while 1 in every the increasing prevalence of diabetes in 6 has prediabetes (Prevalence 14.47%). Pakistan. Moreover, the latest findings from the The target audiences of the campaign International Diabetes Federation Diabe- are: tes Atlas 10 edition revealed that 13 mil- - General public (social media pages lion Pakistanis are affected by Prediabe- and tes. Pakistan is ranked No 1 in terms of - Healthcare professionals (Seminar, prevalence and No 3 with respect to the Symposium) total number of people with diabetes - -33 million. Furthermore, Pakistan is the (Presentation, competitions) country with the highest proportion of Activities at national level: deaths under the age of 60 due to diabe- tes, with 35.5%.

With the aim of reducing the diabetes -Diabetes Association) in collaboration Diabetes with School of Public Health DUHS and as campaign ambassador, "Rakho Apna medical universities

Prediabetes and T2DM in our country, and to slow down the rapid increase in the number of people with diabetes in - ذیابیطس سے پہلے پنا خیالرکھو " Pakistan. "lis the first ever digital campaign in As per the National Diabetes Survey of Pakistan by PCDA that aims to spread

- activities)
- students
- programs "Train the Trainer"
- Seminars/ Symposiums (20)Mega camps
  - Education)
- (760 HbA1c test camps



(20) sisting of 14 seminars involving 1400 disease burden, PCDA (Primary Care - Routine camps (PPG, FPG, Medicine, healthcare professionals in the main cit-(1260) ies of Pakistan (Karachi, Lahore, Islam-) abad, Hyderabad, Peshawar and Gujran-Martin Dow Marker has initiated the -85 camps on World Diabetes Day 2022 wala). PCDA has also planned 1260 campaign - نیابیطس سے پہلے پنا خیال کھو - Awareness activities in various shop- routine camps and 20 Mega camps that "Rakho Apna Khayal, Diabetes Se ping malls, grounds and universities includes free blood glucose testing, free Pehle", with Pakistani actress Sajal Ali - Awareness programmes in various medicine, free diabetes education and of Pakistan free diet and nutrition plan charts, cover-Khayal, Diabetes Se Pehle" is a one-of-a - Social Media Pages (Facebook, Insta- ing 50,000 patients over one year. 840 -kind campaign in Pakistan to spread gram, Youtube, Twitter) camps have already been conducted beawareness of Prediabetes. "ا فيالركهو "Rakho tween January and August, covering The objective of نيابيطس سے پہلے پنا خيالركهو بنا ماہ Apna Khayal Diabetes Se Pehle" started 30,000 patients. In addition we have also خيالركهو is to collect real data about a prediabetes awareness campaign, conplanned 760 HbA1C tests, and conduct-



# SEED

On the occasion of 75th only one agenda to screen almost 1 uation of urban flooding & how trees Independence Day, Pri- Million Pakistanis in a year in order to can help us to combat urban flooding & mary Care Diabetes As- diagnose diabetic patients as early as global warming. Further, he highlighted sociation (PCDA) in possible along with making the environ- the significance of physical health & collaboration with Phar- ment healthier through plantation at mental health. mEvo have took anoth- multiple sites of Pakistan.

**SEED**, an initiative for Healthier Pa- PharmEvo joint hands together for this kistan where PCDA & PharmEvo have great initiative i.e. SEED which was depledged to screen outreach areas of Pa- briefed to media by Dr. Fareeduddin kistan to create awareness about defeat- (President, PCDA), Dr. Riasat Ali throughout Pakistan. The only objective Mr. Abdus Samad (Director Marketing, of both parties is to make a better & PharmEvo) in the presence of Pakistan's disorder which is spreading like a fire ed the efforts of PCDA & PharmEvo to nationwide campaign to equip the nation addressing to the media, Dr Fareed Ud- drive by planting a plant.

with preventive measures to halt this din emphasize on the role of healthy enepidemic. This unique partnership has vironment. He discussed the current sit-

Dr Riasat discussed the need to this er step towards a Healthier Society, i.e. On 18th August 2022, we PCDA & screening project & overview of the whole project along with previous key contribution by PCDA toward society as well as shared the vision of PCDA to ensure the prevention from diabetes. Mr. ing diabetes along with nurturing the (General Secretary, PCDA), Mr. Jam- Jamsheed further shared his thoughts nature by projecting plantation drive sheed Ahmed (CEO, PharmEvo) and about the campaign & highlighted the vision of PharmEvo & how PharmEvo is devising ways to combat this disease healthier Pakistan in order to reduce the leading news anchor and host Mr. along with preserving the nature for a burden of the most important metabolic Waseem Badami, who further appreciat- better & healthier society. Mr. Abdus Samad give vote of thanks before closi.e. Diabetes. Members at PCDA & focus on 02 most important component ing the ceremony & at the end of the PharmEvo were thoughtfully design a of life i.e. Health & Environment. While ceremony, participants initiated this

# بدلوآج۔ بہنزکل کے لئے

# **Project Diabesity** launched

18 Oct'22 was a great day in the history of PCDA, when MOU signing ceremony was held for DIABESITY Project.

Diabesity is yet another mega project after "Rakho Apna Khayal" and SEED Prject. All these projects have been PCDA to raise the level of awareness about diabetes in the masses and to update the Primary Care physicians. Not only this but to try to reduce the prevalence of diabetes in Pakistan.

President of PCDA Dr. Fareeduddin and General Secretary DR. Riasat Ali Khan tion; And G.M Marketing Mr. Malik Ajaz Kan and BUM Mr. Tariq Fayyaz Sheikh from Shaigan Pharma signed the MEMORANDUM. Both the parties agreed to work together to create awareness amongst the health care professionals and general public about diabesity. It was suggested that, there would be three

phases of this engagement.

for cutting down on calories and making PCDA and Shaigan Pharma. Combinely sure that the general public has under- they would be arranging awareness talks with managing glucose levels to avoid other bilaterally authorized speakers obesity.

toring of all the patients on PCDA doctors clinic and would develop a mobile Talking at this occasion Mr. Malik Ajaz analysis.

overweight and obsess.

General Secretary of PCDA, Dr. Riasat also engage dieticians to help diabetic and president Dr. Fareeduddin informed patients to control their glucose levels the audience that PCDA will ask its and maintain their weight. members across Pakistan to become

voice of diabesity awareness, by shar-In Phase-1 social media would ing and allowing Shaigan Pharma to be used to create awareness, through place awareness material on their clinics sharing key messages of PCDA doctors for patients awareness with logos of standing of low calories intake, along on the diabesity, where PCDA's and would highlight the Importance of con-In Phase-2 of the association, trolling weight gain and blood glucose started to achieve the prime objective of Shaigan Pharma will arrange diabetic levels to live healthy. Shigan Pharma screening camps along with BMI moni- will sponsor those talks financially.

application to share the data with PCDA Khan and Mr. Tariq Fayyaz Sheikh asgeneral secretory to be used for further sured PCDA that they will utilize all possible sources to spread awareness of In Phase-3 of the association, diabesity and how to avoid this metabolfrom Primary Care Diabetes Associa- PCDA and Shaigan Pharma, will ap- ic disorder. They will help PCDA in deproach schools for creating awareness veloping content for diabesity awareamongst students and teacher to avoid ness, which would be going on all social junk food in their meals, to avoid getting media platforms with the logos of PCDA and Shaigan Pharma. They will

# More projects/Programs started & supervised by Dr. Riasat

- Aap Ka Tibib
- Mobile App
- **PCDA** Website
- Prompt guidelines
- Collaboration with Medical Universities for Diploma in Diabetes
- WhatsApp groups
- World Diabetes day celebrations
- Diabetes Day Drive
- Diabetes And Ramzan Conferences
- $\Rightarrow$  STEP wing of **PCDA**
- ⇒ Preceptorship Programs
- $\Rightarrow$  DEW wing of **PCDA**
- Courses in Diabetes Education
- **Prevention First** Newsletter
- General Membership program







# Senior Vice President of PCDA Pakistan Dr. Najum F. Mahmudi

 ${f A}$ fter foundation of Primary Care Diabetes Association Pakistan Dr. Mansoor Ali (Late), Dr. Fareeduddin and Dr. Riasat Ali Khan started spreadind the message of PCDA to the doctor's elite of the country and specially Karachi. Dr. Najum open heartedly responded to the invitation and joined the newly born organization. He was awarded the position of Senior Vice President from the beginning.



He did his House job, from 5-4-1980 to 4-10-1980 in Department of General Medicine, Dow Medical College & Prof. Khawaja MoinUddin Ahmed, Second house job from 5-10-1980 to 4-4-1981 in Department of General Surgery, Dow Medical College & Civil Hospital, Karachi under Prof. Karim Siddiqui, FRCS.

He worked as Casualty Medical Officer from 1-5-1981 to 30-4-1982 Atia General Hospital, Malir, Kala Board, Karachi.

Worked as Casualty Medical Office dealing with general emergencies related to Medi-

1950.

Dr. Najum F. Mahmudi did his medica cine, Obstetrics, Gynecology, Paediat-Surgery.

graduation in 1979 from Dow Medical rics College, University of Karachi, Pakistan. MCPS in Family Medicine in 1990 He is working as Managing Secretary of from College of Physicians & Surgeons the Journal of Pakistan Medical Associa-Pakistan He completed his Diploma in tion (JPMA) from 2008 till date. JPMA Diabetology in 2004 from Baqai Medi- is first indexed journal of Pakistan being cal University, Karachi, Pakistan & published MRCGP Int. in 2008 from Royal Col- Secretary Marathon Organizing Comlege of General Practitioners, UK. mittee of Pakistan Medical Association He is currently practicing as Family Karachi, Organizing PMA Karachi City Physician at a Private Clinic (Self em- Half Marathon Every year since last 23 NAJUM CLINIC, Rohail years. Also organizing Round-the-Lake Khund Society Masjid, Hyder Ali Road, Marathon around Haleji Lake, Karachi Off.Shaheed-e-Millat Road, Karachi, every year since last 21 Pakistan since last 30 years. Serving a Worked as Project Coordinator PMA community that has a high Socioeco- Mass Screening Program for breast cannomic, middle and lower middle classes. cer. Member Scientific Committee of Also working as consultant Diabetolo- Pakistan Medical Association, Karachi gist at Shamsi Ansari Clinic, 99 C Jami organizing CME programs for Family Commercial, Street no.11, Phase 7 Physicians. D.HA Karachi.

# Dr. Najum has a marvelous record of Con-Civil Hospital, Karachi under tinuous Medical Edu-FRCP cation.

Completed "Annual Intensive Course in Advance Medicine for MCPS Family Physician Organized by Abbasi Shaheed Hospital From 1st. January 1984-31 January 1984. CME course entitled, "Aids to Clinical Diagnosis" conducted by Community Health Sciences, the Aga Khan University Hospital. From March 16 to April 1st. 1987.

Updates in Paediatrics, conducted by Department of Paediatrics, the Aga Khan University Hospital. From 3rd. August 26th. August

CME Course entitled, "Clinical Medicine Preview 1988", conducted by the Aga Khan University Hospital. From May 23rd. to June 15th. 1988.

CME Program Updates in Paediatrics Organized by Aga Khan University Hospital. From 11th. May to 24th. May 1989.

CME Course entitled, "Current Concepts in The management of Pulmonary Diseases" Conducted by the Aga Khan University Hospital. From May 31st. to June 1st. 1989.

CME Program on Common Neurological Problems in Clinical Practice, conducted by Aga Khan University Medical Centre. From 7th. to 9th. May 1990. CME Course in Paediatrics organized by College of Family Medicine Pakistan in Collaboration with National Institute of Child Health. From 15th. May to 29th. May 1991.

Certificate course in Neuro Sciences organized By College of Family Medicine Pakistan in Collaboration with Bagai Medical College. From 6th. January to 16th. January 1992.

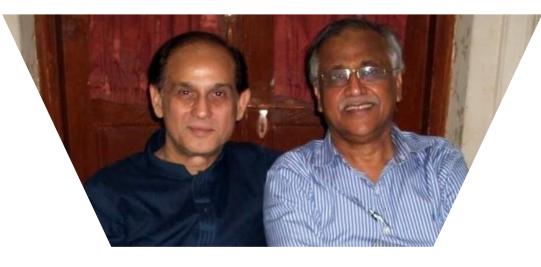
CME Course in Cardiovascular Diseases Organized by College of Family Medicine Pakistan in collaboration with Department of Medicine, Jinnah Post Course in Reproductive Health Services May to 11th June 1992.

Advance Course in Diabetes organized cember 1996. by College of Family Medicine Pakistan in collaboration with Diabetic Associa- 3rd Advance Course in Internal Medi- 8th Advance Course in Medicine for August 1992.

February 1993.

Certificate of CME workshop on Repro-Training in Educational Development of cians Health Professional organized By De-From 10th March to 13th March 1997.

CME workshop on Lactation Manage- August 22, 2002. ment Organized by Breastfeeding Steerber 1997.



Graduate Medical Centre From 30th. and Contraceptive Technology, orga- First International Congress on Infec-

tion of Pakistan and WHO collaborating cine Organized by Pakistan Society of Family Physicians organized by Pakicentre Karachi From 1st. August to 6th. Physicians Karachi. From 16th February stan Society of Physicians (11.5 CME to 21st February 1998.

CME on Updates in Paediatric Medicine Advance Course in Diabetes Manage-Conducted by the Aga Khan University ment for Family Physicians organized Smoking cessation skills building work-Hospital From 17th. February to 18th. by Baqai Institute Of Diabetology & shop for Health professionals organized 2001r to 2nd January 2002.

ductive Health awarded by WHO Col- CME Program Updates on Diabetes laborative Centre For Research and Mellitus Organized by College of Physi- Workshop on Management of Hepatitis Surgeons

tional Teachers Training Centre, Col- Liaquat National Hospital, Karachi ology Section, Aga Khan University lege of Physicians & Surgeons Pakistan From 4th August to 11th August 2002 Hospital On 22nd June 2005 (category

Time Management Skill Workshop On

ing Committee Sindh at PMA House, 8th Advance Course on Diabetes orga- Chest Society Sindh in collaboration Aga III Road, From 2nd to 4th Decem- nized by Baqai Institute of Diabetology & Endocrinology From 14th January to Pulmonology, Department of Medicine 16th January 2003.

nized by Ministry of Population Welfare tious Diseases organized by Infectious and Key Social Marketing on 11th De- Diseases Society of Pakistan From 28th March to 30th March 2003.

> Credit Hours) From 10th August to 16th August 2003.

Endocrinology From 31st December by Pakistan Chest Society Sindh at JPMC Karachi From 11th January to 12th January 2005

Pakistan B Organized by World Gastroenterology Organization, World Organization of partment of Medical Education and Na- 7th Advance Course in Medicine held at Digestive Endoscopy, and Gastroenter-1, 6 credit hours).

> Seminar on Recent Advanced in Respiratory Medicine, organized by Pakistan with Aga Khan University Section of From 23rd August to 25th August 2005

The American Academy of continuing medical Education, virtual academy of rheumatology Course, which was held during 2005-2006 Attained 16 Hours of category 1 credit of the **AACME** designation.

Workshop Whale Done! Building and Enduring Relationships facilitated by Navilus (Pvt.) Ltd. On 12th February 2006.



doscopy) and Gastroenterology Section, February 2006.

by Liaquat National Institute of Kidney

Diseases From 2nd August to 23rd August 2006 (8 credit hours).

CME Course and Certificate of Achievement award by College of Family Medicine Pakistan and the Royal College of General Practitioners U.K. From 15th June 2005 to 17th September 2006 (120 credit hours)

American Academy of Continuing Medical Education (AACME) Diabetes Course 2007. (Accredited 6 hours of category 1, credit of AACME designation)

cessation Smoking skills building workshop for Health professionals, held at Aga Khan University Hospital, Karachi On 29th January 2008.

Basic Course for Foot Care Team organized By National Diabetes and Diabetic Foot Program Pakistan, a joint project of WDF (World Diabetic Federation) and BIDE (Bagai Institute of Diabetes & Endocrinology) From 4th February to 6th February 2008

Certificate of Attendance "Standing together

Against Diabetes" an ADA Initiative to Certificate course in Diabetes & Endo-Optimize Diabetes Therapy Held on crinology held by Section of Diabetes & 31st May. 2008

CME workshop on Acid Peptic Disorder Epilepsy Mini Fellowship organized by ment of Medicine, Aga Khan University Organized by OMGE (World Gastroen- Jinnah Postgraduate Medical Centre and Hospital, Karachi From 2nd May to 16th terology Organization) and OMED Aga Khan University Hospital, Karachi May 2009. (World Organization Of Digestive En- From 12th July to 13th July 2008.

CME Course on Urinary Tract Stones project Of WDF and BIDE. From 9th uary 2010. Prevention and Management organized February to 11th February 2009

First International e-Health Conference Aga Khan University, Karachi On 23rd Advanced course for Foot Care Teams "Better Health for All through e-Health" Organized by National Diabetes and Di- held at Aga Khan University Hospital, abetic Foot Program Pakistan a joint Karachi From 23rd January to 24th Jan-

Orientation course in Psychiatry for

Family Physicians organized by Dow University of Health Sciences, Karachi in collaboration with Pakistan Psychiatric Society Karachi From 6th April to 10th April 2010.



Traveling, Sports, Art and Social Sciences. I am a member of PMA Disaster Response Team and

He has also organized Medical Camps Rural in Sindh. I was an active member in the PMA Flood Relief Team during the last floods in Pakistan.

He has been panelist in various seminars and medical conferences arranged by PCDA and delivered his valuable academic input.

Dr. Najum Mahmudi is very popular among the PCDA members for his love, affection, timely guidance, suggestions, enlightment and tips when-

ever needed. For PCDA Dr. Najum is a friend in need. He is a friend indeed!



Endocrinology & Metabolism, Depart-



# Vice President of PCDA Pakistan Dr. Asima Khan



ated at national and international levels.

kept her medical education continued with a uniform pace. After her graduation from Dow University of Health Sciences (1993-1998), she did Diploma in Diabetes from Baqai Institute of Diabetology and Endocrinology (2009-2010). Then she completed her MSc. Diabetes and Endocrinology from National Institute of Diabetes and Endocrinology, Dow University of Health Sci-(2011-2014); after which she completed her MPH Dow University of Health Sciences (2019 - 2022). Currently she is busy in completing her Ph.D. from University of York UK.

**D**r. Asima is a practical personality and loves to work. She has a lovely family of four kids and a loving professional husband. In spite of her extensive domestic responsibilities she continued her professional activities by engaging herself with many esteemed institutions and clinics. After her house job from Gynae & Obs.

joys traveling to connect with nature. Dr. Asima Khan has been instrumental in many of PCDA's initiatives and projects. Founder President Dr. Mansoor Ali (Late) always respected the suggestions and comments by Dr. Asima Khan and used to admire her performance specially in the academic activities. Her efforts in updating the knowledge of primary care physicians (PCPs) according to the fast advancement in the field of dia-

betology helped a lot in achieving the noble objec-

Multifaceted individual Dr. Asima Khan, a founding member of the Primary Care Diabetes Association (PCDA) Pakistan, excels as a physician, administrator, and teacher, and is a passionate researcher. Additionally, she has a deep appreciation for art and en-

She believes in empowering the PCPs in managing the people with diabetes at primary level. For this she designed many plans and projects which are appreci-

Since her graduation Dr. Asima Khan Obs. Department, Lyari General Hospi- Endocrinology from Jan 2010 to Jan started working as Resident Medical Of- Karachi from Mar 2013 to Sep 2020. Apr 2004).

She worked as

Unit II, Civil Hospital Karachi, Gynae & ate Baqai Institute of Diabetology & tal and Medical Unit V, Civil Hospital 2011, then as Head of Department Dia-Karachi (June 1999-Dec 1999) she betes Sindh Government Hospital New ficer in Mariam Batla Hospital, as Medi- She started working as Public Health cal Officer Gynae & Obs Department in Program Director at Baqai Institute of East Side Hospital, Karachi (Apr 2003- Diabetology & Endocrinology in Aug 2021 and still working. Also continued as Head of Diabetes Department Sindh Government Hospital Liaquatabad from Research Associ- Oct 2020 till Sept 2023.



tives of PCDA.



Dr. Asima Khan is the Vice President (Primary Care Diabetic Association of Pakistan) She has been volunteering with the Primary Care Diabetes Association since 2007. She has participated in numerous training programs, camps, and public awareness initiatives. Additionally, she has actively contributed to organizing eight national-level conferences and over 50 CME (Continuing Medical Education) programs for PCDA.

(STEP), an association of medicine and allied health sciences students. She train lot phase. these students for volunteer work in the • community and research.

# Some of her Research Projects:

Assistant Project Manager BRIGHT Project at Bagai Institute of Diabetology & Endocrinology since March 2013 We have developed guidelines for self-monitoring of

blood glucose for managing Diabetes in the context of limited resources without compromising standard

of care.

Project Manager PROMPT project • at Bagai Institute of Diabetology & En- Group (DASG). docrinology since March 2015.

These are comprehensively devel- etv. oped guidelines for the management of Type 2 Diabetes Mellitus ciation in Pakistan. These were later adopted by IDF in the MENA re- CERTIFICATE COURSES gion.

- The Diabetes Prevention Plan (A She is the founder of Student Taskforce combined project of the Pakistan Endo-Education and Public Health crine Society and Baqai Institute of Diabetes and Endocrinology) is in the pi-
  - Site lead of Bagai Institute of Diabetology and Endocrinology for the Dia-DEM project.
  - Diabetes co-lead for work package (WP1) in the POTENTIAL project (A project on integrated diabetes and tuberculosis management at TB clinics)
  - Diabetes Theme Site-lead for (Center for Impact)

- Member of the Diabetic Asian Study
- Member of Pakistan Endocrine Soci-
- Member of Pakistan Medical Asso-

- Clinical Research Certified Professional by Dow University of Health Sciences
- Certificate courses in Public Procurement by the Sindh Public Procurement Regulatory Authority and Institute of Tender Management
- IDF online certified course for specialists (13 ECMEC®s)
- Research and Proposal Writing in Sciences 2022 by AuthorAID (INASP)
- Certificate course on Good Clinical Practice 2023

#### PROFESSIONAL MEMBERSHIPS

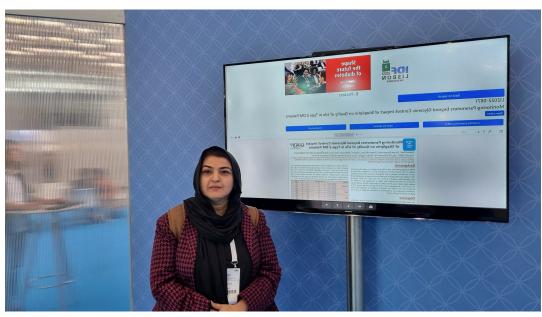


# **PUBLICATIONS and POSTERS of Dr. ASIMA KHAN**

Two posters select-2023

Primary prevention type 2 AK Niazi, K Schwartz BIDE's Book, 427-445

Adil, S.Musa, K.I., alence of undiagsyndrome using nitions and identify-factors among apadults in Karachi, sectional survey in Public Health 82, 22 doi.org/10.1186/3



ed for IDF Congress

of diabetes mellitus Shafique, PEH Diabetes Desk

Uddin, F. etal. Prevnosed metabolic three different defing associated risk parently healthy Pakistan: a crossthe year 2022. Arch (2024). https://s13690-024-01250-

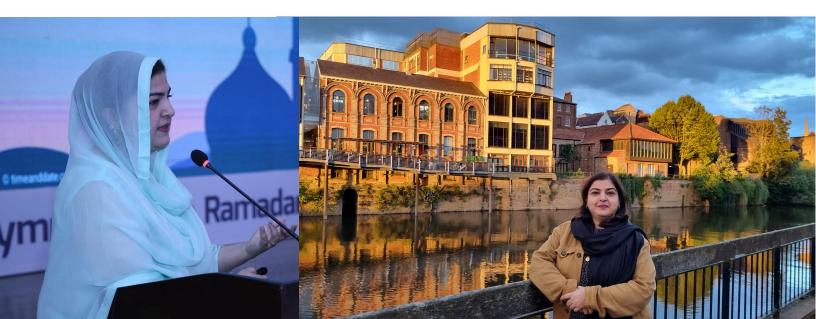
Khan, A., Kanpurwala, M.A., Khan, R.A. et al. Impact of Treviamet® & Treviamet XR® on quality of life besides glycemic control in type 2 DM patients. BMC Endocr Disord 23, 244 (2023). https://doi.org/10.1186/s12902-023-01492-2

Adil, S. O., Uddin, F., Musa, K. I., Khan, A. K. A., Shakeel, A., Shafique, K., & Islam, A. (2023). Risk assessment for cardio-vascular disease using the Framingham risk Score and Globorisk score among newly diagnosed metabolic syndrome patients. International Journal of General Medicine, Volume 16, 4295–4305. <a href="https://doi.org/10.2147/ijgm.s423151">https://doi.org/10.2147/ijgm.s423151</a>

Adil, S. O., Musa, K. I., Uddin, F., Shafique, K., Khan, A. K. A., & Islam, A. (2023). Role of anthropometric indices as a screening tool for predicting metabolic syndrome among apparently healthy individuals of Karachi, Pakistan. Frontiers in Endocrinology, 14. https://doi.org/10.3389/fendo.2023.1223424

Khan, Asima, Izhan A. Khan, Hussain Abidi, and Mansoor Ahmed. "Comparison of Empagliflozin and Vildagliptin for Efficacy and Safety in Type 2 Diabetes Mellitus in the Pakistani Population." Frontiers in Endocrinology 13 (2022). https://doi.org/10.3389/fendo.2022.926633.

Khan., Izhan Ali, Asima Khan, Fauzia Imtiaz, and Mukarum Ali. "Major Causes of Negative and Positive Impacts on Mental Health during Lockdown Due to Covid-19 Pandemic." Journal of Muhammad Medical College. Accessed March 9, 2023. https://www.mmc.edu.pk/jmmc/index.php/JMMC/article/view/116.















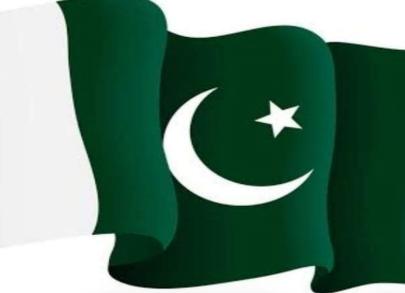


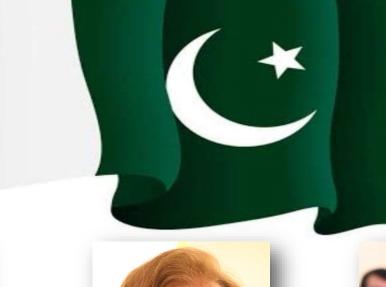




# یی و ی اے کے قائدین کی جانب سے بوم آزادِی مُبارک ہو Primary Care Diabetes Association Pakistan









جانِ اِستقبال



شانِ حال



ترجُمانِ ماضِی



سائيبه خُدائے ذُوالجلال



# CORE Summit by PCDA KPK Chapter Hotel Elites, Nathia Gali



In the picturesque setting of Nathia Ga-

healthcare initiatives in Pakistan. representative of the Primary headed Care Diabetes

Dr. Sulaiman Khan commenced his presentation by introducing the PCDA, emphasizing its mission to enhance diabetes management and prevention through primary care. He highlighted the association's commitment providing healthcare professionals with the necessary resources, training, and support to effectively address the

growing diabetes epidemic in Pakistan. The PCDA aims to create a li, the CORE Summit by Ferozsons La-robust network of primary care provid-

boratories hosted a significant ers who can deliver comprehensive diagathering focused on advancing betes care to patients in various settings.

Among the key speakers was Dr. During the presentation, Dr. Khan de-Sulaiman Khan, a distinguished tailed several ongoing projects spearby PCDA. Association Looking to the future, Dr. Khan shared (PCDA) of Pakistan. His present the PCDA's ambitious plans to expand tation shed light on the vital role its reach and enhance its impact. of PCDA in combating diabetes, Dr. Khan concluded his presentation by outlining current projects and emphasizing the importance of collabofuture plans aimed at improving ration among healthcare providers, govdiabetes care across the nation. ernment entities, and community organizations in achieving the PCDA's goals. He encouraged attendees to actively participate in ongoing initiatives and contribute to the collective effort to combat diabetes in Pakistan.

> The presentation was met with enthusiasm and interest, as attendees engaged in a lively discussion about the challenges and opportunities in diabetes care. Dr. Sulaiman Khan's insights and the proactive approach of the PCDA left a lasting impression, inspiring many to join the cause and work towards a healthier future for individuals living with diabetes in Pakistan.



# Glimpses of the CORE Summit Nathiagali









# Efficacy of empagliflozin as adjunctive therapy to citalopram in major depressive disorder:

a randomized double-blind, placebo- controlled clinical trial

Reports Dr. Riasat Ali Khan



#### **Abstract:**

Background Major depressive disorder is one of the most common psychiatric disorders, which is associated

with a high disease burden. Current treatments using antidepressants have limitations, so using medication with neuromodulating

inflammatory properties alongside them could be helpful. In a clinical trial, we studied

the effectiveness of empagliflozin, a blood sugarlowering drug, as adjunctive therapy to reduce the severity of depression symptoms.

### **Methods:**

A number of outpatients with moderate to severe depression (Hamilton Depression Rating greater improvement in reducing the BMC Psychiatry (2024) 24:163 https://

severity of depression symptoms over doi.org/10.1186/s12888-024-05627-0 (HDRS) > = 17) who were not under time (p value = 0.0001).

related medication or had not taken Conclusions: medication for at least the last two months, had an age range of 18-60 years and had written informed consent this clinical trial, further study of emto enter the study (N = 90) were randomly divided into two groups receiving placebo or empagliflozin (10 mg daily) combined with citalogram (40 mg daily) based

method in an 8-week randomized, double-blind, placebo-controlled clinical

They were evaluated using the HDRS The study found that this medication in weeks 0, 4, and 8.

Results HDRS scores were equal to  $28.42(\pm 3.83)$ ,  $20.20(\pm 3.82)$ , and 13.42

were  $27.36(\pm 3.77)$ ,  $13.76(\pm 1.40)$ , and  $7.00(\pm 1.13)$ , respectively, for the fits of this medication, it seems that group treated with empagliflozin. evaluating the effect of empagliflozin Compared to the control group, pa- as an adjuvant treatment on MDD tients treated with empagliflozin using among different clinical groups with a

Considering the promising findings in pagliflozin as adjunctive therapy in MDD with larger sample sizes and longer follow-ups is recommended.

In this clinical trial, empagliflozin was on permuted block randomization used as an add-on treatment to citalopram among patients with MDD. It works as a highly selective and potent sodium-glucose transporter 2 (SGLT2).

was associated with psychiatric usefulness and a reduction in the severity of depression symptoms compared to the (± 3.42) in the placebo group during control group. Considering the multitude of possible mechanisms involved 0,4, and 8, respectively. These scores in the formation of this effect along with the metabolic and vascular benerepeated- measures ANOVA showed larger sample size and in multicenter

conditions longer follow-ups may be accompanied by more acclinical curate judgment in this field.

#### **Keywords:**

Empagliflozin, Citalopram, Madepressive disorder, Neuromodulating, Antiinflammatory

#### **Reference:**

Zandifar et al.

# Dr. Ali Asghar explains the Benefits of Fixed-dose Combination (FDC) therapy

Fixed-dose combination can improve outcomes in type 2 diabetes (T2D) Empagliflozin, linagliptin, and metformin combination is used with proper diet and exercise to lower high blood sugar levels caused by type 2 diabetes. It is also used to lower the risk of death in patients with type 2 diabetes and heart disease.



This was explained by the renowned Endocrinologist and President Elect of Pakistan Endocrine Society (PES) Dr. Ali Asghar, in a seminar on "Compliance and Control with the Newer Anti-Diabetic Combinations" held in blood sugar. Some people find it Hotel PC Karachi on 14th. August'2024. Prof. Yaqoob Ahmadani, Prof. Kareem Qamaruddin and Dr. Najum F. Mahmudi were the panelists.

the session was attended by a very interactive and charged audience comprised of the primary care physicians and consultants from all over the Karachi and other cities of XR for short) in 1 tablet is ap-Sindh.

Dr. Ali Asghar presented a detailed overview of the three ral antidiabetes medicines Empagliflozin, Linagliptin and Metformin, and

then the benefit of the FDC of the three in a single pill.

The learned speaker said that People with type 2 diabetes often need several medicines to control their difficult to take a lot of different tablets, and some people may not want to. This can lead to difficulties with managing type 2 diabetes. Combining medicines into 1 tablet may help make it easier to take the Moderated by Dr. Izhan Ali Khan, treatment and to manage type 2 diabetes, which gives people more choices. The combination of empagliflozin, linagliptin, and metformin extended-release (metformin proved for type 2 diabetes. This combination could help people take all the treatments and better manage their type 2 diabetes.

treatment for patients with T2D are to prevent or delay the development of complications while maintaining quality of life. This involves the control of glycemia and cardiovascular (CV) risk factor management, and a patient-centered approach to care.

While treatment of T2D typically begins with metformin monotherapy, unless it is contraindicated or not tolerated, it is recommends initial combination therapy be considered for newly diagnosed patients with  $HbA1c \ge 1.5\%$  above the glycemic target. The choice of pharmacologic agents should take account of comorbidities, in particular, the presence of atherosclerotic CV disease (ASCVD), heart failure (HF), and chronic kidney disease (CKD), in addition to the risk of hypoglycemia,

Dr. Ali Asghar said that the goals of impact on weight, cost, potential for side effects, and patient preferences. Since T2D is a major risk factor for CV disease (CVD), which is the most common cause of death in patients with T2D, the impact of treatment on CV risk is an important consideration.



He reminded the CAROLOINA and CARMELINA trials in which CV saferty of the DPP4i Linagliptin was established. Also there are many trials that have demonstrated the CV benefits of treatment with sodiumglucose cotransporter 2 (SGLT2) inhibitors and glucagon-like peptide 1 receptor agonists (GLP-1 RAs) that have led to changes in clinical practice. Updated guidelines from the ADA and a consensus report from the ADA and EASD recommend the addition of one of these agents with proven CV benefit irrespective of glycemic goals. For patients who have ASCVD or indicators of highrisk, established kidney disease or heart failure, an SGLT2 inhibitor or GLP-1 RA with demonstrated CV benefit is recommended, independent of baseline or HbA1c target.



For patients requiring additional treatment for control of glycemia, similar consideration should guide the addition of a third agent, which may include a dipeptidyl peptidase-4 (DPP-4) inhibitor (if not on a GLP-1 RA or excluding saxagliptin in the setting of HF). The use of an SGLT2 inhibitor, GLP-1 RA, or DPP-4 inhibitor may also be added alone or in combination in patients without ASCVD, HF, or CKD if there is a need to minimize hypoglycemia.

Adherence to the prescribed regimen is an important predictor of clinical

here to treatment if they received well-tolerated therapies can offer a more than once-daily dosing of glu- useful treatment option to help opticose-lowering medication. In a sys- mize therapy for individual patients, tematic review of data from 7 studies and several FDC therapies for T2D that compared fixed-dose combina- are available for clinical use. tion (FDC) therapy versus the corresponding agents in free combination for the treatment of T2D, the use of FDC was associated with a 13% increase in the rate of compliance. Since the management of T2D frequently requires combination therapy, the use of FDC therapy can reduce the pill burden leading to a simplified treatment regimen, reduce medication costs to patients, and

tions, and 9 times less likely to ad- The use of FDCs of effective and

A very brain storming Q&A session was followed by the lecture. During which the attending doctors put their queries in front of the speaker.

Dr. Akhter Memon, Dr. Shakeel Ahmed and Dr. Nazeer Soomro not only asked very relevant and valid questions, but gave their comments about the new FDC going to be



outcomes, and patient adherence is known to decline as the number of medications increases. One study found that patients with T2D were 4 times less likely to adhere to their medications with each unit increase in the number of prescribed medica-

improve adherence to therapy. This can translate into clinical benefits resulting from improved patient satisfaction and compliance with FDC therapy, leading to improved glycemic control and an increased likelihood of achieving glycemic targets.

launched soon by Getz Pharma and som other pharmaceutical companies.

Dr. Ali Asghar very patiently replied to the queries and questions. The moderator then invited the panelists to deliver their opinion.

# **Panel Discussion**









# **Compliance and Control with** The Newer Anti-Diabetic Combinations



Prof. Muhammed Yaqoob Ahmedani, consultant Diabetologist and Deputy Director of Baqai Institute of Diabetes and Endocrinology Karachi, congratulated Dr. Ali Asghar for his informative lecture. He agreed with the idea that the fixed dose combination of three time tested medicine in the shape a single tablets looks very attractive in terms of improving compliance. But still we have to wait for the patient's responses and acceptance of a large tablet instead of three small tablets.

He said that the manufactures will have to assure the prescriber and the patients that size of this FDC is not going to affect the compliance of the patient and the product will be be as beneficial as expected.

Consultant diabetologist Dr. Karim Kamaruddin, Associate. Dean Bagai Medical University Karachi praised Dr. Ali Asghar for his very elaborate discussion on a very much awaited Fixed Dose Combination of three time tested medicines used in the management of T2DM. A pill having three agents with no fear of hypoglycemia or weight gain, good glycemic control and proven benefits of CV risk reduction will be an ultimate choice for the treating physician.

He congratulated Getz Pharma for being pioneer in bringing out this FDC and expressed his hope that the drug regulatory authority will release its approval at their earliest, so that we could start its use in the people with diabetes in whom it is indicated.





Dr. Najum F. Mahmudi, consultant Diabetologist and senior Vice President of Primary Care Diabetes Association Pakistan, greeted the speaker for his vry informative presentation. He expressed his concern about the FDC of two, three or more drugs. When a patient, due to any reason, stops a FDC pill, whole of the treatment is stopped suddenly. Otherwise if he stops one of the many pills, treatment is not affect-

However he appreciated the ongoing research which opens newer horizons in the management of a chronic disease like diabetes. He appraised the quality manufacturing of anti-diabetes medicines by Getz Pharma and hoped that the new product will also prove to be as effective as other brands are.

# The Audience









# Dr. Khalid Mazari reports from Rahimyar Khan chapter





Head of Rahimyar Khan chapter of PCDA-Pakistan, Dr. Khalid Hussain Mazari, engaged in a round table discussion on the role of SGLT2i in the management of T<sub>2</sub>DM. He stressed on the rationale use of the drugs of this group as these have proven efficacy in ASCVD reduction. Dr. Khalid Hussain Mazari is very famous among the primary care physicians of the area for his academics and professional skills.



# Head of Sindh Chapter of PCDA-Pakistan Dr. Pawan Kumar reports from Larkana

Free Distribution of Insulin, Glucometers, Syringes and Needles among Type 1 diabetic patients is a regular activity at my chamber for a long time. Awareness booklet are also distributed among type 1 diabetic patients.

DSP City on behalf of SSP Larkana, Medical Superintendent (MS) Larkana and President Pakistan Medical







# Dr. Shehzad Tahir reports from Islamabad Chapter



Dr. Nazeer Soomro reports from Jacobabad Chapter



# Dr. Nazeer Soomro celebrating Independence Day with his Staff













# Dr. M Irfan Shaikh reports from Multan Chapter

No Text Report sent







# Dr. Ameer Bux Shaikh reports from Shahdadkot



Dr. Ameer Bux
Shaikh arranged a
cake cutting ceremony at his clinic
on the occasion of
Independence Day.
Here are some
glimpses of the
event



# Dr. Suleman Khan reports from Kohat Chapter

# Free Medical Camp by Kohat Chapter of PCDA



A Free Medical Camp was organized by the Kohat chapter of PCDA Pakistan and with the help of HEAC International at DHQ Teaching Hospital Kohat. This initiative aims to support deserving diabetic patients in our community by providing essential medications and healthcare services. During the camp, approximately 120 diabetic patients received a 15-day supply of free medicines, covering all necessary treatments related to diabetes and its complications.

The camp was inaugurated by our local MPA and the Medical Superintendent of DHQ Teaching Hospital Kohat, highlighting the importance of community health initiatives.

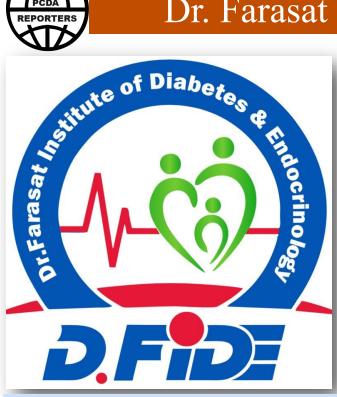
This free medical camp will be held every month, with later will be doing fortnightly. Also the number of patients will be increased to 200.







# Dr. Farasat Reports from Mansehra KPK



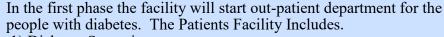


Chapter Head of Mansehra chapter of PCDA Dr. Syed Farat Ali Shah today announced that the First State of Art Diabetes Center in Hazara Division is nearly complete to be opened very soon. This centre is named as Dr. Farasat Institute of Diabetes and Endocrinology. It took about four years to complete the

building.

Dr. Farasat informed PFN that he is going to dedicate the academic

part of this project to PCDA Pakistan. The project will be functional in two phase.



1) Diabetes Screening

- 2) Management & Treatment of Diabetes & its complications.
- 3) Specialist OPD including Diabetologist, Nephrologist, Ophthalmologist, Podiatrist, Diabetic Educator.
- 4) Diabetic Foot Center. 5) Diagnostic Services Including Lab, Ped Scan, Xray, ECG and Pharmacy.

In the second phase Academic activities will be started in collaboration with PCDA Pakistan and diploma courses for the primary care physicians are also in planning.

The Central Cabinet of PCDA Pakistan has congratulated Dr. Farasat and wished him a great success of this project.





# WHO recommends against NSS

Reports Dr. Riasat Ali Khan

People with T<sub>2</sub>DM generally need to avoid sugar, so the clinicians recommend them non-sugar sweeteners (NSS) instead to satisfy their sweet taste. Experts agree that while artificial sweeteners may help in certain scenarios, they can also be harmful. WHO Recommendations: WHO suggests that Non Sugar Sweeteners not be used as a means of achieving weight control or reducing the risk of non-communicable diseases.

The World Health Organization (WHO) has released a new guideline on nonsugar sweeteners (NSS), which recommends against the use of NSS to control body weight or reduce the risk of noncommunicable diseases (NCDs).

The recommendation is based on the findings of a systematic review of the available evidence which suggests that use of NSS does not confer any long-term benefit in reducing body fat in adults or children. Results of the review also suggest that there may be potential undesirable effects from long-term use of NSS, such as an increased risk of type 2 diabetes, cardiovascular diseases, and mortality in adults.

"Replacing free sugars with NSS does not help with weight control in the long term. People need to consider other ways to reduce free sugars intake, such as consuming food with naturally occurring sugars, like fruit, or unsweetened

NNS (Non-sugar sweeteners) elicit sweet taste through binding and activation of sweet-taste receptors located in the oral cavity, with subsequent signalling to the brain. Sweet-taste receptors have more recently been found at sites outside the oral cavity, including the gastrointestinal tract, pancreas, brain and adipose tissue, and may be involved in various metabolic effects of non-sugar sweeteners observed in a large body of in vitro, animal and human studies.



food and beverages," says Francesco Branca, WHO Director for Nutrition and Food Safety. "NSS are not essential dietary factors and have no nutritional val-

ue. People should reduce the sweetness of the diet altogether, starting early in life, to improve their health."

The recommendation applies to all people except individuals with pre-existing diabetes and includes all synthetic and naturally occurring or modified non-nutritive sweeteners that are not classified as sugars found in manufactured foods and beverages, or sold on their own to be added to foods and beverages by consumers. Common NSS include acesulfame K, aspartame, advantame, cyclamates, neotame, saccharin, sucralose, stevia and stevia derivatives.

The recommendation does not apply to personal care and hygiene products containing NSS, such as toothpaste, skin cream, and medications, or to low-calorie sugars and sugar alcohols (polyols), which are sugars or sugar derivatives containing calories and are therefore not considered NSS.



#### Reference:

https://www.who.int/news/item/15-05-2023-who-advises-not-to-use-non-sugar-sweeteners-for-weight-control-in-newly-released-guideline#:~:text=The%20World%20Health%20Organization%20(WHO,of%20noncommunicable%20diseases%20(NCDs).

Findings from the systematic review supporting this recommendation are as follows:

In adults NSS use resulted in reduced sugars and energy intake, lower body weight and lower BMI in shortterm RCTs, the majority of which lasted 3 months or less. NSS use did not significantly affect other measures of body fatness or intermediate markers of cardiometabolic health, including glucose, insulin or blood lipids. Evidence from a small number of longer-term trials lasting 6–18 months did not suggest an effect on body weight but was difficult to interpret because of many differences in how these trials were conducted and results reported.

When intake of NSS was directly compared with intake of free sugars (i.e. one CVDs and CVD mortality, and all-cause rectness. results when NSS was used in any man- dence or mortality. ner. However, most of these trials pro- Use of NSS (predominantly saccharin) ing diets and therefore did not directly measure the effects of replacing free sugars with NSS. When NSS were compared with nothing/placebo or water (i.e. one group in a trial received NSS, and another group received nothing/placebo or water), no effects on body weight or BMI were observed.

When NSS were assessed specifically as replacements for free sugars in a small number of RCTs (i.e. habitual consumers of foods or beverages containing free sugars were asked to switch to versions containing NSS in place of free sugars), the effect on body weight The lack of evidence for long-term benobserved.

al studies, with up to 10 years of followup, was as follows.

Higher intakes of NSS were associated with higher BMI and increased risk of incident obesity, but not other measures of body fatness.

Higher intakes of NSS were associated



group in a trial received NSS, and an- mortality in long-term prospective obother group received free sugars), those servational studies with average follow- With the exception of individuals with receiving NSS had lower body weight up of 13 years, but were not associated and BMI, similar in magnitude to the with differences in overall cancer inci-

vided foods and beverages containing was associated with increased risk of NSS or free sugars in addition to exist-bladder cancer as assessed in casecontrol studies.

> In children a reduction in several measures of body fatness was seen when sugar- sweetened beverages were replaced with those containing NSS.

> In Pregnant women, metaanalysis of three prospective observational studies found an increased risk of preterm birth with higher NSS use during pregnancy.

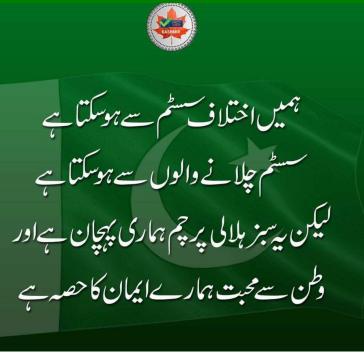
was significantly weakened relative to efit of NSS use on measures of body that observed for NSS used in any man-fatness assessed in RCTs and potential ner, and an effect on BMI was no longer long-term effects of NSS use observed for adults in prospective observational Evidence from prospective observation- studies were considered to be relevant for women during pregnancy, and were reasonably expected to be relevant for children and adolescents as well. Therefore, in addition to the limited direct ev- In this recommendation, "use" of NSS idence for children and pregnant wom- means consumption of foods or beveren, the evidence from RCTs and obser- ages that contain NSS, or the addition of vational studies in adults was extrapolat- NSS to food or beverages by the coned to children, adolescents and pregnant sumer. with increased risk of type 2 diabetes, women without downgrading for indi-

diabetes this recommendation is relevant for everyone: children and adults of any age, including pregnant and lactating women.

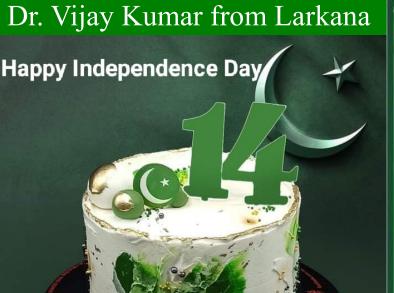
Studies conducted exclusively in individuals with pre-existing diabetes were excluded, and in studies with mixed populations, diabetes was often controlled for as a potential confounding characteristic. Therefore, although individuals with diabetes can also reduce free sugars intake without the need for NSS, the recommendation does not apply to individuals with existing diabetes.

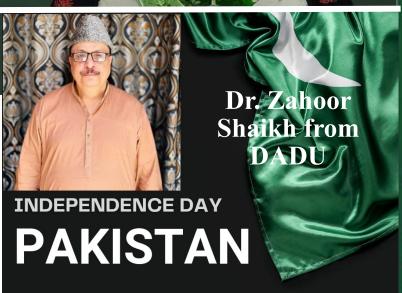
The recommendation is relevant for all NSS, which are defined in this guideline as all synthetic and naturally occurring or modified non-nutritive sweeteners that are not classified as sugars. Common NSS include acesulfame K, aspartame, advantame, cyclamates, neotame, saccharin, sucralose, stevia and stevia derivatives. Because low-calorie sugars and sugar alcohols (polyols) are sugars or sugar derivatives containing calories, they are not considered NSS, and therefore the recommendation does not apply to these sweeteners.

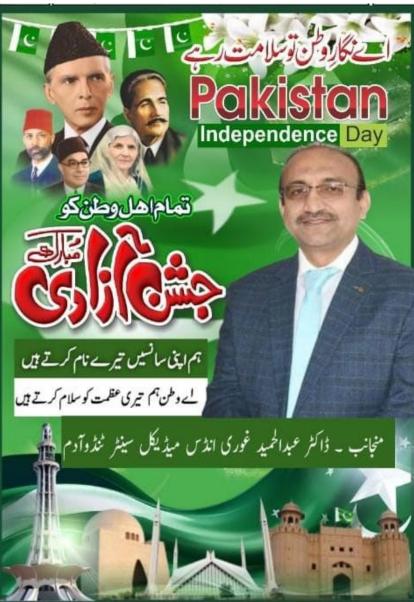
Muhammed Ishrat Sheikh from Malaysia











# PAKISTAN MEDICAL AND DENTAL COUNCIL (PM&DC) PUBLIC

The Council is pleased to announce that MDCAT-2024 Examination will be conducted Nationally and Internationally on 22nd September 2024 (Sunday), through Admitting Universities of all Provinces, Islamabad and Glight Balinstan. The paper-based exam will be conducted simultaneously at all Centres? Venues. The details of the Universities and their venues are as follows:

**MBBS/BDS Institutions** 

- at an John's Verlinds and Bhutto Medical University (Islamabad, AJK & International)
  University of Health Sciences, Lahore (Punjab).
  Khyber Medical University (Khyber Pakhtunkhwa)
  Dow University of Health Sciences Karachi (Sindh).
  Bolan University of Medical & Health Sciences Guetta, (Baluchistan).
  Karakoram International University Konodass Gligit Baltistan.

	Schedule of MDCA	T - 2024
	Events	Schedule/Fee
Onlin	e Registration Portal for Entry Exam Starts	5th August 2024

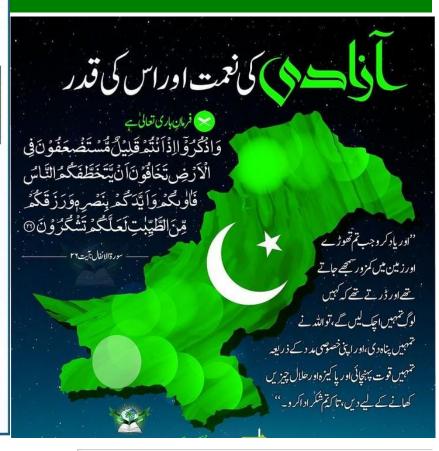
5" August 2024	
19th August 2024	
20th to 26th August, 2024	
Sunday, 22nd September 2024 at (10:00 AM) *	
Rs.8,000/- (Non-refundable/Non-transferable)	
Rs.12,000/- (Non-refundable/Non-transferable)	
Rs. 40,000 (Non-refundable/Non-transferable)	
Rs.50,000 (Non-refundable/Non-transferable)	

Gujranwala, Multan, Bahawalpur, D.G. Khan, Zulfigar Al Jamshoro Medical & Health Dera Ismail Kh Sciences Quetta Dubai (UAE) Gilgit Baltis Lower Dir

Subject	No: of Mcus
Biology	68
Chemistry	54
Physics	54
English	18
Logical reasoning	6
Total	200

Difficulty	level
Easy	20%
Moderate	60%
Hard	20%
Cognition	level
Recall	70%
Application	30%

# Dr. Muhammed Yaqoob Rathore from Nawabshah













# 18 اگست بروزاتوارشی 10 بجے سے 1 بجے تک

یا کتان میں شوگر کے مریضوں کی تعداد میں بے پناہ اضافہ ہور ہاہے اوراسکی بروقت تشخیص نہ ہونے کی وجہ سے لوگوں میں مختلف امراض ( فالج ، دل ، گردوں ، آنکھ اورپیروں وغیرہ ) ہونے کے امکانات بڑھ جاتے ہیں۔ بروقت تشخیص اور علاج ہی شوگر سے بیجاؤ کا واحد حل ہے۔

ای سلسلے میں پرائمری کیئر ذیابطیس ایسوی ایشن، کے زیرا ہتمام عوام الناس کیلئے شوگر ، بلڈیریشر، کولیسٹرول اورموٹا یے کی نشخیص اور اس کے علاج کیلئے فری ہمیاتھ کیمی کا انعقاد کیا جارہا ہے۔

/ فری رجسٹریشن // فری شوگر ٹمبیٹ // فری ہڈیوں کی مضوطی کا ٹیٹ//فزی کولیسٹرول کا ٹمیٹ

/فری بیا یم آئی چیک اپ/ / فری بلڈ پریشر / / فری چیک اپ

اسے ﴿ فَعْذَا، ورزش اور ادویات کے بارے میں معلومات اور لٹریج فرا ہم کیا جائےگا۔ بمقام: شبير ميد يكل ايند بارث سينشر ، كهوسكى رود، بدين زىرنگرانى: پرائمرى كيئر ذيابطيس ايسوسي ايش

مزيد معلومات كيلئ فون نمبر: 0346-2815494

Forthcoming Diabetes Screening Camp in Badin Sindh

Sindhi Version of

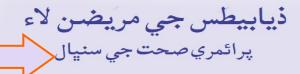
the PCDA book-

let for diabetic











# Prevention First Newsletter-Online

# Dear Readers;

Prevention First Newsletter is the official newsletter issued by the Publications Committee of PCDA (Primary Care Diabetes Association Pakistan). The paper version is printed on the occasion of every mega event by PCDA Pakistan.

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# In charge PFN-Online

# PCDA STEP DEW