Online Newsletter of Primary Care Diabetes Assiciation Pakistan—- February 2025

# **PreventionFirst**

Issue-18 Volume-1



Ramadan Fasting and Diabetes
A Guide for patients

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Risk Calculator

THE OWNER.



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### Ramadan Fasting and Diabetes: A Guide for Patients.....

Professor Dr. Abdul Jabbar

Ramadan is a sacred month for Muslims, marked by fasting from dawn until sunset. While fasting has spiritual and physical benefits, it can pose health challenges for individuals with diabetes. This guide provides essential advice for diabetic patients to ensure a safe and healthy Ramadan.



### Dr. Abdul Jabbar.

MD, MRCP (UK), FRCP (London), FACE (USA)

Consultant Internal Medicine - Endocrinologist Medcare Multi specialty Hospital, Dubai. Visiting Professor and Former Head of Diabetes/ Endocrine Section,

The Aga Khan University, Karachi. Adjunct Associate Professor, Mohammad Bin Rashid University, Dubai.

Founder and Former President Pakistan Endocrine Society. Clinical Research Advisor, SIUT, Pakistan.

### Understanding the Effects of Fasting on Diabetes

During fasting, the body be- **Hyperglycemia**: gins using stored energy (high blood sugar after meal. While this is generally (300mg/dL) safe for healthy individuals, Dehydration - Especially face serious risks, including: hot weather

### **Hypoglycemia:**

(low blood sugar) - Below 4.0 mmol/L (72 mg/dL)

about 8 hours after the last meals) - Above 16.6 mmol/L

people with diabetes may with long fasting hours and

### Who Can Fast?

Not all people with diabetes should fast. The risk level 1. Medication Adjustments varies based on individual health conditions:

### 1. High Risk (Advised NOT to fast)

- Type 1 diabetes
- Insulin-dependent (multiple injections daily)
- Frequent low blood sugar episodes
- last 6 months due to very ications. high or low blood sugar
- kidney, heart, or eye prob-

Pregnant women with diabe-

### 2. Moderate Risk (Fast ONLY with medical extreme hunger approval)

Diabetes with moderate • control

Using certain medications ately (e.g., gliclazide) that may cause hypoglycemia

### 3. Low Risk (Can fast with precautions)

Diabetes controlled with <u>Treatment:</u> diet alone

On stable medications such as Metformin, Sitagliptin, Linagliptin, Pioglitazone, or Dapagliflozin

Consult your doctor at least two months before Ramadan After 15 minutes, recheck to discuss fasting safety.

### **Managing Diabetes** While Fasting

- DO NOT stop taking diabetes medications.
- Insulin doses and timing may need changes.
- Some oral medications might need adjustments to prevent hypoglycemia.
- Seek advice about injectable daily or weekly GLP-1a Speak to your doctor before Hospital admission in the Ramadan to adjust your med-

### Complications such as 2. Recognizing and Treating Hypoglycemia Blood Sugar)

### Symptoms:

 Sweating, dizziness, shaking, heart palpitations,

If blood sugar falls below:

- 3.3 mmol/L (60 mg/dL) → Break your fast immedi-
- 3.9 mmol/L (70 mg/dL)at the start of the fast and on insulin/gliclazide NOT fast

- Drink 150-200ml (5-7 oz) of fruit juice
- Take 5-7 glucose tablets
- Eat 5 sweets (e.g., jelly babies)

blood sugar:

If still below 4.0 mmol/L (72 mg/dL), repeat treatment.



(e.g., toast or cereal). Ignoring hypoglycemia can o Lean proteins lead to unconsciousness or (eggs, lentils, fish, seizures. Family members chicken) should know how to help.

### 3. Recognizing and Treat- and vegetables ing Hyperglycemia (High **Blood Sugar)**

Symptoms:

- Extreme thirst, frequent o Start with 1-2 urination, fatigue If blood sugar rises above:
- 16.0 mmol/L (288 mg/ fruit juice. dL)  $\rightarrow$  Break your fast immediately

**Prevention Tips:** 

- Take medications as pre- fats. scribed.
- Avoid excessive sugary foods at Iftar and Suhoor. Stay hydrated between Iftar □ and Suhoor.

### 4. Preventing Dehydration

hot weather and long fasts.

- Dizziness, of retin very little urine output Prevention Tips:
  - Drink plenty of water be- walking, is beneficial. fore fasting.
  - (coffee, tea, cola).

drink fluids.

### Healthy Eating During Ramadan

### **Best Foods to Eat.** Suhoor (pre-dawn meal):

Whole grains (oats, Once stable, eat a snack brown rice, whole wheat chapatti)

o Hydrating fruits

Iftar (breaking fast meal):

dates (not more) and 120ml (4 oz) of

o Include lean whole protein, grains, and healthy

Drink plenty of water.

Foods to Avoid

(samosas, pakoras, parathas) • You feel severely dehy- ity instead.

sweets (ladoo, drated Sugary

jalebi, Dehydration risk is higher in ☐ Salty foods (pickles, salted nuts)

☐ Caffeinated drinks (coffee, confusion, tea, cola)

Exercise and Prayers

- Light exercise, such as
- Taraweeh prayers can be Avoid caffeinated drinks strenuous, so stay hydrated and eat a balanced Iftar.

If symptoms appear, break If walking long distances, your fast immediately and consider eating a small snack beforehand.

Breaking the Fast When Necessary

Islam permits breaking the fast if it endangers health.

### You MUST break your fast if:

- Blood sugar drops below 3.3 mmol/L (60 mg/dL)
- Blood sugar rises above



Practical Guidelines 2021



Dr. Abdul Jabbar is one of the main authors of these guidelines



If necessary, you can make



The panelists of the the seminar on "Mastering Diabetes Management in Ramadan" recently held in Karachi. Dr. Abdul Jabbar delivered his key note lecture, followed by a

brain storming panel discussion.

Fried and oily foods 16.6 mmol/L (300 mg/dL)

up the fast later or offer char-





### PCDA's Annual "Diabetes And Ramadan Conference" held in Karachi

Reports: Dr. Shahid Akhter

Before Ramadan every year since its foundation, PCDA Pakistan has been organizing a comprehensive symposium covering nearly all issues related to the fasting diabetic muslims during Ramadan. On Sunday 9th. February 2025 team PCDA arranged an omnibus seminar at Arena Karsaz Karachi. Three stat of the art lectures by very learned and famous speaker and a brain storming panel discussion was witnessed by the knowledge hungry audience.



moderated the symposium. and Endocrinology (BIDE) first. These were:

Endocrinology and Diabetes, ident of PCDA Pakistan &

Dr. Izhan Ali Khan who is dent of PCDA PakistanDirechead od STEP wing of PCDA tor Biqai Institute of Diabetes ter 7, titled "Pre-Ramadan should aim to target HCPs, He introduced the panelists Dr. Najum F. Mehmudi Con- alongside Sueziani Binte Zai- fasting and members of the

Dr. Faisal Ozair, Consultant Diabetologist, Sen. Vice Pres- This chapter emphasizes the

pian Board of Endocrinology Diabetologist and Endocri- to Ramadan and providing Ramadan fasting can be safe.



ham UK

Dr. Zahid Miyan, Associate Pakistan Professor of Medicine, Presi- Dr. Izhan then introduced the taining optimal health.

Diabetes (EBEEDM), nologist DUHS, President University Hospital Birming- Past PCDA Pakistan, Head of Supreme Council of PCDA

main speaker of the symposi- Addressing the very attentive um, Professor Muhammed and charged audience of the Yaqoob Ahmadani, who is symposium Prof. Ahmedani consultant Diabetologist at said that all individuals seek-Tabba Heart Institute Karachi ing to fast should attend a pre and Head of Ramadan And -Ramadan visit 6-8 weeks Hajj Group Pakistan, Dr. Ah- before Ramadan. He said that medani presented his insight to stratify risk and develop an into the possible risks associ- individualised ated with fasting of diabetic plan, detailed medical history, patients.

International Ramadan (IDF-DAR) Practities and other aspects increascal Guidelines. In the 2021 ing the risk of fasting. sultant Family Physician and nudin and Ebaa AlOzairi. general public importance of evaluating in- All these groups are involved MRCP, CCT, Certified Euro- Dr. Fareeduddin, Consultant dividuals with diabetes prior in a collective effort to ensure them with tailored education A pre-Ramadan assessment is to ensure safe fasting.

> Prof. Dr. Yaqoob Ahmedani was part of the team that de- Ramadan education is a key veloped the comprehensive component of safe fasting 2021 IDF-DAR Guidelines, which offer real- living with diabetes. world recommendations to Pre-Ramadan healthcare professionals and programmes should target individuals with diabetes who people with diabetes, HCPs, choose to fast during Rama- and the general public that dan. His involvement in these serves as the support network. guidelines underscores his Pre-Ramadan dedication to improving dia- programmes should be carebetes management during fully planned to be culturally Ramadan, ensuring that indi- sensitive and include commuviduals can observe their reli- nity and religious leaders to gious practices while main- align the medical and reli-

> aspects of diabetes and ability to self-manage, presence of Professor Muhammad Ya- comorbidities, the individuqoob Ahmedani has made al's prior experience in mansignificant contributions to aging diabetes during Rama-Diabetes dan fasting, the individual's Federation and Diabetes and ability to self-manage diabe-

> edition, he co-authored Chap- Ramadan focused education Assessment and Education," people with diabetes that are

> > crucial for managing diabetes throughout Ramadan in people seeking to fast. Pre-Practical during Ramadan for people

> > > educational educational gious messages.



next speaker to follow Prof. non-fasting hours can cause ing Ramadan.

adjustment irequired for the Ramadan because of the risk of hypoglycemia, hyperglycedehydration and thrombosis.

Presenting the details of these 3. Dehydration: Abstaining risks he said that fasting during Ramadan presents several with diabetes, primarily due cerns include:

Hypoglycemia (Low Blood 4. those taking insulin or certain oral medications. Recognizcemia such as sweating, trembreak the fast and treat the management. low blood sugar promptly.

Hyperglycemia (High

Yaqoob Ahmedani. His topic elevated blood sugar levels. was Dose Adjustments of the This is particularly concerndiabetic patients fasting dur- ing if medication dosages are reduced excessively during Dr. Ali Raza said that dose fasting periods. Poorly controlled blood sugar can lead diabetic person fasting during to serious complications, including diabetic ketoacidosis a condition more common in mia, Diabetic ketoacidosis individuals with type 1 diabe-

- from fluids during daylight hours increases the risk of health risks for individuals dehydration, especially in hot climates or during longer fastto extended periods without ing periods. Dehydration can food and drink. The key con- affect kidney function and overall health.
- Diabetic Ketoacidosis Sugar): Prolonged fasting can (DKA): This serious condilead to dangerously low blood tion arises when the body sugar levels, especially in starts breaking down fats too quickly, leading to a buildup of acids called ketones in the ing the symptoms of hypogly- bloodstream. DKA is more prevalent in individuals with bling, and confusion is cru-type 1 diabetes and can be cial. If blood sugar drops be- triggered by prolonged fastlow 4 mmol/L, it's essential to ing and inadequate insulin
  - Thrombosis: Extended

Blood Sugar): Conversely, fasting and dehydration may morning dose at Suhoor, and Prof. Dr. Ali Raza was the consuming large meals during increase the risk of blood combine the afternoon dose clots, which can lead to con- with the evening dose at Iftar. ditions like deep vein throm- 2. Sulfonylureas: bosis. It's important to note Once Daily: Consider reducthat individuals with well- ing the dose, especially if controlled type 2 diabetes, blood glucose levels are wellmanaged through lifestyle controlled, and take it at Iftar. modifications and certain Twice Daily: Take the usual medications, may be able to dose at Iftar and reduce the fast safely during Ramadan Suhoor dose by 20-50% to with guidance. However, those mia during fasting hours. with poorly controlled diabe- 3. Insulin: tes or additional health com- Long/Intermediate-Acting plications are generally ad- (Basal) Insulin: vised against fasting due to Once Daily: Reduce the dose the heightened risk of adverse by 15–30% and administer it

> with diabetes to calculate his 50%. risk by the "Risk Calculators" available online, consult their Short-Acting (Bolus) Insulin: healthcare provider to assess Iftar: Administer the normal their specific risks and to de- dose. velop a tailored plan that en- Suhoor: Reduce the dose by sures safety during Ramadan.

> Adjusting anti-diabetic medications during Ramadan is Premixed Insulin: essential to minimize the risks Twice Daily: Take the usual glycemia due to the altered Suhoor dose by 20-50%. eating patterns. It's crucial for consult their healthcare pro- Sitagliptin): Below are general recommen- low risk of hypoglycemia. dations for common diabetes 5. SGLT2 Inhibitors (e.g., medications:

1. Metformin:

meal).

Suhoor (the pre-dawn meal). Three Times Daily: Take the

appropriate medical lower the risk of hypoglyce-

at Iftar.

Twice Daily: Take the usual Before deciding to fast, it's morning dose at Iftar and reimperative for individuals duce the Suhoor dose by

25–50% to prevent hypoglycemia during fasting.

of hypoglycemia and hyper- dose at Iftar and reduce the

individuals with diabetes to 4. DPP-4 Inhibitors (e.g.,

viders before Ramadan to de- Generally, no dose adjustvelop a personalized plan. ment is required due to their

Empagliflozin):

Use with caution due to the Once Daily: No adjustment risk of dehydration. Ensure typically needed; take the adequate fluid intake during dose during Iftar (the evening non-fasting hours. It's advisable to monitor for signs of Twice Daily: Take one dose dehydration and consult a at Iftar and the other at healthcare provider for personalized advice.





(e.g., Liraglutide):

Start the medication well be- during fasting hours to reduce fore Ramadan to assess toler- the risk of hypoglycemia. ance, as gastrointestinal side sential.

General Recommendations: Regular self-monitoring is crucial. Check blood glucose levels multiple times a day, These especially before Suhoor and should be tailored to individu-Iftar, and whenever symptoms al needs in consultation with a of hypo- or hyperglycemia healthcare provider to ensure occur.

Physical Activity: Maintain

6. GLP-1 Receptor Agonists usual physical activity levels but avoid strenuous exercise

effects can increase the risk of When to Break the Fast: Be dehydration. No specific dose prepared to break the fast if adjustment is generally re-blood glucose levels fall bequired, but monitoring is es- low 70 mg/dL (3.9 mmol/L) or exceed 300 mg/dL (16.6 mmol/L), or if you experience significant symptoms of hy-Blood Glucose Monitoring: poglycemia, hyperglycemia, dehydration, or acute illness.

> recommendations safe fasting during Ramadan.





was the third speaker to fol- fasting the diabetic persons when day. they are fasting during the 2. Choose Low Glycemic Inmonth of Ramadan.

Member of PCDA Pakistan.

Using graphics ang pictures Be mindful of portion sizes of of Samosa and Pakora etc. highlighted portance of simple food during Ramadan. Fasting during get range. tary planning for individuals -Fat Foods: dietary recommendations:

Dawn Meal):

Saima Rasheed tained energy throughout the hours. Skipping low Prof. Ali Raza. She pre- Suhoor can increase the risk sented the Dietry advices for of hypoglycemia during the

dex (GI) Foods:

Miss. Saima Rasheed is PhD Opt for foods that release enin Nutritional Sciences, Con- ergy slowly, such as whole sultant Dietitian at National grains (e.g., brown rice, Medical Center Karachi, Reg- whole-grain bread), legumes, istered Dietitian & Executive and certain fruits and vegeta-Council Member of Pakistan bles. These help in maintain-Nutrition and Dietetics Socie- ing stable blood sugar levels. ty (PNDS) and Executive 3. Monitor Carbohydrate Por-

carbohydrate-containing

the im- foods to manage blood sugar 7. Balance Your Meals: levels within the healthy tar- At Iftar and Suhoor, fill half Seek

Iftar. These can cause rapid levels. 1. Do Not Skip Suhoor (Pre- spikes in blood sugar levels.

5. Stay Hydrated:

Consume a balanced meal Ensure adequate fluid intake Break your fast with a light Ramadan. before dawn to provide sus- during non-fasting hours to meal, such as dates and water,





prevent dehydration. Aim for followed by a balanced meal. at least 8 glasses of water be- Overeating can lead to blood tween Iftar and Suhoor.

6. Include Fiber-Rich Foods: Incorporate vegetables, fruits, es: and whole grains to aid diges- Caffeine can lead to increased tion and provide a feeling of urine output, potentially causfullness. Fiber helps regulate ing dehydration. Limit conblood sugar levels by slowing sumption of tea, coffee, and digestion.

sugar fluctuations.

9. Limit Caffeinated Beverag-

caffeinated soft drinks.



your plate with non-starchy from a healthcare professional Ramadan requires careful die- 4. Limit High-Sugar and High vegetables, a quarter with or dietitian to tailor your meal lean protein, and a quarter plan according to your specifwith diabetes to maintain sta- Reduce intake of sweets, fried with whole grains or starchy ic health needs.

Iftar:

10. Consult a Dietitian:

personalized advice

ble blood glucose levels and foods, and high-fat dishes vegetables. This balance sup- By adhering to these dietary overall health. Here are key commonly consumed during ports steady blood glucose guidelines, individuals with diabetes can manage their 8. Avoid Overeating During condition effectively while observing the fast during



### PCDA

# Ramadan and Diabetes Symposium 2025



### **Panel Discussion**

From left to right:

Dr. Faisal Ozair, Consultant Endocrinology and Diabetes, MRCP, CCT, Certified European Board of Endocrinology and Diabetes (EBEEDM), University Hospital Birmingham UK

Dr. Zahid Miyan, Associate Professor of Medicine, President of PCDA Pakistan Director Biqai Institute of Diabetes and Endocrinology (BIDE),

Dr. Fareeduddin, Consultant Diabetologist and Endocrinologist DUHS, President Past PCDA Pakistan, Head of Supreme Council of PCDA Pakistan

Dr. Najum F. Mehmudi Consultant Family Physician and Diabetologist, Sen. Vice President of PCDA Pakistan.



From University Hospital Birmingham UK Dr. Faisal Ozair has very clear and update vision of diabetes management. Commenting on the Prof. Yaqoob Ahmedani's talk he said, "The worthy speaker is an authority on the topic. Prof. Yaqoob has very strongly delivered his message that the diabetes treating physicians should be empowered and updated enough on managing fasting diabetic persons during the month of Ramadan."

He said that "Risk stratifications and treatment medication should be performed much before the person starts fasting. Mainstay of the management plan is patient's education about the possible risks and their management"



President of PCDA Pakistan Dr. Zahid Miyan said, "Fasting safely during holy month of Ramadan is patients right. The treating doctor must be educated and updated enough to help their patients evaluate the possible individualized risks associated with fasting during Ramadan."

Dr. Zahid said, "inaccurate and careless advice to the persons with diabetes may prove to be hazardous and even fatal for any fasting diabetic. Thus careful pre-Ramadan assessment and structured education of the patients should be essentially performed to save their lives"

Dr. Zahid thanked everyone who helped in organizing the symposium and the audience for attending the event on Sunday.



Dr. Fareeduddin thanked Prof. M. Yaqoob Ahmedani for his comprehensive presentation on Ramadan fasting for diabetic people. He said Pre-Ramadan education of diabetic people who want to fast, can save many complications. He said that regular self-monitoring is crucial. Educate your patients to check blood glucose levels multiple times a day, especially before Suhoor and Iftar, and whenever symptoms of hypo- or hyperglycemia occur. Also they should maintain usual physical activity levels but avoid strenuous exercise during fasting hours to reduce the risk of hypoglycemia. He said fasting may be very fruitful and beneficial for a large number of people with diabetes. Fasting should be considered as an opportunity and not a problem. However careful risk stratification and comprehensive patients education is mandatory to avoid any complication.



Dr. Najum F. Mehmudi stressed upon individualizing the advices based on patients personal parameters. He said," Many diabetic patients are continuously fasting every year in spite of having DAR risk above 6. So doctors should very carefully monitor their risks." Dr. Najam said "If increase in risk of complication is expected, then they should be convinced to avail exemption by shariah. A religious scholar can be taken on board. Life is the first priority in medicine and in Islam both".

"Educate them again and again. Inform patients about religious exemptions and the acceptability of breaking the fast in situations where health is at risk, aligning medical advice with religious guidelines."

### Dr. Shakil's Book Launching

**Dr. Shakil Ahmed**, General Secretary of PCDA Pakistan is author of many books on diabetes and diabetic foot. His article on diabetes are published in national newspapers and magazines. He presented his newly written book with the title



"ROZA AND DIABETES" to the president Dr, Zahid Miyan. The president thanked Dr. Shakil and said that the new book by Dr. Shakil will help those diabetic patients who want to fast safely during the month of Ramadan.

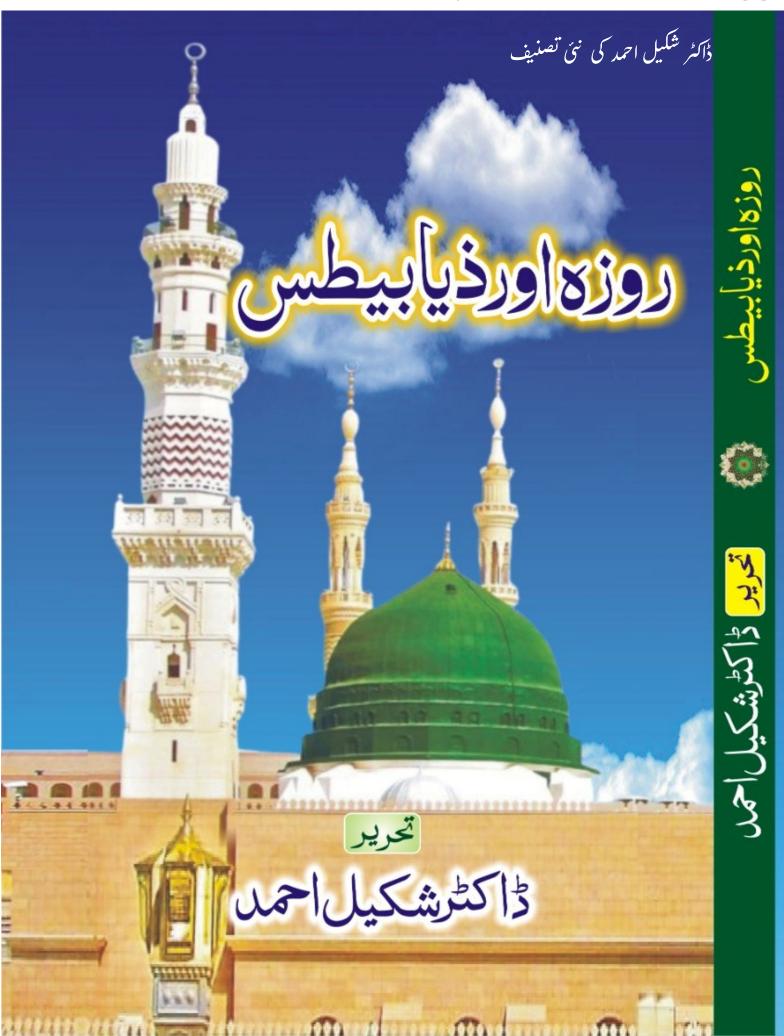
Complimentary copies of the book "ROZA AND DIABETES" was distributed among the participants of the symposium. Guests liked it a lot and requested the author to give his autograph on the book.

Dr. Izhan Ali Khan invited Dr. Riasat for vote of thanks. The President Elect thanked all the guests who spared their gracious time on the Sunday morning for the PCDA program; and the the sponsors, Getz Pharma who made all the arrangements of the symposium so beautifully.

Dr. Riasat Ali Khan also announced the date of Annual "PCDA SEHRI SYMPOSI-UM 2025" which is planned on Sunday, 16th. March at 3.00 a.m. (Sehri). Other details of the symposium will be announced soon.

Mr. Shakil Ahmed, General Manager of Getz Pharma thanked team PCDA, all the speakers, the panelists and all the guests who made the eprogram a memorable event.

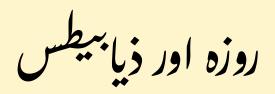




### ROZA AND DIABETES

By: DR SHAKEEL AHMED

Consultant Diabetologist General Secretary PCDA Pakistan



Dr. Shakeel Ahmed is a consultant diabetologist with extensive experience in the management and treatment of diabetes. He is reaching out to formally introduce his newly published book, "Roza and Diabetes", and to offer all medical organization the opportunity to acquire copies for internal distribution, employee training, or educational purposes.



"Roza and Diabetes" by Dr. Shakin Ahmed is a unique resource that explores the intersection of diabetes management and fasting during the holy month of Ramadan (Roza).

"Roza and Diabetes" provides evidence-based insights and practical guidance for both healthcare professionals and diabetic patients who may face challenges in managing their diabetes while observing the fast. This book is a culmination of my experience in treating diabetic patients during Ramadan and reflects my commitment to providing tailored, culturally sensitive care for this demographic.

### Why a new book?

Fasting during Ramadan is a deeply spiritual practice for Muslims, but for individuals with diabetes, it requires careful planning to ensure safety. Providing comprehensive guidelines is extremely important to help them manage their condition while fulfilling their religious obligations. Without proper guidance, fasting can lead to serious complications such as hypoglycemia (low blood sugar), hyperglycemia (high blood sugar), dehydration, and diabetic ketoacidosis (DKA).

### Salient Features of "Roza And Ramzan"

Written in Urdu language • which is readable by the majority of muslims living in the sub-continent of Pakistan and India; and other part "Roza And Ramzan"is a Comprehensive Guidelines for Fasting with Diabetes:

- 1. Medical Assessment & Individualized Planning
- A pre-Ramadan consultation with a healthcare professional to assess whether fasting is safe based on the indi- o Include lean vidual's health status.
- Categorization of risk levels (low, moderate, or high O advisable.

Adjustment of medications es. (especially insulin and oral o drugs) to prevent blood sugar of water between Iftar and may increase the risk of low fluctuations.

2. Nutrition & Meal Plan- tion. ning

- Suhoor meal):
- fiber-rich foods to sustain energy.
- Avoid excessive sugary foods to prevent blood sugar Islam and does not break spikes.
- **Iftar (Breaking fast):**
- Start with dates (in moderation) and water.
- proteins, whole grains, vegetables, and healthy fats.
- Avoid fried, processed, risk) to determine if fasting is and high-sugar foods that can cause blood sugar imbalanc-
  - **Hydration:** Drink plenty

Avoid caffeine and sugary

(Pre-dawn drinks.

### 3. Blood Sugar Monitoring

- Consume slow-digesting, Frequent blood glucose monitoring can be useful. (whole checks (before Suhoor, midgrains, protein, healthy fats) day, before Iftar, and 2 hours 5. When to Break the Fast after Iftar).
  - Monitoring is **permitted in** the fast.

hypoglycemia (<70 mg/dL) or hyperglycemia (>300 mg/ dL) and knowing when to There are symptoms of severe break the fast.

### 4. Medication Adjustments

 Insulin users may need dose modifications switching to long-acting insulin or adjusting mealtime insulin). Certain oral medications (e.g., sulfonylureas) Suhoor to prevent dehydra- blood sugar and require adjustments.

Continuous glucose monitoring (CGM) or flash glucose

Islam allows breaking the fast if health is at risk. Immediate breaking of the fast is re-

quired if:

Recognizing symptoms of • Blood sugar falls below 70 mg/dL or rises above 300 mg/dL.

> hypoglycemia, hyperglycemia, dehydration, or illness.

### 6. Physical Activity Considerations

Light to moderate activity is recommended, but strenuous exercise should be avoided during fasting hours.

Walking after Iftar can help with blood sugar control.



### **Role of Nutrition in Diabetes and Ramadan Fasting**

Saima Rasheed (Dietitian)

It is globally recognized and foremost part of the dietary guidelines that eating a variety of food using principles of moderation and balance. This is particularly true during the Islamic month of Ramadan when Muslims fast from sunrise to sunset.

The traditional rich foods associated with Ramadan and with the religious festival Eid-ul-Fitr, which marks the end of fasting, may also present a risk of weight gain for Muslims with diabetes. People with diabetes should be educated about the effects of such foods on their diabetes control and weight.

I hough such foods should avoid sugary and fatty foods meal) and Iftar (break of fast rich meals are totally would be counterplan may aid compliance.

Advising at this time is an es. It is important that if healthy eating patterns are Ramadan as part of a healthi- Ramadan. er lifestyle.

There are only two meals a fried foods and be limited, advising people to day - Sehri (early morning carbohydrateafter sunset). The early meal taken productive and allowing a may be at a very early hour, the non-fasting hours. Sweet defined before further advice prepared for Ramadan. is given.

Longer gaps between meals mal amount of food intake opportunity to educate the and greater amounts of foods but balanced is sufficient family with regards to long- - in particular, a higher intake enough to keep a person term, healthier dietary choic- of carbohydrate may - mean healthy and active during the people with diabetes may ex- month of Ramadan. perience large swings in adopted they continue after blood glucose levels during

small amount in their eating eg 4am. Meal times should be foods may also be specially

A diet that is less than a nor-

To remain healthy during Ramadan, normal quantities Large quantities of sugary of food from the major food During Ramadan there is a fluids, such as canned juices groups: bread and cereal, major change in the dietary and carbonated drinks, to- milk and dairy product, fish,

meat and poultry, bean, vegetable and fruit should be consumed.

The consumption of an adequate amount of daily calories.

Calories should be divided between Suhoor and Iftar and 1-2 healthy snacks can also be consumed if necessary. 45-50% carbohydrates

20-30% protein

< 35% fat (preferably mono and poly unsaturated fat)

Slow-digesting foods Fiber-containing foods Fast-burning foods Slow digesting foods last up to 8 hours fast-digesting foods last for only 3 to 4 hours Slow-digesting foods are foods that Fiber-containing foods are bran-Fast-burning foods are foods that concontain grains and seeds like barley, containing foods, whole wheat, grains tain sugar, white flour, etc. (called rewheat, oats, millet, semolina, beans, and seeds, vegetables like green beans, fined carbohydrates). lentils, whole meal flour, unpolished peas, french beans (sem), spinach, and rice, etc. (called complex carbohyother herbs like fenugreek (methi), the leaves of beetroot, fruit with skin, drates).

> dried fruit especially dried apricots, figs and prunes, almonds, etc.

### EAT

Complex carbohydrates at sehri so that the food lasts longer making you less hun-potassium and magnesium.

burning food. Dates are excellent source of carbohydrates. sugar, fiber, carbohydrates,

potassium, magnesium and fizzy drinks. Choose sugarfree drinks or water to quench your thirst. Avoid adding sugar to drinks; use an intense As much water as possible sweetener where needed, eg





Almonds are rich in fiber with





gry.

Daleem is an excellent source



between iftar and bedtime so Stevia, Sucral. that your body may adjust fluid levels in time.









of protein and is a slow- Bananas are a good source of Choose sugar-free types of





### CALORIE-DENSE FOODS VS HEALTHY ALTERNATIVES





Deep fried potato samosas

Fried parathas

Air-fried mince meat samosas

Chapati (whole wheat flat bread)



Soft drinks





Desserts



Bowl of fruits

Detox water



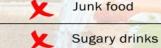
Caffeinated drink



Herbal teas

Grilled chicken

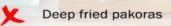






Unsweetened lassi





Bowl of fresh vegetables









# رُيا بِسُورِ مِنْ الْوِر الْمِصْالِ فَ<mark>ذَاكْرُ شَابِدِ اخْرُ</mark> بِبِي كَيْدُى بِي يَ ذَي الْهِ يَكِيدُى فِي يَ ذَي الْهِ يَكِيدُونَ فِي يَ ذَي الْهِ يَكِيدُونَ فِي يَ ذَي الْهِ يَكِيدُونَ فِي عَنْ الْمُعَالِّينِ اللَّهِ عَلَيْهُ عَلِي اللَّهِ عَلَيْهُ عَلَيْكُ عَلَيْهُ عَلِي عَلِي عَلِي عَلَيْكُ عَلَيْهُ عَلَيْهِ عَلَيْهُ عَلَيْهُ عَلِيهُ عَلَيْهِ عَلَيْهُ عَلَيْهُ عَلَيْهُ عَلَيْهُ عَلَيْ عَلَيْكُ عَلَيْكُ عَلَيْكُ عَلَيْكُ عَلَيْكُ عَلَيْكُ عَلَيْكُ عَلَيْكُ عَلَيْهِ عَلَيْهُ عِلَيْكُ عَلَيْكُ عَلَيْكُ عَلَيْكُ عَلَيْكُ عَلِي عَلِي عَلِي عَلَيْكُ عَلَيْكُ عَلَيْكُ عَلَيْكُ عَلَيْكُ عَلِي عَلِي عَلَيْكُ عَلَيْكُ عَلَيْكُ عَلَيْكُ عِلَيْكُ عِلَيْكُ عِلَيْكُ عَلَيْكُ عِلَيْكُ عِلَيْكُ عِلَيْكُ عِلَيْكُ عِلَيْكُ عِلَيْكُمُ عَلِي عَلَيْكُ عِلَيْكُ عِلَيْكُ عَلَيْكُ عَلَيْكُ عَلِي عَلَيْكُ عَلَيْكُ عَلَيْكُ عَلَيْكُ عَلَيْكُ عَلَيْكُ عَلِي عَلَيْكُ عَلَيْكُ عِلَيْكُ عِلَيْكُ عَلِي عَلِي عَلَيْكُ عَلَيْكُ عَلِي عَلَيْكُ عِلْكُ عِلْكُ عَلِي عَلَيْكُ عَلِي عَلَيْكُ عِلْكُ عِلْكُ عِلَيْكُ عِلَيْكُ عَلِي عَلَيْكُمُ عِلَيْكُمُ عَلِي عَلِي عَلَيْكُمُ عَلِي عَلِي عَلَيْكُ عِلَيْكُمُ عَلِي عَلَيْكُ عِلَيْكُمُ عَلِي عَلَيْكُ عِلَيْكُمُ عَلِي عَلَيْكُمُ عَلَيْكُمُ عَلِي عَلَيْكُمُ عَلِي عَلِي عَلِي عَلِي عَلَيْكُمُ عَلِي عَلِ

روزہ رکھنے سے ذیابیطس کے کچھ لوگوں کے لیے فوائد ہو سکتے ہیں، لیکن اس سے ممکنہ خطرات بھی لاحق ہوتے ہیں، خاص طور پر ان لوگوں کے لیے جن کا ٹائپ 1 ذیابیطس، خراب کنٹرول ٹائپ 2 ذیابیطس، یا دیگر صحت کی پیچیرگیاں ہیں۔ احتیاط اور طبی رہنائی کے ساتھ روزہ رکھنے کے لیے ضروری ہے۔ یہاں ایک جائزہ پیش خدمت ہے:

### ذیا سیطس کے مرایضوں کے لیے ردند کھنے کے ممکنے فوائد

### انسولین کی حساسیت میں بہتری:

۔ روزہ رکھنے سے جسم کو انسولین کے لیے زیادہ حساس بننے میں مدد مل سکتی ہے، خاص طور پر ان افراد کے لیے جو ٹائپ 2 ذیا میطس یا انسولین کے خلاف مزاحمت کھتے ہیں، ممکنہ طور پر بلڈ شوگر کے کنٹرول کو بہتر بناتے ہیں۔

### وزن كا كنشرول:

روزہ کیلوری میں کمی اور وزن میں کمی کا باعث بن سکتا ہے، جو کہ گلوکوز کنٹرول کو بہتر بنا کر اور پیچیدگیوں کے خطرے کو کم کرکے ٹائپ 2 ذیابیطس والے لوگوں کو فائدہ پہنچا سکتا ہے۔

### بلڈ شوگر کی سطح کو کم کرنا:

ٹائپ 2 ذیابیطس والے کچھ افراد کے لیے، روزہ رکھنے سے خون میں کی سطح HbA1c گلوکوز کی سطح میں کمی اور وقت کے ساتھ ساتھ میں بہتری آ سکتی ہے

### ذیا بیطس کے ساتھ محفوظ روزہ رکھنے کے لئے

### کیا ضروری ہے؟

اگر کوئی ذیابیطس کا مریض روزہ رکھنے کا انتخاب کرتا ہے، تو اسے چاہیے کہ ہیلتھ کیئر روفیشنل سے مشورہ کریں۔اور روزہ رکھنے سے ملے ڈاکٹر یا اینڈو کرائنولوجسٹ سے مشورہ لیں تاکہ یہ یقینی بنایا جا سکے کہ یہ محفوظ ہے اور ایک ذاتی منصوبہ تیار کریں۔

بلڈ شوگر کی باقاعدگی سے نگرانی کریں۔

بانپو- یا بائپر گلیسیمیا کا پہتہ لگانے اور روکنے کے لئے خون میں گلوکوز کی سطح کو زیادہ کثرت سے چیک کریں۔

### ذیا بیطس کے مریضوں میں روزہ رکھنے سے خطرات

مانیو گلیسیمیا (کم بلڈ شوگر): کھانے کے بغیر طویل روزہ رکھنا خون میں شوگر کی سطح کو خطرناک حد تک کم کرنے کا سبب بن سکتا ہے، خاص طور پر اگر مریض انسولین یا ذیاسطس کی مچھ دوائیں لیتا ہے (مثلاً، سلفونيلورياس)-

ہانپرگلیسیمیا (ہانی بلڈشوگر): روزہ نہ رکھنے کے اوقات میں دوائیں چھوڑنا یا زیادہ کھانا بلڈ شوکر کی سطح میں اضافے کا باعث بن سکتا

**یانی کی کمی :** روزے کے اوقات میں پانی نہ پنینے سے پانی کی کمی کا خطرہ بڑھ سکتا ہے، جو ذیابیطس کے مریضوں کے لیے زیادہ خطرناک

Ketoacidosis: ٹائپ 1 ذیابیطس والے لوگوں کے لیے، روزہ کھنے سے ذیا بیطس ketoacidosis کا خطرہ بڑھ سکتا ہے (نون میں کیٹونز کی زیادہ مقدار کی وجہ سے ایک سنگین

ادویات کے شیڑول میں خلل: روزے کے لیے دواؤں کے وقت اور خوراک میں ایڈجسٹمنٹ کی ضرورت بڑ سکتی ہے، جس کا صحیح طریقے سے انتظام نہ کیا جائے تو خطرات بڑھ سکتے ہیں۔

### ردنے سے کن کو بچنا چاہیے؟

روزہ مندرجہ ذیل افراد کے لیے محفوظ نہیں: نائب 1 زیابیطس، لبے قابو ٹائپ 2 زیابیطس، شدید ہائپو گلیسیمیا یا

مائپر گلیسیمیا ہوا ہو۔ حمل یا ذیابیطس کے انتظام کے دوران حمل، پچیدگیاں جیسے گردے کی بیماری یا دل کے مسائل زیاسیطس کے شکار افراد کو چاہیے کہ وہ رمضان میں دن میں کئ بار اپنے بلڈ شوگر کی سطح کو چنیک کریں، خاص طور پر کھانے سے پہلے، کھانے کے بعد اور جب وہ بیمار محسوس کریں۔

کھانے سے پہلے: سحری سے پہلے (صبح سے پہلے کا کھانا) اور افطار سے پہلے (سورج سے پہلے کا کھانا) . کھانے کے بعد: افطار کے 2-3 گھنٹے بعد . بیمار ہونے پر: اگر آپ کو کم یا ہائی بلڈ شوگر کی علامات کا سامنا ہو۔ مصلے ہفتے کے دوران: اگر آپ ذیابیطس کی کشخیص کے بعد پہلی بار روزہ رکھ رہے ہیں، تو اپنے نون میں شکر کی سطح کو زیادہ کثرت سے چیک کریں۔

ا نجيكش كے قابل ادويات لينے والے لوگ: دن ميں 2-4 بار چيك کریں۔اینٹی ذیا بیطس ایجنٹس لیننے والے لوگ: دن میں ایک یا دو بار چیک کریں۔اگر خون میں شوگر کی سطح زیادہ یا کم ہو تو کیا کریں۔ اگر آپ کے بلڈ شوگر کی سطح 4 ملی میٹر/ ایل سے کم یا 16 ملی میٹر/ ایل سے زیادہ ہو تو اپنا روزہ توڑ دیں۔

اگر کم بلڈ شوگر کی علامات (مثلاً، چکر آنا، پسینہ آنا، الجھن) ظاہر ہوں، تو فوری طور پر روزہ توڑنا اور تیز رفتار گلوکوز سے اس کا علاج کرنا ضروری ہے۔

نتیجہ یہ کہ ٹائب 2 ذیابیطس والے کچھ لوگوں کے لیے روزہ رکھنا فائدہ مند ہو سکتا ہے، لیکن یہ دوسروں کے لیے اہم خطرات کا باعث بنتا ہے۔ صحت کی دیکھ جھال فراہم کرنے والے کی رسمائی انفرادی خطرات کا اندازه لگانے اور روزه رکھنے کا محفوظ منصوبہ تیار کرنے کے لیے ضروری ہے۔ ان لوگوں کے لیے جن کے لیے روزہ رکھنا محفوظ نہیں ہے، متبادل دینی طریقوں، جیسے نماز میں اضافہ یا صدقہ، اسلام میں اکثر حوصلہ افزائی کی جاتی ہے۔

غیر روزہ کے اوقات میں HYDRATEDر میں. سحری اور افطار کے دوران پانی کی کمی سے بچنے کے لیے کافی مقدار میں سیال پییں۔

صحت مند کھانے کا انتخاب کریں۔ سحری اور افطار کے دوران منوازن غذا کھائیں، جس میں بلڈ شوگر کی سطح کو برقرار رکھنے کے لیے کم گلسیمک انڈیکس والی غذائیں شامل ہیں۔ادویات کو ایڈجسٹ کریں۔

ضرورت کے مطالق انسولین یا ذیا ہیطس کی دوائیوں کو ایڑجسٹ کرنے کے لیے اپنے ڈاکٹر کے ساتھ کام کریں۔ کسی بھی صورت میں روزہ کھولنے کے لیے تیار رہیں

ذیابیطس کے مریضوں کی مشاورت جو رمضان کے دوران روزہ رکھنا چاہتے ہیں ان کی روحانی وابستگی کا احترام کرتے ہوئے ان کی حفاظت کو یقین بنانے کے لیے ایک منظم اور انفرادی نقطہ نظر کی ضرورت ہوتی ہے۔ یہاں شامل کرنے کے لئے اہم نکات میں: 1. رمضان سے پہلے کی تشخیص طبی تشخیص: مجموعی صحت، ذیابیطس کی قسم اور کنٹرول، اور پیچید گیوں کی موجودگی کا اندازہ کریں (مثلاً، گردے کے مسائل،

نیورویتی، یا قلبی سماری)۔ رررین بی بی میان رسک اسٹریٹیفکیش: مریض کو ان کی طبی تاریخ اور حالت کی بنیاد پر کم، اعتدال پسندیا زیادہ خطرے میں درجہ بندی

> کریں۔ زیادہ خطرہ والے مریضوں کو (مثلاً، ناقص كنٹرول شدہ ذيا بيطس، بار بار ہائيو گلىسىميا) كو روزہ نہ رکھنے کا مشورہ دیا جانا چاہیے۔

> > 2. خون میں گلوکوز کی نگرانی

نگرانی کے بارے میں تعلیم دیں: مریضوں کی حوصلہ افزائی کریں کہ وہ خون میں شکر کی سطح کو بار بار چیک کرس، یہاں تک کہ روزے کے اوقات میں مجی۔ انہیں یقین دلائیں کہ اس سے روزہ نہیں

نازک اوقات: سحری سے پیلے، دوپہر، دوپہر اور افطار

کے بعد خون میں گلوکوز چیک کرنے پر زور دیں۔ 3. خطرے کی علامات کو پہجاننا

مریضوں کو ان علامات کو پہچاننا سکھائیں:

ہائیو گلیسیمیا (مثال کے طور بر، پسیبہ آنا، لرزنا، الجھن، چکر آنا)۔

مائیر گلیسیمیا (مثال کے طور بر، انتہائی پیاس، بار بار پیشاب،

یانی کی کمی (مثلاً گهرا پیشاب، خشک منه، کمزوری)۔

اگر یہ علامات ظاہر ہوں تو فوری طور پر روزہ توڑنے کی اہمیت پر زور

4. ادوبات کی ایڈ جسٹمنٹ

زمانی دوائیں: وقت اور خوراک کو ایڈ جسٹ کریں۔ مثال کے طور پر: میسنفارمین: سحری اور افطار کی مقدار میں تقسیم کریں۔

سلفونی لوریس: خوراک کو کم کریں یا ہائیو گلیسیمیا کے کم خطرے

کے ساتھ متبادل پر غور کریں۔ انسولین استعمال کرنے والے: روزے کے مطابق عادات، اکثر خوراک میں کمی یا بیسل اور کھانے کے وقت انسولین میں

اید جسمنٹ کی ضرورت ہوتی ہے۔اس بات کو یقینی بنائیں کہ وہ

منوازن سحرى: توانائي كي سطح كو برقرار ركھنے كے ليے سست بعضم، كم كليسيك انديكس والى غذائين (مثلاً سارا اناج، سبزيان، پروئين) شامل کریں۔

5. غذا اور غذائيت

افطار میں اعتدال: زیادہ کھانے سے پرمیز کریں۔ کھجور اور یانی سے شروع کریں، اس کے بعد پیچیدہ کارلوہائیڈریٹس، پروٹین اور صحت مند چکنائی سے مھرپور متوازن کھانا۔

شوگر اور چکنائی والی غذاؤں سے برہیز کریں: زیادہ چینی والی ملیٹے یا تلی ہوئی کھانوں کے استعمال کی توصلہ شکنی کریں جو رمضان

دینے جیسے متبادل پر تبادلہ خیال کریں۔ اپنے معالج اور معاونین کے ساتھ تعاون کریں اورانکی ہدایات یر سختی سے عمل پیرا ہوں۔ جاری نگرانی اور ایرجسمنٹ کے لیے رمضان کے دوران صحت کی دیکھ جھال فراہم کرنے والوں کے ساتھ باقاعدہ فالو اپ کریں۔

9. روزے کو روکنے کے لیے سرخ جھنڑے Red Flags مریضوں کو مشورہ دیں کہ وہ فوری طور بر روزہ چھوڑ دیں اگر وہ

نون ميں گلوكوز <70 mg/dL (3.9 mmol/L) يا -mg/dL (16.7 mmol/L) 300<

6 مارچ 2021 کو کوئٹہ میں

منعقد كرده ذيابيطس اور رمضان

كانفرنس ميں شريك ڈاكٹر

فرىدالدىن ، ڈاکٹر رياست على خان

او ذاکٹر عاصمہ خان کی ایک

تؤلِصورت تصوير ـ

شدید یانی کی کمی۔

ketoacidosis کی علامات (مثال کے طور پر، متلی، قے، سانس کا پھولنا)۔

### رمضان کے بعد فالواپ

جائزہ لیں کہ مریض نے رمضان کے دوران اپنے روزوں کا انتظام کیسے کیا اور اس کے مطابق اپنے ذیابیطس مینجمن یلان کو ایڈجسٹ کریں۔

مریضوں کے لیے خلاصہ: جب ضروری ہو تو منصوبہ بنائیں، ماندیٹر کریں، ایڈ جسٹ کریں، اور افطار کریں۔ شرعی تقاضوں اور احکامات کو دیکھتے ہوئے صحت کو ترجیح دیں۔

یہ مب بایات این جگہ ام بین نام برمراش کے مسائل جا گانہ اور معاملات مشرد ہوتے ہیں۔اس لے انسی مشورہ دیتے وقت ان تمام تنافوں کو مد ار کیں ۔ادراکر ضروری موقد کسی عالم دین کو میں اس مشاورت میں شریک کرلیں۔ ہائیڈرایش: یانی کی کمی سے تھنے کے لیے افطار اور سحری کے درمیان وافر مقدار میں یانی پینے پر زور دیں۔ 6. جسمانی سرگرمی

ورزش میں ترمیم کریں: ہلکی جسمانی سرگرمی کی توصلہ افزائی کریں، جیسے افطار کے بعد تھوڑی سی واک۔ سخت ورزش سے برہیز کریں، خاص کر روزے کے اوقات میں۔

7. انفرادی منصوبه

میں عام ہیں۔

مریض کی ذیابیطس کی قسم، علاج کے طریقہ کار، روزمرہ کے معمولات اور خطرے کے عوامل پر ملبنی ایک ذاتی منصوبہ بنائیں۔ لجک کی حوصلہ افزائی کرس: مریضوں کو باد دلائیں کہ اگر روزہ رکھنے سے ان کی صحت کو خطرہ لائق ہوتا ہے، تو وہ روزے سے مستثنی ہیں اور متبادل طریقوں (مثلاً غریبوں کو کھانا کھلانا) کے ذریعے اس کی تلافی کر سکتے ہیں۔

8. تعليم اور روحانی یقین دمانی مذہبی رہنمائی: مریضوں کو باد دلائیں کہ اسلام صحت کو ترجیح دیتا

### Eating Sugar-Telling Lies

### What to do with a non-compliant person with diabetes

Compiled by: Dr. Shahid Akhter

Denial is a common reaction to a diabetes diagnosis, where a person refuses to acknowledge or believe that they have diabetes. It can be a short-term defense mechanism to help a person cope with the breaking news that he or she has diabetes. However, prolonged denial can be dangerous and lead to serious complications.

What denial might look like? Thinking the diagnosis is no big deal, feeling embarrassed or stigmatized, believing you can't control your blood sugar, thinking you have a "touch of diabetes" and avoiding taking care of yourself. Why denial can be a defense mechanism? It can help you gain back some control, it can allow you to put diabetes aside for a

while and it can help you get used to the idea of having diabetes

 ${
m How}$  to move past denial? Take responsibility for your condition, understand that the experience of being diagnosed is a significant life event and consider the range of emotional reactions you might be experiencing.

### FIVE Stages of Accepting Having Diabetes

Have you ever heard of the 5 stages of grief? This is typically defined as the set of emotions that one goes through after experiencing very bad news or a heavy loss. Usually, one goes through the 5 stages of grief after losing a loved one. Patients newly diagnosed with diabetes find themselves going through a very similar mourning process. Let's take a closer look:

1. Denial

The first typical reaction to a diabetes diagnosis is to deny it. Pawill try to continue living میں نہیں مانتا۔ مجھے شوگر ہو ہی نہیں سکتی they don't have abetes. choose to do anything about the disease at first. It can be hard to get out of this initial state of shock that can come from receiving such life-altering news. Eventually, this denial turns to extreme frustration.

### 2. Anger

Next, people tend to get mad. A diabetes diagnosis means that you may not be able to live your life the same way ever again. You'll have to stop eating a lot of

more میرے ہاس نے مجھے مینشن دی ہوئی ہے۔ used You start might ing lashbut out, should try reaching out instead.

Start talking about your diagnosis and seek help so you can stay healthy and happy.

### 3.Bargaining

You will learn how to bargain with every medical official you meet during your diabetes process. You might be reluctant to take certain medications,

use insulin, or make بہو کی وجہ سے مجھے شوگر follow -up

pointments. You might only want to do the bare minimum required to keep the symptoms of the condition at bay. Ultimately, you will realize that this is not to keep yourself taken care of.

### 4.Depression

The facts of your situation will really diabetes treatment.

different foods, and you may need to start to settle in, and you may just feel in with your doctor a lot plain sad. The anger is gone, but now you're you are truly in grief over the life you used to have, that you have lost. It is hard to grap-کیا مصیبت ہے۔ مجھے ہی ہونی تھی۔ with a ple new reality, es-

> pecially the face of a diagnosis as serious as diabetes. You don't need to rush into these changes, but stay informed about your health. You should go at a comfortable pace with your diabetes diagnosis.

Once you reach this final stage of grief, you will finally come to accept your diabetes diagnosis. This doesn't mean that it will stop being hard, or that you won't continue to struggle through this disease. But the best thing you can do for yourself is to advocate



### How can a doctor help?

**A** doctor can help a patient in denial or non-compliance by fostering trust, addressing emotional and practical barriers, and working collaboratively to create a manageable care plan. Patience, empathy, and persistence are essential healthier habits.

### **Build a Strong, Non-Judgmental Relation**ship:

### **Focus on Trust:**

A patient who feels judged or blamed is less likely to engage. Use a compassionate, non-judgmental tone to create an environment of safety and respect.

Active Listening: Let the patient express their feelings about their diagnosis and barriers to compliance. Ask open -ended questions like, "How do you feel about managing vour diabetes?" or "What Motivational your condition?"

### **Understand the Root of Denial or Non-Compliance:**

Denial and non-compliance often stem from underlying issues such as:

Fear or Anxiety: Fear of complications or the perceived burden of lifestyle

Lack of Education: Misunderstanding the seriousness of diabetes or how to manage it. Overwhelm: Feeling that diabetes management is too complicated or restrictive.

Psychological Barriers: Depression, stress, or other mental health concerns.

Cultural or Financial Fac- ages. tors: Limited access to re- Walking a few times a week. about healthcare.

about managing your diabe- feels doable for you?" tes?" or "Is there something specific you find overwhelming?"

### **Provide Clear, Simple** Education

ters most to the patient. health?" Avoid overwhelming them Let the patient set the pace. If For patients overwhelmed by

Use visuals, analogies, and changes first. patient-friendly language to explain the long-term risks of unmanaged diabetes and the benefits of taking small steps. Example: *"Even small chang*like walking for 10 minutes a day, can lower your blood sugar and help you feel better."

### **Focus on Motivational** Interviewing

concerns you the most about (MI) helps patients explore easier and less stressful. ambivalence about change. It involves:

Expressing empathy.

Highlighting discrepancies between their current behavior and health goals.

Supporting self-efficacy.

Use MI techniques, such as asking, "What would be the benefits for you if your blood sugar was better controlled?" or "How do you see yourself in the future if you continue without making changes?"

### Set Small, Achievable Goals

Start with manageable, incremental changes that feel less intimidating:

Drinking fewer sugary bever-

sources or cultural beliefs Testing blood sugar occasion-

Use language like, "Let's Ask questions like, "What has start with one small thing you Acknowledge progress,

been the hardest part for you feel ready to work on—what matter how small. For in-

### Collaborate on a Care Plan

Avoid giving directives; instead, involve the patient in creating their care plan. Ask, guiding them toward Tailor Education to Their "What steps do you think you **Needs:** Focus on what mat-could take to improve your

> with too much information at they resist taking medication, complicated regimens, simconsider discussing lifestyle plify their medication plan.

### Use Technology and **Tools**

Introduce user-friendly tools

Continuous glucose monitors (CGMs) that reduce the need for finger sticks.

Diabetes management apps to track blood sugar, food, or activity.

interviewing make diabetes management avoiding complications, stay-

### Address Psychological and Emotional Barriers

Screen for depression, anxiety, or diabetes distress using simple questionnaires (e.g., PHQ-9 for depression).

Refer the patient to counseling, a therapist, or a diabetes educator if needed.

### **Involve Family or So**cial Support (If Appropriate)

With the patient's consent, involve family members or caregivers who can offer support at home.

Educate the family about diabetes so they can encourage overbearing.

### **Celebrate Small Wins** and Avoid Guilt

stance, if the patient starts walking more often, praise that effort.

Avoid shaming the patient for setbacks, and remind them that it's okay to take things one step at a time.

### **Consider Medication Simplification**

Consider options like:

Long-acting insulin instead of multiple daily injections.

Combination pills to reduce the pill burden.

Reassure them that medication isn't a failure but a tool to protect their health.

### **Reinforce Long-Term Benefits**

Help the patient visualize the Explain that these tools can benefits of change, such as ing active, and spending more time with loved ones.

> Frame changes positively: "Managing your blood sugar can help you keep doing the things you love, like spending time with family or travel-

### **Be Patient and Persis**tent

Change takes time, especially for someone in denial. Keep the lines of communication open, and revisit conversations about their care at each visit.

### Refer to a Diabetes Support Team

the patient without being Encourage them to meet with diabetes educators, dietitians, or peer support groups. Hearing from others who have successfully managed their diabetes can be motivating.

# Prevention First پری دینشن فرسٹ نیوزلیٹرآن لائن گی طرف سے قار تین کو



مبارک ہو





Calculate Risk score of the persons with diabetes who want to fast during the month of Ramadan.

Scan any QR codes below.





### Or Click here:

https://daralliancehcp.org/public/ risk-test

### Or Click here:

https://clinicalpathways.io/diabetes/ ramadan/risk-score/

## Head of Multan chapter of PCDA Pakistan Dr. Irfan Shokat addresses National Neuropathy Forum in Bhurban



Dr. Irfan shaukat. M.B.B.S, PG Diploma Diabetes (UK), Certified Diabetes Specialist care (IDF), Certified Diabetes Care (BIDE), Chapter Head PCDA PAKISTAN, Certified Clinical Researcher (LMS), Member College of Family Medicine Pakistan (CFMP), Investigator EASE & CEASE Diabetes Study, Associate member Pakistan Endocrine Society (PES)

### Diabetes awareness lecture and screening with staff members of UBL Bypass Multan on 12 February.







### Dr. Maqsood Mehmood reports from Gujranwala Chapter

### FREE MEDICAL CAMP AT ELEMENTARY COLLEGE PASROOR



Dr. Maqsood Mehmood is the most popular diabetes treating physician of Gujranwala city and its adjacent areas. He very regularly organizes Free Medical and diagnostic camps for the area people.

Recent camp was arranged in Pasroor, where dozens of people were screened and diagnosed. Not only the diagnosed people with diabetes were suggested treatment plans, but they were educated about their condition and how to take care of their diagnosis.

Dr. Maqsood Mehmood while addressing the audience said that diabetes is a serious but manageable condition. He said early diagnosis, lifestyle changes, medication adherence, and regular monitoring can prevent complications and improve the quality of life. Awareness and education are key to reducing the global burden of diabetes.

### PCDA collaborates with DAP in WDD conference



Researchers gathered in Islamabad to have a review of an ongoing clinical trial sponsored by Getz Pharma



### Dr. Nazeer Soomro reports from Jacobabad Chapter



Below: A lecture on "Diabetes and its management" delivered by chapter head Dr Nazir soomro on 24th. Jan'25 at hotel al-Harmain Jacobabad





### Diabetes Awarness program at CMA, community center Karachi



Head of Media Committee of PCDA Pakistan, Dr. Majid Khan organized a patient awareness program at CMA Community Centre Aysha Manzil, Karachi on 25 January 2025 on the occasion of WORLD DIABETES DAY. A large number of area residents attended the awareness program addressed by Dr. Majid highlighted the importance of lifestyle changes for prevention and effective management of diabetes.





Vith deep sorrow and grief, we announce the sad demise of ou member



Prof. Dr. Ejaz Ahmed Vohra

Who has passed away

Team PCDA Pakistan condole the sad demise of distinguished Physician and Professor of Medicine Prof. Ejaz Ahmed Vohra.

Prof. Dr. Ejaz Ahmed Vohra was a renowned physician of Karachi. After his MBBS, he got MRCP (UK) and FRCP (Edinburgh) qualifications. Throughout his extensive career, Dr. Vohra held several prominent positions, including Director of Postgraduate Studies (Clinical) at Ziauddin Medical University since April 2000, Professor and Head of the Department of Medicine at Ziauddin Medical University from May 1996 to 2018. Principal of Karachi Medical & Dental College from 1994 to 1996, He also served as the Regional Representative for the Royal College of Physicians (Edinburgh) until 2003 and also held the title of Regional Advisor Emeritus. Dr. Vohra wass a Patron of the Pakistan Society of Internal Medicine and a Fellow of the Royal Society of Medicine. Vohra's professional services for the community will be remembered for long.





You are cordially invited to attend

# Diabetes Certification Workshop by PCDA Sponsored by Martin Dow Marker Limited

Sunday 16<sup>th</sup> February, 2025 Desert Palm Hotel, Rahim Yar Khan



### **Guest Speakers**



Ms. Rabbiya Tirmizi

BSc (Food & Nutrition)

Dip. Diabetes Education (DDE)



Dr. Shahid Akhter
Diabetologist & Family Physician
Head of Publications & Membership Committees PCDA



Dr. M. Mohsin Raza
MBBS, DDM, FCPS, CHPE
Consultant Physician, Medical Specialist



Or. Shakil Ahmed
Consultant Diabetologist & Endocrinologist
General Secretary PCDA
Exec. Director College of Family Medicine Karachi

### **AGENDA**

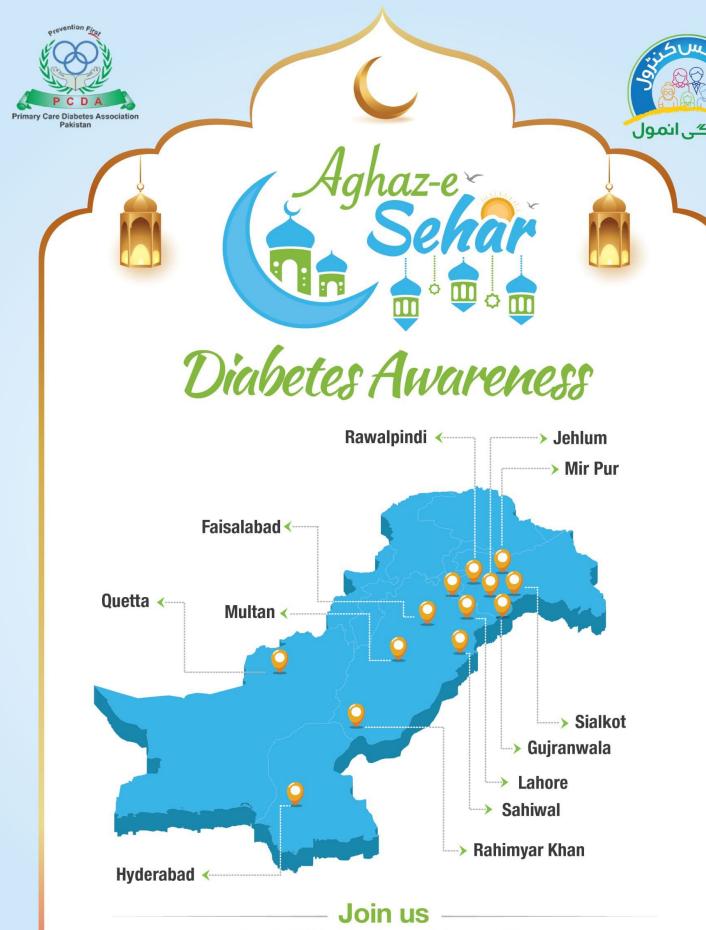
Opening & Recitation	01:00 PM	Dr. Khalid Mazari
Introduction of the Certificate Course	01:05 PM	Dr. Khalid Mazari
Role of Diet in the Management of Diabetes	01:10 PM	Ms. Rabbiya Tirmizi
Available Treatment Modalities for Diabetes	01:30 PM	Dr. Shahid Akhter
Management of Diabetes Complications at Primary Care	01:50 PM	Dr. M. Mohsin Raza
Foot Care in Diabetic Population	02:10 PM	Dr. Shakil Ahmed
Shields & Certificate Distribution	02:30 PM	All
Guest of Honor Speech	02:40 PM	Dr. Riasat Ali Khan
Vote of Thanks	02:50 PM	Dr. Sohail Tariq
Lunch	03:00 PM	All











for an insightful sehri session on diabetes awareness.







### Dr. Shehzad Tahir reports from Islamabad Chapter

Presentation on Prevention of Diabetes in Fatima Jinah university Islamabad



### Diabetes awareness lecture at Hamdard University Islamabad

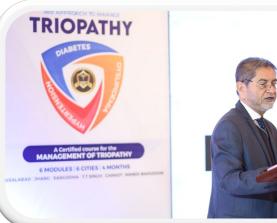


### 2nd. Module of TRIOPATHY Course completed

### Dr. Ahmad Shahzad thanks all who contributed

Reports Dr. Mutayyaba Majeed

Primary Care Diabetes Association Punjab and Lyallpur Diabetes Foundation organized the 2nd Module of Triopathy Management Certification Program jointly in Lahore. The Course director is Prof. Dr Amir Shoukat, pro Vice Chancellor of Faisalabad Medical University. Course Co-Ordinator Dr. Ahmad Shahzad, the head of Punjab chapter of PCDA. This certification course aimed quality enhancement and enrichment of young doctors enabling them to cope well equipped with Diabetes Mellitus and its complications.





Member of Pakistan Endo- gist sponsibility to moderate the Tek Singh, was speaker at this ence.

Assistant Professor Dr Mu- Eye Specialist Dr. Asad tayyaba Majeed district coor- Aman left no stones unturned dinator, Lyallpur Diabetes to get all in this mega aca-Foundation, member of Paki- demic gathering of skilled stan Physiological and Re- doctors from all regions of search Society, regular mem- District Toba Tek Singh. Suber of American Diabetes As- per talented Consultant Gas-Scientific troenterologist and Hepatolo-Dr.Muhammad Irfan crine Society took up the re- Rashed, head of PCDA Toba session and played her pivotal mega event. District consultrole aiming bridging and es- ant ENT Surgeon Dr.Faran tablishing the effective inter- Sarwar, Consultant Cardioloaction between the expert gist Dr Kamran Arif SB panelists, speakers and audi- D.H.Q Hospital Toba Tek Singh and Dr.Muhammad Ammad Haider sb consultant Ophthalmologist D.H.Q Fai-

competent and emerging stars sha'Allah promote and faciliof the galaxy of medical pro- tate such kind of academic fessionals for coming and activities more frequent. gracing the occasion with their active participation as guests of honour.

Dr.Muhammad Azam fective way.

**D**r. Shahid Iqbal Randhawa SB,Head of Department of Dr. Ahmad Shahzad ad-Medicine at D.H.Q Hospital, dressing the audience in-Toba Tek Singh and Chapter formed that he is looking for-Head Primary Care Diabetes ward to arrange such excel-Association District Toba lent and beneficial academic Tek Singh ,Dr.Shahid Iqbal activities more frequently in Gill SB the well known con- the coming future, to set a sultant Physician of Kamalia trend of team work and all of joined as worthy guests of the healthcare providers are honour. Dr.Shahid Iqbal Gill enthusiastic and aim to fight informed and intended as dis- with this prevalent disease.

salabad, were part of very trict Chapter Head to in-

**D**r. Muhammad Sultan Cardiologist Gulaab Devi Hospital also joined us and gave us Occasion was graced by the honor to have their words sb of wisdom. Respected Medical Specialist D.H.Q Dr.Muhammad Imran Razzaq hospital ,Dr.Osama Mushtaq sb delivered the audience in-Chaudhary SB Medical spe- formation about each aspect cialist at D.H.Q hospital Toba of Diabetes Mellitus and Tek Singh as Expert Panelists graced the occasion ,uplifting who delivered information all of health care providers and answered the queries of with recent techniques and audience in a wonderfully ef- advised them to perform at their level best to serve ailing humanity.



















A Cerified course for the **MANAGEMENT OF TRIOPATHY** 

6 MODULES | 5 CITIES | 4 MONTHS





### **PROGRAM FEATURES**







REAL LIFE CASE STUDY SCENARIOS



EXPERIENCE SHARING



CAPACITY BUILDING LECTURES



CREDIT HOURS & CERTIFICATION



PRE AND POST SESSION QUIZ

### TRIOPATHY



### **MODULES**

### Module 1: Adiposity Metabolic syndrome & Insulin Resistance

- 1. ABCD (Adiposity based chronic disease) & MASLD (Metabolic Dysfunction Associated Liver
- 2. Metabolic syndrome, Insulin Resistance, Prediabetes & Lifestyle interventions for Prevention

### Module 2: Epidemiology Pathophysiology & Diagnosis of DM

- 1. Diabetes Mellitus: Epidemiology, Pathophysiology & Manifestations.
- 2. Diabetes Mellitus: Diagnostic work up & follow up of a diabetic patient.

### Module 3: Recent Advances in Type 2 DM management

- 1. Diabetes Mellitus: Role of Oral Hypoglycemic Agents in Diabetes Management. 2. Diabetes Mellitus: Insulins and GLP1 Agonists in Diabetes Management.

### Module 4: Diabetes and Co-Morbidities

- 1. Diabetes and Hypertension Treatment and Goals
- 2. Diabetes and Dyslipidaemias: Targets, Goals & Novel therapies

### Module 5: Cardiorenal Assessment and Monitoring in Diabetes Mellitus

- 1. ASCVD Risk calculation & Cardiovascular Health Metrics 2. Diabetic kidney Disease Diagnosis & Management

### Module 6: Holistic approaches to improve Cardiovascular and Renal Outcomes in DM

- 1. Cardiorenal-Metabolic triopathy & CVD outcome trials in DM
- 2. A Holistic approach towards triopathy management

### TRIOPATHY



### **GET YOURSELF REGISTER**



**SCAN QR CODE** 



### Glimpses of 2nd. Module of TRIOPATHY





### Dr. Suleman Khan reports from Kohat Chapter

A free medical camp for diabetic patients was organized today at DHQ Teaching Hospital Kohat, aiming to provide essential healthcare services to those affected by diabetes.



During the camp, patients received free medical check-ups, consultations, free blood glucose tests and guidance on diabetes management under the supervision and guidance of PCDA Kohat Chapter head Dr. Suleman Khan. Additionally, free medicines for diabetes and its related conditions were provided to ensure better health outcomes for the patients.

The initiative focused on raising awareness about diabetes, its complications, and the importance of maintaining a healthy lifestyle. A large number of individuals benefited from the camp, making it a significant step toward community health and wellbeing.

# STEP celebrates Kashmir Solidarity Day 5th February

Dr. Izhan Ali Khan shares the Resolution



Today, we stand in unwavering solidarity with the people of Kashmir, reaffirming our commitment to their right to peace, justice, and selfdetermination.

At STEP PCDA, we believe in advocating for human rights and dignity for all. On this day, we honor the resilience of the Kashmiri people and emphasize the need for compassion, dialogue, and global awareness to ensure a just resolution.

Let's raise our voices for peace and humanity!

#KashmirSolidarityDay #STEPPCDA #JusticeForKashmir #PeaceForAll #February



**IDF World Diabetes Congress 2025** 

IDF will convene the global diabetes community again in **Bangkok**, **Thailand on 7-10 April 2025**. The congress will help foster the collaborations, connections and political actions required to place diabetes at the top of the global health agenda, improve the lives of people living with diabetes and prevent diabetes in those at risk.

### This year for the first time PCDA Pakistan is participating as a member.

Held every two years, the **IDF World Diabetes Congress** ranks as one of the largest global medical meetings covering all facets of diabetes. Participants from across the globe meet to learn about **a broad range of diabetes issues**, from the latest scientific advances to cutting-edge information on education, diabetes care, advocacy and awareness.





### Why Exercise is Important During Ramadan?

By. Dr. Ashraf Raheem

Head of Karachi Chapter of PCDA Pakistan

While fasting, the body undergoes significant changes. However, keeping up with regular exercise can have several benefits during this time, such as improved energy level, mental clarity, muscle maintenance and promoting digestion.

### Types of Exercise During should

you stay active without over- drained. exerting yourself. There are 3. Late Night (Taraweeh three main windows during **Prayer**) the day where exercise can be For those who engage in Tadone: before Suhoor (pre-raweeh prayers (night praydawn meal), after Iftar (meal ers), this can also serve as a at sunset), or during the night. form of exercise. The physical

### 1. Before Suhoor

stress.

pace.

Bodyweight exercises like brief squats, lunges, or push-ups to engage muscles without over- **Guidelines for Safe Exercise** straining.

Drink plenty of water before beginning any exercise in the Stay Hydrated: The key to

### 2. After Iftar:

This is the most popular time hours for exercise during Ramadan, Nutrient-Rich Foods: Fuel sistance tense activity followed by tine. brief rest periods. This can

be moderated. Start with a warm-up, and Choosing the right type of avoid overly intense cardio exercise is key to ensuring that could leave you feeling

movement during the prayer-standing, bowing, and Stretching and Yoga to en- prostrating—provides a modhance flexibility and reduce erate level of activity. For those looking for some-Walking at a comfortable thing more, consider a light walk after prayers or doing a stretching session.

### **During** Ramadan

morning to stay hydrated. exercise during Ramadan is hydration. Drink plenty of during non-fasting

The body is rechargintenseed. your body with nutrient-dense A workout session can begin foods during Suhoor and Iftar. about 60 minutes after Iftar to Include complex carbohyallow digestion to take place. drates, lean proteins, and Strength training such as lift- healthy fats to maintain enering weights or using re- gy levels throughout the day. bands. Rest and Sleep: Prioritize Cardio workouts like jogging, good sleep hygiene. Aim for 7 cycling, or using a treadmill -8 hours of sleep, even if it intensity). means taking naps during the HIIT (High-Intensity Interval day to compensate for the late Training): Short bursts of in- -night prayers and fasting rou-

time frame, but intensity ways pay attention to how ning and adjustments to your icant health benefits during your body is responding. If routine.



you feel fatigued or unwell, Myth 2: You Will Lose Musmodify your workout or skip cle Ramadan is a time for spiritu- nutrition and exercise plan, al reflection and self-control. you can preserve your muscle The focus should be on main- mass during Ramadan by fotaining a healthy balance ra- cusing on strength training ther than pushing for peak and maintaining adequate pro-

Common **Fitness** During While

Mass altogether. If you're careful with your tein intake during Iftar and Myths Suhoor.

Ramadan: Myth 3: Exercise Should On-Myth 1: You Can't Exercise ly Be Intense to Be Effective Fasting Exercising during Ramadan Many people think that fast-doesn't need to be intense to ing and exercising don't mix. be beneficial. Low-intensity In reality, exercise can be activities, such as walking and help burn calories in a shorter Listen to Your Body: Al- done safely with proper plan- stretching, can provide signifthe month.



### 6 BENEFITS TO EXERCISING DURING

# Ramadan



### **DON'T LOSE THE**HABIT OF WORKING OUT

One of the Islamic beliefs for observing Ramadan is that it takes 30 days to build a good habit and 30 days to break bad ones. Keeping up with the habit of working out during the month of Ramadan will ensure that the good habit of working out does not break.



### **INCREASE ENERGY**

An exercise routine ensures you can get the most out of this blessed month. Continuing training through a modified exercise plan will ensure you can keep up with additional prayers/good deeds to get the most out of the month.



### **IMPROVE MOOD**

Exercise releases endorphins, the happy hormone. Exercise ensures a better mood to enjoy the best parts of Ramadan





### **MAINTAIN GOALS**

Achieving health and fitness goals requires patience and consistency, and breaking an exercise routine can diminish results you have worked hard to achieve. A modified version of your current exercise plan will help maintain your goals.



### REINFORCE MOVEMENT PATTERNS

Whether you are a new exerciser or are a skilled athlete, continuing your training regime will help your body remember essential movement patterns and the muscles it needs to recruit pain-free and skilled movements.



### **MAINTAIN YOUR WEIGHT**

Exercise during Ramadan helps you remember that it is a month to balance indulgence.

Maintain movement to avoid unnecessary weight gain and be accountable to iftaar indulgences.

Your exercise routine during Ramadan might look different.

Always listen to your body and make modifications when needed.





# 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.

Prevention First Newsletter has limited circulation, to be circulated among members only.

PFN-Online is the online version of Prevention First Newsletter, which is published to the social media groups of PCDA Pakistan on the 15th. day of every month.

PFN-Online publishes the reports and photographs of the activities of PCDA and its chapters across the country.

Reports of only those events are included in PFN-Online which are managed under the platform of PCDA. Better choose and send the pictures with name or logo of PCDA.

The Publications Committee and the Editorial Board of Prevention First Newsletter, have right to accept or reject any material sent for publication.

Articles, pictures or any other material for PFN-Online can be directly sent to any member of the Publications Committee and the Editorial Board.

Or E-mail to:preventionfirstnewsletter@gmail.com and pcda.pak@hotmail.com

### In charge PFN-Online

### SCAN FOR THE MEMBERSHIP OF

**PCDA** 

**STEP** 

**DEW** 







