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8th. International PCDA Symposium on 17th&18^{th.} Feb'2024

Anticipation is building as we eagerly approach February 17th, 2024 – a significant date for the healthcare community in our country. The Biennial Symposium of PCDA (Primary Care Diabetes Association - Pakistan) is set to commence at Hotel Movenpick Karachi this coming Saturday, promising a gathering of esteemed experts in diabetes and related fields.

Renowned and highly knowledgeable speakers are poised to deliver cutting-edge lectures, offering insights into the latest advancements in diabetes care. Each session of the symposium will feature a distinguished panel of experts who will provide thoughtful commentary on the presentations, addressing questions raised by the audience.

We are sure that a large number of healthcare professionals from all over the Pakistan will join this mega event and golden opportunity to the exchange of knowledge, the exploration of state-of-the-art practices, and the collaborative spirit that will undoubtedly define this symposium. Your presence and engagement will contribute significantly to the success of this MEGA event of the year.



The alarmingly high prevalence rate of diabetes in Pakistan stands as a pressing concern, ranking it as the highest in the world. Urgent and concerted action by all stakeholders is imperative to address and mitigate this escalating health crisis. Swift and comprehensive measures are essential to curb the prevalence of diabetes and its associated complications, ensuring the well-being of the population.

The gravity of this situation calls for collaborative efforts from healthcare professionals, policymakers, educational institutions, community leaders, and alike. By fostering awareness, individuals implementing preventive measures, and enhancing healthcare infrastructure, we can collectively work towards reducing the incidence of diabetes and improving the overall health outcomes for the people of Pakistan.

Now, more than ever, is the time for decisive action to confront this public health challenge head-on. Through united efforts, we can strive to create a healthier and more resilient future for our communities.

Diabetes is becoming a death sentence in Pakistan

Hopes from PCDA Symposium'24

By: Dr. Shahid Akhter

8th International PCDA Symposium 2024 is being held amidst an environment when economic turmoil and rising inflation is making it increasingly difficult for patients to access life-saving medicine. Medicines are getting more and more expensive day by day. Even before the Covid-19 pandemic and war in Ukraine caused disruption to supply chains and skyrocketing commodity costs, one in two diabetics in the developing world could not afford enough insulin, according to a study by the World Health Organization.

Pakistan usually imports 95 percent of its active pharmaceutical ingredients (APIs) but the country's currency, the Rupee, hit an all-time record low in its valuation in March'23, causing a spiraling import bill. The Pakistan Pharmaceutical Manufacturers Association (PPMA) has noted a 21.5 percent reduction in medicine production in the country since January due to a lack of available raw materials. Addressing the high prevalence of diabetes in Pakistan requires a comprehensive and collaborative approach involving various stakeholders and the community.

PCDA has launched many public awareness campaigns in recent years to educate the population about the causes, risk factors, and preventive measures associated with diabetes. Multiple channels, including mass media, community events, and digital platforms were used, to disseminate information. PCDA encourages and promotes a culture of regular physical activity and healthy eating habits. We are fighting to provide resources and support for individuals to adopt and maintain a balanced lifestyle, including regular exercise and a nutritious diet.

PCDA is focusing on screening programs like "SEED" and "RAKHO APNA KHAYAL" to identify individuals at risk of diabetes at an early stage. Our efforts are to ensure accessibility to affordable and regular health check-ups, especially for high-risk populations. PCDA demands investments in healthcare infrastructure to improve the capacity for diabetes diagnosis, treatment, and management; and also to facilitate training programs for healthcare professionals to enhance their skills in diabetes care.

We should collaborate with policymakers to develop and implement effective policies aimed at preventing and managing diabetes. PCDA advocates for policies that support healthier environments, such as increased availability of nutritious foods and spaces for physical activity. Community-based support programs for individuals living with diabetes should be established, offering resources for self-management and psychological support. PCDA stresses to foster a sense of community and shared responsibility in addressing diabetes-related challenges.

PCDA demands investment in research to better understand the specific factors contributing to the high prevalence of diabetes in Pakistan. We should encourage innovation in healthcare technologies and treatment modalities. Our awareness programs should encourage employers to implement workplace wellness that promote healthy living among employees. Incentives should be provided for companies who are adopting policies that support employee health.

PCDA has been trying to foster collaboration among government bodies, non-governmental organizations, healthcare providers, and the private sector to pool resources and expertise in the fight against diabetes. PCDA has plans to integrate diabetes education into school curricula to instill healthy habits from an early age; to promote a culture of health and well-being in educational institutions.

We at PCDA are sure that by taking a multi-faceted approach that involves the entire community and engages various stakeholders, Pakistan can work towards reducing the burden of diabetes and promoting a healthier future for its citizens.

Send your comments to: <u>preventionfirstnewsletter@gmail.com</u> <u>or pcda.pak@hotmail.com</u> Message by:

Dr. Pawan Kumar Sachdev

Joint Secretary Primary Care Diabetic Association Pakistan. & Head Sindh & Larkana chapter PCDA Pakistan.

It is with great pleasure that I extend my warm greetings to all of you on the occasion of 8th. International PCDA Symposium 2024, as Joint Secretary of our esteemed Primary Care Diabetic Association.

On this occasion we aim to showcase the collective efforts and achievements that define our shared Journey. Your collaboration and hard work have undoubtedly contributed to the events Successful.



From the platform of PCDA we are fighting a multidirectional war. Every aspect of diabetes like education, preventions, treatment, complication awareness, co-morbids awareness, all are focused.

Workshops, awareness sessions, research, discussions, future prospects, seminars etc. are continuously arranged. These are all well organized and well arranged. Ultimately all benefits should go to patients. Prevention of Diabetes and its complications and associated health programs are our target. Your enthusiasm and Professionalism have set a high standard for future events.

Let us also look forward to the future with optimism and shared vision.

May our PCDA continue to thrive, grow and achieve new milestones in the days ahead resulting reduce prevalence of diabetes and its complications.

Warm Regards.

AIMS & OBJECTIVES OF PCDA

Mission of PCDA is:

- To provide a forum for the Primary Care Physician (with special interest in Diabetes) in Pakistan to meet together and link with entitles.
- To encourage evidence based practice in relation to diabetes care by the primary care team, including implementation of appropriate standards.
- To promote research and development related to providing good quality diabetes care in the primary care setting.
- To provide awareness in the community regarding diabetes through camps, educational programs, seminars, workshops and health meals.
- To provide legal aid.
- To organize seminars and workshops.
- To establish schools, promote education and literacy.
- To provide ambulance and hospital facilities.
- To collect local data on diabetes.
- To establish local research on diabetes and its complications.



AGENDA

17[™] FEB 24



WORKSHOPS

02:00PM TO 04:00PM (WORKSHOP - A)

HEAL from Diabetes: Healthy Eating and Lifestyle for Remission of Diabetes Dr. Muneera Abbasi (Islamabad) Discussion / Expert Opinion Dr. Vajira Lekamwasam (Srilanka)

05:00PM TO 07:00PM (WORKSHOP - B)

Dr. Sohail Tariq Dr. Zahid Miyan (PCDA) Moderator HF Risk Assessment in Patient with T2DM Dr. Faryal Tariq (PCDA) Hypertension Dr. Amir Hameed (AKU) Insulin Technique Basic ECG Dr. Faisal Qadir (NICVD) Quick Dietary Advice Ms. Fatima Ahmed (BIDE)

> HPL - PCDA Champions League - Finale 07:00pm to 08:00pm

INAUGURAL CEREMONY 08:00PM TO 09:45PM

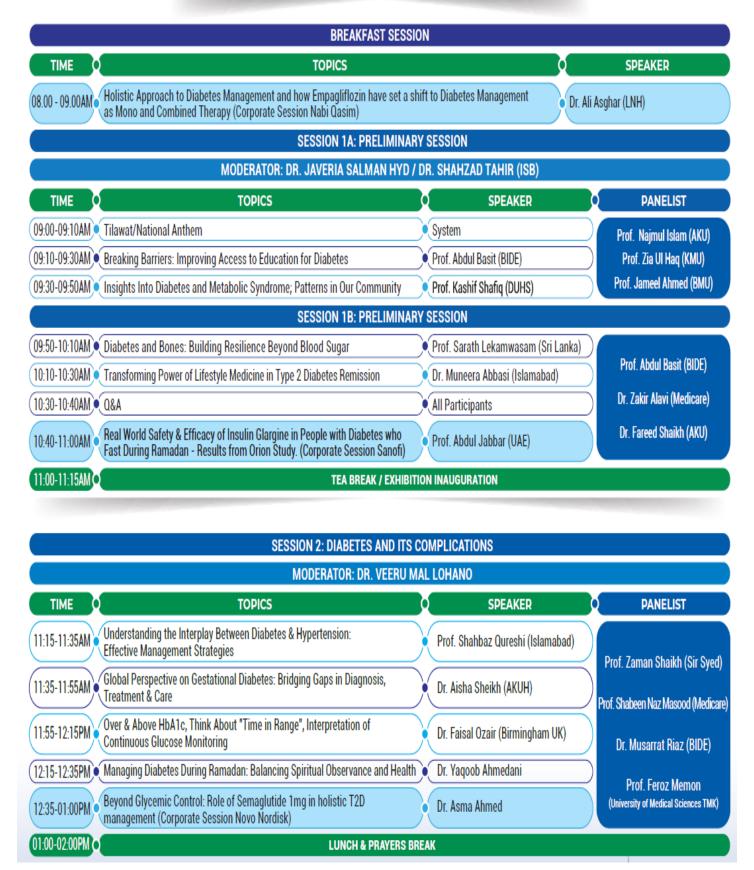
HOST: DR. FARYAL TARIQ						
TIME	SESSION	SPEAKER				
08:00 PM	Gathering	• Participants				
08:00-08:10 PM	Tilawat / National Anthem	System				
08:10-08:20 PM	Welcome Address	Dr. Zahid Miyan (President PCDA)				
08:20-08:40 PM	Introduction to PCDA	Dr. Riasat Ali Khan (President Elect PCDA)				
08:40-09:00 PM	Recent Exciting Advances in Medical Sciences	Prof. Ata ur Rehman (Chief Guest)				
09:00-09:10 PM	Address by Guest of Honour	Prof. Abdul Basit (BIDE)				
09:10-09:20 PM	Address by Guest of Honour	Prof. Zia ul Haq (KMU Peshawar)				
09:20-09:30 PM	Address by Guest of Honour	Prof. Amir Shoukat (Pro. VC FMU Faisalabad)				
09:30-09:40 PM	Shields Distribution	Dr. Riasat Ali Khan / Dr. Fareed Uddin (PP PCDA)				
09:40-09:45 PM	Vote of Thanks	Dr. Najum F. Mahmudi (SVP PCDA)				



AGENDA

18[™] FEB 24







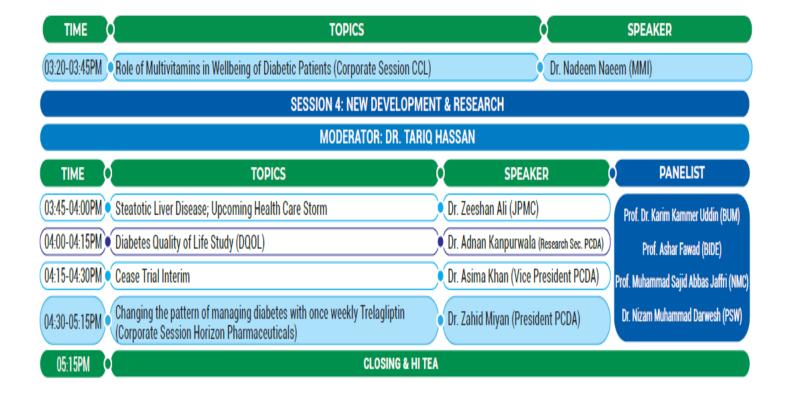
AGENDA

18[™] FEB 24



(02:00-05:00PM) Paper & Poster Presentation at Reaserch Arena

TIME	TIME TOPICS			N .	SPEAKER	
02:00-02:20PM Diabetes Mana	gement; Exploring Patient Classification for Better Outco	me (Corporat	e Session Hilton)	Dr. Imtiaz Ha	ssan (LHR) Prof. Syed Ali Raza (ZH)	
	ESSION 3A: YOUNG LEADERS STEP (STUDENT 1	TASKFORCE	FOR EDUCATION	& PUBLIC HEA	LTH)	
	MODERATOR: DR.	FARIHA SH/	KEEL			
TIME	TOPICS		SPEA	KER	PANELIST	
02:20-02:35PM Advocating for	Accessible and Equitable Diabetes Care	Ms. Sana Ajmal (Meethi Zindagi)		Prof. Qazi Masroor (BWP)		
02:35-02:50PM • Empowering To	morrow: Youth Leadership in Diabetes Management	Dr. Izhan Ali Khan (Head of STEP)				
	SESSION 3B: YOUNG LEADERS	DEW (DIET	EDUCATION WING	G)	Dr. Iftikhar Ahmed (BMU)	
TIME	TOPICS		SPEA	KER	Dr. Shah Kamal Hashmi (ZH)	
02:50-03:05PM Diabetes Education: What we can Replicate in Pakistan.			Ms. Erum Ghafoor (BIDE)		Dr. Umbreen Aslam (SKP)	
3:05-03:20PM Nutrition and Lifestyle Management in Diabetes		• N	Ms. Fayza Khan			





Dr. Izhan Ali Khan Ms. Erum Ghafoor Ms. Fayza Khan

Prof. Syed Ali Raza

Ms. Sana Ajmal

Who's going to win the trophy of **HPL-PCL?**



HPL-PCL Finale on Saturday 17th

HPL-PCL is Brain Child of Dr. Riasat

By: Dr. Sulaiman Khan (Head of Kohat Chapter of PCDA)

The HPL-PCDA Champions League (HPL-PCL) was an incredibly innovative and exciting concept. It brought together professionals from the healthcare industry to compete in a friendly yet competitive environment. This event was a testament to the hard work and dedication of Dr. Riasat Ali Khan, the President Elect, and the scientific committee consisted of Dr. Shahid Akhter, Dr. Fareeduddin, Dr. Asima Khan and all respectable seniors.

Their efforts in organizing and executing the Champions League were commendable. The event was flawlessly executed, and the participants had a fantastic experience. The concept of combining healthcare providers in a different way was a refreshing approach, and it brought a new level of engagement and camaraderie among the participants.

We must also acknowledge the contribution of Dr. Riasat Ali Khan, President elect of PCDA, for his support and guidance throughout the entire process. In the previous issue of Prevention First Newsletter, Dr. Shahid Akhter had very rightly labeled HPL-PCL the "BRAIN CHILD OF DR. RIASAT"

The HPL-PCDA Champions League was a resounding success, and it is crucial that such activities are repeated in the future. The event not only promoted healthy competition but also provided an opportunity for professionals to network and learn from each other. It would be wonderful to see the concept evolve and become even more advanced, incorporating new elements and challenges.

By repeating and enhancing such activities, the healthcare industry can continue to foster a sense of unity, collaboration, and excellence. The HPL-PCDA Champions League has set a high standard, and we eagerly anticipate future iterations of this remarkable concept.

I congratulate the two finalists, Punjab Gurus & Islamabad Royals, for their wonderful job. I once again appreciate the hard work and efforts of Dr. Riasat, for his wonderful untiring efforts in executing this event successfully. No doubt he has nurtured his brain child very devotedly.

Better Luck Next Time







The Mastermind of

HPL-PCL

MOU signed between PCDA-Punjab and PAFP IT'S A DREAM COMRME TRUE

Report by: Dr. Abdul Rauf (Co-Chapter Head PCDA Lahore)

Pakistan Academy of Family Physicians /Doctorscon Lahore is an organization of Family Physicians with more than 5000 members. We were invited to a very decently arranged symposium of PCDA on Diabetes in November 2023 at Serena Hotel Faisalabad. A group of 10 family physicians from Lahore who attended the conference were so moved by the quality of the symposium and theme of PCDA that we made an immediate decision to inculcate its objectives in our organization in Lahore.



In December last year Dr. Ahmad Shehzad head of PCDA Punjab based in Faisalbad visited PAFP office at 3-A Faisal Town Lahore to sign an MOU between PAFP and PCDA-Punjab, to start cooperation with each other. We planned our first joint venture with a high level workshop on Ramadan and Diabetes on 28th January 2024 at Falletti's Hotel Lahore. This very well attended workshop proved to be a big success. Professor Imran Hasan Khan a renowned endocrinologist, conducted an interactive and innovative workshop remarkably well, putting all his skills and experience in it. Before the workshop Dr Ahmad Shehzad from Faisalabad PCDA made a very impressive introduction of PCDA, its inception, aims and targets with

It was followed by a very useful lecture by Professor Akmal Sharif from Faisalabad Medical College on Nutrition and Diabetes and Ramadan followed by an excellent presentation by Dr. Umbreen Aslam, Assistant Professor of Medicine in Services Hospital Lahore on the subject of Obesity and Weight management in Diabetes and Ramadan.

This memorable activity will go a long way not only in the promotion of PCDA in Lahore but also help our physicians to manage the Diabetes according to the guidelines in coming Ramadan and future Ramadans. After PAFP annual conference in PC Hotel in Lahore on 9th, 10th and 11th February 2024, we intend to implement PCDA agenda in letter and spirit in our area.



Prof. Abdul Basit briefing about **PCDA Symposium** 2024





Message by President PCDA Dr. Zahid Miyan issued a on PCDA Social Media about the **PCDA Symposium 2024**

President Elect of PCDA Dr. Riasat Ali Khan briefing social media about PCDA Symposium'24





Cabinet Members of PCDA inviting doctor to attend the 8th. **International PCDA** Symposium 2024, to be held on 17&18 February 2024 at Hotel Movenpic Karachi













See complete videos on YouTube Channel of PCDA http://www.youtube.com/@pcda.pakistan



Updates from **D-Foot International**

IWGDF Prevention Guideline



WGDF risk 2: LOPS + PAD or LOPS + foot Deformity or PAD + foot Deformity.

WGDF risk 3: LOPS or PAD and one or more of the following: history of foot ulcer, minor or major amputation, end-stage renal disease

LOPS: loss of protective sensation PAD: peripheral artery disease

Contined......



Latest Developments in the treatment of diabetes

Diabetes has become an epidemic, sentencing over 537 million people worldwide to lifelong medication. Science is striving to find a diabetes treatment that can cure this chronic disease, but how close are we?

Diabetes is the major cause of blindness, kidney failure, heart attack, and stroke. It is estimated that the number of people affected by diabetes will rise to 783 million by 2045. This has led the World Health Organization to consider diabetes an epidemic. Despite its huge impact on the global population, there is still no cure for any type of diabetes. Most treatments help patients manage the symptoms to a certain extent, but diabetics still face multiple long-term health complications. Diabetes affects the regulation of insulin, a hormone required for glucose uptake in cells, resulting in high levels of blood sugar. While there are some similarities in symptoms, the two main types of diabetes develop in different ways.

Type 2 diabetes treatment -Stimulating insulin production

During the past decade, over 40 new pills and injections were approved for diabetes. However, the scary reality is that the majority of patients with type 2 diabetes still have poor glycemic control. One of the biggest hits in type 2 diabetes treatment are glucagonlike peptide (GLP)-1 receptor agonists, which induce insulin production in beta-pancreatic cells while suppressing the secretion of glucagon, a hormone with the opposite effect to insulin.

GLP-1 drugs have been all over the place in 2023 and not only for their benefits toward diabetes. It is showing great promise in cardiovascular diseases as well as obesity. Initially developed to treat type 2 diabetes, GLP-1 agonists gained traction in 2023 when it was discovered that it had beneficial effects on other obesity-related conditions.

Two studies have shown the flagrant benefits of these treatments in 2023. 529 people in the U.S. treated with Semaglutide for diabetes and Wegovy for obesity have shown double the heart improvement after 1 year of treatment. Also among 17,000 people with cardiovascular diseases and excessive weight, those taking Semaglutide were 20% less at risk of heart attacks and strokes.

An innovative development is the creation of combination therapies like Tirzepatide, which intertwines the sequences of GLP-1 and gastric inhibitory polypeptide (GIP) in a single molecule, functioning as a co-agonist. This dual action stimulates insulin secretion, reduces appetite, and impacts fat cells, leading to improved glucose control and weight loss. Research is also exploring a novel GLP-1/GIP/glucagon molecule to further enhance weight loss by increasing energy expenditure.

The traditional dosing for GLP-1-based treatments, which often requires injections, is evolving with new drug delivery systems. Innovations include an orally-available preparation of GLP-1 and a novel hydrogel-based slow-release system that may only need dosing every four months, enhancing convenience and adherence to treatment.

While GLP-1-based treatments have been generally safe in Type 2 diabetes, the newer, more effective drugs and their applications in other diseases necessitate long-term safety studies. Common adverse events include nausea and vomiting, and there are concerns about potential effects in specific settings such as anesthesia, and a need for careful monitoring of drug dosing. The cost of these treatments is also a significant hurdle to broader access. At the moment, GLP-1 drugs cost approximately \$1,000 per month and must be taken throughout the life of the patient

Targeting the microbiome

In the past decade, scientists have realized the big role that the microbes living inside and on us play in our health. The human microbiome, and especially the gut microbiome, has been linked to multiple chronic diseases, including diabetes.

An unbalanced microbiome composition has been found in patients with diabetes, who tend to have a less diverse gut microbiome as compared to healthy people.

In 2017, researchers from the University of Amsterdam showed that fecal transplants, used to transfer the microbiome of a healthy person to the gut of one with diabetes, can result in a short-term improvement of insulin resistance in obese patients with type 2 diabetes. In 2021, similar results were shown in patients who had recently been diagnosed with type 1 diabetes.

Some companies are developing diabetes treatments targeting microbiome. 2023. the French In biotech Valbiotis announced the successful completion of the

TOTUM 63 clinical study, targeting prediabetes and early stages of type 2 diabetes. The study, conducted at the Institute of Nutrition and Functional Foods (INAF) of Laval University in collaboration with the Quebec Heart and Lung Institute, confirms TOTUM 63's efficacy in reducing glycated hemoglobin, a key diabetes marker. The mode of action involves reducing inflammation, modulating gastrointestinal hormones, and improving metabolic response after meals.

Other aspects of the microbiota are being explored and could offer new solutions for diabetes in the future. For instance, the field of pharmacomicrobiomics, which studies the interaction between drugs, microbes, and the host, has gained prominence and could lead to more personalized approaches in type 2 diabetes. Microbiota imbalances and their relation to insulin resistance are also being explored and could give us new areas of research for type 2 diabetes.

Although promising, the microbiome field is still young and its complexity makes it difficult to establish causation after finding correlation. Until more diabetes treatments are tested in the clinic, it will be difficult to determine the real potential of the microbiome in this space.

What's next in diabetes treatment?

The global diabetes drugs market is expected to reach a massive \$118 billion by 2032 according to Precedent Research analysis, and we can expect all sorts of revolutionary technologies to come forward and claim their market share.

Research is being pursued the area of nanotechnology. Nanocomplexes (NCs) responsive to glucose levels are increasingly seen as highly promising for the controlled release of insulin. Polysaccharide NP, commonly known as nanosugar or glycogen, stands out as a viable option due to its notable hydrophilicity, its biocompatibility, and the adaptability of its structure.

More and more companies are invested in treating diabetes and a few innovative actors are poised to advance the field.

Whatever the future brings, it will undoubtedly make a huge difference in the lives of millions of people worldwide.

A successful free medical camp organized by Dr. Sulaiman Khan, Head of PCDA Kohat Chapter.



Pre Diabetes Symposium in Larkana

Report by:

Dr. Pawan Kumar Sachdev

Joint Secretary Primary Care Diabetic Association Pakistan. & Head Sindh & Larkana chapter PCDA Pakistan.

Primary Care Diabetes Association (PCDA) in collaboration with chamber of commerce and industry Larkana, arranged an awareness and screening program which was attended by above 400 participants. Chief Guest at this occasion was the honorable commissioner Larkana.

President of the Chamber of commerce & industry with his team also participated in the session. President PMA (Pakistan Medical Association) Larkana, Chairman minority wing Larkana, Professors, Doctors and officers also actively participated in this program.

Presentation lasted about 50 Minutes after which a very interactive Questions and Answers session lasted for about an hour. This indicates the interest of the audience. Free blood sugar, Uric Acid, Lipid Profile, weight, Blood Pressure etc. were performed.

Here are glimpses of the program.







Quotable Quotes By: Dr. Qazi Mujahid (Head of DEW)

- Exercise and diet can help prevent or even totally reverse metabolic conditions like diabetes and cardiovascular disease.
- Nothing beats a dose of good diet, physical activity, and nature.
- 🛩 Diabetes is all about insulin levels and sugar levels and what you put in your body. Never give up on your determination to fight and win against diabetes.
- 🕜 A world free of diabetes is not our dream, it's our pledge. ଙ Diabetes is the silent killer which kills part by part of our life.
- Tiabetes is an all-too-personal time bomb which can go off today, tomorrow, next year, or 10 years from now a time bomb. Tunhealthy eating habits cause major health problems, such as diabetes and heart disease,
- Tiabetes is like a rollercoaster. It has its ups and downs but it is your choice to scream or enjoy the ride.
- Taughter is the best medicine unless you're diabetic, then insulin comes pretty high on the list.
- Protein helps your insulin levels not spike and helps you not store your food as fat.
- Managing DIABETES is not a science, it is an art.
- Tiabetes is difficult to manage without discipline and commitment. You need to be able to stick with healthier eating habits and a more active lifestyle. You need to be able to stick with your medications, too.
- Diabetes is a modern day epidemic. Please, educate your self about diabetes.
- It is among the top ten, cause of morbidity as well as co-morbidity.

HEALTH MELA @ DIABETES CARE CENTER

On 21st. January'24 Dr. Fareeduddin, President past of PCDA Pakistan celebrated 20th. Anniversary of his "DIABETES CARE CENTER," which is also the head office of PCDA Pakistan. The Free Diabetes Health Mela comprised of a Free Medical Camp and an Awareness session in which Prof. Abdul Basit, Dr. Fareeduddin, Dr. Riasat Ali Khan (President Elect of PCDA), Dr. Asima Khan (Vice President), Dr. Zafar Abbasi (BIDE), Dr. Shakeel Ahmed (General Secretary), Dr. Shahid Akhter (Publications Secretary), Miss. Saima (Nutritionist), Mr. Yogi Wajahat (Physical Educator) addressed the audience and gave them important practical tips to prevent the disease and its complications.

Dr. Aamir Hafeez was the moderator of the session. Prof. Abdul Basit congratulated Dr. Fareed and the PCDA Team for arranging the Mela and the Awareness Session. Dr. Fareed thanked the participants of the session, the volunteers working in the Free Medical Camp and the sponsor pharmaceutical companies.













Dr. Sulaiman Khan, Head of Kohat Chapter of PCDA regularly arranges Free Diabetes Camps and Awareness sessions for the area people. Thousands of the people with diabetes have till now get free lab tests done and received free of cost quality medicines through these camps See details below:

The Primary Care Diabetes Association (PCDA) Pakistan has always been at the forefront of organizing welfare activities, and this medical camp was no exception. Driven by their mission to provide quality healthcare and support to individuals living with diabetes, Dr. Sulaiman Khan and his team worked tirelessly to ensure the success of this camp. Over 130 male and female patients were checked during the camp is a testament to the importance and need for such initiatives. The provision of free oral anti-diabetic, anti-hypertensive, and antihyperlipidemic medications, along with other essential medicines, has undoubtedly made a positive difference in the lives of these patients.

Furthermore, the free blood glucose tests, HbA1c, uric acid tests, and cholesterol tests that were carried out during the camp have provided valuable insights into the health status of the patients. This comprehensive approach to healthcare is commendable

Through collaboration with the pharmaceutical industry, the medical camp was able to provide much-needed medical assistance and support to diabetic patients in the community. The contributions of the pharmaceutical industry were instrumental in making this event a resounding success. Their provision of medications, medical equipment, and expertise played a crucial role in improving the health outcomes of the patients who attended the camp.

Dr. Sulaiman Khan, as the Diabetologist and Incharge of PCDA Kohat Chapter, deserves special recognition for his leadership and dedication to this cause. His passion for helping those in need and his tireless efforts in organizing this medical camp have made a significant impact on the lives of the diabetic patients in the community.

This successful medical camp will serve as an inspiration for future initiatives and collaborations aimed at improving healthcare access and support for individuals living with diabetes. Together, we can continue to make a positive impact on the lives of those in need.





President Dr. Zahid Miyan speaks to the workshop by PCDA & SLP

Primary Care Diabetic Association Pakistan (PCDA) and Saving limbs in Pakistan (SLIP) in collaboration with AGP arranged a one day workshop titled "THINK DOUBLE BENEFIT WITH DOXIUM".



Dr. Zahid Miyan was the keynote speaker who is known for his advance medical expertise in Diabetology and Diabetic Foot Care. The topic of the talk was "Unmet needs, complications, clinical manifestations, and management of Chronic Venous Diseases and Diabetic Microvascular Complications (CVI & DmVC)"

The objective of the workshop was to provide awareness in the attending healthcare professionals, about the correct diagnosis of the risks associated with a diabetic foot; and about the diagnostic tools available, differentiation between arterial and venous insufficiency, and their inter-relationship Diabetic Microvascular Complications with (DmVC).

Also, to promote the role of Doxium (Calcium Dobesilate) in the management of Chronic Venous Insufficiency (CVI) and Diabetic Microvascular Complications (DmVC).

Dr. Zahid Miyan demonstrated live patient cases for hands-on learning experience. HCPs observed and analyzed real life cases and enhanced their practical skills with demonstration of diagnostic technique through Venous Doppler Ultrasound.

This One Day workshop was attended by more than fifty diabetologists and primary care physicians practicing diabetology. Here are some glimpses of the workshop,



An Important announcement by Prof. Adnan Kanpurwala, head of Research **Committee of PCDA-Pakistan:**

We are starting small research projects from the forum of pcda. Anyone interested in doing and publishing research, plz let me know. I am making a WhatsApp group for this purpose. Please Email to: pcda.pak@hotmail.com

RTD on Ertugliflozin in Sahiwal

Report by: Dr. Sohail Shaukat (Diabetologist and In-charge of PCDA Sahiwal chapter)



Dr. Sohail Shaukat, Diabetologist and In-charge of PCDA Sahiwal chapter spearheaded a round table discussion program for the healthcare professionals of Distt. Sahiwal. The event, held under the auspices of the Primary Care Diabetes Association Pakistan, aimed to provide updates in the field of diabetes, to those primary care doctors who are managing diabetes. This initiative reflects a commitment to promoting health and well-being within the community.

The RTD was a great success, with a good turnout of area G.Ps from Sahiwal and the surroundings.

Why continued medical education (CME) is necessary for HCPs

CME for primary care physicians is crucial for providing high-quality care to people with diabetes for several reasons:

- 1. Evolving Guidelines: Diabetes management guidelines and treatment options continually evolve. CME ensures that primary care physicians stay updated on the latest recommendations, therapies, and best practices.
- 2. Individualized Care: CME helps doctors tailor treatment plans to individual patient needs, considering factors like age, comorbidities, lifestyle, and cultural considerations.
- 3. Risk Reduction: Diabetes complications can be severe. CME helps physicians identify and manage risk factors effectively, reducing the likelihood of complications such as heart disease, kidney problems, and neuropathy.
- 4. Medication Management: New diabetes medications and delivery methods are regularly introduced. CME ensures physicians can select and prescribe these treatments appropriately.
- 5. Lifestyle Counseling: Education on diet, exercise, and behavior change is vital in diabetes management. CME equips physicians with updated counseling techniques and strategies to promote healthier lifestyles.
- 6. Patient Engagement: CME helps doctors communicate effectively with patients, fostering better engagement, adherence to treatment plans, and shared decision-making.
- 7. *Monitoring and Technology:* Continuous glucose monitoring and other technologies are advancing rapidly. CME ensures physicians can use these tools for better diabetes management.
- 8. Quality Assurance: CME is often required for maintaining medical licensure. This requirement ensures that physicians uphold a high standard of care.

In summary, CME for primary care physicians is essential to keep pace with the evolving field of diabetes care, providing patients with up-to-date, individualized, and effective treatment, ultimately improving their quality of life and health outcomes.





Dr Ghulam Fareed presented an overview of QoL Trials by PCDA and Getz Pharma, in Mughale Azam Banquet Hyderabad. Dr. Javeria Salman gave brief introduction of PCDA. She invited all the participants to ioin PCDA

Khan et al. BMC Endocrine Disorders https://doi.org/10.1186/s12902-023-01492-2 BMC Endocrine Disorders

RESEARCH **Open Access**

Impact of Treviamet® & Treviamet XR® on quality of life besides glycemic control in type 2 DM patients

Asima Khan¹, Muhammad Adnan Kanpurwala^{2*}, Riasat Ali Khan³, Najum F. Mahmudi⁴, Verumal Lohano⁴, Shakeel Ahmed⁵, Majid Khan⁶, Fareed Uddin⁶, Syed Mohammad Ali⁷, Maliha Saghir⁸, Syed Hussain Bagar Abidi⁹ and Jahanzeb Kamal 10

Abstract

Background Maintaining the quality of life is the main objective of managing type 2 diabetes (T2DM) (QoL). Since it is a key factor in patient motivation and adherence, treatment-related QoL has always been considered when choosing glucose-lowering medicines. The objective of the study was to evaluate the guality of life besides glycemic control among type 2 diabetes mellitus patients receiving Treviamet & Treviamet XR® (Sitagliptin with Metformin) in routine care.

Methods It was a prospective, open-label, non-randomized clinical trial including T2DM patients uncontrolled on Metformin therapy, All patients received Treviamet® & Treviamet XR® for six months, Sequential changes in QoL, fasting plasma glucose, HbA1c, body weight, and blood pressure were monitored from baseline to 3 consecutive follow-up visits. The frequency of adverse events (AEs) was also noted throughout the study.

Results A total of 504 patients were screened; 188 completed all three follow-ups. The mean QoL score significantly declined from 57.09% at baseline to 33.64% at the 3rd follow-up visit (p < 0.01). Moreover, a significant decline in mean HbA1c and FPG levels was observed from baseline to 3rd follow-up visit (p < 0.01). Minor adverse events were observed, including abdominal discomfort, nausea, flatulence, and indigestion. Gender, HbA1c, diarrhea, and abdominal discomfort were significant predictors of a patient's QoL, as revealed by the Linear Regression Model (R2 = 0.265, F(16, 99) = 2.231).

Conclusion Treviamet & Treviamet XR® significantly improved glycemic control (HbA1c levels) and QoL in T2DM patients without serious adverse events.

Trial registration ClinicalTrials.gov identifier (NCT05167513), Date of registration: December 22, 2021.

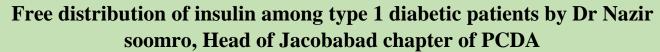
Keywords Quality of life, Type 2 Diabetes Mellitus, Sitagliptin, Metformin

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مسلسل طویل پریکٹس والے ڈاکٹر وں کے لئے ایک محمد فکریہ BMJ-Open میں شائع ہونے والا ایک دلجیسپ مطالعہ م سله: دُاكرُ نوراصغرنديم شَخْ







Original Investigation | Public Health

Occupational Sitting Time, Leisure Physical Activity, and All-Cause and Cardiovascular Disease Mortality

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Abstract

IMPORTANCE For the first time, the 2020 World Health Organization guidelines on physical activity recommended reducing sedentary behaviors owing to their health consequences. Less is known on the specific association of prolonged occupational sitting with health, especially in the context of low physical activity engagement.

OBJECTIVE To quantify health risks associated with prolonged occupational sitting and to determine whether there is a certain threshold of physical activity that may attenuate it.

DESIGN, SETTING, AND PARTICIPANTS This prospective cohort study included participants in a health surveillance program in Taiwan who were followed-up between 1996 and 2017. Data on occupational sitting, leisure-time physical activity (LTPA) habits, lifestyle, and metabolic parameters were collected. Data analysis was performed in December 2020.

MAIN OUTCOMES AND MEASURES The all-cause and cardiovascular disease (CVD) mortality associated with 3 occupational sitting volumes (mostly sitting, alternating sitting and nonsitting, and mostly nonsitting) were analyzed applying multivariable Cox regression models to calculate the hazard ratios (HRs) for all participants and by subgroups, including 5 LTPA levels and a personal activity intelligence (PAI)-oriented metric. Deaths occurring within the initial 2 years of follow-up were excluded to prevent reverse causality.

RESULTS The total cohort included 481688 participants (mean [SD] age, 39.3 [12.8] years; 256 077 women [53.2%]). The study recorded 26 257 deaths during a mean (SD) follow-up period of 12.85 (5.67) years. After adjusting for sex, age, education, smoking, drinking, and body mass index, individuals who mostly sat at work had a 16% higher all-cause mortality risk (HR, 1.16; 95% CI, 1.11-1.20) and a 34% increased mortality risk from CVD (HR, 1.34; 95% CI, 1.22-1.46) compared with those who were mostly nonsitting at work. Individuals alternating sitting and nonsitting at work did not experience increased risk of all-cause mortality compared with individuals mostly nonsitting at work (HR, 1.01; 95% CI, 0.97-1.05). For individuals mostly sitting at work and engaging in low (15-29 minutes per day) or no (<15 minutes per day) LTPA, an increase in LTPA by 15 and 30 minutes per day, respectively, was associated with a reduction in mortality to a level similar to that of inactive individuals who mostly do not sit at work. In addition, individuals with a PAI score exceeding 100 experienced a notable reduction in the elevated mortality risk associated with prolonged occupational sitting.

CONCLUSIONS AND RELEVANCE As part of modern lifestyles, prolonged occupational sitting is considered normal and has not received due attention, even though its deleterious effect on health outcomes has been demonstrated. In this study, alternating between sitting and nonsitting at work, as well as an extra 15 to 30 minutes per day of LTPA or achieving a PAI score greater than 100, attenuated the harms of prolonged occupational sitting. Emphasizing the associated harms and

(continued)

Key Points

Question What are the health outcomes associated with prolonged occupational sitting in the context of various levels of physical activity among apparently healthy individuals?

Findings In this cohort study involving 481688 individuals over a mean follow-up period of 12.85 years, individuals who predominantly engaged in sitting at work exhibited a higher risk of mortality from all causes (16%) and cardiovascular disease (34%) compared with those who predominantly did not sit, even after adjusting for sex, age, education, smoking, drinking, and body mass index. Individuals who predominantly sit at work would need to engage in an additional 15 to 30 minutes of physical activity per day to mitigate this increased risk and reach the same level of risk as individuals who predominantly do not sit at work.

Meaning These findings suggest that reducing prolonged sitting in the workplace and/or increasing the volume or intensity of daily physical activity may be beneficial in mitigating the elevated risks of all-cause mortality and cardiovascular disease associated with prolonged occupational sitting.

Supplemental content

Author affiliations and article information are listed at the end of this article

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Free Medical Camp in Sahiwal University

Dr. Sohail Shaukat Chapter head PCDA Sahiwal arranged Free Medical Camp on 19th. January, in University of Sahiwal under the umbrella of PCDA-Pakistan

During the camp Free sugar, cholesterol, HbA1c and BMI camp were done for diabetic people and screening done for general public. About 300 people attended the camp. Public Awareness session was a hallmark of the camp during which participants were educated about prevention of diabetes and of the complications of diabetes. The camp was performed in collaboration with CCL and Ferozsons pharma.

2nd camp was done on 24/01/2024.with same team and for same purpose in Bar Council of Okara. Here are Glimpses of the two camps.



Some Glimpses of the Event organized by the PAFP and PCDA-Lahore Chapter in Lahore







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