Prevent	ion First
Newsletter Online	June'24

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All set for 1st International Diabetes Pakistan Conference in November'24

Faisalabad becomes a hub of learning

Pre-Conference Workshop on "Empowering Communities" reflected eagerness

Primary care Diabetes Association in Association with Layallpur Diabetes Foundation (LDF), Faisalabad Medical University arranged a one day Pre-Conference Workshop for the 1st International Diabetes Pakistan Conference on 21st May at Serena Hotel, Faisalabad, Pakistan. The theme of the workshop was "Empowering Communities, Advancing Care: A Global Ap-

proach to Diabetes Management".



Shehzad reported that the Chaudhry, medical fraternity of Punjab Aamir in general and Faisalabad in particular, are very enthusi- More than 150 doctors parastically waiting for the ticipated in the workshop. grand show on Metabolic Prof. syndrome going to be ar- Chaudhary (Vice Chancellor ranged in Faisalabad on 1st. Faisalabad University) disand 2nd. of November'24.

We multicreated directional forum having multiple specialties including Diabetes, Surgery, and Physicians. Invited all the major consultants from mentioned societies including Dr. Ijaz Anwar, Prof. Dr. Aamir Shaukat, Dr. Ahmad Shah-

Head of Faisalabad chapter zad, Prof. Dr. Abdul Hafeez Dr. Ahmad Chaudry, Prof. Dr. Zafar Ali and Prof Dr. Hussain.

> cussed about the "Unmet needs and complications of Chronic Venous Insufficiency and Diabetic Microvascular Complications (CVI & DmVC)". In addition, the double benefit of Calcium Dobesilate was the highlight of discussion.



Dr. Riasat Ali Khan, the president elect of PCDA has congratulated Faisalabad chapter and specially Dr. Ahmad Shahzad on holding a very success workshop. He said that the forthcoming international symposium will again prove that Faisalabad is becoming a hub for medical learning.

"Diabetes Pakistan" The 1st. International Conference in Faisalabad on Metabolic Syndrome

keenness of the Faisalabad ference planned and Javed Akram, the Caretaker Layallpur Diabetes founda-Health Minister of Punjab at tion, Faisalabad Medical Uni-

chapter lead by very dynamic nounced a broader and larger Dr. Ahmad Shahzad. Th event in Hotel Serena Faisalchief guest of the event Prof. abad, in collaboration with that time declared it a MEGA versity, Pakistan Society of symposium in the academic Internal Medicine, Pakistan

November last year proved Ahmad Shahzad did not stop cians and Pak Koria Nutrition Chaudhry, Dr. Ahmad Shahdedication, here. He soon after the con- Center, on 1st and 2nd No- zad, Dr. Riasat Ali Khan and an- vember 2024.

> Patron of this International Seminar is Prof. Aamir Shaukat, the pro-vice chancellor of Faisal Medical University. Program Chairs include Prof. Zahid Yasin

PCDA Mini symposium in history of the province. Dr. Academy of Family Physi- Hashmi, Prof. Abdul Hafeez Dr. Ijaz Anwer. The Theme seminar the "Empowering communities-Advancing Care: A Global Approach in Diabetes Management" For further details contact seminar secretariat at diabetes.pakfsd@gmail.com

Glimpses of the Pre-Seminar Workshop in Faiasalabad



Diabetes Pakistan

Metabolic Syndrome

1st Internatinal Conference in collaboration with



Layallpur Diabates Foundation



Primary Care
Diabates
Association



Faisalabac Medical University



Pakistan Society of Internal Medicine



Pakistan Academy of amily Physician



Pak Korea

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

Venue; Serena Hotel, Faisalabad

PATRON

Prof. Dr. Aamir Shaukat Prov V.C (FMU)

PROGRAM CHAIR

Prof. Dr. Zahid Yasin Hashmi

Prof. Dr. Abdul Hafeez Chaudhary

Dr. Ahmad Shahzad

Dr. Riasat Ali Khan

Contract Conference Secreratiate:

Email:

diabetes.pakfsd@gmail.com

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9 0313 599 1457









R&D needed to develop more effective management of diabetes

Say experts at Dialife Cast 2024



A very brain storming symposium on the management & prevention in diabetes with the title "Dialife Cast 2024" was organized on 1st. June'24, in Hotel Serena Faisalabad by the diabetes elites of the city in collaboration with PCDA (Primary Care Diabetes Association), LDF (Layallpur Diabetes Foundation), PSIM (Pakistan Society of Internal Medicine), FMU (Faisalabad Medical University) and PKNC (Pak Korea Nutrition Centre).

Dr Aamir Shoukat, chairman organis- duce complications and improve paing committee Dr Muhammad Irfan, tient outcomes. secretary organising committee Dr Ahmad Zeeshan, chief guest Prof Dr Zafar Ali Chaudhary, guest of honor Prof Dr Faisal Bilal Loodhi and guest of distinction was Prof Dr Hooria Aamir. The event was sponsored by SAMI Pharmaceuticals (pvt) LTD

Dr. Usman Musharaf was the first presenter of the day who talked on Diabetic Foot Care: Prevention and Treatment. Discussion on this talk was done by Dr. Musharaf, who provided a comprehensive overview of diabetic foot care, highlighting prevention

Patron in chief of the event were Prof strategies and treatment options to re-

Dr. Sohail Anjum delivered the second presentation on "Treatment Strategies for Diabetes in Geriatric Patients and Medication Reconciliation". Dr. Anjum discussed the unique challenges of managing diabetes in geriatric patients, emphasizing the importance of medication reconciliation to prevent adverse drug interactions and improve therapeutic efficacy.

Dr. Adrees Shani was the third presenter on "Peripheral Vascular Disease Associated with Diabetes: Prevention and Cure". Dr. Shani detailed

condition effectively.

betes and peripheral vascular of diabetic kidney disease, efits of combination drug disease, outlining both pre- focusing on early detection, therapy in managing diabetes, ventive measures and treat- lifestyle modifications, and presenting evidence of its ment protocols to manage the medical interventions to slow success in achieving better disease progression.

Dr. Muhammad Irfan was the Dr. Muhammad Owais Fazal, fourth presenter who talked the fifth speaker of the day Dr. Aamir Shoukat was the diabetes management, and on "Diabetic Kidney Disease: presented on "Evaluation of sixth presenter who briefed enhancing patient compli-Mitigation of Impact and Pro- Combination Drug Therapy the audience on "Continuous ance. gression". Dr. Irfan discussed in Diabetes Management." Glucose Monitoring: Utiliza-

the relationship between dia- strategies to blunt the impact Dr. Fazal highlighted the ben- tion and Benefits." glycemic control and reducing complications.

Prof. Aamir Shoukat discussed the utilization of (CGM) continuous glucose monitors, demonstrating their benefits in providing realtime glucose data, improving





Prof Aamir Shaukat highlights the importance of CGM in the management of diabetes.

Prof. Dr. Hooria Aamir, the sev-population, underscoring the need Awareness and Innovations in Dia- ing betes Management." Prof. Aamir provided an in-depth overview of PKNC's initiatives to raise public awareness about diabetes and its innovative approaches to diabetes management.

Prof. Dr. Faisal Bilal Loodhi, the eighth speaker of the event talked on "Diabetes Awareness Trends in the Asian Population." Loodhi discussed the increasing prevalence of diabetes in the Asian

enth speaker of the day talked on for targeted awareness and preventhe "Role of PKNC in Public tion programs to address this grow-

> Dr. Ahmad Shezad gave an overview of PCDA AND LDF and the INTERNATIONAL Upcoming Conference on Advanced Diabetes Management, Dr. Shahzad provided a detailed overview of PCDA AND LDF's activities and announced the upcoming international conference, which will focus on advanced options for diabetes management and prevention.

The meeting concluded with a discussion on future planning for advancing diabetes awareness and prevention programs. Emphasis was placed on R&D initiatives to develop more effective treatments for diabetes.

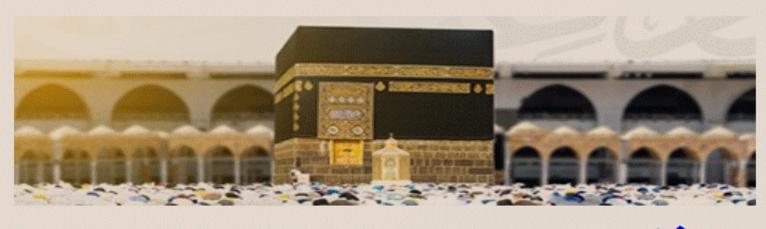


Awards Distribution



The Panelists



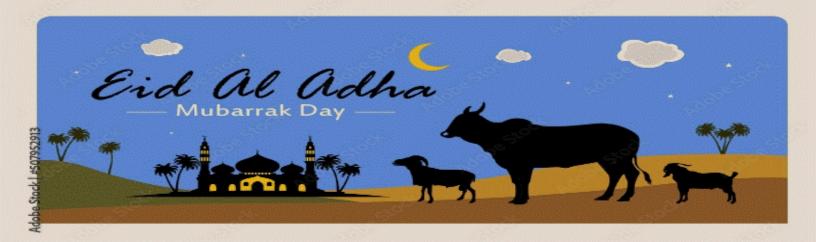


پر بوینشن فرسٹ نیوز کیٹر پیسی ڈی اے

کی جانب سے

عبرالاتحارجهماله

مبادرك هو





Diabetes And Hajj

Before you travel to perform Hajj:

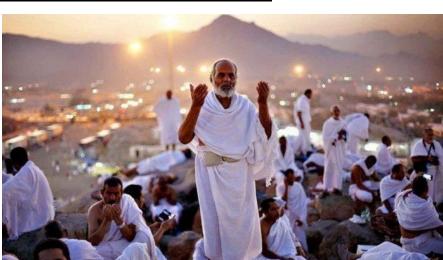
- 1. Visit a physician to discuss with the diabetic patient about his ability to perform Hajj, as well as about continuing taking medication during the Hajj period. It is possible to reduce doses for the presence of high effort such as long walks.
- 2. Take care to carry a detailed medical report on the health condition, it is allowed to bring syringes (if any) in case of travel by plane.
- 3. Make sure to put a bracelet around the wrist or carry an identification card stating that the person has diabetes and treatment type, so that the necessary assistance can be provided when needed.
- 4. Bring a sufficient amount of medications and syringes, make sure to take the necessary vaccinations before traveling.
- 5. Make sure to take a glucometer to measure the rate of blood glucose daily and regularly, especially when you feel the blood glucose level imbalance.
- 6. Accompanying a companion familiar with the patient's condition.
- 7. Carry a candy bar or juice and snacks to use in case of flight delays and emergencies.
- 8. If there is an insulin pump and travel by plane, sufficient information should be obtained about the possibility of its use.
- 9. Traveling Bag Contents:
 - It is advisable to allocate a bag dedicated to diabetes equipment, as it includes: Medical report.
- 10. Identification card for the person and his illness.
- 11. Adequate amount of insulin and medications.
- 12. Glucagon injection syringe (Glucagon Emergency Kit).
- 13. Glucometer and its accessories.
- 14. Umbrella.
- 15. Sweets or juice and a snack.
- 16. Notebook and pen to write down any notes or changes for doctor's review after return.

Health guidelines for people with diabetes during Hajj:

Make sure to inform the nearby person at the place of residence and the campaign doctor of having diabetes, as well as informing the companions of ways to treat high and low blood glucose level.



- Ensure that the diet is followed according to the professional's instructions.
- Ensure that insulin is cooled during transportation and storage, by placing it in a suitable case or refrigerator at the place of residence.
- Carry candy or juice in case of Low blood glucose level.
- Take care to carry the glucagon syringe (after the doctor's recommendation) to be used in case of low blood glucose level. During the Hajj, be sure to wear comfortable socks to protect the feet from any sores, avoid walking barefoot.





• It is advisable not to perform Tawaf and Sa'i until after taking adequate treatment and food, to prevent a low blood glucose level in the body.

- Make sure to drink water in appropriate quantities and frequently.
- Avoid overcrowding and sun's heat as much as possible.
- Temporary cessation of the continuation of performing the rituals in case of symptoms of Low blood glucose level.
- Use your own electrical shaving machine rather than the razor to avoid wounds and inflammation as much as possible.
- Maintain basic and light meals during travel and perform pilgrimage "Hajj" to reduce exposure to very low blood glucose levels.
- Be sure to take some disinfectants to treat skin inflammations when it occurs.
- If there are complications (e.g., skin infections and ulcers) consult a doctor.
 - Carefully trim nails.
- Drying the feet well, especially between the fingers, using a cotton towel after ablution.
- Be sure to check your feet thoroughly twice a day and moisturize the feet thoroughly to avoid ulcers and cracks in the foot
- See the nearest health center or hospital when needed.
- Washing hands with soap and water (unscented) frequently, especially before eating and after using the bathroom
- Use hand sanitizers (unscented) in crowded places.
- Do not touch your eyes with your hands, especially when in crowded places.
- Eat well-cooked food in places that are as clean as possible.
- Take care of the etiquette of coughing and sneezing using elbows or wipes and get rid of them.
- Wear a mask especially in crowded places.
- After returning from Hajj:

See your doctor to rearrange your insulin doses and medications if needed and discuss any changes or complications during Hajj.

- Not to neglect the following cases:
- Any health problem (such as: High fever, flu).
- Sensation of any complications.



Diabetes Care During Hajj

for foot complications and in- and can be preferentially fections. To avoid any aggra-

Hajj

Diabetes mellitus affects over vation of the diabetes, a com-463 million individuals world- plete biochemical evaluation wide. Religious activities such of the patient must be conductas the Hajj pilgrimage have a ed before Hajj, and the patients major impact on patients with must be provided contextualdiabetes mellitus, including ized educational guidance to increasing the risk of hyper- avert these potential health glycaemia and hypoglycaemia. challenges. This counselling This increased risk is due to should include the importance dietary changes and intense of carrying with them at all physical activity during pil- time their relevant medical hisgrimage while being on antiditory, summaries of the current abetic medications. Approxi- treatment regimen and emermately 20% of the pilgrims gency snacks. In addition, to with underlying illnesses who reduce the risk of hypoglycaevisit Mecca are diabetic, and mia, the dosage of insulin complications, such as diabetic should be reduced in selected ketoacidosis, nonketotic hy-patients by 20% and that of perosmolar state, and fatigue/ sulfonylurea should be reunconsciousness due to hypo- duced as needed. Basal insulin glycaemia, have been observed and glucagon-like peptide 1 among these patients. Diabetic receptor agonists are associatpatients are also at a high risk ed with fewer complications

The Hajj pilgrimage poses certain challenges to those persons living with diabetes.

A comprehensive pre-pilgrimage medical checkup in combination with focussed health education is necessary to ensure a safe pilgrimage.

Appropriate attention must be paid to diet, glucose monitoring, dose titration, maintenance of fluid balance and foot hygiene.

Understanding these aspects of diabetes care will help ensure a fulfilling pilgrimage for the believers who undertake the Hajj.

prescribed. Those patients with type 1 diabetes can continue with the use of insulin pump with suitable education prior to Hajj. For the prevention of foot problems, the use of padded socks and well-fitting shoes is recommended along with an insistence on not walking barefoot. After Hajj, the patient must be followed up, and necessary investigations must be made along with readjustment of insulin dosage in those patients for whom it was reduced. Until the pandemic situation abates, all diabetic patients should avoid making the Hajj journey.

Glycaemia	<7.0Good	control;	7.0-8.5Fair	control;	No	h/o	>8.5Poor control;	Recurrent hypoglycaemic episodes along with
related	No	h/o	severe hypog	glycaemia			h/o recent episodes of severe	hypoglycaemic unawareness
	hypoglycaemi	a					hypoglycaemia, DKA	
Therapy	Sensitizers,	DPP4	Modern sulfe	onylureas,	SGLT	ľ2i	Glibenclamide	Premixed human insulin, basal bolus insulin
related	inhibitors		Basal, premixed, co-formulation		Premixed human insulin, basal			
	GLP1RA		insulin analo	gues			bolus insulin	

Risk stratification table for persons with diabetes wishing to go on Hajj

High risk

No acute or chronic Footulcer in remote past. Recent/active episode of foot chronic kidney disease requiring dialysis complication, no risk Chronic microvascular or ulcer Acute myocardial infarction or stroke within complicatio factors for acute macrovascular complication but Recent/acute exacerbation of last 6 months or presence of advanced under control chronic complication; severe macrovascular complication sensory neuropathy complications Footulcer in remote past Patients with heart failure or unstable angina Patients with peripheral vascular disease and recurrent foot ulcers Severely impaired ADL Near optimal Self - care Good self-care; good Good social support during Hajj Poor self - care/ social support Poor self - care/ social support during Hajj social support May perform Can Perform Postpone until medical state Not recommended

Preparing for Hajj

Checklist of items to be carried:

Blood glucose monitoring device, band aids and extra batteries for the glucometer along with sufficient quantity of all medications.

If on insulin, sufficient amount of insulin stored in a pouch with cooling pad in it.

Thermally insulated flask for storing insulin in a cool and dry environment or 'cool wal-

Diabetes identification and a copy of the treatment regimen and medical record, which needs to be carried on the person at all times

Sugary foods and beverages

Masks, umbrella, good-fitting shoes, cotton socks and non-scented hand sanitizer.

Hajj Pilgrimage

Pre-Haji

Risk Stratification

Parameter	Low risk	Moderate	High risk	Very high risk			
Glycemia	<7.0 Good control; No h/o	7.0-8.5 Fair control; No h/o severe	>8.5Poorcontrol; h/o recent episodes	Recurrent hypoglycaemic episodes along with			
related	hypoglycaemia	hypoglycaemia	of severe hypoglycaemia, Diabetic Ketoacidosis (DKA)	hypoglycaemic unawareness			
	4 (DPP4) inhibitors GLP-1	Modern sulfonylureas, Sodium-glucose Cotransporter 2 Inhibitors (SGLT2i) Basal, premixed, co-formulation insulin analogues	Glibenclamide Premixed human insulin, basal bolus insulin	Premixed human insulin, basal bolus insulin			
Diabetes complication related	No acute or chronic complication, no risk factors for acute complication	Foot ulcer in remote past. Chronic microvascular or macrovascular complication but under control	Recent/active episode of footulcer Recent/active exacerbation of chronic complication; severe sensory neuropathy Footulcer in remote past	Chronic kidney disease requiring dialysis Acute myocardial infarction or stroke within last months or advanced macrovascular and microvascular complications Heart failure or unstable angina Peripheral vascular disease and recurrent foot ulcers			
Activities Daily Living Self - care capacity	Optimal Good self-care; good social support	Near optimal Good social support during Hajj	Impaired Poor self - care/ social support during Hajj	Severely impaired Poor self - care/ social support during Hajj			
Recommendati on	May perform	Can Perform	Postpone until medical state improves	Not recommended			

During Hajj

Patient Profile	Adjustments needed
Type 1 diabetics	Combination of basal and rapid—acting insulin analogues 20 % dosage reduction of short and intermediate—acting insulin Continuation of Insulin Pump therapy Once daily premixed dosage of 0.1–0.2 U/kg / day can be split into a pre—breakfast and pre—dinner dose Frequent monitoring of blood glucose levels
Type 2 diabetics	Metformin if GFR is above 30mls/min/1.73m ² Can be combined with SGLT2 to reduce the risk of hypoglycemia
Foot problems	Use of padded socks, shoes and prophylactic antibiotics Use of motored vehicles / wheelchairs for travelling long distances
Kidney disorders	Dose reduction of diuretics, especially thiazide diuretics to prevent the risk of hyperglycemia
Cardiovascular conditions	Regular glucose monitoring to prevent hypoglycemia

Pre – Hajj education

- Insulin use and dosage
- Self-monitoring and adminstration
- Insulin storage and injection techniques
- Use of insulin pumps in a hygienic environment
- Nutrition courseling
- *Prevention of hypoglycemia through the intake of carbohydrates when
- Infection prevention through hygiene maintenance and distancing

Post Hajj

Complete biochemical investigation and foot examination

Dose adjustment of the patient at 10 to 14 days post-arrival to comply with reduced activity levels and optimal environments

Treatment of diagnosed ulcers / infections along with rest and hydration

Dietary Considerations During Hajj

Regular meals must be encouraged in patients as well as between-meal snacks. In case of irregular meals, patients can be advised to consume nuts, fruits and dairy products, which are readily available at Mecca. They must be instructed to avoid sugary drinks unless responding to hypoglycaemia.

Eating one to two dates, which are carried inside the mosque. Tight easily available at pilgrim loca- glycaemic control must not be attions, or a high carbohydrate drink/ tempted during Hajj journey bemeal is recommended in response cause hyperglycaemia has less seto symptoms of hypoglycaemia or vere consequences than hypoglyin situations where a meal is caemia during Hajj, with the latter skipped or delayed. Before Tawaf having the potential to be fatal. and Sai, it is advisable to consume (Full article can be viewed by clicking complex carbohydrates and dates, the link.

https://adisjournals.figshare.com/articles/figure/



Dr. Sohail Shaukat arranged workshop in Sahiwal

Head of PCDA chapter of PCDA, Dr. Sohail Shaukat is very popular among the healthcare professionals of Sahiwal, for his dedication and enthusiasm about their continuous medical education in the field of diabetes. A "Diabetic foot Risk Assessment workshop" was recently conducted by Dr. Sohail Shaukat, at Iris Hotel, Sahiwal.



Consultant surgeon Dr. Amir Sohail, hiwal who attended the program with a nowned General practitioners, PGRs CEO Qureshi hospital, Dr. Humayon, lot of interest. Dr. Sohail Shaukat is al- and House officers from Sahiwal medi-Consultant orthopaedic surgeon, Dr. So- ways interactive with the audience, thus cal college also attened the Workshop. hail Haroon, Dr. Ijazun Nabi were a very healthy and productive discussion A national pharmaceutical company among many famous physicians of Sa- went on during and after the lecture. Re- sponsored the event.





Dr. Muhammed Sohail Tariq arranged workshop on role of Basal Insulins





Dr. Faryal Tariq reports from Boston USA

Poster Presentation in ENDOEXPO2024 by Dr. Faryal Tariq





Member of Research Committee of PCDA Dr. Faryal Tariq is very active in research activities. JUNE 1- She has participated in many international conferences and congresses in the past and presented posters based on her clinical research. She presented her poster in ENDEXPO2024 held in Boston Massachusetts USA.

> The topic of her poster was "Direct Observational Treatment (DOT) With Levothyroxine Absorption Test in Persistently Elevated TSH levels-Refractory Hypothyroidism: Experience with Three Cases.

> Authors of this poster are Faryal. T. Masood, Dr. Z. Kiran, A. Baloch and Dr. M. Khan from National Institute of Diabetes & Endocrinology/Dow University of Health Sciences, Karachi - Pakistan



BACKGROUND:

Hypothyroid individuals require lifelong Levothyroxine (LT4) therapy. Persistently elevated TSH is a common clinical problem in patients treated with LT4, some of them fail to attain normal. Biochemical Euthyroid status despite LT4 dose titration in excess of weight-based calculations.

LT absorption test is utilized to distinguish LT4 malabsorption from pseudomalabsorption like intentional non adherence, taking sub-therapeutic dose or interaction with certain foods and drugs.

- We observed 3 outpatient cases (two females and one male) ages between 31 to 61 years with hypothyroidism and no obvious cause of malabsorption, drug reaction, use of calcium or iron supplements.
- They were receiving doses of LT4, which varied from 500 mcg to 850 mcg and had TSH levels between 19.4 and 50 uIU/ml (Normal=0.4 to 4.2 uIU/ ml). They all underwent an observed administration of 1000 mcg of LT4 (Standard weekly dose worked out on the basis of BMI<40 Kg/m², age 18-65 years) with blood test at baseline and 4 hours after ingestion of dose on the same 5. day.
- 3. In all three cases we continued the weekly therapy for four weeks and measurement of TSH and T4

levels at four weekly intervals. Percentage absorption was calculated using the following formula with normal absorption being >60%.

% Absorbed=Increment T4 (mcg/ml) x 10 (dl/L) / T4 (mcg) x Vd (L) x 100

Increment in T4= peak T4 - baseline T4 Volume of distribution=Vd (L) - 0.442 x **BMI**

- 4. All patients had a peak two-fold increase from baseline of their T4 after administration of 1000 µg of LT4 10005)
- The subsequent results over the course of four weeks supervised ting showed TSH stabilized within normal limits or showed improved results.

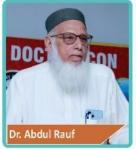
CLINICAL CASES





Dr. Altaf A. Cheema reports from Lahore Chapter

پاکستان آکیڈ می آف فیملی فنریشنز ڈاکٹرز کان اور پی سی ڈی اے کے تعاون سے ٹیکسٹائل ٹیسٹنگ لیب (TTI Lab) لاہور میں ذیا بیطیس کی آگاہی کے لیے پروگرام منعقد کیا گیا 15 May 2024























Dr. Altaf A. Cheema Shared an important information

diabetesjournals.org/care

Diagnosis and Classification of Diabetes



Connected for Life

Are you at risk for type 2 diabetes?

Diabetes Risk Test:	IN THE BOX.				
	*	Height		Weight (lbs.)	
1. How old are you?		4' 10"	119-142	143-190	191+
Less than 40 years (0 points)		4' 11"	124-147	148-197	198+
40-49 years (1 point)		5' 0"	128-152	153-203	204+
50-59 years (2 points)		5' 1"	132-157	158-210	211+
60 years or older (3 points)		5' 2"	136-163	164-217	218+
2. Are you a man or a woman?		5' 3"	141-168	169-224	225+
Man (1 point) Woman (0 points)		5' 4"	145-173	174-231	232+
	=	5' 5"	150-179	180-239	240+
If you are a woman, have you ever been diagnosed with gestational diabetes?		5' 6"	155-185	186-246	247+
		5'7"	159-190	191-254	255+
Yes (1 point) No (0 points)		5' 8"	164-196	197-261	262+
4. Do you have a mother, father, sister or brother		5'9"	169-202	203-269	270+
with diabetes?	No. No.	5' 10"	174-208	209-277	278+
Yes (1 point) No (0 points)		5' 11"	179-214	215-285	286+
5. Have you ever been diagnosed with high		6' 0"	184-220	221-293	294+
blood pressure?		6' 1"	189-226	227-301	302+
Yes (1 point) No (0 points)	V -	6' 2"	194-232	233-310	311+
		6' 3"	200-239	240-318	319+
6. Are you physically active?	74	6' 4"	205-245	246-327	328+
Yes (0 points) No (1 point)			1 point	2 points	3 points
7. What is your weight category?	«			n less than the imn: 0 points	amount in
If you seered 5 or higher	ADD UP YOUR SCORE.		51:775-783, 200	g et al., Ann intern 9 • Original algori disbotes as part o	betchics asw mit
If you scored 5 or higher:		1			
You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes, a condition in which blood glucose levels are higher than normal but not yet high enough to be diagnosed as diabetes.		Lower Your Risk The good news is you can manage your risk for type 2 diabetes. Small steps make a big difference in helping you live a longer, healthier life.			
Talk to your doctor to see if additional testing is needed				k. vour first et	ep is to
Type 2 diabetes is more common in African Americans, Hispanics/Latinos, Native Americans, Asian Americans, and Native Hawaiians and Pacific Islanders.		If you are at high risk, your first step is to visit your doctor to see if additional testing is needed.			
Higher body weight increases diabetes risk for everyone Asian Americans are at increased diabetes risk at lower body weight than the rest of the general public (about 1 pounds lower).	r	Visit diabetes.org or call 1-800-DIABETES (800-342-2383) for information, tips on getting started, and ideas for simple, small steps you can take to help lower your risk.			

Calculate your risk of Diabetes

Learn more at diabetes.org/risktest | 1-800-DIABETES (800-342-2383)

Figure 2.2-ADA risk test (diabetes.org/socrisktest).

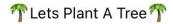






Dr. Shafqat Mirza Shared some important information

Forward to others.



We need to do it now. no one else will do it for our future. Tell your friends and relatives to do the same start with your own street own house area



Dear Pakistanis

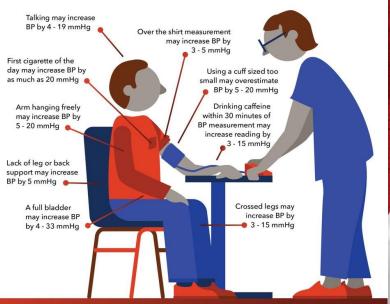
Kindly plant any of the following trees at your house/parks/roads etc, it will cost less than Rs 200. Our city is highly affected by environmental changes. Resulting in abnormally hot weather, heat waves and reduction in raining. Below are some environment friendly trees and do not require any additional care and also are not expensive. Request your family members, friends, neighbors, colleagues, relatives and your childrens to plant trees as much as you can.

Below are local name of trees.

- 1) Gulmohar 🅎
- 2) Neem
- 3) Amaltas T
- 4) Lignum/Rohida
- 5) Peepal 🅎

MISMEASUREMENT OF BLOOD PRESSURE IN THE OFFICE: FINDING THE COMMON MISTAKES





bbreviations

 BP: blood pressure
 mmHg: millimeters of Mercury (unit of measurement for BP)

aculty

PhD, MHS, RN
Joseph E. Ebinger, MD
Scott B. Kirkpatrick, MD
Eugene Yang, MD, FACC





Forthcoming global Mega Event



Symposium to discuss how primary care providers can elevate their practice for patients with diabetes...... Report: Dr. Shahid Akhter

A primary care practice serves as a medical home for patients with diabetes. It must provide opportunities for comprehensive care and ensure patients have access to the care that they need and deserve.

This need will be discussed during ADA Primary Care Council—What Does a Person with Diabetes Need from Their

Primary Care Team?



PharmD, BCPS.

BCACP, CDCES,

FASHP, FCCP

evaluate their practice identify ways they can deliver more consistent, high-quality care in order to improve outcomes, reduce complicadecrease tions, hospitalizations. and help more enjoy patients better quality of It will living. place take on Saturday, June

22, from 1:30 p.m. – 3:00 p.m. ET in Room W320, the Chapin Theater, of the Orange County Convention Center. It also will be livestreamed on the <u>virtual meeting platform</u> for registered meeting participants and will be available on-demand following the 84th Scientific Sessions.

"What we're trying to do is bring it all together in one place and tell people, if you're in a primary care practice and you're working with patients with diabetes, these are the things we want you to be thinking about that your practice should be delivering," said Pamela Stamm, PharmD, BCPS, BCACP, FASHP, FCCP, Associate Professor at the Harrison College of Pharmacy, Auburn University. "And these are the processes to put in place to provide that comprehensive, quality care for your patient with diabetes.

If primary care physicians deliver this quality of care to patients with diabetes, Dr. Stamm said, "we'll help them achieve their personal treatment goals more effectively, quicker, more efficiently, and help

The symposium them maintain those goals throughout is designed to their lifespan. That will prevent those diahelp practitioners betes complications."

and Additionally, the panelists aim to provide vays clarity for patients with diabetes.

"We're trying to set the stage and decrease the confusion around what their primary care provider can do for them," said Cara Orr, MS, MMS, PA-C, Associate Professor and Director of Didactic Education, Physician Assistant Program, Salus University.

The panel will also address some of the challenges primary care practices face, such as a shortage of practitioners, which is expected to worsen over time.

Another significant barrier to quality care is the way teams work together. To overcome this, every team needs to find the most appropriate and effective role for each individual based on their current skill set and ability to grow professionally in order to find the best way to work together, Dr. Stamm noted.



Cara Orr, MS, MMS, PA-C

"The main thing that I would encourage people to come and hear about is the idea of the services that primary care provides, and that's really what defines us," Orr said. "Through a primary relationship, patients can expect comprehensive care that is provided in ongoing

continuous manner, and that offers a proactive approach that allows for coordination of all of their care."



Upcoming Featured Events

JUN 6:00 am – 7:30 am EDT

22 Clinical Conversations on Real-Time Continuous Glucose Monitoring

|| 10:15 am - 11:00 am EDT

22 Meet Tandem Mobi: Tiny pump, big control. The future of AID

|| 12:30 pm - 1:30 pm EDT

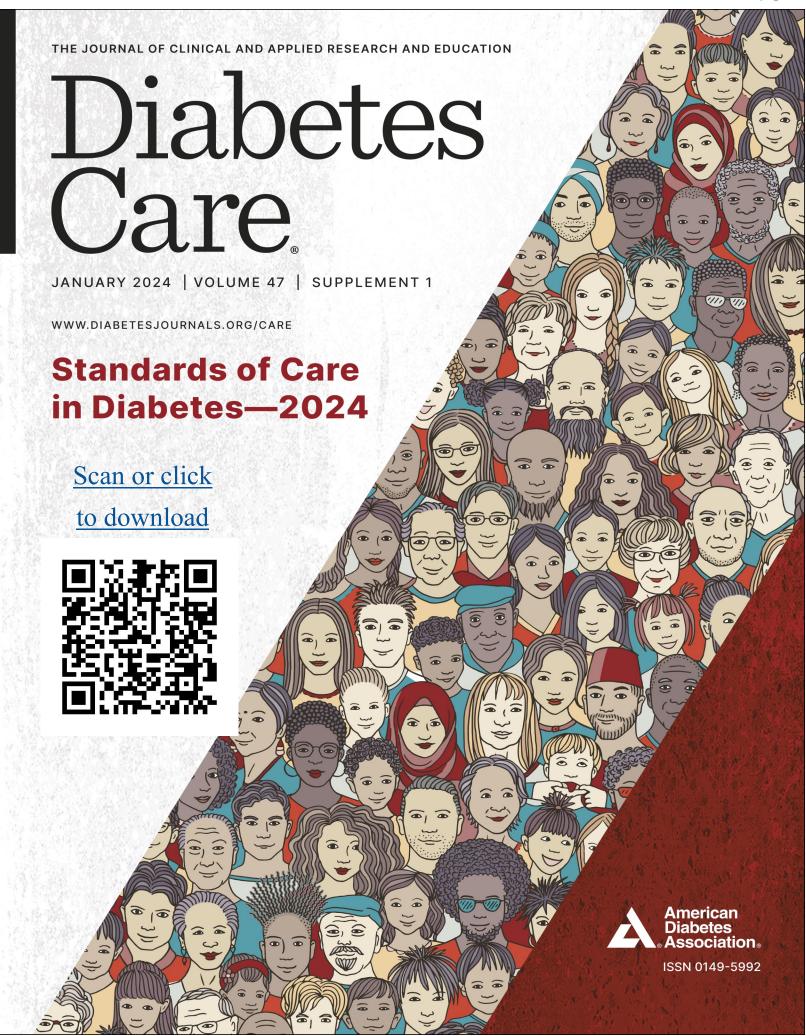
23 Perspectives in
Hyperglycemia Secondary
to Hypercortisolism – A
Path to Diagnosis

JUN 6:30 pm – 8:30 pm EDT

23 Decentralizing Diabetes
Care: Supporting
Remission Through Timely
Screening and DiabetesSpecific Formula

JUN 6:30 pm – 8:30 pm EDT

23 Striking a Balance: The Role of Glucagon Agonism to Improve Obesity and Metabolic Care



PEN Online lune 2024

اینٹی مائیکروبیل ریزسٹنس پاکستان میں اموات کی تیسری بڑی وجه قرار.....سالانه 3 لاکھ اموات ہونے لگیں



اینٹی بائیوٹک ادویات کے خلاف مزاحمت رکھنے والے بیکٹیریاکی وجہ سے ہونے والی انفیکشنز کے نتیجے میں پاکستان میں سالانہ 3 لاکھ افراد براہ راست جاں بحق ہو رہے ہیں، جبکہ سالانہ 7 لاکھ افراد مختلف پیچیدگیوں کا شکار ہو کر موت کا شکار ہو جاتے ہیں۔

کراچی میں اینٹی مائیکروبیل ریزسٹنس کے حوالے سے منعقدہ کانفرنس کے بعد پریس کانفرنس سے خطاب کرتے ہوئے حکام اور ماہرین صحت نے پریس کانفرنس کرتے ہوئے کہا کہ اینٹی مائیکروبیل ریزسٹنس یا اینٹی بائیوٹک ادویات کے خلاف بیکٹیریا میں بڑھتی ہوئی مزاحمت دل کی بیماریوں اور ماں اور بچوں کی ہلاکتوں کے بعد پاکستان میں اموات کا تیسرا بڑا سبب ہے۔

پاکستان، چین اور بھارت کے بعد اینٹی بائیوٹک ادویات استعمال کرنے والا تیسرا بڑا ملک ہے جہاں صرف 2023 میں 126 ارب روپوں کی اینٹی بائیوٹک ادویات استعمال کی گئیں۔ ماہرین نے کہا که عوام کو چاہیے که اینٹی بائیوٹک ادویات مستند ڈاکٹروں کے مشور ے کے بغیر اور خود میڈیکل اسٹور سے خرید کر استعمال نه کریں۔ کانفرنس کا انعقاد معروف فارماسیوٹیکل کمپنی گیٹس فارما نے وفاقی وزارت صحت، ہیلتھ سروسز اکیڈمی اور قومی ادارہ برائے صحت اسلام آباد کے اشتراک سے کیا تھا۔

کانفرنس میں 1400 سے زائد ماہرین صحت بشمول وفاقی اور صوبائی ہیلتھ سیکریٹریز، چاروں صوبوں کے ڈائریکٹر جنرل ہیلتھ، پاکستان کی 13 سے زائد میڈیکل سوسائٹیز کے صدور اور جنرل سیکریٹریز سمیت میڈیکل کے طلبہ، اور صحت سے وابستہ افراد نے شرکت کی۔ پریس کانفرنس سے خطاب کرتے ہوئے ہیلتھ سروسز اکیڈمی کے وائس چانسلر پروفیسر شہزاد علی خان کا کہنا تھا کہ اینٹی بائیوٹکس جادوئی ادویات تھیں جن کی وجہ سے عظیم جنگوں اور عالمی وباؤں کے دوران کروڑوں انسانوں کی جانیں بچائی گئیں، لیکن کچھ عرصے سے ان ادویات کا غیر ضروری اور بے تحاشہ استعمال ان ادویات کو غیر موثر بنا رہا ہے۔ ان کا مزید کہنا تھا کہ اینٹی بائیوٹک ادویات کا بغیر طبی مشور ہے کے استعمال، ڈاکٹروں کی جانب سے مریضوں میں ان کا بے تحاشہ استعمال، اور اتائیوں کی حرکتوں کی وجہ سے جراثیموں میں ان ادویات کے خلاف مزاحمت پیدا ہو رہی ہے جو کہ اب ایک عالمی طبی چیلنج بنتا جا رہا ہے۔

پنجاب کے سابق وزیر صحت اور پاکستان سوسائٹی آف انٹرنل میڈیسن کے صدر پروفیسر جاوید اکرم کا کہنا تھا کہ اینٹی مائیکروبیل ریزسٹنس بڑھتی ہوئی آبادی اور غیر متعدی بیماریوں کے بعد پاکستان کے لیے تیسرا بڑا مسئلہ بن چکا ہے، جس کی بنیادی وجہ ان ادویات کا ٹافیوں کی طرح استعمال کیا جانا ہے۔ ان کا کہنا تھا کہ اینٹی بائیوٹک کا کہنا تھا کہ اینٹی بائیوٹک ادویات بھی نہیں کرتے اسی طریقے سے انہیں اینٹی بائیوٹک ادویات بھی بغیر طبی مشور مے کے استعمال نہیں کرنی چاہیئی۔ پروفیسر جاوید اکرم نے کہا کہ پاکستان دنیا کا واحد ملک ہے جہاں پر ایکس ڈی آر ٹائیفائڈ، ملٹی دری سمیت نمونیا اور ڈائریا ایسی بیماریاں ہیں جن پر اب تھرڈ اور فورتھ جنریشن اینٹی بائیوٹک ادویات کا اثر نہیں ہو رہا۔

قومی ادارہ برائے صحت اسلام آباد کی فوکل پرسن ڈاکٹر آفرینش عامر نے اس موقع پر بتایا که پاکستان میں پچھلے سال 126 ارب روپے کی اینٹی بائیوٹک ادویات استعمال کی گئیں۔ ان کا کہنا تھا که جانوروں اور پولٹری میں بھی اینٹی بائیوٹک ادویات کا بے تحاشه استعمال کیا جا رہا ہے جس کے نتیجے میں بیکٹیریا میں ان ادویات کے خلاف مزاحمت بڑھتی جا رہی ہے۔ اس موقع پر خطاب کرتے ہوئے گیٹس فارماکی ایسوسی ایٹ ڈائریکٹر پبلک ہیلتھ ڈاکٹر وجیہه جاوید نے بتایا کہ اینٹی بائیوٹک کے بے دریغ استعمال کے ساتھ ساتھ ملک میں بننے والی غیر معیاری ادویات بھی اینٹی مائیکروبیل ریزسٹنس کا سبب بن سکتی ہیں۔

انہوں نے اس موقع پر بتایا که ان کی کمپنی وفاقی وزارت صحت اور قومی ادارہ برائے صحت اسلام آباد کے ساتھ مل کر اینٹی مائیکروبیل اسسٹنس کے حوالے سے نیشنل ایکشن پلان پر کام کر رہی ہے۔ اس موقع پر گیٹس فارما اور پاکستان کی 13 میڈیکل سوسائٹیز، وفاقی وزارت صحت، قومی ادارہ برائے صحت اسلام آباد اور ہیلتھ سروسز اکیڈمی میں مختلف معاہدوں پر بھی دستخط کیے گئے، جس کے تحت یہ ادار مے مل کر اینٹی بائیوٹک ادویات کے غیر ضروری استعمال کو کم کرنے میں اشتراک کریں گے۔



ماتلی (سندھ) سے ڈاکٹر عبدالمالک شیخ کا مکتوب



پاکستان میں حالیہ گرمی کی شدت کی وجہ سے پاکستان کا ایک بڑے طبقے نے درختوں کی اہمیت کو محسوس کرنا شروع کر دیا ہے. یہی وجہ ہے کہ سوشل میڈیا پر بھی درخت لگانے کے حوالے سے ایک تحریک سی چل نکلی ہے. اور درخت لگانے کے حوالے سے طرح طرح کے نعروں سے فیس بک کی دیواریں سجی ہوئی ہیں. لیکن سوال یہ پیدا ہوتا ہے کہ اگر کوئی شخص درخت لگانا چاہتا ہے تو وہ کونسا درخت لگائے؟ یہ مضمون زرعی یونیورسٹی فیصل آباد کے ماہر جنگلات سینئر پروفیسر جناب **ڈاکٹر محمد طاہر صدیقی** نے تحریر کیا ہے جو گزشتہ برس ایک نجی رسالے میں شائع ہوا تھا.

چیف ایڈیٹر ایگری اخبار: ڈاکٹر شوکت علی، ماہر توسیع زراعت، زرعی یونیورسٹی فیصل آباد

پاکستان کی آب وہوا کے لئے موزوں درخت کون کون سے ہیں؟ جنوبی پنجاب کے لئے کون کون سے درخت موزوں ہیں؟

جنوبی پنجاب کی آب و ہوا زیادہ تر خشک ہے اس لئے یہاں خشک آب و ہوا کو برداشت کرنے والے درخت لگائے جانے چاہئیں۔ خشکی پسند اور خشک سالی برداشت کرنے والے درختوں میں بیری، شریں، سوہانجنا، کیکر، پھلائی، کھجور، ون، جنڈ اور فراش کے درخت قابل ذکر ہیں۔اسکےساتھ آم کا درخت بھی جنوبی پنجاب کی آب وہوا کےلئےبہت موزوں ہے۔ **وسطی پنجاب کے لئے کون کون سے درخت موزوں ہیں؟**

وسطی پنجاب میں نہری علاقے زیادہ ہیں اس میں املتاس، شیشم، جامن، توت، سمبل، پیپل، بکاین، ارجن اور لسوڑا لگایاجانا چاہئے۔

شمالی پنجاب کے لئے کون کون سے درخت موزوں ہیں؟

شمالی پنجاب میں کچنار، پھلائی، کیل، آخروٹ، بادام، دیودار، اوک کے درخت لگائے جائیں ۔کھیت میں کم سایہ دار درخت لگائیں انکی جڑیں بڑی نہ ہوں اور وہ زیادہ پانی استعمال نہ کرتے ہوں ۔ سفیدہ صرف وہاں لگائیں جہاں زمین خراب ہو یہ سیم و تھور ختم کرسکتاہے سفیدہ ایک دن میں 25 لیٹرپانی پیتا ہے۔لہذا جہاں زیرزمین پانی کم ہو اور فصلیں ہوں وہاں سفیدہ نہ لگائیں ۔

اسلام آباد اور سطح مرتفع پوٹھوہار کے لئے کون کون سے درخت موزوں ہیں؟

خطہ پوٹھوہار کے لئے موزوں درخت دلو؛ پاپولر، کچنار، بیری اور چنار ہیں ۔زیتون کا درخت بھی یہاں لگایا جا سکتا ہے۔ سندھ کے لئے کون کون سے درخت موزوں ہیں؟

سندھ کے ساحلی علاقوں میں پام ٹری اور کھجور لگانا چاہیے۔ کراچی میں املتاس، برنا، نیم، گلمہور،جامن، پیپل، بینیان، ناریل اور اشـوکا لگایا جائے۔اندرون سـندھ میں کیکر، بیری، پھلائی، ون، فراش، سـہانجنا اور آسـٹریلین کیکر لگاناچاہیے۔ کراچی میں ایک بڑے پیمانے پر کونو کارپس کے درخت لگائے گئے ہیں۔ یہ درخت کراچی کی آب و ہوا سے ہرگز مطابقت نہیں رکھتے۔ یہ درخت شہر میں پولن الرجی کا باعث بن رہے ہیں۔ یہ دوسرے درختوں کی افزائش پر بھی منفی اثر ڈالتے

بلوچستان کے لئے کون کون سے درخت موزوں ہیں؟

زیارت میں صنوبر کے درخت لگائے جانے چاہئیں ۔زیارت میں صنوبر کا قدیم جنگل بھی موجود ہے۔زیارت کے علاوہ دیگر بلوچستان خشک پہاڑی علاقہ ہے اس میں ون، کرک ،پھلائی، کیر، بڑ، چلغوزہ، پائن، اولیو اور ایکیکا لگایا جانا چاہئیے۔ کے پی کے اور شمالی علاقہ جات کے لئے کون کون سے درخت موزوں ہیں؟

کے پی کِے میں شیشم،دیودار، پاپولر،کیکر،ملبری،چنار اور پائن ٹری لگایا جائے۔

درخت لگانے کا بہترین وقت کونسا ہے؟

پاکستان میں درخت لگانے کا بہترین وقت فروری مارچ اور اگست ستمبر کے مہینے ہیں.

درخت کیسے لگائیں اور ان کی حفاظت کیسے کریں؟

اگر آپ سکول کالج یا پارک میں درخت لگا رہے ہیں تو درخت ایک قطار میں لگے گئیں اور ان کا فاصلہ دس سے پندرہ فٹ ہونا چاہیے۔گھر میں لگاتے وقت دیوار سے دور لگائیں ۔آپ بنا مالی کے بھی درخت لگا سکتے ہیں. نرسری سے پودا لائیں ۔ زمین میں ڈیڑھ فٹ گہرا گڑھا کھودیں۔نرسری سے بھل (اورگینک ریت مٹی سے بنی) لائیں گڑھے میں ڈالیں، پودا اگر کمزور ہے تو اس کے ساتھ ایک چھڑی باندھ دیں ۔پودا ہمیشہ صبح یا شام کے وقت لگائیں۔دوپہرمیں نہ لگائیں اس سے پودا سوکھ جاتا ہے۔پودا لگانے کے بعد اس کو پانی دیں ۔گڑھا نیچا رکھیں تاکہ وہ پانی سے بھر جائے ۔گرمیوں میں ایک دن چھوڑ کر جبکہ سردیوں میں ہفتے میں دو بار پانی دیتے جائیں۔پودے کے گرد کوئی جڑی بوٹی نظر آئے تو اسکو کھرپے سے نکال دیں۔اگر پودا مرجھانے لگے تو گھر کی بنی ہوئی کھاد یا یوریا فاسفورس والی کھاد اس میں ڈالیں لیکن بہت زیادہ نہیں ڈالنی۔ زیادہ کھاد سے بھی پودا سڑ سکتا ہے ۔بہت سے درخت جلد بڑے ہوجاتے ہیں کچھ کو بہت وقت لگتا ہے۔سفیدہ پاپولر سنبل شیشم جلدی بڑے ہوجاتے ہیں جبکہ دیودار اور دیگر پہاڑی درخت دیر سے بڑے ہوتے ہیں۔ گھروں میں کوشش کریں شہتوت،جامن، سہانجنا،املتاس، بکائن یا نیم لگائیں ۔



Dr. Tanweer Ahmed, chapter head of Sargodha on his YouTube Channel

No Text Report sent by the reporter



طرز زندگی کیا ہے؟ (شوگر کے مرض کی سب سے بڑی وجہ)



To see the complete video cick on:

https://youtu.be/NaBAYw3mEMQ?si=m5YzSK_erRzeci-h

Dr. Irfan Sheikh reports from Multan Chapter





Dr. Maqsood Mehmood reports from Gujranwala Chapter



2024 recommendations for Vitamin D intake and screening, based on research by the Endocrine Society



Dr. Riasat Ali Khan

(President Elect PCDA)



"sunshine vitamin."

Unfortunately, it's difficult to get enough vitamin D from just sunlight. This is partly because enough of the body must be exposed for a long enough time—5 to 30 minutes per day with the face, arms, hands and legs exposed. And with today's focus on sunscreen (for good reason), many UV rays don't reach the skin-although there is some debate on this topic. Cloud cover, skin color and time of day can also affect how much vitamin D your body can produce. Then there are the colder Hoping to cut through some of the conmonths when we're covered with cloth- fusion, the Endocrine Society has proing and indoors more.

Very few foods naturally contain vitamin D. The ones that do include egg yolks, mushrooms, cod liver oil, beef

Vitamin D is an essetial nutrient, nec- liver and fatty fish (tuna, herring, salmessary for healthy bones, muscles and on, swordfish and sardines). And some immune function. It's also linked to imfoods, like cow's milk, yogurt, cheese, proved mood and reduced inflamma- orange juice and cereals, are fortified tion. The body manufactures vitamin D with vitamin D. All in all, you can see from sunlight—hence, the nickname why nearly 1 out of 4 Americans have vitamin D levels that are too low to support good health and strong bones1. Add to that the confusion and debates over the years regarding how much vitamin D is needed. The Food and Drug Administration currently lists 20 micrograms as the daily recommended intake for most people2. But the National Institutes of Health recommends 15 mcg for people ages 1 to 70, including during pregnancy and breastfeeding, and doesn't bump it up to 20 mcg until age 71.

> vided new guidelines, detailing who would benefit from supplementing vitamin D. They're outlined in The Journal of Clinical Endocrinology & Metabolism, published on June 3, 2024.

Panel was made up of multidisciplinary clinical and research experts. They combed through studies that had previously been done on vitamin D to construct these recommendations. While these guidelines are for clinical practitioners, below we've broken down the basic recommendations they're now making.

Routine Screening for Vitamin D Deficiency Is Unnecessary

The panel states that unless someone has signs and symptoms of vitamin D deficiency, such as depression or high

The Guideline Development blood pressure, it is unneces- vitamin D and suggests stick- vitamin D at this age may sary to routinely screen for ing with the Institute of Medi- lower the risk of dying, espedeficiency.

Most People Do Not Need to Supplement

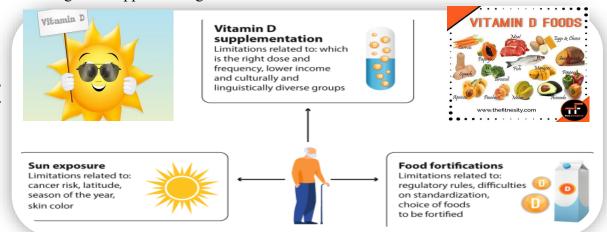
In the general healthy adult Little More Vitamin D population, ages younger, the panel recommends against supplementing

mcg per day.

Adults 70 and Older Need a

This recommendation is due the same recommendation. to evidence that a little more

cine's recommendation of 15 cially for those 75 and older. The IOM already recommends 20 mcg/day for those 70 and older and, based on the research, the panel makes



Supplementation Recommendations

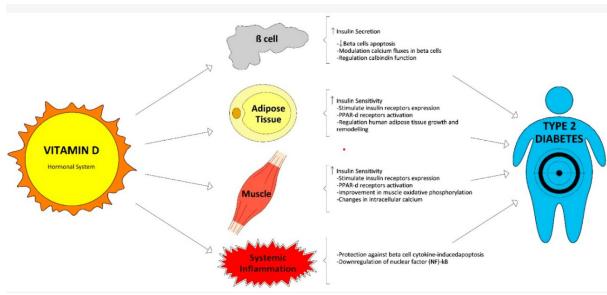
According to the panel, total daily intake of vitamin D can come from fortified foods, multivitamins that contain vitamin D and/or vitamin D supplements. The general recommendation is to take a smaller amount each day versus taking a larger amount less frequently. In other words, don't load up on vitamin D supplements once a week or once a month.



It could get tedious and confusing when trying to figure



out the amount of vitamin D in the foods you're eating, especially if you include those that naturally contain vitamin D. Plus, how do you know how much vitamin D your body is producing from sunlight? This is why it's important to work with your medical practitioner and a registered dietitian to ensure you're getting the amount of vitamin D your body needs, especially if you're in one of the populations where supple- The panel states that, based mentation is recommended, as on the evidence, about 63 too much vitamin D can have mcg/day of vitamin D during negative health consequenc- pregnancy may help lower the



Prediabetes May Be Helped with More Vitamin D

Based on the evidence, the panel recommends that people with prediabetes increase their vitamin D intake. This is in addition to lifestyle modifications, like diet, exercise and stress management. The reason is that sufficient vitamin D intake may help prevent prediabetes from progressing into diabetes. The average total intake from the available studies was 88 mcg/day. They state that the average amount supplemented was 25 mcg/ day, with the additional intake coming from eating vitamin-D-fortified foods.

Children and Adolescents Need More Vitamin D

Kids and teens ages 1 to 18 should get more than the recommended daily intake of vitamin D. The panel states that this is to prevent rickets—a bone disease—and potentially lower the risk of restract piratory infections. They're recommending mcg per day based on the studies they evaluated.

Pregnancy Requires More Vitamin D

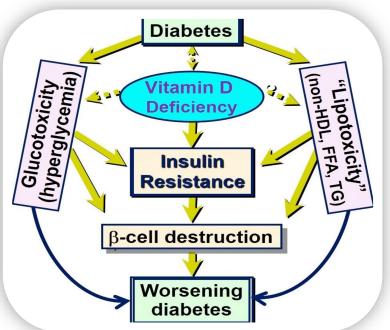
risk of preeclampsia, intrau-



terine mortality (stillbirth), preterm birth, small-forgestational-age birth (a baby that is smaller than expected for its birth age) and neonatal mortality (baby dying after birth).

The Bottom Line

The new guidelines state that, most people, routine screening for vitamin D levels is unnecessary. They also recommend slightly more vitamin D for certain populations, including kids, teens, adults over 70, adults at risk for diabetes and during pregnancy.





Dear Readers;

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