

In this issue:	
Symposium Coverage	page-1-11
DAR Risk calculator	page-13
Inaugural Ceremony of Symposium	page-14-26
From International media	page-27
Latest from IDF	page-28
Chapter Activities	page-30-33
Editor's Note	page-34

#### PCDA Symposium'24: A resounding success

8th International PCDA Symposium concluded at the Movenpick Hotel Karachi on Sunday, February 18th, 2024, after two days of engaging discourse. With over 600 attendees from Pakistan and abroad, the symposium garnered acclaim as a resounding success. Renowned experts delivered state-of-the-art lectures on diabetes-related topics, while lively panel discussions and extensive Q&A sessions fostered intellectual exchange. The attentive audience further underscored the event's significance, solidifying its position as the premier gathering in Karachi for 2024.

#### **INAUGURAL CEREMONY**

The inaugural ceremony of PCDA Symposium was held at the pool side of Hotel Movenpick Karachi on 17<sup>th</sup>. February 2024 at 7.00 p.m. Dr. Faryal Tariq moderated the session. Earlier two sessions of workshops were conducted in Motia Hall of the hotel.

The finale of HPL-PCDA Champions League was also played in Motia Hall after the completion of the two workshops which was witnessed by the chief guest and the guests of honor. The trophy awarding was held during the inaugural Ceremony. .....continued to page-14



#### First Day: WORKSHOP-A

The 2-days Symposium declared open by President Zahid Miyan who welcomed the attendees of the opening session on Saturday, 17<sup>th</sup> in Motia hall of the hotel. The event started with the recitation from Holy Quran and the National Anthem.

The first of the two sessions of workshops started with the talk by Dr. Munira Abbasi, MD, Diplomat Internal Medicine, Endocrinology and Metabolism & Lifestyle Medicine, Faculty Riphah Institute of Lifestyle

Medicine, Vice President Pakistan Association of Lifestyle Medicine and Founder Nurturing Our Health.

She started interaction with the attendees from the beginning and soon whole audience was mesmerized and their minds captivated by the magical verses coming out her vocal cords.



#### What do we mean by LIFESTYLE MEDICINE

Abstract from said that Type 2 Diabetes Mellitus

She said that Type 2 Diabetes Mellitus is a Pandemic and to call type 2 diabetes a pandemic may sound overly dramatic. But given its global prevalence and growth in incidence, "epidemic" may fall short in describing the scale of the problem. She said once a disease affects large populations across borders, it can be regarded as a pandemic. It is one of the fastest growing health conditions in the world. This burgeoning chronic disease creates human suffering among both adults and children, lowered workforce productivity, clinician burnout and financial unsustainability for families and the nation as a whole. She said that something must be done about this preventable, treatable, and reversible problem. Underlying biological mechanisms involve chronic inflammation, oxidative stress, microbiome dysfunction, chronic sympathetic nervous system stimulation and excessive stress hormones, apoptosis, angiogenesis, gene expression and telomeres.



#### Remission of Type 2 Diabetes Mellitus.

Dr. Munira Abbasi said that remission of Type 2 Diabetes Mellitus should be the top priority of type 2 DM patient care. She defined Remission as achieving glycemia below the diabetic range,

absence of active pharmacologic (anti-hyperglycemic medications, immunosuppressive medications) or surgical therapy at least 1 year duration. Thus Complete remission is return to euglycemia; HbA1c in the normal range [<5.7%] and fasting glucose <100 mg/dL). While Partial remission is Sub-diabetic hyperglycemia (Prediabetes range) with HbA1c not diagnostic of diabetes [<6.5%] and Fasting glucose 100 to 125 mg/dL).

Implicit in the concept of remission is the possibility of disease relapse or recurrence, unlike the complete and permanent disappearance associated with cure. Whereas most clinicians agree that remission is an optimal goal, discussion is ongoing around how remission should be defined in terms of glycaemia, which individuals can achieve it, how it can be sustained and the minimum time duration required. Whatever targets we set and mechanism we adapt, the role of dietary change as a primary intervention.

#### Conventional Medical Approach

For years, it was believed that type 2 DM is a progressive irreversible disease. The current "disease management" approach for patients with T2D is primarily aimed at delaying progression of the disease rather than remission. The primary focus of professional continuing education has been on pharmaceutical intervention. Focus on management of complication i.e. end-stage organ damage such as retinopathy, nephropathy and end-stage renal disease, nonalcoholic fatty liver disease, and cardiovascular disease. No standard definition of remission of type 2 DM because it was thought to be rare.



Lately, a growing number of clinical experts are discussing the concept of remission as a treatment goal inspired by the outcomes observed by studies that are focused on weight loss, fasting/fasting mimicking diets and bariatric surgery.



#### LIFESTYLE MEDICINE AS A FOUNDATION OF HEALTHCARE

Lifestyle medicine is both a discipline and a moment for change. It focuses on root cause and whole person care. Lifestyle medicine is a medical specialty that uses therapeutic lifestyle interventions as a primary modality to treat chronic conditions including, but not limited to, cardiovascular diseases, type 2 diabetes, and obesity.

Lifestyle medicine certified clinicians are trained to apply evidence-based, whole -person, prescriptive lifestyle change to treat and, when used intensively, often reverse such conditions.

## Role of Healthcare Professionals Personal health



#### Healthcare Professional's Personal Health

Physician's do not consistently practice Lifestyle Behaviors

In one study of 498 PCPs, 53% were overweight or obese and 36% were not exercising at all.

66% are surviving on 0-2 on the scale of well-being element scale (Purpose, Social, Community, Financial, Physical)

Impacts Patient's health Counseling

In 19 of 24 studies correlation between Physician's physical Activity counseling frequency

Physician more likely to discuss obesity when they perceive patient's weight met or exceed their own





The moderator had to intervene the charged audience deeply involved in the interactive discussion. A tea break was announced after which Workshop-B Session started.

#### **WORKSHOPS-B**

Moderator: Dr. Sohail Tariq, Head of Bahawalpur chapter of PCDA



#### Workshop-1 HF Risk Assessment in Patient with T2DM Speaker: Dr. Zahid Miyan

Diabetes mellitus and heart failure are two multifaceted entities characterized by high morbidity and mortality. Early epidemiological and prospective studies have observed the frequent co-existence of both conditions. Importantly, diabetes mellitus can precipitate or worsen heart failure due to the accumulation of advanced glycation end products, oxidative stress, inflammatory status impairment, decay of intracellular calcium, changes in microRNAs expression, not to mention atherosclerosis progression and coronary artery disease. Heart failure also impairs glucose metabolism through less well-known mechanisms. Attention must especially be given in the treatment as there are frequently adverse interactions between the two diseases and novel agents against diabetic cardiomyopathy are under investigation.

#### Workshop-2 Insulin Technique By: Dr. Faryal Tariq



Workshop-3 Hypertension
By: Dr. Amir Hameed



Myth: You ca C D A Diabetes Association Pakistan

Fact: Starch for

EBRUAR

HOTEL, K

MPOSI

SHO

Workshop-4 Quick Dietary Advice By: Miss. Fatima Ahmed



#### Workshop-5 Basic ECG

By: Dr. Faisal Qadir



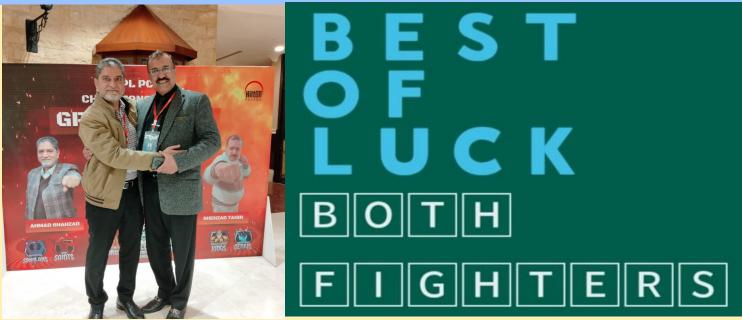


Report: Dr. Shahid Akhter

The highlight of the first day of 8<sup>th</sup> International PCDA Symposium 2024 was the thrilling finale of the HPL-PCL held in the prestigious Moti Hall of Hotel Movenpick Karachi.

Over the past four months, six teams from across the country, namely Sindh Saints, Punjab Gurus, Baluchistan Scholars, KPK Kings, GB Genius, and Islamabad Royals, competed in twelve matches. These knowledge based academic matches, watched by hundreds of spectators nationwide and globally, were played with a remarkable display of professionalism and sportsmanship.

Dr. Riasat, beloved by all members of PCDA irrespective of region or religion, expertly managed the players amidst intense and hot competition. His skills of moderation and leadership were at their height during all the matches of HPL-PCL League 2024. He never forgets and also emphasized during the matches, the primary objective of this league, which was to enhance contestants' skills in managing diabetes and its associated challenges.



Dr. Riasat introducing the two finalists, Dr. Ahmad Shahzad of Punjab Gurus and

Dr. Shahzad Tahir of Islamabad Royals



#### Players of the two teams



Coin was flipped for the TOSS which was won by Gurus. Dr. Riasat introduced Mr. Shariq from HPL, who remained behind the computers in all contests



# The Match started HIRD PHARMA

Toss was done by Mr. Shariq of HPL, which was won by Gurus who decided to present their case first and chase the target set by the Royals. Thus in the first innings Dr. Ahmad Shahzad, captain of Gurus presented a case of 21 years old Type-1 patient with foamy urine. 4 questions related to the presented case were asked to the Royals who answered 3 out of 4 questions correctly scoring a total 16.

A 73-year-old male diabetic presents with weakness and lethargy. He was diagnosed with T2DM 12 years ago and remains on gliclazide and metformin therapy and takes atenolol for hypertension. There is little to find on examination with a BP of 164/88 mmHg lying and standing. He has loss of pinprickand vibration sensation to the ankle in both legs and a background diabetic retinopathy. Labs: Na+ 146 mmol/L, K + 5.6 mmol/L, urea 8.3 mmol/L & creatinine 1.59mg/dl. His plasma glucose was 182mg/dl and HbA1c was 7.8%.

#### Arrival of the Chief Guest

During the match Chief Guest of the Symposium Dr. Ata ul Rehman reached the hall. He was welcomed by Prof. Abdul Basit, Dr. Zahid Miyan, Dr. Riasat Ali Khan, Dr. Shahid Akhter and others from the organizing committee. Other special guests professor Jamil Ahmed and Dr. Sarath from Sirilanka, also arrived to the hall. All the honorable guests enjoyed the contest a lot. They admired the untiring efforts made by PCDA for empowering the healthcare providers of the country regarding the quality care of the people with diabetes.



The Second Innings started with the clinical case presented by Dr. Shehzad Tahir, captain of Islamabad Royals. It was a case of 73 years old patient with T<sub>2</sub>DM. 4 questions related to the presented case were asked to the Gurus who failed to answer correctly thus lost the finale.

The Royals were declared winners of the HPL-PCL Edition-1

A 73-year-old male diabetic presents with weakness and lethargy. He was diagnosed with T2DM 12 years ago and remains on gliclazide and metformin therapy and takes atenolol for hypertension. There is little to find on examination with a BP of 164/88 mmHg lying and standing. He has loss of pinprickand vibration sensation to the ankle in both legs and a background diabetic retinopathy. Labs: Na+ 146 mmol/L, K + 5.6 mmol/L, urea 8.3 mmol/L & creatinine 1.59mg/dl. His plasma glucose was 182mg/dl and HbA1c was 7.8%.

#### Royals Captain celebrates victory







Chief Guest presented souvenirs to the captains and members of the winner and runner teams. The trophies were planned to be awarded during the Inaugural Ceremony of the Symposium.

WINNER TEAM



#### **RUNNER TEAM**







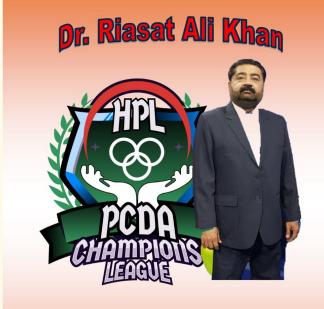
## TRIBUTE TO DR. RIASAT *The Mastermind of HPL-PCL*

On behalf of all the teams of HPL-PCL, a surprise shield was presented to the mentor of HPL-PCL Dr. Riasat Ali Khan. The chief guest Dr. Ata ul Rehman presented him the shield. Dr. Shahid Akhter, Dr. Ahmed Shehzad and Dr. Shehzad Tahir were present on this occasion. This surprise shield is given th Dr. Riasat for his determined and tireless efforts to make HPL-PCL a reality and a great success.

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.

In appreciation to the contribution of Dr. Riasat Ali Khan, President elect of PCDA, for his support and guidance throughout the entire process, HPL-PCL was labelled as the "BRAIN CHILD OF DR. RIASAT"



The Mastermind of HPL-PCL

#### This really surprised me-says Dr. Riasat







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 browse the following link

https://daralliancehcp.org/ public/risk-test Or browse the following link

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

#### THE INAUGURAL CEREMONY

Arranged at the pool side of the Hotel Movenpick Karachi in a very pleasant cool environment, the inaugural ceremony was started with the recitation from Holy Quran and then the National Anthem. Brilliant moderator of the ceremony Dr. Faryal Tariq who is also the member of research committee of PCDA, invited President of PCDA Dr. Zahid Miyan to welcome the distinguished guests.



Dr. Zahid Miyan thanked the respected guests who spared their valuable moments of their weekend to participate in this graceful event of the PCDA symposium'24. He specially thanked renowned scientist of our country, pride of Pakistan Dr. Ata ul Rehman who honored the event by his gracious presence.

He also welcomed Prof. Ziaul Haque, Prof. Abdul Basit, Prof. Zaman Shaikh, Prof. Jamil Ahmed and Prof. Ashar Fawwad to the inaugural ceremony, for encouraging the organizers of the symposium and for patronizing PCDA Pakistan in its efforts to achieve its noble aims and objectives.

#### An Overview of PCDA Activities

Presented by: Dr. Riasat Ali Khan (President Elect PCDA)



**Dr. Riasat Ali Khan**, the president elect of PCDA Pakistan presented an overview of the activities of the organization and the details of forthcoming projects. He told the audience that till date more than 70 chapters of PCDA Pakistan have now established in various cities and towns of the country which are very regularly managing academic and research programs.

He also highlighted the performance of research committee of PCDA who has very successfully completed many clinical trials and some of these have recently published in national and international medical journals. Dr. Riasat presented the performance report of various projects run by PCDA, like Seed, Rakkho Apna Khayal, Aap Ka Tibib, Diabesity project etc. Through these projects MOUs are signed with some pharmaceutical companied and medical universities t start screening campaign for the general public to collect authentic data about prevalence of diabetes and pre-diabetes. This data is added to a National database about prevalence of diabetes in Pakistan. During these programs not only general public is screened for diabetes but known people with diabetes are provided expert consultation by the diabetologists and cardiologists.

Lectures about awareness of the disease and its complications are also arranged during such sessions. The most important aspect of these programs managed throughout the country is that the provide standardized and uniform guidelines for the management of diabetes, whether a diabetic person lives in big cities like Karachi, Lahore or Islamabad OR he lives in any far flung area of the country.

Dr. Riasat told the audience about the performance of media and publications committees. Prevention First Newsletter is now very regularly published monthly, which covers the reports of the programs arranged by all the chapters. The printed version of this newsletter is printed only on the occasion of any national event of PCDA. The official website of PCDA is now continuously updated. The official YouTube Channel of PCDA very regularly uploads the videos of various events. Similarly PCDA uses electronic and print media regularly to spread the message of PCDA among the general public.

Dr. Riasat announced that very soon "MIDE-Mansehra Institute of Diabetes and Endocrinology" will be functional under the KPK Chapter of PCDA, under supervision of Dr. Syed Farasat Tirmazi.

Various chapters of PCDA are being engaged and starting affiliating with many medical universities of Pakistan, like Peshawar University and Faisal University. He also informed the audience that president of PCDA Dr. Zahid Miyan is working hard in establishing relationship with international organizations, like International Diabetes Federation, D-Foot International, Primary Care Diabetes Europe and Primary Care Association of Canada.

The audience admired hard work of PCDA team by loud applause.

#### The Audience



Dr. Riasat promised the audience that very soon the number of PCDA chapter across the country will reach to triple figures. Simultaneously we are empowering the existent chapters to organize more academic and research activities, to reach more healthcare professionals involved in the management of diabetes and to increase the number of awareness sessions for the general public.

PCDA is also trying to establish and enhance relationship with other reputed organizations of the country who have similar aims and objectives as PCDA. Recently PCDA have signed MOUs with many organizations and institutions. May Allah help us in achieving our noble objectives—Ameen!

## Chief Guest Dr. Ata Ul Rehman takes the audience to The Exciting World of Medical Research

The chief guest of the Inaugural Ceremony of the 8th. International PCDA Symposium'24, Dr. Ata ul Rehman is the most famous scientist of Pakistan. He is UNESCO Science Laureate. He is awarded Tamgha-e Imtiaz, Nishan-e-Imtiaz, Hilal-e-Imtiaz and Sitara-e-Imtiaz. He first thanked PCDA for inviting him to the event, and the started presentation. The topic of his presentation was "The Exciting World of Medical Research".



Dr. Ata ul Rehman said that it's a worrying Reality That One in every 10 adults in the world are currently suffering from diabetes --- number is likely to rise to 790 million (12.5%) by 2045.

About 50 % of adults living with diabetes (250 million people), mostly from low-income groups, are not properly diagnosed or treated. Pakistan ranked at the top (comparative prevalence rate of about 31%)-- highest percentage (35.5%) of deaths of persons under the age of 60 due to diabetes.

#### About Teplizumab

Dr. Ata ul Rehman informed the audience that Teplizumab was an A major biggest development in diabetes, recent approved by FDA. This drug can delay the onset of type 1 diabetes. Teplizumab-mzwv (Tzield), is a monoclonal antibody delays the onset of stage 3 type 1 diabetes in adults, and in pediatric patients who are eight years and older who have stage 2 type 1 diabetes

Dr. Ata Ul Rehman informed that the Identification of recent genetic variants associated with diabetes can contribute to predicting an individual's risk of developing the disease. Many genetic variants have been identified in genes related to diabetes development. CRISPR-Cas9 is a genome editing tool that is faster, cheaper and more accurate than previous techniques of editing DNA. This Consists of two parts: an enzyme Cas-9 and a guide RNA; and enables geneticists and medical researchers to edit parts of the genome by cutting out, replacing or adding parts to the DNA sequence.

He told that CRISPR engineered genes can efficiently redirect the immune cells to recognize mutations in the patient's own cancer cells. --- Exciting advance in immune therapy. "Non-viral precision T cell receptor replacement for personalized cell therapy"

Dr. Ata ul Rehman updated the audience about Stem cell transplants (adult stem cells or umblical cord blood) Beneficial in Spinal cord injuries, type 1 diabetes, Parkinson's disease, amyotrophic lateral sclerosis, Alzheimer's disease, heart disease, stroke, burns, cancer and osteoarthritis.

Also to replace cells damaged by chemotherapy or disease and to stimulate donor's immune system to fight against leukemia, lymphoma, neuroblastoma and multiple myeloma.

Three-year survival rates after transplantation were Multiple myeloma: 79%, Hodgkin lymphoma: 92%. YAMANAKA induced Pluripotent Stem Cells by Retro differentiation.



In Biotechnology he told about the exciting advances like Resveratol, NAD, Metformin, Curcumin for the Understanding and reversing the ageing process, apoptosis, telomere, ageing Genes and oxygen radicals. Wearable Artificial Kidney Completes First Clinical Trial, Could Free People From Dialysis.

Nanotechnology offers targeted drug delivery systems that can deliver insulin or other medications precisely to affected cells, minimizing side effects and improving efficacy.

Latif Ebrahim Jamal National Center for Nanotechnology at KU has state of the art facilities for development of Nanomaterials including nanopharmaceuticals and a nanoformulation of Diclofenac has recently been developed.

#### Regenerative Medicine:

Nanotechnology-based scaffolds and materials can facilitate the regeneration of pancreatic beta cells, which are responsible for producing insulin.

#### **Diabetes** Risk Prediction:

AI algorithms can analyze vast amounts of patient data, including genetic information, medical records, and lifestyle factors, to identify patterns and predict individuals at risk of developing diabetes. Continuous Glucose Monitoring (CGM): AI algorithms can interpret data from CGM devices to provide real-time insights into blood glucose levels, trends, and potential hypoglycemic or hyperglycemic events.

#### **Predictive Analytics:**

AI models can analyze various factors such as diet, exercise, medication adherence, and environmental influences to predict future blood glucose levels and anticipate potential complications. Recommends Same Treatment as Doctors in 99% of Cancer Cases

In 99 percent of the cases, Watson was able to recommend treatment plans that matched actual suggestions from oncologists.

<u>The revolution in AI</u> (software) when combined with another fantastic revolution in Quantum Computing will transform civilisations in amazing ways. Cracking of the most sophisticated digital codes in seconds, Designing New Life Forms, Personalised Medicine and Origins of Universe.

The human brain—The most complex object of our universe—About 80 Billion neurons Each neuron connected with some 10,000 other neurons, 80 Billion x 10,000 plus synaptic connections (80 trillion connections!) Molecular Basis of Thoughts: The Hydrogen Bonding Patterns Hypothesis (HBPH), first proposed by us in 2001 envisages that the main mechanism required to store memories could involve the Post Translation Modification (PTM) of synaptic proteins (and nucleic acids) by hydrogen bonding.

Certain chaperone proteins are involved in folding of plasticity-related proteins during long-lasting forms of memory and synaptic plasticity.

Regulation of chaperone protein gene expression by transcription factors, (such as Hspa5 gene, by Nr4a transcription factor), is important for the folding and synaptic trafficking of receptor proteins in the endoplasmic reticulum (ER). This is critical to synaptic plasticity and long-term memory.

Biomarkers to Detect Diseases Reduction in N-acetylaspartate (NAA) (Biomarker) in the hippocampal area and dorsolateral prefrontal cortex of patients with Schizophrenia compared to healthy controls. Lower levels of glutamate/glutamine in Chronic schizophrenia compared to healthy controls.

Elon Musk's brain-implant company Neuralink on Thursday said the U.S. Food and Drug Administration

(FDA) had given the green light to its first-in-human clinical trial in May 2023, a critical milestone. Musk envisions brain implants could cure a range of conditions including obesity, autism, depression and schizophrenia as well as enabling web browsing and telepathy.

Elon Musk's brain-implant company Neuralink said the U.S. Food and Drug Administration (FDA) had given the green light to its first-in-human clinical trial in May 2023, a critical milestone.

Musk envisions brain implants could cure a range of conditions including obesity, autism, depression and schizophrenia as well as enabling web browsing and telepathy. Blind Seeing with the Tongue: Electronic lollipop 'allows blind people to see with their tongues'

An electronic lollipop that enables blind people to see by using their tongue has been created by scientists.



The audience was mesmerized by Dr. Ata Ul Rehman's fantastic talk about exploring new horizons in the field of medicine. After his presentation, Dr. Faryal invited the special guest of the ceremony, Prof. Zia ul Haq.

#### PCDA is doing wonderful job

Says Prof. Ziaul Haq

Prof. Zia Ul Haq praised PCDA for doing efforts for primary care, especially in the field of diabetes. He thanked the organizing committee of PCDA for inviting him to this graceful event. He was talking as special guest in the Inaugural Ceremony of the PCDA Symposium'26. He informed the audience about his collaboration with various institutios and NGOs of the country in the field of medical research.

Prof. Zia ul Haq is Vice- Chancellor of Khyber Medical University Pesshawer. The young Professor has proved his mettle in the field as he was conferred with Lifetime achievement award 2017, HEC Pakistan Best University Teacher Award 2018, and HEC Pakistan Best Young Researcher Award 2019 in recognition of services in the field of public health.

Dr Zia is the first ever Professor of Public Health, and played a major role in establishing and bringing department of public health as one of the best institutes in the country. He initiated many public health & Family Medicine programs during the 11 years of his stay at KMU. He is supervising several PhD scholars and graduated multiple MPhil researchers.

He is a principal investigator of several large research studies. He has the qualification of PhD Public Health from Glasgow, UK and MBBS and MPH from Pakistan. He has extensively published in the field of Public Health and work in close liaison with the department of health and partners.

He assured PCDA team, that his university will extend their utmost assistance and co-operation in their efforts to fight against the manace of Diabetes

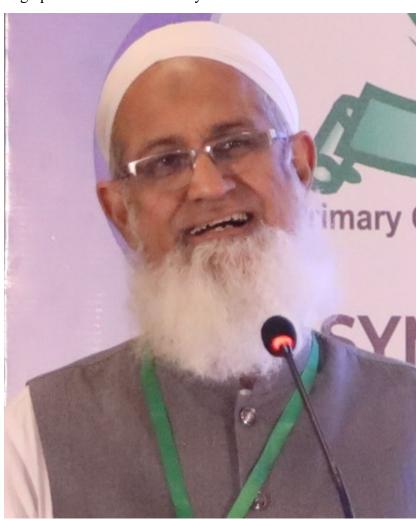




## PCDA has raised the Primary Care Physicians to a Secondary Level.

#### Prof Abdul Basit

Dr. Faryal Tariq then invited renowned diabetologists and endocrinologist Prof. Abdul Basit, who is patron and mentor of Primary Care Diabetes Association Pakistan and Secretary General of Diabetic Society of Pakistan (DAP). His services and valuable efforts for the prevention, control and treatment of the diabetes in Pakistan and rest of the world are unparalleled. He highlighted the importance of primary care sector for controlling the very high prevalence in the country.



Prof. Abdul Basit well-regarded the efforts done by PCDA team for expanding the awareness among masses about prevention and management of diabetes. He anticipated that PCDA has raised the skills and abilities of primary care physicians to that extent that they can be now titled as "Secondary Care Physicians," and so the name of the organization can be "Secondary Care Diabetes Association."

Prof. Abdul Basit welcomed the suggestions by Prof. Ziaul Haq to build a stronger collaboration between the institutions and the the organization with similar objectives, for the sake of controlling the menace of diabetes in particular and all the NCDs (Non Communicable Diseases) in general. He was of the opinion that PCDA can build the bridge between the PCPs and the tertiary Care Institutions. PCDA has proven its worth in this regards, and has filled this gap upto some extent.

Prof. Abdul Basit praised Dr. Riasat, Dr. Zahid Miyan, Dr. Asima Khan, Dr. Fareeduddin and all the team of PCDA Pakistan for their devotion, dedication and hard work. They have proved their sincerity and loyalty for the noble objectives of PCDA and the medical profession. He thanked PCDA people to invite him to the occasion. He also thanked the chief guest and other guests.



#### PCDA's another new tradition

#### PCDA Lifetime Achievement Awards

After Prof. Abdul Basit's address President PCDA Dr. Zahid Miyan and President Elect Dr. Riasat Ali Khan came to the rostrum and announced two "Lifetime Achievement Awards." The first name when announced by Dr. Riasat was even surprise for the winner of that award and he was none other than Prof. Zaman Shaikh.





Prof. Zaman Shaikh is renowned diabetologist and endocrinologist of Pakistan who have headed many institutions of medicine and diabetes. Currently he is director, Sir Syed Institute of Diabetes & Endocrinology (SSIDE), Professor & head of the department of medicine, Sir Syed college of medical sciences, Karachi. Prof. Zaman Shaikh has always been with PCDA team as mentor, teacher, guide and advisor since the foundation of PCDA. He always use to say "PCDA is my second home,"

And he always practically proved it with his presence and support, whenever and wherever PCDA needed him.

Prof. Zaman Shaikh after receiving Lifetime Achievement Award by Dr. Ata ul Rehman in the presence of Prof. Abdul Basit, Dr. Zahid Miyan and Dr. Riasat Ali Khan, thanked PCDA for this surprise announcement. He assured PCDA that his priority has always been PCDA he would always available for PCDA whenever and wherever they call him.

Dr. Riasat presented his feelings of regards on this occasion. He said "On behalf of whole team PCDA, I would like to extend our heartfelt congratulations to you on receiving the Lifetime Achievement Award from the Primary Care Diabetes Association Pakistan. Your dedication, expertise, and contributions to the field of diabetes care have been exemplary, and this recognition is a testament to your outstanding achievements and tireless efforts in advancing healthcare in Pakistan.

Sir, your work has undoubtedly made a significant impact on the lives of many, and we commend you for your unwavering commitment to excellence. Your passion for improving patient outcomes and your leadership in diabetes research and education have inspired countless individuals, including PCDA.

We are honored to have the opportunity to celebrate this momentous occasion with you and look forward to witnessing the continued success of your endeavors in the future."



#### 2nd Winner of the

#### PCDA Lifetime Achievement Awards Prof. Jameel Ahmed



2nd winner of PCDA Lifetime Achievement Award for the year 2024, was called by Dr. Riasat; and everyone was surprised to hear the name of Prof. Jameel Ahmed who if the head of department of medicine Baqai Hospital and Medical College.

His services for the medical education and the patients are matchless. He has very consistently and silently worked for decades. He has always supported and guided PCDA in its projects and plans. He is indeed an selfless, generous and down to earth personality. He truly deserved such admiration and anticipation of his services, and that's why Dr. Riasat was felling proud when announcing his name for the award.



## Mementoes presented to the chief guest, the special guests and guest of honor.



#### HPL-PCL Finale: Prize Distribution

President Zahid Miyan and President Elect Dr. Riasat Ali Khan presenting he trophy of the HPL-PCDA Champions League'24 to the Islamabad Royals team. Captain Dr. Shaehzad Tahir, coach Dr.Qaiser Mehmood. Players Dr. M. Iqbal. Dr. Usman Shahid, Dr. Imran, Dr. Sohail Shokat and Dr. Hira Baqai raising the trophy with jubilation.





#### Vote of Thanks by Dr. Najum F. Mahmudi

Senior Vice President PCDA Pakistan

Respected Chief Guest Prof. Ata ur Rahman, Guest of honor, Prof. Abdul Basit Khan, Guest of Honor Prof. Ziaul Haq, Prof. Zaman Shaikh, Prof. Jamil Ahmed, all distinguished guests and ladies and gentlemen, Assalam o Alaikum Wa Rehmatullah

On behalf of the organizing committee and the entire team behind the 8th International PCDA Symposium 2024, I extend my heartfelt gratitude to each and every one of you for gracing and honoring with your presence in this Inaugural Session of PCDA Symposium 2024.

Respected guests, PCDA knows its responsibilities in training healthcare professionals. From tomorrow morning till afternoon we are going to witness the wreath of many stat of the art lectures, panel discussions and workshops addressed by very learned experts of diabetes and related fields. Certainly these marathon sessions, full of learning, will increase the skills of the attending Healthcare Professionals to treat the people with diabetes according to the global guidelines based on huge research.



PCDA knows its responsibilities to develop and implement comprehensive educational programs to update healthcare professionals on the latest advancements in diabetes care, treatment, and management. As Dr. Riasat has told you, we organize workshops and seminars to provide hands-on training, fostering practical skills in diabetes prevention, diagnosis, and treatment. I will not go in details. Yet its matter of fact that during the able leadership of our current President, Dr. Zahid Miyan, PCDA has moved a long way forward. And Team PCDA has expanded to every part of the country. Many Chapter Heads from various cities of Punjab, Sindh, KPK and Balochistan; are present here who are working very hard in their respective areas to achieve the goals set by PCDA.

Once again I'm thankful to you all for patronizing PCDA and provide your comprehensive support for PCDA. I pay my special thanks to all the pharmaceutical companies for sponsoring the event. I hope our relationship will get stronger in future. And you will find a more efficient and more energetic PCDA in future. Thank you All



Dear Readers of PFN-Online: In this issue we have covered the day-1 (Saturday 17th. February) proceedings of the 8th. International PCDA Symposium 2024. The coverage of the 2nd. Day of the symposium (Sunday 18th. February) will be included in the forthcoming issues. Please stay tuned.

In-Charge PFN Online: Dr. Shahid Akhter



#### 11th TtFT MENA MIDDLE EASTERN AND NORTHERN AFRICA REGION **War Affected Countries**

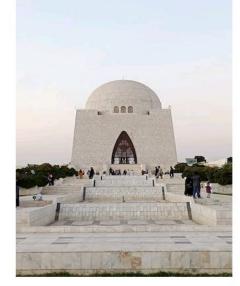


Dr. Zahid Miyan REGIONAL CHAIR D-FOOT

#### Latest Form **D-Foot** International











23rd to 25th August 2024







#### **Centre Connect**

Welcome to the February edition of Centre Connect. Please see below exciting news and events that the Centre colleagues have taken part in over the past month.

The Primary Care Diabetes Association Hosts Symposium on Access to Diabetes **Education** 

The Primary Care Diabetes Association organized an international symposium titled "Access to Diabetes Education" on February 17th and 18th, 2024. The event attracted over 510 delegates from across Pakistan. Distinguished national and international speakers and panelists delivered cutting-edge lectures. The poster presentation session showcased the work of emerging researchers. Prof. Abdul Basit and Prof. Zia ul Haq, the diabetes theme leads, honored the first session with their state-of-the-art lectures as guests of honor. The association annually organize these events mainly for physicians managing primarily diabetes at primary care.

Coverage of PCDA Symposium'24 in International Media



#### A new position Statement from International Diabetes Federation

#### Dr. Riasat Ali Khan



A new position statement from the International Diabetes Federation advises using a 1-hour 75-g oral glucose tolerance test (OGTT) to improve identification of people at risk of developing type 2 diabetes.

#### Screening algorithm for Intermediate Hyperglycemia and type 2 diabetes

This is the International Diabetes Federation's (IDF's) proposed At-risk high-risk individuals are first screened with a validated questionnaire such as the FINDRISK or the American Diabetes Association's (ADA's) risk screening tool.

- People identified as high risk should undergo laboratory screening with a 1-hour 75-g OGTT (although a 2-hour OGTT, fasting glucose, or A1c, as currently recommended by several organizations, is still considered acceptable).
- People with a 1-hour plasma glucose value at or above 155 mg (8.6 mmol/L) are considered to have intermediate hyperglycemia and should be prescribed lifestyle intervention and referred to a diabetes prevention program.
- Those with a 1-hour value greater than or equal to 209 mg/dL (11.6 mmol/L) are considered to have type 2 diabetes and should have a repeat test to confirm the diagnosis, with referral for further evaluation and treatment.

The new guidance is based on increasing evidence that the 1-hour test is a better predictor than other tests, including the 2-hour OGTT, of progression to type 2 diabetes and its associated complications, in a variety of populations.



The document cites data showing that a plasma glucose of 155 mg/dl or greater on the 1-hour post-75-g test can identify people with undiagnosed type 2 diabetes or who are at increased risk but who have "normal" glucose tolerance as defined by an A1c < 5.7% (38.8 mmol/mol), a fasting plasma glucose < 100 mg/dL (5.6 mmol/L), or a 2-hour value below 140 mg/dL (7.8 mmol/L).

#### Intermediate hyperglycemia

Intermediate Hyperglycemia is the World Health Organization's term to refer to either impaired fasting glucose (IFG) or impaired glucose tolerance (IGT). These conditions are often called "prediabetes," but that term has been controversial because not everyone with IFG and IGT will go on to develop type 2 diabetes. With 'prediabetes' you're labeling someone with a disease they may not develop. It's not normal, but it's not diabetes, so it's an intermediate.

The statement provides a detailed summary of the data from 19 studies supporting use of a 1-hour plasma glucose of  $\geq 155$  mg/dL (8.6 mmol/L) to diagnose intermediate hyperglycemia and type 2 diabetes, including links between that level of glycemia and worsened metabolic and atherogenic profiles, risk for microvascular and macrovascular complications and mortality, and identification of risks for obstructive sleep apnea, cystic fibrosis -related diabetes mellitus, fatty liver disease, and premature mortality.

A combination of fasting glucose and A1c for screening does an excellent job at identifying high-risk I ndividuals.

## Weight Loss in Managing T2DM By: Dr. Riasat Ali Khan

Microvascular disease (MVD) and cardiovascular disease (CVD) are more prevalent in patients with FPG levels  $\geq 140 \text{mg/dL}$  and/or a 2-hour post-challenge glucose  $\geq 200 \text{ mg/dL}$ . Lowering blood glucose can prevent diabetic complications. A1c goal of  $\leq 7.0\%$  remains the major benchmark of clinical care



for patients with type 1 or type 2 diabetes. Disease modification in diabetes is a relatively new concept, and it stands to reason that if diseases caused by diabetes can be modified, then those diseases that cause diabetes may be modified too. An argument therefore can be made that weight loss is the greatest opportunity to modify disease risk in patients with type 2 diabetes.

#### Disease-Modifying Effects of Losing Weight

90% of people with diabetes are classified as overweight or obese.

Studies have shown that about 5% weight loss may favorably affect plasma glucose concentration and A1c, and 10% weight loss can lead to diabetes remission in approximately 50% of patients. As with the effects of SGLT2 inhibitors and GLP-1 receptor agonists, weight loss in general may have disease-modifying effects.

A database review of 12 studies showed that weight loss improved biomarkers of renal function in patients with type 2 diabetes, obesity, and diabetic kidney disease; improvement was commensurate with the degree of weight loss. Similar results have been reported in systematic reviews and meta-analyses of patients with type 2 diabetes, obesity, and retinopathy or cardiomyopathy after bariatric surgery. It is important to note that over 230 health consequences associated with obesity, in addition to diabetes, have been identified and most can be improved with weight loss. Further, studies such as a prospective US National Health and Nutrition Examination Survey found that prevention of weight gain improves life expectancy more than weight loss does, making the case for early intervention

The ADA Standards of Care in Diabetes recommend medical nutritional therapy and physical activity for people with diabetes for the purpose of weight loss. Anti-obesity medications may be indicated for patients with a body mass index (BMI)  $\geq$  27 and meta-bolic/bariatric surgery for patients with a BMI  $\geq$  30.

The Look AHEAD trial remains the most ambitious study to date aimed at demonstrating reduced cardiovascular events in patients with type 2 diabetes and obesity treated with intensive lifestyle modification. Although the trial did not meet its primary outcome in the intention-to-treat analysis, it did meet its objective among participants who lost at least 10% of their body weight in the first year of the intervention. Likewise, studies show that the GLP-1 receptor analogs liraglutide and semaglutide, approved by the FDA to lower glucose levels and for chronic weight management in patients with and without diabetes, have clear cardiovascular benefits. Last, bariatric surgery has emerged as a preferred therapy for patients with obesity and type 2 diabetes owing to its profound effects on sustained total body weight loss, reduced glucose levels, and reduced risk for myocardial infarction.

#### Artificially Sweetened Drinks Linked to Increased AF Risk

Drinking 2 L or more of artificially sweetened drinks per week was associated with a 20% increased risk for atrial fibrillation (AF) in a new observational study.

- The population-based cohort study looked at the associations of sugar-sweetened beverages, artificial sweetened beverages, and pure fruit juice consumption with the risk for incident AF and evaluated whether genetic susceptibility modifies these associations.
- The authors analyzed data from the UK Biobank on 201,856 participants who were free of baseline AF, had genetic data available, and completed a 24-hour diet questionnaire. The diagnosis of AF was obtained by linkage from primary care, hospital inpatient, and death register records.

The results were adjusted for a wide range of potential confounders including age, sex, ethnicity, education level, socioeconomic status, smoking, alcohol consumption, physical activity level, sleep duration, body mass index, blood pressure, kidney function, sleep apnea, coronary heart disease, diabetes, and the use of lipid-lowering or antihypertensive medication

- During a median follow-up of 9.9 years, 9362 incident AF cases were documented.
- Compared with nonconsumers, individuals who consumed more than 2 L per week of artificially sweetened beverages had a 20% increased risk of developing AF (hazard ratio [HR], 1.20; 95% CI, 1.10-1.31).
- Those who drank more than 2 L per week of sugar-sweetened beverages had a 10% increased risk for AF (HR, 1.10; 95% CI, 1.01-1.20).
- Consumption of 1 L or less per week of pure fruit juice was associated with an 8% lower risk of developing AF (HR, 0.92; 95% CI, 0.87-0.97).

The associations persisted after adjustment for genetic susceptibility for AF.

The study authors concluded that this study does not demonstrate that consumption of sugar-sweetened or artificially sweetened beverages alters AF risk but rather that the consumption of these drinks may predict AF risk beyond traditional risk factors. They added that intervention studies and basic research are warranted to confirm whether the observed associations are causal. it is unclear if the observations in this study are a chance finding as there is a lack of a clear biological link.

Naveed Sattar, MD, professor of metabolic medicine at the University of Glasgow, Glasgow, Scotland, added that although the authors tried to adjust for many factors, there is a strong chance that other behavioral aspects linked to beverage choice could be more relevant as a cause of AF rather than the drinks themselves.

This is the first study that has reported such an effect with artificially sweetened drinks, the finding needs replication before any conclusions can be drawn. It remains good dietary advice to recommend the consumption of low-calorie artificially sweetened drink in place of sugar-sweetened drinks and alcohol.

#### CONGRATULATIONS Dr. FARYAL TARIO

The Abstract submitted to the Endocrine Society Annual conference has been selected by the Annual Meeting Steering Committee for a Poster Presentation at ENDO 2024, being held June 1-4, 2024 in Boston. MA:

Abstract

Control

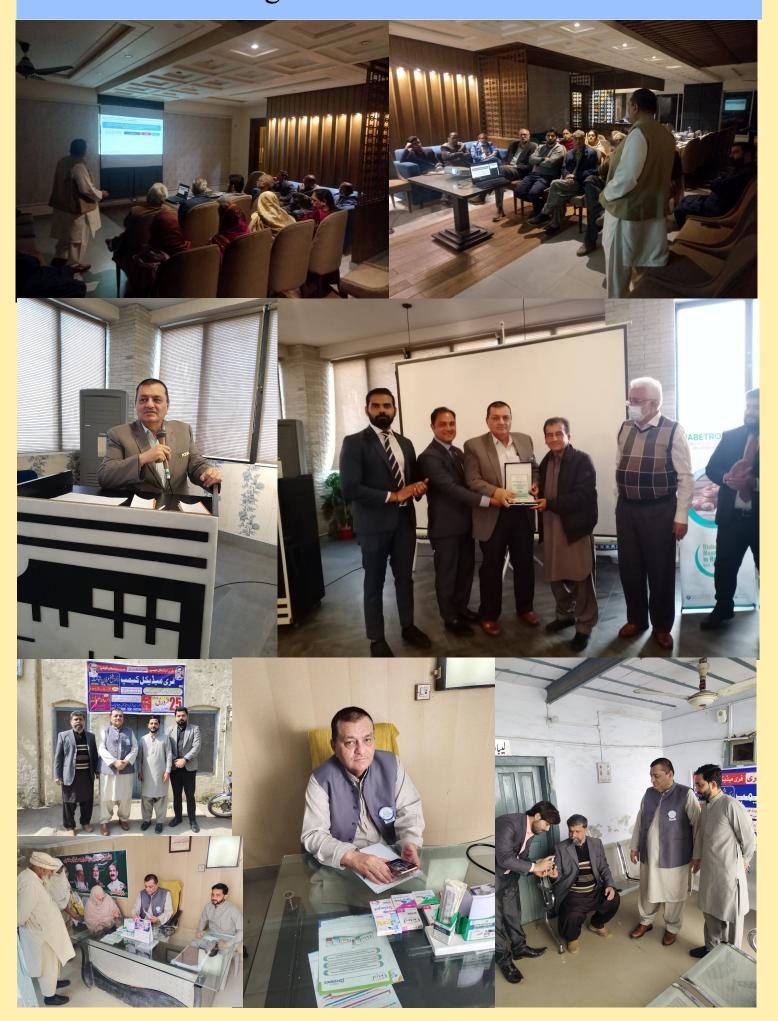
#: 6792

Abstract Title: Direct Observational Treatment (DOT) With Levothyroxine Absorption Test in Persistently Elevated TSH levels-Refractory Hypothyroidism: Experience With Three Cases

Author Block: Faryal Tariq Masood, Dr., masters in endocrine and diabetes



## Dr. Irfan Shaikh, Head of Multan Chapter of PCDA talking to the HCPs of the area



### Dr. Sohail Shokat, Head of Sahiwal Chapter of PCDA conducted an RTD for the HCPs of the area



#### Activities by other chapters





## Free Diabetes Camp & Awareness session for patients in Toba Tek Singh

A Pre-Ramazan Free Diabetes Camp was arranged by Dr Muhammad Irfan Rashed in Toba Tek Singh under the umbrella of PCDA chapter of Toba Tek Singh. Free tests, including BSR, HbA1C, were done and free medicine was provided. A very interactive session with patients bout diabetes diet, religious beliefs, and medicine change in ramzan was discussed. To prompte healthy eating, free fruit buckets were distributed among patients.



## 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.

Chief Editor

#### SCAN FOR THE MEMBERSHIP OF

**PCDA** 



STEP



DEW

