The official newsletter Primary Care Diabetes Association Pakistan

Head of Publications Committee: Dr. Shahid Akhter, Chief Editor: Dr. Riasat Ali Khan

"Diabetes Pakistan" Conference in Faisalabad sets new records PCDA and LDF main collaborators



Faisalabad witnessed a very Shokat FMU, charged and enthusiastic audience.

elegance. Heads of all collab- LDF on organizing such a big empowered and

on Metabolic Syndrome with duced their organizatons and have never seen such a com- cepts according to the latest the title "DIABETES PAKI- gave a brief review of the prehensive and ample confer- updates in the field of diabe-STAN" concludes in Faisala- aims and objective they hav, ence ever organized in Paki- tes and associated problems. bad on 2nd. November'2024, Dr. Ijaz Anwer introduced stan on the issue which has setting new records of suc- LDF, Dr. Riasat Ali Khan now become the biggest cess and Accomplishment. introduced PCDA Pakistan, health problem of the coun-The two days of marathon Dr. Amanat Mohsin intro-try. academic sessions parallel in duced PSIM, Dr. Hoorya intwo big halls of Hotel Serena troduced PKNC and Dr. Amir

The Inaugural ceremony in and ex-Health Minister of new treatment modalities are the evening of the 1st. Day, Punjab Government, Prof. now available which are more itself was an exceptional and Jawed Akram was the chief realistic and beneficial to the unique experience for the guest of the event. He first people with diabetes. The priguests. More than 1500 thanked the organizers to in- mary care physicians are the guests attended the full cere- vite his as chief guest. Then backbone of the healthcare mony with a lot of grace and he congratulated PCDA and system and they should be

sented his talked on the new hall was just mesmerized and horizons in the management captivated during this unique Head of Pakistan Society of of diabetes. He said now the show. Internal Medicine (PSIM), thing are changing fast and equipped

Ist International Conference orator organizations intro- event on diabetes. He said he with these revolutionary con-

Later the cake cutting to launch the Lyalpur Diabetes Foundation was done with a lot of music and spotlights. Prof. Jawed Akram also pre- The whole audience in the

> Dr. Ahmad Shahzad in the end thanked everyone who attended the ceremony and hoped for the full attendance in the forthcoming plenary academic sessions to be started from the next morning on 2nd. of November in Hotel Serena Faisalabad



Diabates -cundation



Diabetes Association



dedical.





Academy of Family Physician



NOVEMBER month of Diabetes Awareness



Join hands with



PCDA PAKISTAN

What a start of November this year! Faisalabad Conference attracted by thousands of academics lovers































Transcript of the

ble. It will be in-

coming issues





Team PCDA in the conference



















Faisalabad Medical University syndicate approves Diploma in Diabetes

Reports Dr. Ijaz Anwer



Dr. Ahmad Shahzad, the Head of PCDA Punjab has informed that the Syndicate of Faisalabad Medical University (FMU) has approved Diplomas in Diabetes and Family Medicine in the university.

In a recent meeting of the syndicate held on 6th. Nov'24, pro-Vice Chancellor of FMU, Prof Dr. Aamir Shaukat commended all stakeholders for their exceptional efforts in successfully organizing the inaugural International "Diabetes Pakistan" Metabolic Diseftse Conference.

PCDA,

PKNC and the Pakistan Soci- ing and treating DM at the formal approval of the Dip.

This event was jointly hosted but masses across the board In a subsequent meeting on that Prof. Aamir Shaukat will LDF, about importance of recogniz- 11th. Nov'24 the committee, be the course director.



of Internal Medicine earliest. The committee mem- Diab. Was given; and the curcessful collaborative event.

Prof. Aamir Shaukat highlighted the importance of creating public awareness and educating not only doctors

(PSIM). The attendees of the bers also agreed that it is the riculum, syllabi and formalimeeting expressed their ap- need of the time that FMU ties were agreed upon by the preciation for the Vice Chan- becomes the torch bearer tor members. cellor's leadership end men- creating awareness to diagtorship in guiding this suc- nose this disease in the earliest stages and also to induct various programs for educating and producing diabetes specialist in Faisalabad and adjoining areas.

immediately started would be the first diploma of its kind to be initiated to produce quality diabetes specialists with level II qualification, in Punjab. It was also decided

The committee members also agreed upon the need to design a "Two Months Certifi-He said that diploma will be cate Course" by the department of medicine, for the doctors of other faculties. Dr. Usman Musharraf and Dr. Ahmad Shahzad has been appointed as focal persons for this course.

MoU signing with Getz Pharma









PCDA Karachi Presents











DIABETES AWARENESS WALK & FREE SUGAR SCREENING

آج ہی قدم بڑھائیں، با قاعدہ ورزش کریں اور متوازن غذا سے ذیا بیطس سے بچاؤ ممکن بنائیں



9:00 AM



17th Nov



Getz Pharma
Astola facility

Join hands with PCDA Pakistan to defeat Diabetes



DIABETES CARE NETWORK OF PCDA PAKISTAN

One of the many noble aims and objectives of PCDA Pakistan is to help the people with diabetes in access to quality care of diabetes and its complications. To achieve this objective PCDA has launched a pilot project of Diabetes Care Network (DCN) under which Pricary Diabetes clinics will be opened at the running clinics of selected Primary Care Physicians (PCPs) of peripheral areas of selected cities.



standard training in the management of betes Care Clinics (DCC) will be diabetes and associated problems, by the opened.and experts. The pilot program will be first started for the PCPs of Sindh province, then the network will be expanded A throughout the country.

Memorandum of Understanding (MoU) was signed between PCDA Pakistan and Pinnacle Biotec, few weeks ago, to agree upon the modus operandi of the project.

stan regarding quality care for individu- once a week for six months. als with diabetes by providing free train- The tentative program dates are Noveming. This initiative aims to significantly ber 30 to December 1, 2024. Soon improve their capabilities in diabetes PCDA is going to announce the design management.

HCP clinics and hospitals, along with and patient guidelines, will be printed the distribution of free medicines, will and distributed among patients by the be organized under this project.

The selected PCPs will be provided According to the MoU initially 30 Dia-

one-day comprehensive training workshop, tentatively scheduled for December 1, 2024, in Karachi, conducted by PCDA Executive Members. Certificates will be awarded to participants. Online training sessions on diabetes management will be held bi-weekly by PCDA Executive Members, in coordina-The purpose of this MoU is to enhance tion with the Pinnacle Biotech team. the knowledge and skills of healthcare Free sugar screening camps will be orproviders (HCPs) in rural areas of Paki- ganized at all 30 Diabetes Care Clinics

and details of each speaker's lecture.

Additionally, free diagnostic camps at Approved public awareness materials sponsors in local languages. The DCC

openings are scheduled from November 5 to November 14. The list of HCPs will be finalized by October 30, 2024.

DCN Channel

Under the Diabetes Care Network an electronic media channel is also designed which is soon going to be start working. Through this channel public awareness lectures, talks, interviews and other programs of the interest and benefit of the people with diabetes will be broadcasted.

"Prevention First," a YouTube news channel is already providing news coverage of the PCDA academic and re-



search activities. This channel will simultaneously continue its functions under the publications committee of PCDA.

WDD program at SALIM HABIB UNIVERSITY by PCDA Karachi

Report by: Saud Abbasi (STEP)

PCDA Pakistan is arranging diabetes awareness and screening programs with a continuum throughout the country, since the month of November has started. On the occasion of World Diabetes Day a Diabetes Awareness Session was arranged in Salim Habib University of Karachi with the title "Unlocking Healthy Aging," by PCDA Karachi and STEP, in collaboration with Hilton pharma and Eissa Lab.



and Happiness Arena" of the university where hundreds of the participants were screened for blood sugar, cholesterol HbA1c, Body Mass Index, blood pressure etc.

Presenting her Awareness talk, Dr. Aysha Abbas, who is famous physician and nutritionist, PCDA and STEP for their comprehensive support for the program.

Dr. Riasat Ali Khan, president elect

audience that Some 33 million Pakistan-– or 26% of the adult population – are living with diabetes, according to the International Diabetes Federation Pakistan has the world's highest adult with diabetes." prevalence rate. It ranks third in absolute numbers, following China and India initially thanked Team which each have a billion people living with diabetes. More than one-third of Pakistan's cases are undiagnosed, the fourth highest in global rankings.

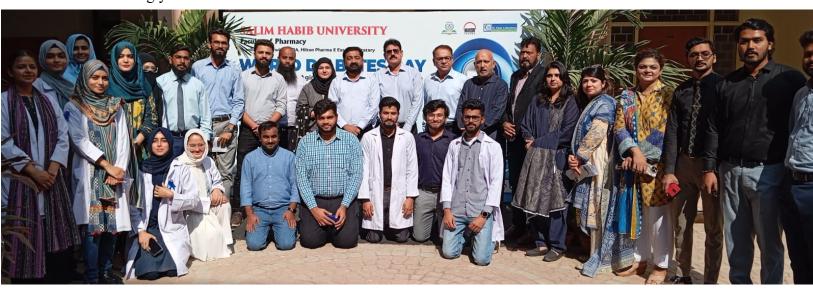
The Program was arranged in "Health PCDA delivered his presentation on dia- Dr. Riasat further said "In addition, Pabetes and its complications. He told the kistan's population with diabetes could nearly double to 62 million by 2045, if more preventative action isn't taken, the IDF warns. Worldwide, meanwhile, (IDF) citing data from its 2021 report. more than half a billion people are living

> Later Vice Chancllor of the university, Prof. Dr. Syed Irfan Hyder thanked the organizers, collaborators and the. Audience who played their utmost role in making the program a success.

Screening and consultation camp after the seminar

The camp was arranged in the Health and Happiness Arena" of the Salim Habib university in which a team of volunteers of STEP under the able supervision of Muhammed Saud Abbasi, screened the staff, students and other people attending the camp. Data of the screening was also gathered on prescribed format.

Dr. Riasat, Dr. Asima Khan, Dr. Qazi Mujahid, Dr. Majid Khan and Dr. Ashraf Raheem examined the screened persons and advised them accordingly.

















Role of Primary Healthcare in Managing Diabetes in Low-Resource Economies like Pakistan

By: Dr. Khaleeq Warsi (Canada)

Primary Care Diabetes Association of Pakistan (PCDA) was established in 2009, and this year in 2024, we have achieved a milestone of completing 15 years of our efforts from local to national and now challenged internationally. The aim and objectives of our mission is to encourage academic and social activities to uplist the standard of practicing doctors and suffering humanity in Pakistan.

Diabetes mellitus

is a chronic metabolic disorder that has reached epidemic proportions globally, with significant impacts on both health and economic sectors. In Pakistan, the prevalence of diabetes is alarmingly high, making the management of this disease a critical issue for the healthcare system. According to the International Diabetes Federation, as of 2019, an estimated 19.4 million adults aged 20-79 were living with diabetes in Pakistan, and this number is projected to rise to 26.1 million by 2045. Primary care plays a crucial role in addressing diabetes effectively, as it can improve health outcomes and reduce the economic burden associated with the disease.

Reducing Economic Burden:

The economic impact of diabetes is profound, including direct costs related to medical care and indirect costs such as loss of productivity. In Pakistan, the annual healthcare costs associated with diabetes are estimated to exceed \$500 million.

Primary care interventions prevention can mitigate these costs by

reducing the incidence of complications requiring hospitalization and expensive treatments. A study by the Diabetes Control and Complications Trial (DCCT) and the Prospective Diabetes Study (UKPDS) have demonstrated that improved glycemic control, which can be achieved through primary care, significantly lowers hospital admissions and interventions for diabetic complications.

Key Functions of Primary Healthcare in Diabetes Management:

1. Early Screening and Diag-

Primary healthcare centers are ideally positioned to conduct screenings for diabetes and identify at-risk populations. Early diagnosis through cost-effective screening measures helps mitigate complications associated with unmanaged diabetes.

Education Health Awareness:

Education at the primary care level is essential for diabetes and management. Health profes- and Monitoring:



Dr. Khaleeq Warsi

MBBS, MSc, CSQIL (Harvard)

Physician Diabetologist & Endocrinologist Specialized Training:

Solid Organ Transplant Medicine Healthcare Quality and Safety Improvement

dietary choices, exercise, and management, condition more effectively.

self- 3. Medication Distribution

sionals can guide patients on With effective supply chain primary glucose monitoring, empow- healthcare facilities can disering them to manage their pense essential medications and monitor patient compliance with prescribed treatments.

facilities are less accessible.

4. Preventive Care and Risk Factor Management:

Addressing lifestyle factors, such as obesity and sedentary habits, is integral to primary healthcare. Preventive programs can reduce the onset of diabetes-related complications, alleviating the overall healthcare burden.

Lessons from Advanced Countries:

High-income countries have systems that emphasize preventive and primary care services for diabetes. Here are a quires unique adaptations: few practices that could inform improvements in Pakistan's primary healthcare:

1. Integrated Care Models:

implemented dietitians, and diabetes educa- in rural communities. tors. Such coordination ensures comprehensive care and continuous monitoring patients.

2. Use of Technology for Self -Management:

manage their condition. Tech- ited. nology also allows healthcare

This is vital in areas where providers to monitor patients 3. Task-Shifting Models: secondary and tertiary care remotely, reducing the need for in-person visits and improving outcomes.

Public Health Campaigns:

Advanced countries emphasize nationwide awareness and preventive health screenings. For example, Australia's National Diabetes Services Scheme provides resources and screenings that promote early detection and prevention.

Adaptations for Low-Resource Settings in Pakistan:

established robust healthcare While some practices from advanced countries are directly applicable, Pakistan re-

> 1. Community Health Worker (CHW) Integration:

Involving CHWs can extend primary care services to re-Countries like the United mote areas. CHWs can be Kingdom and Canada have trained to conduct diabetes integrated screenings, provide education healthcare models where pri- on lifestyle changes, and 4. Public-Private Partnerships tions. Without proper educamary care physicians work monitor blood glucose levels, (PPP): closely with endocrinologists, making care more accessible

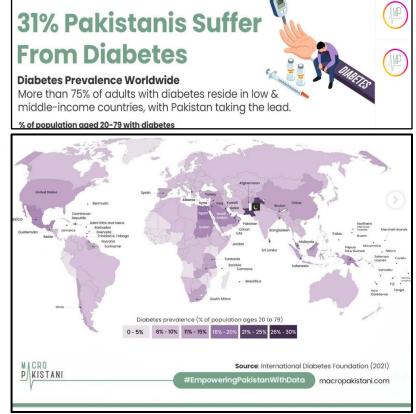
Solutions:

Developing low-cost mobile health platforms for diabetes self-management and educational messages could im-In the U.S. and Europe, mo-prove patient adherence and bile applications and tele- reduce the need for frequent health services are used for clinic visits. Basic SMS-based continuous glucose monitor- systems could be deployed ing, enabling patients to self- where internet access is lim-

Given the shortage healthcare providers, Pakistan can adopt task-shifting mod-3. Preventive Screening and els where nurses and CHWs take on some responsibilities typically reserved for doctors, 2. Poor Health Literacy: such as diabetes education,

often lack adequate resources, including trained staff, medications, and diagnostic tools. This limitation restricts the ability to provide consistent and quality diabetes care.

Limited health literacy ham-



dietary counseling, and medication adherence checks.

Collaborations between the government and private sector 2. Low-Cost Mobile Health could help improve access to monitors, and other essentials Factors: for diabetes care.

Challenges in Implementing Effective Primary **Healthcare:**

1. Resource Limitations:

Primary healthcare centers

pers patients' understanding of diabetes and its complicaself-management becomes challenging, leading to higher rates of complications and hospitalizations.

affordable insulin, glucose 3. Stigmatization and Social

Cultural stigma around chronic illnesses can discourage patients from seeking care. Furthermore, dietary practices ingrained in the culture can make lifestyle changes difficult to implement.

4. Limited Access to Insulin and Monitoring Tools:

low-resource settings. Ac- subsidize cording to the World Health supplies. Organization, access to insulin in low-income countries is only about 50%, with even lower rates in rural areas (WHO, 2022).

come Challenges:

Increasing Funding and Resources:

primary healthcare infrastruc- sential Medicines: ture and human resources is

medications

2. Enhanced Health Education Campaigns:

Targeted health education campaigns that consider cul- Providing tural contexts can improve healthcare providers to work Strategies to Over- health literacy. Community- in rural and underserved areas Healthcare and emphasize the importance availability of preventive care.

Government investment in 3. Subsidized Access to Es- Scalability

income patients.

4. Incentivizing Primary Care Providers:

incentives based awareness programs could address the shortage of can help demystify diabetes trained staff and improve the primary healthcare services.

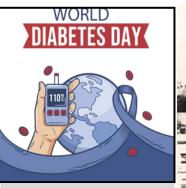
Sustainability:

Access to affordable insulin critical. This can be supported Government subsidies on es- By bolstering primary care and glucose monitoring devic- through partnerships with in- sential medicines, such as in- systems to manage diabetes es remains a major barrier in ternational organizations to sulin, and the establishment of effectively, countries like Paand low-cost pharmacies could kistan can develop scalable improve accessibility for low- and sustainable health interventions. This can be particularly effective in rural and underserved areas healthcare access is limited, and primary care can serve as a critical access point for essential health services.

References:

International Diabetes Federation. (2023). Diabetes Atlas. Retrieved from [IDF website]

and World Health Organization. (2022). Access to Insulin Report. Retrieved from [WHO website]



Dr. Khaleeq Warsi has been working as social secretary of PCDA, nowadays living in Canada. Studying at Harvard Medical School, Harvard University, Boston. USA. In this article he remind us history World Diabetes Day and the place in Toronto Canada where Bantin and Best worked to create this history.



In May 1921, the experiments limited success. that would culminate in the synthesis of commercially available insulin first began in Toronto, Canada. Frederick Banting and Charles Best experimented on a number of diabetes-induced dogs with

A breakthrough came when one of the dogs, named Marjorie by the Toronto team, survived for 70 days with injections of the pancreatic extract, or 'Isletin' as the team were calling it.

World Diabetes (WDD) was created in 1991 the passage of United Nation by IDF and the World Health Resolution 61/225. Organization in response to growing concerns about the escalating health threat posed by diabetes. World Diabetes Day became an official Unit-

Day ed Nations Day in 2006 with

It is marked every year on 14 November, the birthday of Sir Frederick Banting, who codiscovered insulin along with Charles Best in 1922.



Frederick Banting and Charles Best

son living with diabetes.

There are other key milestone Of course, the work in Toron- quent developments that have rise to more than 700 mildiscovery of insulin, taking us did not happen in a vacuum. over the past 100 years.

lowing year, the first suc- to the research, through to to mark many relevant dates billion people live with diacessful injection of insu- mass production and the wid- and themes in the history of betes. Without significant lin was administered to a per- er distribution of insulin be- diabetes, including pioneering action to address the global yond North America.

events in the timeline of the to in late 1920 and early 1921 transformed diabetes

On January 23rd of the fol- from the initial idea that led We will take the opportunity Worldwide, close to half a work that took place prior to impact of the condition, we the discovery and the subse- anticipate the number will

care **lion** over the next 25 years.



Diabetes and well-being is the theme for World Diabetes Day 2024-26. With appropriate access to diabetes care and support for their well-being, everyone with diabetes has the chance to live well.

Diabetes and Well-being

Millions of people with diabetes face daily challenges managing their condition at home, work, and school. They must be resilient, organised, and responsible, impacting both their physical and mental well-being. Diabetes care often focuses only on blood sugar, leaving many overwhelmed. This World Diabetes Day 14 November, let's put well-being at the heart of diabetes care and start the change for a better diabetes life.

Role of Primary Care Physician in early detection of diabetes

By: Dr. Majid Khan

The number of patients identified with diabetes is growing every year. For every patient diagnosed with type 2 diabetes, there are numerous people with type 1 diabetes and pre-diabetes who go undiagnosed. Early detection of the disease and initiation of treatment can make a huge difference in the outcome for the patient. The primary care physician plays a key role in this step.

The Primary Care Physician:

As we all know a primary care physician deals enormous amount of patients every day so **PCDA** very keenly try to reach and help primary care physicians all over country. As we all know primary care physician is just like a family member to the patient's so it is very easy for a primary care physician in detecting the signs of pre-diabetes or diabetes early and can help in slowing the progression of the disease. This can vastly lower your risk for diabetes related health complications. Primary care physicians identify patients at risk for diabetes based on family history and other factors. Patients, who have a history of cardiovascular disease, are obese or overweight, and even those with a sedentary lifestyle are at a high risk for diabetes. Pregnant women are screened for gestational diabetes. In addition, patients with certain symptoms will be screened for diabetes.

Diagnosis by the Primary Care Physician

The first step in treating a patient suspected of having diabetes is proper diagnosis. Primary care physician suspects diabetes he or she will recommend a plasma glucose test. The most common tests are the <u>two hour postprandial glucose test and the fasting plasma glucose test</u>. If the results are positive for diabetes, now it begins the journey of learning about the disease, how to manage the disease, and what lifestyle changes you will advise. Primary care physician will guide patients through this journey.

Treatment

Primary care physician will create a diabetes management plan designed for each individual, This plan will take into account your lifestyle, your weight, your activity level, your age, the severity of disease, your dependence of medications, and more. If someone is diagnosed as a type 1 diabetic you will need insulin to control sugar level. If someone is diagnosed as a type 2 diabetic, you will most likely begin managing diabetes of your patient with lifestyle and diet changes along with some medications. In some cases, a physician will ask a patient to implement lifestyle and diet changes for a period of approximately six weeks before beginning any medicine protocol. After the six weeks are up, the patient will have another blood glucose test to see if there are any positive changes in his or her blood glucose levels. These results will help the primary care physician determine whether or not to start the patient on diabetes medications.

Team Approach

If a person is diagnosed as a diabetic he or she can expect to visit the primary care physician at least once every three months for a checkup. The visits may be more frequent during the first months of diagnosis as patient establish a self-management routine.

You should also expect to meet with other doctors who treat diabetic patients. You may refer your patient to specialists who focus on certain aspects of the disease and will help prevent the progression of the disease. These specialists include Podiatrists, Diabetic Educators & Pharmacists

Role of patient in Your Success:

The patient will play a big role in the successful management of diabetes. Physician will ask the patient to make lifestyle and diet changes. It is critical that he or she should make these changes immediately and stick to the instructions. Often, the changes are simple and will improve patient overall health.

Let's look at two common changes the primary care physician may ask the patient to make:

Diet: Diet must change to keep blood sugar from spiking. Eating less sugary foods. Primary care physician may recommend seeing a dietician to devise a meal plan that includes healthy meals and snacks that fit patient's lifestyle.

Exercise: Exercise is important for both prediabetics and established diabetics because it helps control weight and helps keep blood flowing to limbs. Advise your patient to exercise every day.

Primary care physician is the back bone and first line of defense in the successful management and early detection of diabetes.

Screening Camp under SEED project in Sangla Hill

Chapter Head Dr. Shahid Jawed Chaudhary welcomed Team PCDA from Sindh

Report By: Dr. Qazi Mujahid



After attending two days international conference in Faisalabad, the team PCDA checked out of the Serena Hotel Faisalabad and travelled to Sangla Hill city of Punjab province on invitation of Dr. Shahid Jawed Chaudhary, the chapter head of PCDA Sangla Hill. Dr. Shaid vry warmly welcomed the team PCDA Comprised of Dr. Riasat Ali Khan, Dr. Fareeduddin, Dr. Najum F. Mahmoodi, Dr. Shakil Ahmed, Dr. Iqbal Batavia, Dr. Shahid Akhter, Dr. qazi Mujahid, Dr. Majid Khan, Dr. Sikander Ali Rahu, Dr. Abul Samad Memon, Dr. Izhan Khan

teers from Pharmevo materi- resources and support. alized all the arrangements and facilitated the camp proceedings.

advised.

order to identify and approach the undiagnosed diabetics in the far-flung rural areas, a team of senior doctors and medical science experts with the support of healthcare initiative have launched a project that would reach out to around a million people, mainly in the rural areas of

under the supervision of Saud with diabetes but are unaware the population is already dia- the world with the number of Abbasi made all arrangements of the disease, so that they betic, but it doesn't know, people with diabetes, where of the camp and assured its could be guided towards Due to such unawareness, the over 33 million are diabetics," smooth running. The volun- healthy lifestyles with all due health complications are in- he said. "Similarly, the same

The SEED project "screening About two hundred of the ar- outreach" was launched with ea people were entertained in the joint effort of Primary the camp. Their blood sugar, Care Diabetes Association cholesterol, uric acid and vi- (PCDA) and Discovering Ditals were tested. Later they abetes, who vowed to screen a were examined by the con- million people, mainly in the Dr Riasat Ali Khan the presisultants of the Team PCDA rural Pakistan in the next cou-dent Elect of PCDA Pakistan and subsequent management ple of months in an attempt to said the association was putmake people aware about ting its best effort through Why Sangla Hill? Because in with diabetes in the country aware about diabetes and without knowing it.

> "It's so unfortunate that Pakistan is the third largest in terms of diabetes patients and the number is growing with each passing day," said Dr Farid Uddin, Past-President of PCDA. "Another alarming

A dedicated team of STEP the country who are living thing is that a huge portion of "Pakistan now ranks third in creasing manifold. We be- number of people is prelieve that being health profes- diabetics, which means that sionals, it's our duty to reach they are also going to become out to the people and make diabetics in the years to come. them aware about the disease. Diabetes is a far bigger and This project is all about this horrific disease that it's genspirit.

> their health and determine the campaigns and different sesexact number of those living sions to make the people its .impact on human health. Later Dr. added.

erally believed. It is killing thousands of people annually in Pakistan due to renal failure and other complications, while thousands of others are getting their limbs amputated due to peripheral neuropathy caused by the disease."

The fresh move with the sup- Chaudhary thanked the team port of Discovering Diabetes PCDA from Karach and other was part of the same cam- parts of Sindh province, who paign with a larger horizon spared their valuable time in and effective planning, he spite of the two tiring days in Faisalabad International Conference on Metabolic Syndrome.

Team PCDA in Sangla Hill Camp















Diabetes and Heart Failure: Understanding the Link

Dr. Naseeruddin Shaheen

Introduction

Diabetes and coronary heart failure (HF) are persistent, modern situations which have a tremendous effect on public fitness globally. Both sicknesses independently make a contribution to excessive morbidity and mortality quotes.

However, while mixed, they exacerbate every other, ensuing in extra extreme consequences and extra demanding situations for each prevention and control. The complicated interaction between diabetes and coronary heart failure has attracted growing interest from clinicians and researchers, as knowledge this courting is vital for enhancing affected person care.

This essay explores the mechanisms linking diabetes with coronary heart failure, examines the outcomes of diabetes on coronary heart failure consequences, and discusses remedy techniques that deal with each situations.

The Mechanisms Linking Diabetes and

Heart Failure

Disturbances

One of the important thing members to the connection among diabetes and coronary heart failure is insulin resistance, an indicator of kind 2 diabetes (T2D).

Insulin resistance ends in hyperinsulinemia, wherein the frame compensates for impaired insulin movement via way of means of generating extra insulin.

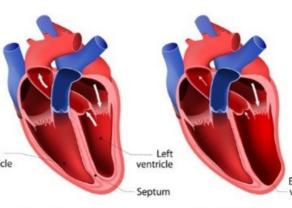
This metabolic disturbance can sell a variety of cardiovascular Right ventricle issues, such as hypertension, atherosclerosis, and endothelial disorder, all of which growth the hazard of coronary heart failure.

2. Hyperglycemia and Vascular Dysfunction

Chronic hyperglycemia, a defining function of diabetes, hurries up the system of atherosclerosis and endothelial disorder.

1. Insulin Resistance and Metabolic High blood sugar stages harm blood vessels, growing the hazard of coronary artery disease (CAD), a main purpose of coronary heart failure. Additionally, ex- Both diabetes and coronary heart failure

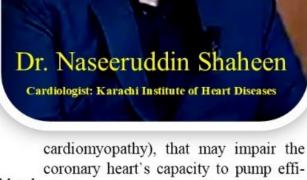
HEART FAILURE



Normal heart

Heart failure

heartmuscle (a situation called diabetic betes.



ciently, main to coronary heart failure.

3. Inflammation and Oxidative Stress

tended glucose stages make a contribu- are characterized via way of means of

persistent low-grade irritation and oxidative pressure. In sufferers with diabetes, those elements are exacerbated via way of means of hyperglycemia and insulin resistance.

Inflammation promotes atherosclerosis and fibrosis with inside the myocardium, whilst oxidative pressure damages cell structures, such as the coronary heart muscle ventricle itself. Together, those techniques make a contribution to the im-

provement of coronary heart failure, tion to the thickening of the coronary specially withinside the presence of dia-



4. Autonomic Dysfunction

The autonomic frightened system (ANS) performs a vital position in regulating coronary heart feature, and its disorder isfrequently determined in sufferers with each diabetes and coronary heart failure.

Diabetes can result in autonomic neuropathy, which impacts the coronary heart's capacity to reply to pressure or bodily activity, similarly exacerbating coronary heart failure symptoms. The mixed outcomes of diabetic autonomic neuropathy and coronary heart failure bringabout poorer consequences and elevated hospitalizations.

Prognosis and Outcomes

Increased Risk of Heart Failure in Diabetic Patients.

Numerous research have validated that people with diabetes are at a better hazard of growing coronary heart failure, specifically people with poorly managed

blood sugar stages. Diabetes will increase the probability of growing coronary artery disease (CAD) and ischemic coronary heart disease, each of that are

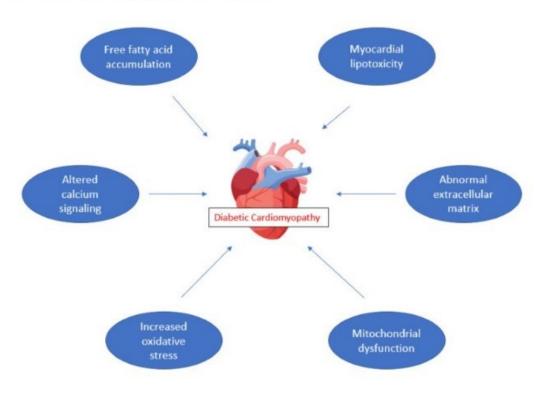
number one hazard elements for coronary heart failure. Additionally, diabetes itself can without delay impair coronary heart muscle feature, main to diabetic cardiomyopathy, a situation that contributes to coronary heart failure, even with inside the absence of coronary artery disease.

2. Impact of Diabetes on Heart Failure Outcomes

Once coronary heart failure develops, the presence of diabetes worsens prognosis. Diabetic sufferers with coronary heartfailure generally tend to have extra extreme symptoms, better quotes of hospitalization, and elevated mortality in comparison to non-diabetic people with coronary heart failure. This is specially real for sufferers with kind 2 diabetes, who frequently have comorbidities inclusive of obesity, hypertension, and persistent kidney disease, all of which similarly complicate coronary heart failure control.

3. Heart Failure with Preserved Ejection Fraction

A specially regarding factor of the connection among diabetes and coronary





heart failure is the superiority of coronary heart failure with preserved ejection fraction (HFpEF) in diabetic people. HFpEF is characterized via way of means of ordinary systolic feature however impaired diastolic feature, and it's far extra not unusual place in older adults, specifically people with diabetes and obesity. The underlying mechanisms contain each metabolic and structural adjustments with inside the coronary heart, such as ventricular stiffness and impaired relaxation, that are exacerbated via way of means of diabetes. Patients with HFpEF frequently enjoy a negative fine of lifestyles and feature restrained remedy options.

Management and Treatment of Diabetes and **Heart Failure**

1. Medical Therapy

cated and calls for a multifaceted ap- nary heart failure. Patients have to be ed by both diseases.

blockers (ARBs), blockers. mineralocorticoid receptor antagonists (MRAs) usually remedy of coronary heart failure. These tablets assist lessen the load at the coronary heart enhance and consequences.

sufferers with diabetes, there are extra issues concerning blood sugar manipulate and the cap potential for drug interactions.

However.

In latest years, there was developing The courting among diabetes and coroproof helping the usage of sodiumglucose cotransporter 2 (SGLT2) inhibitors in sufferers with each diabetes and coronary heart failure. SGLT2 inhibitors, inclusive of empagliflozin and dapagliflozin, have proven to lessen the hazard of hospitalization for coronary heart failure and enhance cardiovascular consequences in diabetic sufferers with coronary heart failure, irrespective of the ejection fraction. These tablets paintings via way of means of lowering glucose reabsorption with inside the kidneys, main to elevated urinary glucose excretion, in addition to having direct blessings on cardiac and renal feature.

2. Lifestyle Modifications

proach. Angio- endorsed to keep a healthful diet, intertensin-changing act in ordinary bodily activity, and maenzyme inhibi- nipulate their weight. Weight control is tors (ACE in- specially critical in stopping the imhibitors), angio- provement of insulin resistance and tensin receptor dealing with blood sugar stages. In people with coronary heart failure, exercise, beta- while accomplished below supervision, and can enhance purposeful potential and general well-being.

3. Diabetes-Specific Considerations

are In diabetic sufferers with coronary heart used failure, unique interest need to take dewith inside the livery of to blood glucose control. Some diabetes medications, inclusive of sulfonylureas and insulin, can growth the hazard of hypoglycemia, which can be risky with inside the context of coronary heart failure. Newer agents, inclusive of GLP-1 receptor agonists and SGLT2 inhibitors, provide benefits as they now no longer best enhance glycemic manipulate however additionally offer cardiovascular protection, making them specially beneficial in sufferers with diabetes and coronary heart failure.

Conclusion

nary heart failure is complicated, with each situations exacerbating every other. Insulin resistance, hyperglycemia, irritation, and oxidative pressure make a contribution to the improvement and development of coronary heart failure in diabetic sufferers. The coexistence of those situations effects in worse consequences, such as elevated morbidity and mortali-

However, advances in treatment, particularly with the use of SGLT2 inhibitors, have shown promise in improving outcomes for patients with both diabetes and heart failure. A comprehensive approach that includes medical therapy, lifestyle changes, and careful manage-The control of sufferers with each diabe- Lifestyle adjustments stay a cornerstone ment of blood sugar is essential in imtes and coronary heart failure is compli- of dealing with each diabetes and coro- proving the prognosis of patients affect-



PCDA Karachi North arranges Screening Program

Dr. Hira Baqai, Head of PCDA Karachi North arranged a free medical camp was on Friday 8 Nov 2024 at HIRA MEDICAL CENTRE, Karachi. During the camp patients were facilitated with Free sugar cholesterol BMI and DPNP test.

More than a hundred patients were registered in the camp. Twenty out of them were found to be pre-diabetic on screening and ten were diagnosed with Diabetes (Type-2) Ten patients were enrolled for free Diabetes and high blood pressure medicines (zakat).

HIRA MEDICAL CENTRE also provides with free Diabetes and high blood pressure medicines + insulin(zakat) to under privileged patients. Patients were also provided with free samples and were properly counselled for diet ,exercise and about diabetes management



Dr Hira Sabih Baqai M.B;B.S MSc.

(Diabetes & Endocrinology) Diabetologist Endocrinologist at HIRA MEDICAL CENTRE and







Mr. Yogi Wajahat, Executive Member of DEW division of PCDA meet members of PCDA Faisalabad chapter during his Medical Ergonomic session at Serena hotel Faisalabad.



ڈایا بٹیزا یجو کیشن -- ہم سکھا پیس کے

۔انسولین لگانے کاطریقہ،



انسولین کی مقدار کم یازیاده کب کرنی؟

شوگر کم ہونے کی نشانیاں کیاہیں، کم ہو جائے تو کیا کرناچاہیے؟ خوراک کیا اور کب اور کننی کھانی چاہیے؟

خوراک میں کاربوہایئڈریٹ کی مقدار کو گننا۔

ايم بي بي ايس،ايم ڈي،ايم سي بي ايس فيملي ميڈيسن یوسٹ گریجوایش ڈیلومہ اِن ذیا بیطس (یوکے)

كتنى فزيكل ايكثيويڻي كرني چايئے؟ ٍ

171/B-1 كيمي جوس والي كل عقب فضل دين فار مايلس باني سريث سابيوال

13نومبر۔بروز بدھ۔ 1سے 4بجے تک۔

ذيابيطس اسپيشلسك

ڈاکٹر سھیل شوکت

0311-0732672 🚫 0334-6262055 / 0311-1786284 🕒 🚅

Made Wit Postwizz.con

Obituary

PCDA Pakistan condole the sad accidental demise of

Dr. Rasool Bux Abro

physician, diabetologist

and ex-CMO of 100-Bed Hospital of Pkistan Steel Mills Karachi





رنیا بھر میں تقریباً 442 ملین افراد موذی مرض کا شکار' ہر 30 سکینٹر بعد ایک ٹانگ کائی جاتی ہے

لامکیورڈائیپیک فیڈرلیشن کاشوگر کے مریضوں کے لیے جدیدر پسرچ اوران کےعلاج کیلئے ڈائیپیک سینٹر بنانے کاعہد

شل ڈائبیئک کانفرنس کیم اور دنومبر کوسرینا ہوئی میں ہوگی شوگر سپیشلسٹ بنے شختیق بارے ڈاکٹر زکوآ گاہ کریں گے فیصل آباد (سٹاف رپورٹر) لائل پور

ہے۔شوگر دل دماغ اورجسم کے ہر ھے کومتاثر کرتی ہے۔ ان تمام وجوہات کو مدنظر رکھتے ہوئے لائلیور ڈائیلک فیڈرنیٹن نے شوگر کے مریضوں کے لیے جدید ریسرچ اور ان کے علاج کے لیے ڈائیوک سینٹر بنانے کا عہد کیا علان سے دامیط میں اعز بیشت ہ مہدیا ہے۔اس سلسلے میں اعز بیشتل ڈائیوک کا نفرنس کے افتتا می تقریب میں لاء عمل کا اعلان کیا جائے گا۔انٹر بیشتل ڈائیوک کا نفرنس کیم اور دو نومبر کو سرینا ہول میں ہوگی اس سلسلے میں کانفرنس کے چیف آرگنائزرڈاکٹر احمیشنراداور پٹیرن پروفیسرڈاکٹر عامرشوکت ہوں گے۔



بنتی جاری ہے اور ہر 00سینڈ بعدایک ٹانگ صرف شوگری بیچیدگی کی وجہسے کاٹ دی جاتی ڈائبوک فیڈریش کے زیراہتمام فیصل آباد میں انٹر پیشنل ڈائبٹیز کانفرنس کا انعقاد کیا جار ہاہے۔ جس میں بیرون ملک اور اندرون ملک سے شوگر کے سپیشلسٹ ڈاکٹرز اپنی شخقیق کے بارے میں ڈاکٹر زکوآ گاہ کریں گے۔ کانفرنس کے میڈیا کوارڈیٹیٹر ڈاکٹر محمد عرفان نے کہا کہ اس وقت يورى دنياً مين تقرّ يباً442 ملين إفراد شوگر کی بیاری میں مبتلا ہیں اور ہرسال تقریباً 20لا کھا فرادشوگراوراس کی پیچید گیوں کی وجہ سے موت کے منہ میں چلے جاتے ہیں۔اس















اوهان جي پنهنجي شهر نوابشاه ۾ هڪ روزه مفت ميڊيڪل ڪيمپ لڳي رهي آهي جنهن ۾ توهان جي پنهنجي شهر نوابشاھ پيپلز ميڊيڪل اسپتال جوماهر



ايع بي بي ايس (يو ايس). آرايع پي ڊپ دائپ (بي ايع يو اَيع سي پي ايس (ايف ايع)

فيملى فزيشن ۽ شگر جوماهر

شگر ،بلد پریشر ،معدو ، جگر ، سنڌن جو سور ۽ جسماني ڪمزوري جي بيمارين جو ماهر

تاريخ: 23 نومبر 2024 بروز ڇنڇر (منحهند 02:00 وكَّى كَان شام 00:00 وكَّى تائين) مفت شگر هيپاٽائيٽس B&C ڪوليسٽرول ۽ پيرن جي چڪاس پڻ ڪئي ويندي



PAKISTAN COMITTED TO DEFEAT DIABETES

WDD activities by various chapter of PCDA







ذیابطس کے عالمی دن کے موقع پرمیرا پیغام

پاکستان میں تقریبا 7%.7% لوگوں کو ذیا بیطس کا مرض لاحق ہے۔

احتياطي تدابير

علامات

- بار بار بھوک اور پیاس لگنا
 اییخ خون میں شوگر لیول کو جانیں اور کنٹرول کریں
 - اینی غذامیں شوگر کی مقدار پر قابوحاصل کریں پیشاب کازیاده آنا
 - اینے وزن کو کنٹرول کریں
- وزن میں غیرمتو قع کمی
- ہروقت تھکاوٹ محسوں ہونا اسے یاؤں اور ٹاگلوں کی نگرانی کر س
- روزاندسیر یاورزش کومعمول بنائیں
- زخم كا جلدتھيك نه ہونا

عالمي يوم ذيا بيلس ميموقع پر ميمعلومات Linjardy M.w اور Linjardy M.w بنانے والى كيني ن CCL كاطرف



Dr. Zahoor Ahmed Shaikh

MBBS, DIP DIAB, DIP CARD

Cardiologist & Diabetic Physician

Diabetes Awareness And Free Screening Camp



18 Novermber 2024 Monday

Near Girls College Road Dadu





SALIM HABIB UNIVERSITY

Faculty of Pharmacy

WORLD DIABETES DAY

Unlocking Healthy Aging: A Diabetes Awareness Session FRIDAY NOVEMBER 15, 2024

Speakers:

Dr. Riasat Ali Khan & Dr. Ayesha Abbas

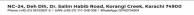
FREE SCREENING & CONSULTATION

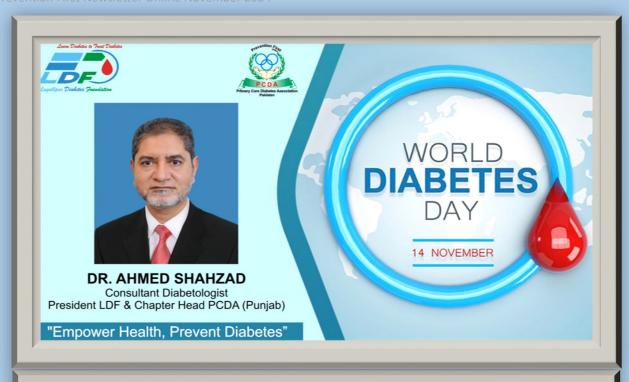
🔾 Blood Glucose Level 💢 Cholesterol Level 💢 BMI Blood Pressure A HbA1c

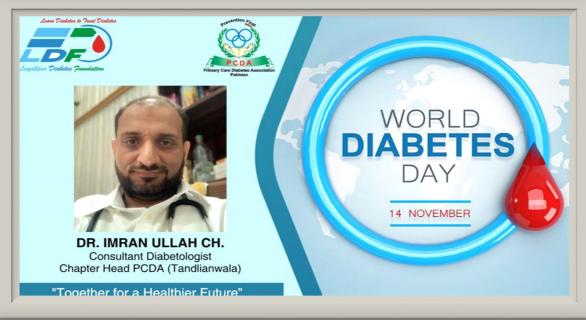
Time: 09:00 am to 01:00 pm Venue: Health & Happiness Arena

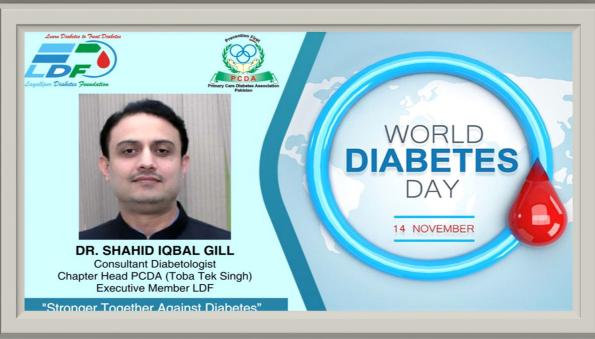














Dr. Suleman Khan reports from Kohat Chapter

World Diabetes Day

was celebrated at DHQ Hospital in Kohat, in collaboration with the hospital administration and the PCDA (Primary Care Diabetes Association Pakistan) Kohat Chapter.

The event featured a walk and awareness campaign to educate participants about diabetes management and prevention. Dr. Sulaiman Khan, Head of the PCDA Kohat Chapter, delivered key messages highlighting the importance of diabetes awareness, healthy lifestyle choices, and proactive measures to prevent and manage the disease.

The event emphasized the hospital's and PCDA's commitment to improving community health through education and support for individuals affected by diabetes.





PCDA Lahore Chapter announces collaboration with Al-Mustafa Trust



Care Diabetes Association ing was attended by Dr. Altaf (PCDA) Pakistan, and PAFP Cheema PAFP, Dr. Tahir RaThe following points were 3. Orientation of AMT staff (DOCTORSCON) had a very sool PCDA Lahore, Dr. Abimportant meeting with AL- dul Rauf PCDA Lahore, Dr. **MUSTAFA** PCDA Lahore Chapter and Dr. Meraj AMT and Dr. Brig AMT

Lahore Chapter of Primary AMT was decided. The meet- (R) Bushra AMT. TRUST(AMT) Manzoor Janjua PCDA La-

agreed upon:

Lahore during which a long hore, Dr. Nadeem Khawaja 1.PCDA Lahore Chapter will 3.Participation of AMT in term collaboration between PAFP, Dr. Sobia Altaf AMT, establish a Diabetes Centre in Diabetes Conference in Fai-

2. Diabetes awareness camp **AMT** periodically. including physicians about the aims, objectives and activities of PCDA Pakistan. Lahore. salabad in Nov. 2024.









PCDA Lahore arranges Free Medical Camp in collaboration with Al-Mustafa Medical Trust



PCDA Lahore Chapter arranged a camp in AMT on 19 Oct'24. About 200 patients were tested for Random Sugar. High risk cases were tested for HbA1C, Diabetic Peripheral Neuropathy test (DPNP test) ,Blood cholesterol and Bone Mineral, Uric Acid test, and Bone Mineral Density test (BMD).

The patients were examined by the expert physicians present in the camp who guided them about their disease and suggested treatment plans to them. Dr Salman Haider and MS DinShaw examined the referred cases for a very positive advice.

On this occasion an awareness lecture program for paramedical



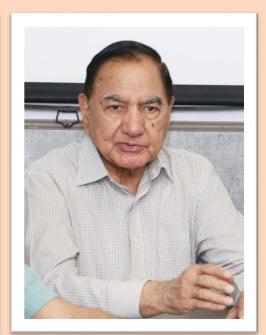
staff of AMT, about diabetes and its management was also arranged in the lecture room of AMT, . A large number of people with diabetes attended the session which was followed by an extended Q&A session. An expert panel comprising of Dr Altaf Cheema, Dr Tahir Rasool, Dr Abdul Rauf and Dr Manzoor Janjua participated in this highly interactive session in the presence of Dr Nabila. Rauf Head Abdul PCDA Lahore Chapter thanked to AMT and its staff headed by Dr Soobia Altaf for being so cooperative. He said "We also appreciate Mr Rana Waseem Sahib for his selfless and very kind assistance to make this free camp a big success. We all are obliged to Dr Nabila for her very helpful gestures in organizing the camp."



Awareness Session during the PCDA-AMT Camp













Dr. Nazeer Soomro reports from Jacobabad Chapter of PCDA

No Text Report Sent

As a regular activity, Dr. Nazeer Soomro last week arranged a free diabetes screening and management camp in Jacobabad. Here are some glimpses of the camp.





Dr. Tanweer Ahmed reports from Sargodha Chapter of PCDA





Dr. Sohail Shokat reports from Sahiwal Chapter of PCDA

No Text Report Sent



















The RTD by Dr. Sohail Shokat, Chapter head of PCDA Sahiwal



Dr. Ifra Nasir sends her selection from Sargodha Chapter



Myths and Facts About Managing High Cholesterol

Medically Reviewed by Poonam Sachdev on July 16, 2024Written by Julie Davis

Myth #1: All Cholesterol Is Bad

Fact: Your body needs some cholesterol to stay healthy, but you can have too much. Your total cholesterol number is the sum of a few types, mostly LDL, or low-density lipoprotein cholesterol, and HDL, or high-density lipoprotein cholesterol. Problems happen when you have too much LDL – it's the one most likely to clog your arteries. HDL is thought of as the "good" cholesterol because it can help sweep LDL away.

Are to Blame

about eggs? One large egg has 186 grains rich in fiber, plus milligrams of cholesterol and just foods with unsaturated fats 1.6 grams of saturated fat, or 8% like fatty fish, nuts, seeds, of the daily cap, so you can enjoy and olive oil. them in moderation.

Myth #3: A No-Fat Diet Is the **Best Diet**

Fact: When it comes to fat, it's not happen to anyone. Risk facall or nothing - your body needs tors include not enough exerfat, but it should be the right kind. cise, a low-quality diet, and The top choice is unsaturated fats, inherited conditions like fawhich can be polyunsaturated, like milial hypercholesterolemia. walnuts, sunflower seeds, flax- Though high cholesterol is seed, and fatty fish, or monoun- more common among people saturated, like olive oil and avoca- who are overweight or obese, be- make sure your meds and lifestyle heart health.

Myth #4: You Can Eat What You Myth #6: Only People Over 35

Myth #2: High-Cholesterol Foods Want if You're Taking Cholester- Need to Be Tested ol Meds

Myth #5: Thin People Can't Have High Cholesterol

Fact: High cholesterol can

Fact: Your cholesterol should be Fact: The American Heart Associ- Fact: It takes a few steps to control checked every 5 years from childation says to get less than 300 mil- cholesterol and prevent its compli- hood to middle age. Men ages 45 ligrams of cholesterol a day from cations, like heart disease and to 65 and women ages 55 to 65 food, but it turns out that saturated stroke. Medication is just one of should have it checked every 1-2 fats are the bigger problem. Red them. You also want to follow a years. After age 65, make it yearly. meat, butter, and full-fat dairy are heart-healthy diet that includes If you have high cholesterol, you the most common sources. What fruits, vegetables, and whole may need more frequent testing to



AL - SHAFI HOSPITAL **IQBAL TOWN, LAHORE** Timings: Mon-Sun 3pm to 6pm

dos. Make the switch to help lower ing just a few pounds above your changes are working. If your choyour high LDL and boost your ideal weight can increase your lesterol has never been checked, ask your doctor about it - don't wait for them to bring it up.

Myth #7: Only Adults Can Have trol is key to a healthy heart.

High Cholesterol



Myth #9: Can **HDL** High LDL

Fact: A high HDL thing, but it can't Dose cholesterol. scientists discovered there are

raise your good HDL cholesterol. Exercise also has this benefit -Fix aim for 30 minutes on most days of the week. And lose weight if you're carrying extra pounds.

number is a good Myth #11: It's OK to Skip a Statin

make up for high Fact: Statins can cut heart disease LDL or high total risk by 25%, yet 50% of people Also, don't take them properly, risking recently complications and more doctor visits. Just as you don't feel high different types of honester of you may not feel the benefits of your meds, but that HDL, and not all of doesn't mean they aren't working. your It's easier to get into a daily habit overall risk. There when you take them on a schedule. are new ways to Forgot a dose? Get back on track

Fact: Current stats show that 7% of kids between the ages 6 and 19 have high cholesterol. Their risk factors are the same as for adults: unhealthy diet, unhealthy weight, and a family history of high cholesterol and heart disease. Children with any of these risk factors should have their cholesterol checked as early as age 2.

Myth #8: High Cholesterol Affects Mostly Men

Fact: Before menopause, women Down may have some protection from Diet high cholesterol, thanks to estrogen, but even young women can have worrisome cholesterol levels. After menopause, you may see a change in your cholesterol levels, even if this was never a problem. Though heart disease usually happens later in life in women than in men, it's the leading cause of death for women. Cholesterol con-

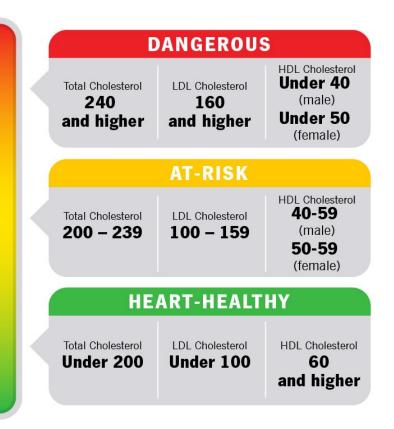
measure

LDL that may be more accurate and that don't require fasting in advance.

Myth #10: It All Comes to

Fact: Diet isn't the lifeonly style factor that needs your

Cholesterol Levels



If you're a smoker, quit to help of skipping doses.

attention. Other things can also the next day. Bothered by side efhelp you manage your cholesterol. fects? Talk to your doctor instead



Dr. M Irfan Shaikhreports from Multan Chapter

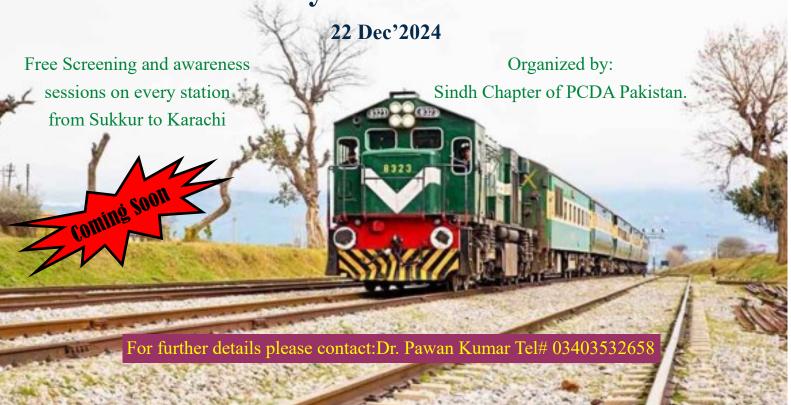
Free Diabetes camp at chungi # 9 Multan





DIABETES AWARENESS TRAIN MARCH

by PCDA Pakistan











Dr. Pawan Kumar

Joint Secretary PCDA Pakistan



Primary Care Diabetes Association Rwp/isbd





Beat Diabetes

ورلل زیابیطس ڈمے کے موقع

پر P@DA اسلام آباد کی جانب سے ایک صحت مندا کٹویٹی

تاریخ: 17-11-2024

شام 4 بج بمقام ایوب پارک

Chapter Head PCDA Rawalpindi___Islamabad

دُّاكثر شهزاد طاہر 0300-5144156 دُّاكثر محمد اقبال 0307-5113502 دُّاكثر زاہد محمود 0333-5628541

Prevention First Newsletter-Online

Dear Readers;

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

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

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

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

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

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

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

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

In charge PFN-Online

PCDA STEP DEW