DIABETES FootCon 2024 concluded successfully

Delegates from all over the globe participated in the great event by NADEP, SLiP and PCDA



I wo days International Conference on Diabetic foot concluded on Sunday 25th. August 2024 in Hotel Movenpick arachi. This great show was attended by a large number of speakers from all over the globe. Keynote lectures, brainstorming Panel Discussions and very informative workshops were parts of this Conference, primarily arranged by the National Association of Diabetes Educators of Pakistan (NADEP) in collaboration with PCDA, BIDE, SLiP and DAP.

Declared as 11th TtFT MIDDLE EAST AND NORTHERN AFRICA (MENA) REGION Event by the D-Foot International, was a part of its series being held all over the globe The Facilitator Dr Zahid Miyan left no stone unturned to make the event a memorable event.

President of D-Foot says "As we embark on the year 2024, I, as president of International, amazed at the incredible progress we have all made towards our unwavering goal of "Ending avoidable lowerlimb amputations due to diabetes".

As we transverse the timeline through this quarter, each narrative unfolds as a testament to our collective commitment and serves as evidence of our shared dedication working towards of the D-Foot missions and goal. Allow me to extend a warm welcome to those who have recently joined, wel-

al—a global force uniting ber made a significant impres- Foot

by nowned vascular surgeon Prof Robert

come to D-Foot Internation- J. Hinchliffe on 9th Decem- the 10th Train the Foot experts across 7 regions to delved into great detail about conducted from the 15thconfront the challenges of the complicated dynamics 17th February 2024 in Bled, diabetesrelated foot compli- between peripheral artery Slovenia. cations. Our journey over the disease and diabetes. This experience facilitated by our last quarter began with the webinar President Statement esteemed regional advisor IDF Virtual Congress 2023 As we embark on the year Dr. Vilma Urbancic-Rovan, where D-Foot International 2024, I, as president of D- brought together profession-International, sion. Prof. Harikrishna KR amazed at the incredible pro- world. Amidst exchanged Nair, Dr. Hermelinda Ped- gress we have all made to- perspectives, practical inrosa, and myself as board wards our unwavering goal struction, and cooperative members has the opportunity of "Ending avoidable lower- education, attendees not only to exchange perspectives on limb amputations due to dia- refined their abilities in manthe evolving landscape of betes". but also hosted a two- aging diabetic foot complicadiabetes management. This day intensive Diabetic Foot tions but also made a valuapivotal event underscores the Care program hosted by ble contribution to an interimportance of global unity in Shanghai Physician Associa- national community of emour shared mission. This was tions and Shanghai Vascular powered professionals. followed by a thought- Surgeons. The event served reminder of our dedication to provoking webinar delivered as a collaborative platform, promoting skill development the bridging global expertise and and lines. This initiative reflects the upcoming events, D-Foot

2023. The webinar Trainer (TtFT) program was am als from all around knowledge unveiling essential guide- among the community. For a resolute commitment to is thrilled to announce yet advancing diabetic foot care another enriching webinar standards in China, setting a session scheduled for 9th robust trajectory for the year March 2024, featuring Prof. and beyond. Additionally, Eric Senneville.



community envisions betic foot complications. Our DM and their loved ones. collective efforts, reflected in milestones achieved, shows the core values of D-Foot: education, collaboration and excellence in diabetes-related foot care. These accomplishments are a product of collective efforts of our board members, regionals chairs and advisors, and most importantly the active D-Foot members. I take this opportunity to thank everyone for their sincere dedication. Let us sustain this momentum, standing together.

Foot Infection' promises in- upcoming events. Your dedi- ments sightful discussions. D-Foot cation, knowledge, and com- endocrinola mitment propel us forward. ogy world where every step is a Together we can make an bringing step towards minimizing dia- impact to the people with together ex-

echoed our continuous dedication to empowering education activities. Concluding the year 2023, one of our standout moments was our participation in ESICON which unfolded in Hyderabad, India from the 14th-17th December 2023. **ESICON** 2023 brought together numerous endocrinology societies from across the globe, making it more than merely a gathering. This event created a unique environment for collaboration. information I urge every D-Foot member sharing, and the investigation

by perts from around the world. The events concluding the year 2023 stands as a shining example of how the convergence global expertise and collaboration significantly contribute advancing mately enhancing patient care. The year 2024, began with a milestone achievement in Shanghai, China where a landmark event unfolded from 11th-13th January. This conference not only introduced the Chinese version of the IWGDF international consensus

medical knowledge and ulti-

12th TtFT SSA SUB-SAHARAN AFRICA REGION









Zanzibar, Tanzania

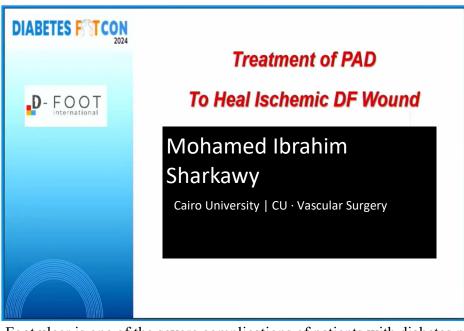


The Forthcoming TtFT Event



Prof Eric Senneville, MD, PhD, was one of the most distinguished speakers in the NADEP FootCom Karachi on 24th. August 2024.

Prof Senneville is a Consultant at the Department of Orthopedic, Lille University hospital, and his illustrious career is marked by profound contributions to diabetic foot care. Prof Senneville is not just a medical professional; he is a visionary in the realm of diabetic foot care. Holding a dual role as Chairman of the International Working Group on the Diabetic Foot Infection (IWGDF) and a member of the panel at the Infectious Diseases Society of America (IDSA), his influence extends globally. His commitment to advancing clinical practice and research in the field of Orthopedics has earned him a reputation as a luminary in the medical community. The topic of his talk was "Tales of Diabetes-Related Foot Infections". Prof Senneville's expertise promises a deep dive into crucial aspect of diabetes-related foot complications.





Foot ulcer is one of the severe complications of patients with diabetes mellitus, which poses a high risk for foot infection and amputation, especially in patients with peripheral arterial disease and neuropathy.

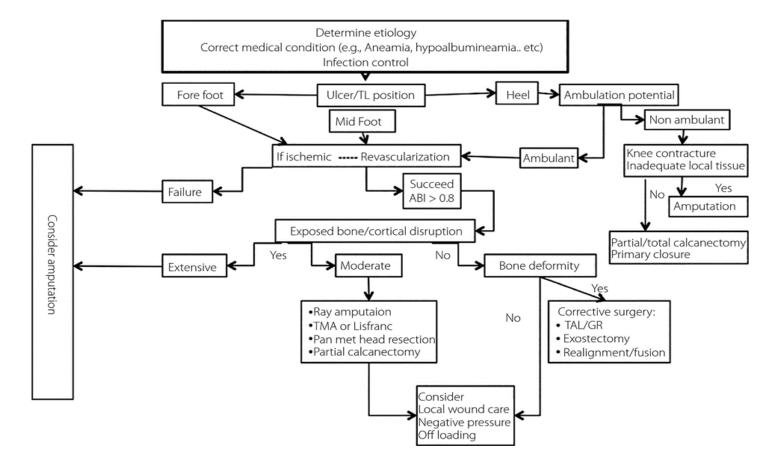
Prof. Mohamed Ibraheem Sharkawy presented new treatments for treating diabetic foot ulcers in recent years. He demonstrated the treatment of large ischemic ulcers in a diabetic patient. The overall treatment goal of these patient are designed to improve blood supply to their diseased lower extremities and close the ulcer. This two-stage reconstruction approach resulted in an ulcer-free, stable, plantigrade foot at postoperative follow-up.

Diabetic foot lesions are the occur in diabetics, and at dantly betics, and it is estimated betics will experience one stood that the medical teams pital. form of diabetic foot lesion designated for diabetic foot at least once in their lifetime. care would benefit the pa- The lack of an organized jor amputations. Approximately 85% of all tient, their advantages in pre- team dedicated to diabetic non-traumatic

clear. most common cause for hos- least 80% of those are pre- ers described how an orga- rather than problem-oriented pital admission among dia- ceded by active foot lesions. nized program can reduce solving strategies often inthe amputation rate by 72% creases the possibility of that at least 15% of all dia- Although it is well under- over 1 year in a county hos- missing an integral etiologi-

amputations venting amputation are abun- foot care aided by the narrow

Rog- scope of specialty-oriented cal problem. This eventually results in limb loss and ma-











24-25 AUGUST 2024 2021



Mövenpick Hotel, Karachi, Paki





Prof. Ejaz Vohra

Prof. Jamil Ahmed





Dr. Zakir Alavi



The Role of Offloading

For healing a neuropathic plantar forefoot or midfoot ulcer in a person with diabetes, use a nonremovable knee-high offloading device as the first-choice offloading.





Dr. Salma Khuraibet







Network of 3,000 diabetes clinics launched to offer

free consultations

A network of 3,000 diabetes clinics, aimed at providing free consultations to around 75,000 patients daily, has been launched across Pakistan. This initiative, called the National Diabetes Network (NDN), will particularly benefit the remote areas where access to standardised medical care is limited. The announcement was made by experts and officials on Saturday.

"Today we have officially launched the [NDN] under the Health Promotion Foundation [HPF], in collaboration with Meri Sehat, Pakistan's first AI-enabled healthcare platform, and Getz Pharma," said HPF Vice Chairman Prof Abdul Basit during the launch at NADEP Footcon 2024. "This network will bring standardised diabetes care to millions across the country."



said.

Prof Basit noted that the ex- He emphasised that the NDN betes complications. Without essential medicines and insuoffer free consultations to 25 Getz Pharma in terms of fi-port. diabetes patients daily, he nancial and technical assistance.

discount and lab tests at a 25 treatment," said Prof Basit. per cent discount, thanks to a "Every day approximately 35 partnership with Chughtai Lab," he explained.

"We aim to provide free con- "Thousands of people in Pasultations to 75,000 people kistan suffer from foot ulcers daily across Pakistan. These and amputations due to unpatients will also receive controlled diabetes, as they medications at a 50 per cent can't afford the necessary

> to 40 people in Pakistan lose their lower limbs due to dia-

perience gained from operat- is set to become the world's appropriate interventions, up lin at subsidised rates. ing NDN clinics in Karachi largest free health network to 600,000 individuals can has laid the groundwork for initiated by the private sec- face amputations by the end expanding to 3,000 locations tor. He acknowledged the of this year," he warned, callnationwide. Each clinic will critical support provided by ing for broader societal sup-

> rector Khalid Mahmood ex- should have to bury their pressed concern over Paki- child because of a preventastan's health and social de- ble disease." velopment indicators, noting that they lag behind even some Sub-Saharan African nations. "Despite being a nuclear power, Pakistan faces challenges in areas such as vaccination coverage, nutrition, and maternal and child health."

> He pointed out that after Chi- into the Diabetes Registry of the third-highest globally. prevalence healthcare system is underresourced, especially in the rural areas, where access to trained endocrinologists, diabetes educators and necessary medical equipment is scarce, he said.

more affordable by providing vide high-quality care.

Meri Sehat CEO Babar Rashid expressed concern over the increasing number of voung individuals dying prematurely due to diabetes Getz Pharma Managing Di- complications. "No parent

To address this, Meri Sehat has developed innovative diabetes patient management software that allows doctors to remotely manage multiple clinics, reducing costs and ensuring the sustainability of the network. This software also integrates patient data na and India, Pakistan has Pakistan, centralising infordiabetes mation for better decision-The making and research.

further improve care quality, Meri Sehat has created a Learning Management System and certification programme for diabetes educators and doctors. This initiative ensures healthcare pro-He added that Getz Pharma fessionals across the network is committed to making dia- are equipped with up-to-date betes care in the country knowledge and skills to pro-

PCDA delegate meets with the president of D-Foot International

On the 2nd day of the conference a delegate of PCDA Pakistan met with the president of D-Foot International Dr. Zulfiqar Abbas. Headed by the President PCDA Dr. Zahid Miyan and President Elect Dr. Riasat Ali Khan the delegate comprised of many Chapter Heads of PCDA Pakistan, e.g. Dr. Shehzad Tahir from Islamabad, Joint Secretary Dr. Pawan Kumar, Dr.Imranullah and Dr. Jawairia Salman.

The meeting covered several objectives with an understanding of similarities in disease presentation and management in Sub Saharan African region and MENA region, and future prospects as collaborators for the same cause.

Dr. Riasat thanked all PCDA representatives who were the part of the meeting and congratulate everyone since we are now stepping in new horizons.





PCDA's Free Medical Camp in Badin

Report: Dr. Shakil Ahmed Photography: Dr. Qazi Mijahid

Primary Care Diabetes Association (PCDA), in collaboration with its students wing STEP and under its SEED Project, organized a one-day diabetes camp on 18 Aug 2024 at Shabbir Medical Center, Badin, Sindh. The camp aimed to raise awareness regarding diabetes and provide free health check-ups to the local community.



This initiative was part of PCDA's ongoing efforts to enhance the healthcare services for diabetic patients, particularly in underserved regions.

PCDA has always prioritized to provide free health screenings, including blood pressure, blood sugar, Body Mass Index (BMI), and cholesterol checks in less privileged population. We have always done our maximum to create awareness about diabetes management and prevention, and to offer guidance on lifestyle changes and the importance of regular check-ups for diabetic patients.

A team of volunteers from STEP and diabetes specialists from PCDA provided free medical consultations and check-ups during the camp.













PCDA's Free Medical Camp in Tando Allah Yar

The Camp was arranged in Civil Hospital Tando Allah Yar on Sunday 8th. September 2024, under The project "Rakhkho Apna Khayal." Camp started at around 10.30 a.m. and till 1.30 p.m. around 120 patients were screened..

Team comprised of Dr Fareed, Dr Riasat, Dr Shakeel, Dr Asima, Dr Qazi Mujahid, Dr Khalil Pathan, Dr Naresh Kumar, Dr Shaikh Azeem, STEP members, and Pharmevo members

Awareness session was conducted in both urdu and sindhi by Dr Khalil Pathan, Dr Abdul Samad and Dr Riasat Also planted a plant in the Civil Hospital garden.



Team PCDA, STEP & Pharmevo busy at the Tando Allahyar camp

Public Awareness Session during Tando Allahyar Camp



Forthcoming camps of the series:

Date	Venue	Host
Sunday, 6 October 2024	Jhuddo (Sindh)	Dr Naresh Kumar
Sunday, 3 November 2024	Sangla Hill (Punjab)	Dr. Shahid Jawed Chauhdary
Sunday, 1 December 2024	Maripur (Karachi)	Dr. Naik Mu- hammed

PCDA Annual General Body Meeting 2024

The Annual General Body Meeting will be held on the Sunday, September 22, 2024, online. The meeting link will be inboxed to the General Members from all the chapters of PCDA Pakistan to participate in the online meeting.

Dr. Zahid Miyan, the President, will preside over the meeting. Dr. Izhan Ali Khan will welcome the participants and then present the agenda of the meeting.

Review of Previous Activities will be presented by Dr. Shakil Ahmed, General Secretary of PCDA.

Heads of various committees will present the report on the performance of their corresponding committees.

Chapter heads will share updates on activities and developments in their respective cities.

Dr. Riasat Ali Khan, the President Elect of PCDA, will provide an overview of new initiatives, plans and activities. Vote of thanks will be offered by the honorable president



Eating Well with Gestational Diabetes-A Nutritional Guide

This article highlights the latest updates for GDM so registered dietitian can provide up-to-date, evidence-based care and help improve patient outcomes. The increased rate of gestational diabetes can be attributed to the rising obesity rates, increased maternal age, multiple gestation, and social determinants of health. GDM is classified in two categories: A1GDM and A2GDM. A1GDM refers to GDM that can be controlled with diet and exercise alone. In contrast, A2GDM is a more severe form that requires pharmacological interventions.



Ms. Saima Rasheed MSc (Diet) is regular part of Team PCDA Pakistan. She is one of the best Dietitian in Karachi with a high patient satisfaction rate. She has a vast experience in clinical nutrition which enables her dietary management of metabolic disorders and provides therapeutic treatment for various ailments.

During her medical practice, Ms. Saima Rasheed has treated hundreds of patients and helped them achieve their fitness goals. While working as a Dietitian, She continued serving in different clinics and hospitals providing dietary management services to the patients.

While working in nutrition she worked on health improvement through dietary intervention in people of all age groups. Her other areas of interest include working on reducing the risk of chronic illnesses such as diabetes through dietary management.

Her exposure throughout the years of professional practice resulted in the enrichment of treatment skills across the vast field of nutrition. Based on the patient's existing conditions, she provides customized treatment plans to patients having different dietary requirements. Her expertise in advanced nutrition makes her one of the top certified Dietitian in Karachi.

Primary goal of nutritional theraphy

dietary intake, achievement of recom- for lactation. and a healthy mother and newborn. Inclusion of ample amounts of dietary fiber (25-35 gm per day) reduces insudiabetes in pregnancy.

and Pregnancy:

.Nutrition recommendation during pregnancy and lactation appear to be similar for women with and without diabetes; therefore the DRIs can be

glucose levels, nutritional adequacy of requirements during pregnancy and fasting ketosis.

levels are often erratic. Eating Plan counselling often necessary to decrease the likeli- er and infant.

is to attain continual control of blood used to determine energy and nutrient hood of overnight hypoglycemia and

Most clinical practice guidelines for mended amounts of weight gain, exer- As a result of hormonal changes dur- the management of diabetes recomcise, monitoring of urinary ketones ing the first trimester, blood glucose mend initial and ongoing nutrition bv regisadjustments are necessary to provide tered dietitian (RD) for women with the additional calories required sup- GDM. Evidence from randomized and lin requirements in many women with porting fetal growth, and weight nonrandomized studies indicates that should be monitored. During pregnan- women with untreated GDM have an cy the distribution of energy and car- increased likelihood of maternal and Nutrition in Women with Diabetes bohydrate intake should be based on neonatal risks. Nutrition counselling the woman's food and eating habits has been demonstrated to control glyand blood glucose responses. Smaller cemia, promote dietary change, optimeals and more frequent snacks often mal nutritional intake, and achieve are needed. A late-evening snack is positive birth outcomes for both moth-

Nutrition and Life-Management style Recommendations

Several clinical practice guidelines recommend energy intake of not less than 1500 kcal/day for Asian women with gestational diabetes. Weight loss diets during GDM pregnancy are not recommended.

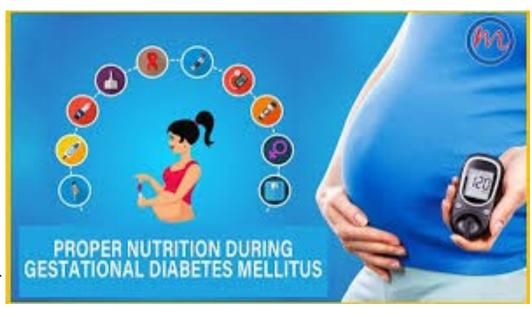
Country-specific clinical practice guidelines for the management of GDM recommend carbohydrate intake to comprise 40-50% of total daily caloric intake, emphasizing both quantity and quality of carbohydrates. Evidence from RCTs suggests that choosing lower glycemic index (GI) foods may be beneficial for maternal glycemic control without adverse effects on fetal outcomes.

During pregnancy, protein requirements are similar for women with or without gestational diabetes, recom- people with type 2 diabetes (5)(6)(7) mending up to 20% of total daily energy or about 1.1 grams per kg of body weight plus an additional 25 grams per day.

Women should be advised to follow the nutrition recommendations for general health by consuming a diet low in saturated fat and trans fat. For women with GDM, fat can comprise up to 35% of total energy intake during pregnancy.

Health Benefits of Specific organic

Fennel seeds (kalonji) are rich in antioxidants and may help lower cholesterol, support liver health, and regulate blood sugar, as evidenced by research showing improvements in fasting and average blood sugar levels with supplementation (1)(2). Chia seeds, from Central and South America, are high in omega-3 fats and antioxidants, effectively lowering blood sugar and reducing heart disease risk; a study demonstrated their benefit in reducing blood pressure and inflammatory markers in people with type 2 diabetes (3)(4). Fen-



ugreek seeds (methi dana), from Europe and western Asia, contain vitamins, minerals, and soluble fiber that aid in blood sugar control and may alleviate conditions like arthritis and hair loss. Research shows that fenugreek can lower blood sugar levels and improve post-meal glucose response in

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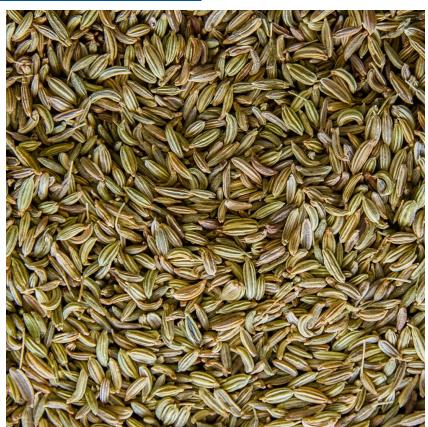
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Dr. Abdul Rauf reports from Lahore chapter

Primary Care Diabetes Association Pakistan (PCDA), Lahore Chapter in collaboration with Paki-



stan Association of Family Physicians (PAFP-DOCTORSCON) had a very important meeting with ALMUSTAFA TRUST (AMT) Lahore and decided that:

- 1.PCDA Lahore will establish a Diabetes Centre in AMT Lahore.
- 2. Diabetes awareness camp in AMT in September 2024.
- 3. Orientation of AMT staff including physi-

cians about the aims, objectives and activities of PCDA Pakistan.

4. Participation of AMT in Diabetes Conference in Faisalabad in Nov. 2024.

Among the participants were Dr. Altaf Cheema PAFP, Dr. Tahir Rasool PCDA Lahore, Dr. Abdul Rauf PCDA Lahore, Dr. Manzoor Janjua PCDA Lahore, Dr. Nadeem Khawaja PAFP, Dr. Sobia Altaf

AMT, Dr. Meraj AMT and Dr. Brig (R) Bushra AMT



PCDA

Dr. Irfan Shaikh reports from Multan chapter



FREQUENCY OF DIABETES PLUS HYPERTENSION AMONG PATIENTS WITH

HYPOTHYROIDISM PRESENTING IN TERTIARY CARE CENTRE.



Dr. Ifra Nasir Consultant Physician (FCPS-Medicine) Certified Diabetologist (RCP-UK/BMJ-Iondon/AKU-Pak/Malir University Karachi (HEC

Approved)/International Diabetic Ferderation

Table 8.1 (B) Demographic Characteristics of Patients with Hypothyroidism

Characteristics	Participants
Age (years)	52.1±6.9
<45 years	105 (33.2%)
≥45 years	211 (66.8%)
Gender	
Male	139 (44.0%)
Female	177 (56.0%)
Duration of Disease (years)	4.8±2.6
<5 years	159(50.3%)
≥5 years	157(49.7%)
BMI kg/m²	28.7±3.1
Non-Obese	181 (57.3%)
Obese	135 (42. 7%)

Table 8.2: Frequency of Diabetes plus Hypertension among Hypothyroid Patients n = 316

	Frequency	Percent
(Diabetes	(n)	(%)
+Hypothyroid) & No HTN		
Yes	94	29.7 %
No	222	70.3 %
Total	316	100.0 %

INTRODUCTION

Hypothyroidism is a common clinical condition of thyroid hormone deficiency and, if left untreated, can lead to serious adverse health effects on multiple organ systems. Clinical manifestations vary and a high index of suspicion is required for timely diagnosis. Few recent studies reported that a substantial proportion of hypothyroid patients suffered undiagnosed diabetes and hypertension concomitantly and advised routine clinical assessment of such patients for diabetes and hypertension in future clinical practice. However, there was disparity in the reported frequency of diabetes plus hypertension among hypothyroid patients which necessitated the present study so as to get an insight into the magnitude of problem.

OBJECTIVE

Determine the frequency of diabetes plus hypertension among patients hypothyroidism presenting in tertiary care centre.

MATERIALS AND METHODS

- 1.Study design: It's a cross-sectional study.
- Settings: Department of Medicine Shaikh Zayed PGMI/Hospital,
- Duration of study: 6 months after the approval of synopsis.
- 4. Sample Size: Sample size of 316 cases is calculated with 95% confidence level and 5% margin of error while taking expected frequency of hypertension plus diabetes among the patients presented with hypothyroidism to be 28.97%.
- 5. Sampling Technique: Non probability, consecutive sampling.
- DATA ANALYSIS:All the collected data will be entered and analysed into SPSS version 25.

RESULTS

The mean age of the patients was 52.1 ± 6.9 years. There were 139 (44.0%)males and 177 (56.0%) females with a male to female ratio of 1:1.3. 42.7% patients were obese. 94 (29.7%) patients with hypothyroidism had diabetes plus hypertension. When compared, there was no statistically significant difference in the frequency of diabetes plus hypertension across various subgroups of patients based on age (p-value=0.951) and gender (p-value=0.931). However, it was significantly higher among obese patients (36.3%vs. 24.9%; pvalue=0.028) and those with prolonged duration of hypothyroidism (36.3%vs. 23.3%;p-value=0.011).

Table 8.3. Frequency of Diabetes plus Hypertension across various subgroups of Hypothyroid Patients

n = 316

n=316			
		DM + HTN	P-value
Cub		n (%)	
Subgroups	n		
Age			
			0.054
• <45 years	105	31 (29.5%)	0.951
• ≥45 years	211	63 (29.9%)	
Gender			
			0.931
• Male	139	41 (29.5%)	
• Female	177	53 (29.9%)	
Duration of			
Disease			
.e	150	27 (22 20/)	
• <5 years	159	37 (23.3%)	0.011*
• ≥5 years	157	57 (36.3%)	
□ _J years	157	37 (30.370)	
BMI (Kg/m²)			
Diff (IXg/III ⁻)			
Non-Obese	181	45 (24.9%)	
		(= 1.0 1.5)	0.028*
Obese	135	49 (36.3%)	
Chi-square te			vas

Chi-square test, * observed difference was statistically significant, DM: Diabetes, HTN: Hypertension

DISCUSSION

In the present study, 42.7% of hypothyroid patients were obese. Our observation is in line with that of Anandhasayanam et al. (2016) who observed similar frequency of obesity among Indian hypothyroid patients and reported it to be 43.7% [130]. In another Indian study conducted by Nair et al. (2018), the author reported a comparable frequency of 41.0% for obesity among hypothyroid patients [134]. Eidan et al. (2017) conducted a similar study over Saudi patients with hypothyroidism and reported the frequency of obesity to be 42.2% in line with the present study [135]. 68 Thus hypothyroidism was frequently seen in middle aged females and almost half of the hypothyroid patients were obese. In the present study, we observed that 29.7% patients with hypothyroidism had diabetes plus hypertension. When compared, there was no statistically significant difference in the frequency of diabetes plus hypertension across various subgroups of patients based on age (p-value=0.951) and gender (pvalue=0.931). Our observation is in line with that of Kashyap et al. (2020) who evaluated 300 Indian hypothyroid patients and observed that 29.0% of such patients had diabetes plus hypertension [129]. In similar other Indian studies, Talwalkar et al. (2019), Anandhasayanam et al. (2016) and Nair et al. (2018) observed comparable frequency of diabetes plus hypertension among hypothyroid patients and reported it to be 28.9%, 28.2% and 30.8% respectively [7,130,134]. A slightly higher frequency of 34.1% has been reported by Chen et al. (2019) among Chinese hypothyroid patients [131] while Cho et al. (2015) reported it to be 36.0% in Korea [132].

CONCLUSION

In the present study,a substantial proportion of hypothyroid patients suffered concomitant diabetes and hypertension particularly those with obesity and prolonged duration of disease which warrants routine screening of hypothyroid patients for undiagnosed diabetes and hypertension so that timely identification and anticipated management may improve the outcome of such cases in future clinical practice.

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Dr. Khaleeq Warsi M.B;B.S, M.Sc, CSQIL (Harvard) Project Director Healthsine for 2nd Opinion Safety & Quality Improvement Program



and minerals

know that eating vitamin C each other. along with vitamin B12 does no good to the body? Or if you take supplements of copper and zinc together, you will still be deficient in copper?

Well, consuming supplements is healthy, but it is useful to know what to avoid when taking a supplement. Our dependency on supplements of vitamins and minerals has increased these days. Busy work life, lack of time to prepare a balanced meal, overexposure to radiation, lack of exposure to nature, is either not giving sufficient vitamins and minerals to the body or else is depleting these essential nutrients faster. Now, here's where the supplements of vitamins and minerals come into existence. Often, we don't consult a doctor and self prescribe the supplements. While the occurrence of a lifethreatening condition due to the use of supplements is razero. is not Many individuals are not aware that certain vitamins and minerals react and have have been associated with a

'alcium

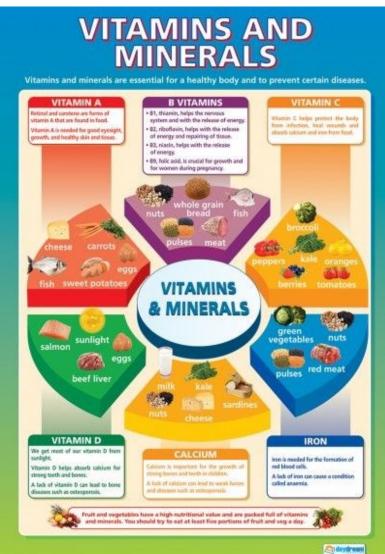
should not be taken together: Calcium inhibits the absorpof non-heme iron through an inhibition of absorption of iron in the intestine. High calcium intake reduces iron bioavailability by reducing the absorption of plant-based iron sources, which ultimately may lead to iron deficiency in individuals who experience total plantbased diets. In order to minimize this effect, calcium and iron supplements should be taken at different times. Thus, if you take a morning iron supplement, take the calcium supplement later in the day.

Vitamin affects the sta-

bility of Vitamin B12: Vitamin C might affect the stability of vitamin B12 in the gastrointestinal tract. Extremely high intakes of vitamin C

a worse effect on the body. potential degradation of vita-Some nutrients can interact min B12 in the gastrointestiwith the absorption, action, nal tract, although this is usu- and Vitamin E: High levels that react with each other and or availability of other nutri- ally not something that oc- of intake of vitamin E intershould not be taken together? ents in ways that affect over- curs if the diet contains an fere with vitamin K's func-Knowing which vitamins and all health. Hence, it is im- average intake of the vita- tion in blood clotting. Vitaminerals to avoid taking to-portant to know which vita-min. However, large doses of min K is involved in the syngether are essential for main- mins and minerals have the vitamin C could interfere thesis of clotting factors, and taining good health. Did you potential to interact with with vitamin B12 absorption, its effect may be antagonized especially in those who have by extremely high doses of a diagnosed deficiency of the vitamin E, thereby producing vitamin. If high doses of vit- a tendency for bleeding comamin C are taken, one has to plications, particularly for monitor vitamin B12.

patients on anticoagulant drugs.



teractions which may disrupt on the overall balance of nutriin the ents

Avoid Zinc and Copper

compete for absorption in the intestine. High levels of intake interfere with copper absorption, potentially leading to copper deficiency. This is especially true for individuals who take highdose zinc supplements for extended periods of time. If supplementing with zinc regularly, balance your diet or supplementation to match this mineral. General recommendation for balance is a 10:1 ratio of zinc to copper.

alcium and Magnesium

compete with each other: Calcium and magnesium can for compete absorption mainly in the gastrointestinal tract, especially in high dosages. As much as both are essential for both bone mineralization and several physiological functions, high intakes of one may inhibit the absorption of the other. A general rule of thumb is to balance supplement intake or to consume foods that contain both minerals in appropriate proportions.

not consume fat soluble and water soluble

It is recommended that indi- vitamins together: Fat solu- can help to consume nutri- trients consumed through a viduals on high doses of sup- ble vitamins like vitamin D ents that interact with each varied diet will create less of plements of vitamin E, or on should not be consumed other at different times of the a problem compared to highanticoagulant therapy, pay along with water soluble vit- day. For instance: If you dose supplements. Focus on close attention to intake of amins like vitamin B12, this have calcium with your a varied diet to get essential vitamin K, and possibly seek is because vitamin D needs breakfast and iron with your vitamins and minerals in apadvice from a health profes- food to work effectively, dinner, you will have better propriate amounts. In case of sional to avoid potential in- while B12 needs to be taken absorption of both of these supplementation, monitoring an empty stomach. minerals.

ments in a better way? Distribute your supplement intogether: Zinc and copper take throughout the day. It

Vitamins and minerals react at high doses or when multi-Tow to consume supple- with each other and should ple supplements are being be taken

Jenerally speaking, nu- ing of any imbalance.

of nutrient levels, especially together. used, is of immense help for early detection and address-

VITAMIN CHART

VITAMIN	FUNCTIONS / DEFICIENCY RESULTS	FOOD SOURCES
A	(FAT SOLUBLE) FOR Normal Growth and Development, Normal Night Vision & Healthy Epithelium, Instrume System, Deficiency leads to: Retailed Growth, Night Binderes, Diseased Epithelium, by Soay Stin, Colds, Bronchits, Disenses, Xerophthalmia.	Egg Butter Papaya Carrot Milk Liver Cabbage
B ₁	(VITAMIN F) (WATER SOLUBLE) FOR Growth, Appellos, Nones and Muscle Function, Deficiency Issues to: Deficiency Issues of Appellia, Enervation, Defective Carbotydrate Metabolism.	Peas Meat Potato Soybeans Milk Wholegrain Cereals
(Riboflavin)	(VITAMIN G) (WATER SOLUBLE) FOR Growth, Healthy Bkin, Mouth & Eyes. Confidency leads but Rolland Growth, Dim Vision, Photopholia, Koralife, Bistered Tongue, Premature Sanity.	Green Vegetables Custard Apple Meat Cheese Soybeans Misk
В	(P.P FACTOR) (WATER SOLUBLE) FOR Proper Carbohydrate Metabolary, hieronas System. Deficiency leads for Pelagra, Glossife, Dermatite, Psychosis, Darmes.	Tomato Potato Peanut Banana Vegetables
(Pyridoxine)	(WATER SOLUBLE) FOR Proper Matabolism of Amino Acids, Brain Fundson, Anti-Emetic. Deficiency Insels for Anamia, Anaphic Lymph Tissues. Poor Resistence against Dissesses.	Dry Peas Pulses Fish Meat Milk
B ₁₂	(WATER SOLUBLE) FOR fitted thread delta. Nitrogen Metaboritem, Nervous Tissue. Deficiency leads to: Particlous Anvents.	Egg Meat Crab Liver Cheese Milk
(Ascorbic Acid)	(WATER SOLUBLE) FOR Healthy Growth, Good Gum & Teeth, Squid Blood Vessels, Wound Healing, Residence against Fix & Codds. Defficiency leads bo! Sourcy, Swalen Gums, Sursing of Blood Ceptilaries.	Guava Tomato Orange Lemon Grapes Emblic
D	(FAT SOLUBLE) FOR Proper Utilization of Calcium & Phosphorus, Formation of Bones and Teeth, Cafficiency leads to: Rickets, Poor Growth, Wear Teeth & Bones, Tooth Decay.	Egg Cod Liver Oil Milk Fish Sunlight
(a-Tocopherol)	(FAT SOLUBLE) FOR Normal Reproduction. Deficiency loads to: Sterlity, Muscular Panalysis.	Banana Green Soybeans Egg Wheat Germ Oil
(Phylloquinone)	(FAT SOLUBLE) FOR Normal Blood Coagulation and Uver Functioning. Deficiency leads to: Hemorrhage.	Tomato Soybeans Spinach Meat Turnip Lettuce



QoL in T2DM patients: Dr. Ahmad Shahzad reports from Faisalabad



Quality of Life in T2DM Patients by: Dr. Usman Musharaf, Consultant Endocrinologist

Guest of Honour: Dr. Ahmed Shehzad, recitation from the Quran, followed by and extended an invitation to the up-**PCDA** T2DM Patients.

The event was attended by 52 Family Physicians. The workshop began with a

Punjab a comprehensive presentation by Dr. coming conference, Diabetes Pakistan, Today, we successfully conducted a Usman Musharaf, covering key points scheduled workshop on Diabetes Management, e.g. guidance and recommendations, The participants expressed their apprefocusing on the Quality of Life in QOL Assessment, QOL Calculation ciation for PCDA's continuous efforts and DQOL Trials.

> Dr. Ahmed Shehzad, Guest of Honour, on Diabetes Management and prevendelivered a brief introduction to PCDA tion of its complications.

for November 2024. in educating healthcare professionals







QoL in T2DM patients: Dr. Shehzad Tahir report from Islamabad



CUALITY OF LIFE IN T2DM PATIENTS



FACILITATOR DR. UMAR YOUSAF RAJA

Consultant Endocrinologist Shifa International Hospital, Islamabad



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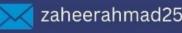
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