Online Newsletter of Primary Care Diabetes Association Pakistan

Prevention First

August 2025 Issue-24 Volume-1

Happy Independace Day Of

Website: www.pcdapak.org

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In this Issue:

United for Better Health:

PCDA and Key Medical Bodies Launch Training for PCPs

Report: Dr. Shahid Akhter

Karachi, August 3, 2025 — A distinguished gathering of healthcare leaders, educators, and practitioners convened on Sunday, in Hotel PC Karachi, for the grand inauguration of a comprehensive academic course in Reproductive and Sexual Health, aimed at strengthening diabetes and endocrinology management at the primary care level.

Held from 3:00 PM to 6:00 PM, in Hotel PC Karachi, the event was moderated by Dr. Shehla Naseem, who also serves as the Course Co-Director. Dr. Shehla is the director of Academics and Research at College of Family Medicine Pakistan.

The ceremony opened with a soulful recitation from the Holy Quran, followed by the National Anthem, setting a respectful and patriotic tone.

Prof. M. Zaman Shaikh, Course Director, in his welcome address, underscored the importance of upskilling frontline medical professionals in the face of Pakistan's rising burden of non-communicable diseases. Dr. Shehla Naseem followed with a detailed course introduction, outlining the program's academic vision, structure, and expected impact on clinical practice.

The event featured a series of remarks from esteemed leaders of Pakistan's top medical associations:

Dr. Aisha Sheikh and Dr. Ali Asghar, President and President-Elect of the Pakistan Endocrine Society (PES), voiced their support for greater collaboration in physician training.

Prof. Abdul Basit, General Secretary of the Diabetic Association of Pakistan (DAP), called for data-driven strategies and community engagement.

Prof. Shabeen Naz Masood, Secretary General of the Society of Obstetricians & Gynaecologists of Pakistan (SOGP), emphasized integrated care approaches for women's endocrine health.

Dr. Riasat Ali Khan and Dr. Asima Khan, President and President-Elect of the Primary Care Diabetes Association (PCDA), highlighted PCDA's role in expanding access to diabetes education.

Dr. Ameen Kharadi, Chairman of CFMP, stressed the importance of modular learning and mentorship in capacity-building.

Several other dignitaries offered their reflections, collectively affirming the need for unified national efforts in health education.

The highlight of the evening was the Keynote Address delivered by Prof. Javed Akram, President of the Pakistan Society of Internal Medicine (PSIM). He lauded the initiative as a model for interdisciplinary training and urged policymakers to invest more in preventive care and physician development.

The formal proceedings concluded with a vote of thanks by Dr. Samar Naim, who appreciated the contributions of all stakeholders and thanked the organizing team and sponsors for their invaluable support.

Participants later enjoyed refreshments and informal networking, exchanging ideas for future collaboration.

This inaugural event not only launched a vital training initiative but also symbolized the spirit of collaboration among Pakistan's leading medical bodies, united in their mission to combat the growing challenge of diabetes and endocrine disorders across the country.

PCDA Pakistan is one of the five collaborators in the training course.

Talking to the ceremony, Dr. Riasat Ali Khan said that "Training primary care physicians in reproductive and sexual health is a critical step toward ensuring comprehensive, patient-centered healthcare. As the first point of contact for most individuals, PCPs play a pivotal role in identifying, managing, and referring reproductive and sexual health concerns across all age groups. Equipping them with up-to-date knowledge, skills, and sensitivity in this domain not only improves early detection and management of conditions such as infertility, sexually transmitted infections, menstrual disorders, and hormonal imbalances, but also helps address deeply rooted stigmas and misinformation.

Dr. Asima Khan addressing the session said that, in societies where reproductive health issues are often overlooked or underserved due to cultural taboos or lack of access to specialists, empowering PCPs can significantly bridge the gap in care. Moreover, such training fosters respectful communication, promotes preventive education, and supports the reproductive rights and well-being of both women and men.

Ultimately, investing in the capacity-building of primary care providers in this field is essential for achieving equitable, inclusive, and holistic health outcomes."

Strengthening the capacity of PCPs in reproductive and sexual health is essential for improving population health, advancing gender equity, and achieving national health goals. A coordinated policy effort in this direction will yield significant public health dividends.

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- **Menstrual & menopausal issues**
- **STIs & urinary incontinence**
- **Family planning, cervical screening & much more.**

Key Dates & Venue:

- **Inauguration ceremony in PC Hotel Karachi on Sunday, August 3, 2025.**
- **3:00 - 6:00 PM**
- **Location of weekly hybrid course: CFMP Academic & Research Center, DHA Phase 7 Ext., Karachi.**

How It Works:

- **Attend in-person or online at your convenience.**
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PROF. MUHAMMAN ZAMAN SHAIKH

MBBS, FCPS, MRCP (UK), FRCP, M.Sc (Glasgow University) Diabetes and Endocrinology.
Director, Diabetes and Endocrine Programs, CFMP.

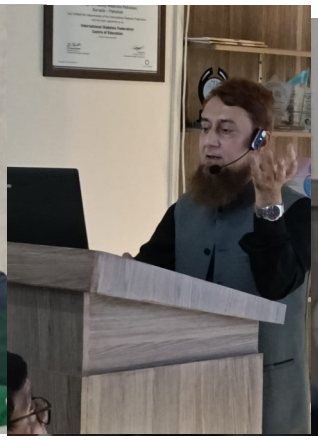
CO DIRECTOR: DR. SHEHLA NASEEM

General Secretary, CFMP.

"Internet a Popular but Risky Source for Sexual Health Information," says Prof. Zaman Shaikh

Report: Dr. Shakil Ahmed

Studies of Internet users have shown that many people turn to the Internet for health information, particularly for sensitive or stigmatized topics such as masturbation, sexual diseases, contraception, pregnancy, and abortion. Yet the reliability of health information online varies, making the Internet a source of common myths, misconceptions, and urban legends about sexual health.



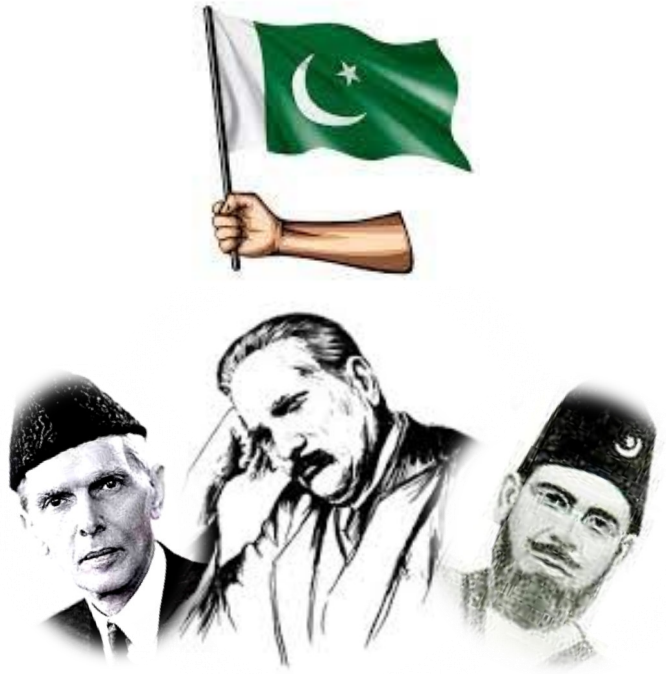
First Session of the Certificate Course in Reproductive & Sexual Health held on August 10th, 2025, in Karachi, Pakistan, at "Academic & Research Center Karachi. The session was moderated by Dr. Syed Riaz Ali Shah. First speaker was Prof. Ashar Fawad, who discussed the "Basics of Male Reproductive System."

President PCDA Dr. Riasat Ali Khan, President Elect Dr. Asima Khan, General Secretary Dr. Shahid Akhter, Finance Secretary Dr. Qazi Mujahid and Dr. Shakil Ahmed were the honorary guests of the Session-1.

Talking to the PFN reporter, Prof Zaman said that Ironically, the sources for some of these myths and misconceptions circulating on the Internet are medical science itself. For example, about masturbation myths, he said that masturbation is a normal and healthy sexual activity, but several myths surrounding it persist. These myths often involve claims about negative physical or mental health consequences, which are not supported by scientific evidence. For example, it is a myth that masturbation causes blindness, hair growth in unwanted places, or decreased sexual performance with a partner. In reality, masturbation can actually be beneficial, offering stress relief and improved sexual health.

Similarly there has been traced the origins of the belief about the pregnancy risk posed by pre-ejaculatory fluid to a 1966 Masters and Johnson textbook and the theory of implantation bleeding to a 1954 *JAMA* article.

Second session of the course will be held on 17th. Of August 2026.



The Dream Come True on 14th. August 1947

Happy

78th.

Anniversary

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ary Care Diabetes Associ
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PCDA

Turning the Dream

of a

Diabetes-Free Pakistan

into Reality

PCDA Pakistan Marks 79th Independence Day with "Freedom from Diabetes" Health Festival in Karachi

Report: ***Saud Abbasi***

Karachi, August 14, 2025 — The Primary Care Diabetes Association (PCDA) Pakistan celebrated Pakistan's 79th Independence Day by organizing the **"Freedom from Diabetes" Health Festival** on Thursday, August 14, 2025, from 12:00 PM to 4:00 PM at the PCDA Diabetes & Foot Clinic, New England Town, Gulistan-e-Johar, Karachi.

The event formed part of PCDA's ongoing public health initiatives, aligned with recommendations from the World Health Organization and other global health bodies, aiming to raise awareness about diabetes prevention, early detection, and effective management.

Renowned diabetes specialists from Karachi provided **free medical consultations**, while attendees availed themselves of **complimentary health screenings**, including blood sugar checks, BMI measurements, blood pressure monitoring, and eye examinations.

A Patriotic Start: The day began with a **Flag Raising Ceremony** and the **National Anthem of Pakistan**, attended by PCDA leadership including President **Dr. Riasat Ali Khan**, President-Elect **Dr. Asima Khan**, Vice President **Dr. M. Iqbal Batavia**, General Secretary **Dr. Shahid Akhter**, Finance Secretary **Dr. Qazi Mujahid**, Head of Supreme Council **Dr. Fareeduddin**, Head of Media **Dr. Shakil Ahmed**, Dr. Irfan Ahmed, Dr. Naresh Kumar, DEW Wing Head **Ms. Rabiyya Tirmizi**, and STEP's Director Outreach & Campaigns **Mr. Saud Abbasi**.

Awareness Session Highlights

Following the recitation of verses from the Holy Qur'an, **Ms. Rabiyya Tirmizi** warmly introduced the guests and moderated the proceedings.

Dr. Fareeduddin opened the session, commending the achievements of the *PCDA Diabetes and Foot Care Center* and expressing hope that just as Pakistan achieved political freedom, the nation would one day celebrate **freedom from diabetes**.

Dr. Shahid Akhter outlined PCDA's efforts to combat the rising prevalence of diabetes, stressing the importance of **collective action by all stakeholders**.

Dr. Shakil Ahmed highlighted the center's specialized services for **diabetic foot ulcer care**, while **Dr. Qazi Mujahid** shared plans to expand facilities for people with diabetes in the near future.

President Elect Dr. Asima Khan informed the audience about the future programs and planned by PCDA Pakistan

Chief Guest's Generous Contribution

The Chief Guest, eminent ophthalmologist **Dr. Shafeeq Ahmed**, praised PCDA's work and announced the donation of a **fully equipped Ophthalmology Unit** to the PCDA Diabetes and Foot Care Center. He pledged to provide his services free of charge, a gesture met with warm applause. Dr. Shafeeq also spoke about preventing eye complications in people with diabetes.

Closing Remarks

In his concluding address, **Dr. Riasat Ali Khan** thanked all participants, guests, volunteers from STEP and DEW, organizers, and sponsors. He reiterated PCDA's commitment to reaching **thousands of people annually** through such community-driven initiatives, empowering individuals to take charge of their health and prevent diabetes-related complications.

The screening camp attracted a remarkable response, with over 100 individuals availing free services, including blood sugar testing, BMI measurement, cholesterol checks, and Doppler screening. The participants appreciated the opportunity to receive comprehensive health assessments along with expert guidance, all under one roof.

Members of STEP also took an active role in volunteering during the event, assisting in registrations, taking vitals of the participants and guiding them through screening stations, and ensuring the smooth flow of activities throughout the day. The "Diabetes se Azaadi" camp was not only a step towards healthier communities but also a celebration of the freedom to live a life free from the burden of diabetes through awareness, prevention, and proactive care.

Glimpses of the Event

Diabetes Screening Camp Held in Coastal Karachi Draws Hundreds;

PCDA Pakistan Praises Initiative

Reports: **Dr. Naresh Kumar**

Karachi, 10th. August 2026 – A large-scale **Diabetes Screening Camp** was successfully organized by PCDA's **Dr. Naresh Kumar** in a coastal locality of Korangi Karachi, attracting hundreds of residents eager to get their health checked and learn more about diabetes prevention and management.

The camp provided free blood sugar testing, initial medical consultations, and educational material about lifestyle changes to prevent diabetes. The initiative was particularly significant for the coastal community, where access to specialized medical facilities is often limited.

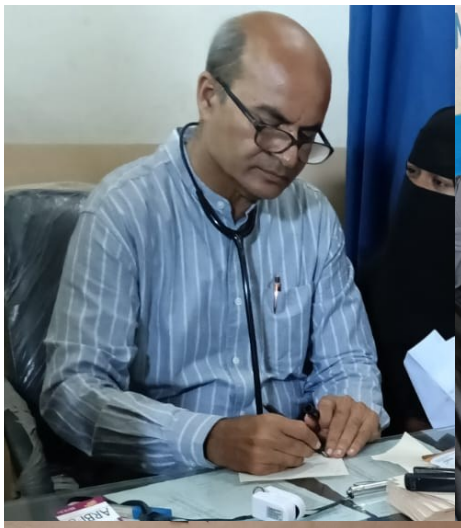
The Central Cabinet of the Primary Care Diabetes Association (PCDA) Pakistan visited the camp to extend their support and appreciation. President PCDA Pakistan, Dr. Riasat Ali Khan, along with other cabinet members, lauded Dr. Naresh Kumar's dedication in arranging such a valuable community service.

Speaking on the occasion, Dr. Riasat Ali Khan, President Elect Dr. Asima Khan, General Secretary Dr. Shahid Akhter, Finance Secretary Dr. Qazi Mujahid and Dr. Shakil Ahmed highlighted the aims and objectives of PCDA Pakistan, emphasizing the organization's commitment to equipping primary care physicians with updated knowledge for better diabetes care, and to raising awareness among the general public about prevention, early detection, and management of the disease.

"This camp is a shining example of how healthcare professionals can make a difference at the grassroots level," Dr. Riasat said. "PCDA Pakistan strongly encourages such initiatives and will continue to work towards building healthier communities."

Participants of the camp expressed gratitude for the opportunity to access free testing and expert guidance, with many requesting more such outreach programs in the future.

Glimpses of the Camp







Mega Diabetes Camp Held at THQ Hospital Nakyal – Over 300 Patients Diagnosed

Nakyal, July 18, 2025 – The Primary Care Diabetes Association of Pakistan, AJK/GB Region, under the able leadership of Dr. Muhammed Saleem Khan, organized a mega diabetes screening camp at THQ Hospital Nakyal, which drew significant participation from the local community.

The camp was led by renowned medical specialist and President of the Primary Care Diabetes Association (AJK Region) **Dr. Muhammad Saleem Khan**, alongside senior medical specialist **Dr. Javed Iqbal**, **Dr. Khawar Ali Shah** – Medical Specialist at DHQ Hospital and President PMA District Kotli, and **Dr. Khaleeq-ur-Rehman** – Medical Specialist at Anwar Memorial Hospital. The event was held with the support of **Dr. Mazhar Chaudhry**, Medical Superintendent of THQ Hospital Nakyal, and his dedicated team.

During the camp, all diabetes tests were conducted free of cost, courtesy of a pharmaceutical company, with free medicines also provided to patients. The initiative targeted Nakyal's rural population, where most residents are engaged in farming and labor-intensive work, often walking long distances, and women also perform physically demanding daily tasks.

Despite this active lifestyle, health experts were alarmed to discover a dangerous surge in diabetes cases—over **300 individuals** were diagnosed during the camp. Doctors urged the public to adopt healthier lifestyles, increase physical activity, and strictly follow prescribed medical treatments, cautioning against unverified traditional remedies or "phook phukka" practices.

Explaining the condition, specialists highlighted that diabetes occurs when the pancreas produces insufficient insulin, and it cannot be cured through bitter foods or homemade cures. Proper medication, taken in full doses as prescribed, remains the only effective treatment.

They also warned that uncontrolled diabetes can lead to severe complications, including **heart attacks** and **kidney failure**.

#Awareness #Diabetes

Glimpses of the Camp

Dr. Ahmad Shahzad Announces 3rd Diabetes Pakistan Conference in Faisalabad

Report: **Dr. Ijaz Anwer**

Faisalabad – *August 9, 2025:* Dr. Ahmad Shahzad of the Primary Care Diabetes Association (PCDA) Pakistan has officially unveiled the upcoming **3rd Diabetes Pakistan Conference**, scheduled to be held on **November 8, 2025**, in Faisalabad.

The **one-day national event** will be organized in collaboration with the **Primary Care Diabetes Association (PCDA)**, **Lyallpur Diabetes Foundation (LDF)**, **Faisalabad Medical University (FMU)**, **Pakistan Society of Internal Medicine (PSIM)**, **Pakistan Academy of Family Physicians (PAFP)**, and the **Pakistan-Korean Nutrition Center (PKNC)**.

Serving as a **pre-conference activity** for the **PCDA Annual Event** planned for **January 10–11, 2026** in Karachi, the conference aims to bring together leading experts, healthcare professionals, and organizations to advance diabetes prevention, management, and education.

Dr. Shahzad expressed his optimism about the event, stating, *"Together we will make a difference, In Shaa Allah."* He extended an open invitation to all respected colleagues from PCDA and partner societies to actively participate in this important national gathering.

Here is the detailed program of the Conference: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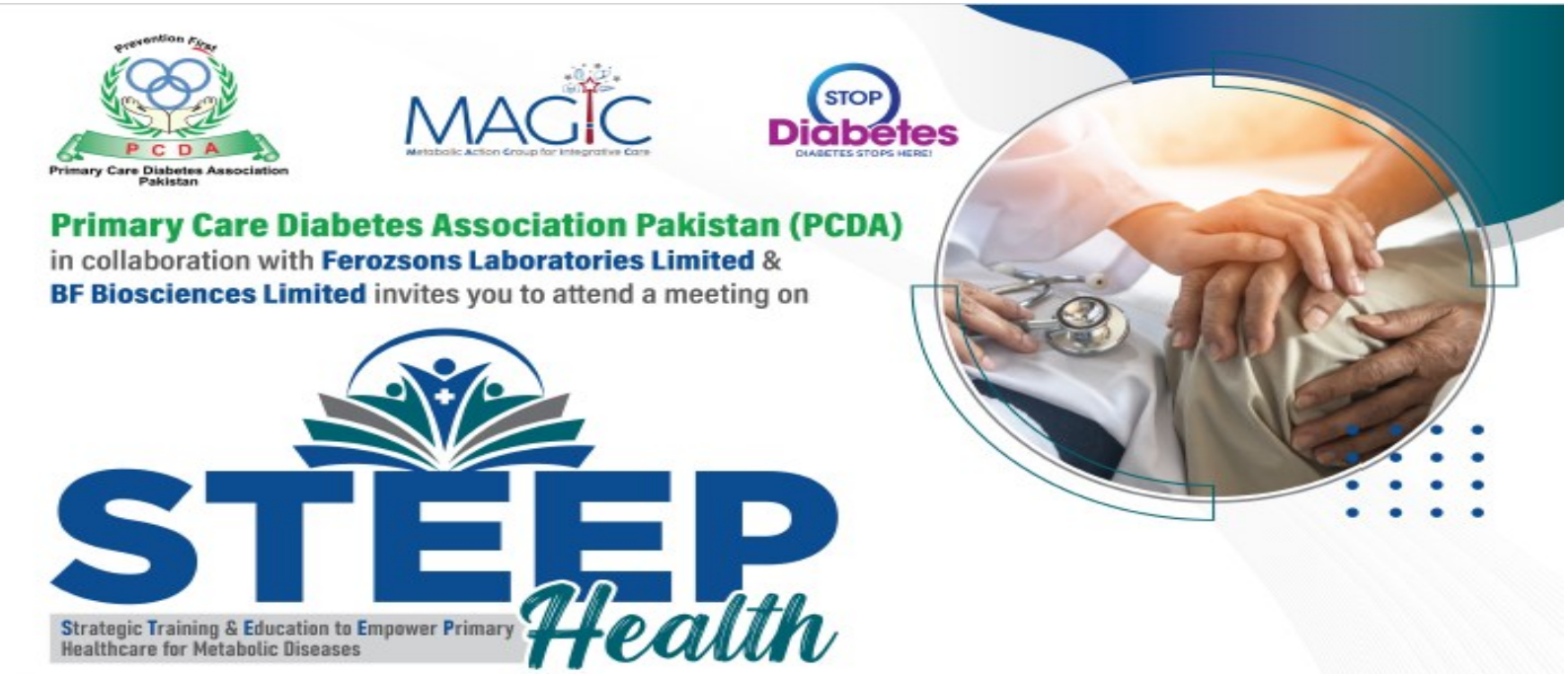
PCDA Pakistan launches STEEP Health program

In collaboration with Ferzsons Laboratories Limited & BF Biosciences Limited

Report by: ***Dr. Abdul Samad***

 Event: *STEEP Health* — Strategic Training & Education to Empower Primary Healthcare for Metabolic Diseases
 Venue: PC Hotel, Lahore **Date:** Sunday, 17 August 2025 **Time:** 9:30 AM – 5:30 PM



About the Event

The Primary Care Diabetes Association Pakistan (PCDA) is hosting a comprehensive one-day meeting aimed at enhancing the knowledge and skills of primary care physicians in the prevention, diagnosis, and management of metabolic diseases, with a special focus on Type 2 Diabetes and related conditions.

The STEEP Health program will bring together leading experts to share evidence-based insights, practical strategies, and hands-on training to strengthen clinical practice in diabetes care.

Program Schedule

09:30 – 09:45
Welcome & Meeting Objectives
Dr. Ahmed Shahzad

09:45 – 11:00
Understanding Diabetes: A Window into Metabolic Disorders
Dr. Asima Khan

11:00 – 11:30
Stepwise Pharmacological Management in T2DM: Focusing on OADs
Dr. Riasat Ali Khan

12:00 – 12:45
Beyond Blood Sugar: Cardiovascular Risk Management in Type 2 Diabetes
Dr. Naresh Khurrana

12:45 – 01:30
Obesity as a Driver of Type 2 Diabetes: What Clinicians Need to Know
Dr. Fareeduddin

01:30 – 02:30 – *Lunch & Prayer Break*

02:30 – 03:15
Saving Limbs, Changing Lives: Communication Strategies in Diabetic Foot Care—*Dr. Shakeel Ahmed*

03:15 – 04:00
MAFLD and MASH in Diabetes: Why Primary Care Can't Ignore the Liver—*Dr. Umbreen Aslam*

04:00 – 04:45
Hands-on Training: Insulin Titration and Self-Monitoring of Blood Glucose
Dr. Shahid Akhter, Dr. Qazi Mujahid

04:45 – 05:00
Post-Program Quiz: Assessing Knowledge and Clinical Understanding—*All*

05:00 – 05:10
Key Takeaways (Meeting Wrap-Up)
Dr. Shahzad Tahir

05:10 – 05:15
Vote of Thanks—*Syed Sarwar Abbas*

05:30 – *Tea Break & Departure*

Why Attend?

Learn from leading diabetes and metabolic health experts.

* Gain practical skills for insulin titration and blood glucose monitoring.
* Understand the latest evidence in obesity, cardiovascular risk, and liver health in diabetes.
* Network with peers and healthcare leaders in primary care.

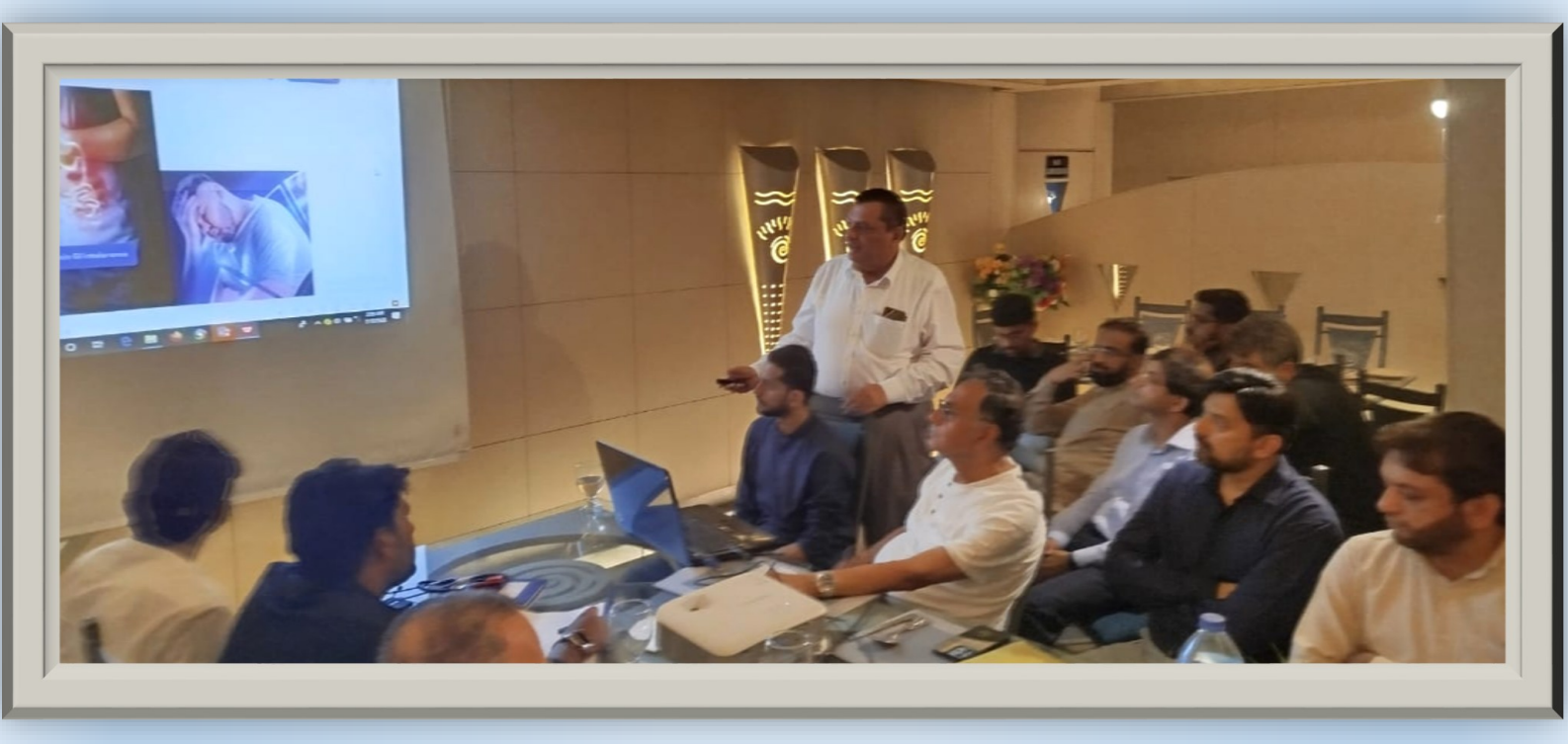
PCDA — Empowering Primary Care for a Healthier Pakistan
Prevention First | Better Care for Better Lives. The detailed coverage of the event will be published in September Issue of PFN-Online

Happy Independence Day

Dr. Irfan Shaikh reports from Multan Chapter of PCDA Pakistan

Dr. Irfan talks to the PCPs of Multan

A round table discussion was arranged in Multan, on **"Better Management of Diabetes"** at Zingibar Restaurant, Multan on 10th July 2025. The lecture followed by Q&A Session and lunch.



Overview:

On 10th July 2025, Multan Chapter of PCDA Pakistan, organized an insightful educational session titled *"Better Management of Diabetes"*, held at the elegant Zingibar Restaurant in Multan. The event brought together primary care physicians, endocrinologists, and other healthcare professionals from across the city to enhance their understanding of current practices in diabetes management.

Objective;

The primary goal of the session was to:

- Share the latest advancements in diabetes care
- Promote evidence-based treatment approaches
- Facilitate dialogue between experts and practitioners
- Strengthen the physician-industry partnership for better patient outcomes

- The role of patient education and lifestyle modification
- Monitoring protocols for glycemic control and complications

Real-world case studies were presented to contextualize treatment strategies and challenges in managing diabetes in local clinical settings.

- Integrating technology (e.g., CGMs and mobile apps) into patient care

The Q&A session encouraged a robust exchange of ideas, reflecting the participants' engagement and interest.

Participants:

The event was attended by over 40 healthcare professionals, including:

ble setting, enhancing the learning experience. The evening concluded with dinner, allowing for informal discussions among participants and organizers.

Conclusion:

The lecture organized by Highnoon Pharmaceuticals served as a valuable academic initiative focused on improving diabetes care delivery. It reinforced the importance of continuous medical education and collaborative learning. Attendees ex-

Session Highlights:

1. Lecture Segment
The event commenced with a welcome note by the Highnoon Pharma representative, followed by a keynote lecture delivered by a renowned diabetes expert. The speaker addressed several key areas, including:

- Updated clinical guidelines in diabetes care
- Emerging therapies and treatment combinations

2. Q&A Session
The interactive segment that followed allowed participants to raise relevant clinical questions and share their experiences. Key discussions revolved around:

- Choosing appropriate therapy for complex diabetic cases
- Handling insulin resistance and treatment non-compliance
- Role of newer antidiabetic agents in Pakistani settings

- General Practitioners
- Family Physicians
- Diabetologists
- Pharmacists
- Medical Representatives

Their presence made the event an ideal platform for professional learning and networking.

Venue and Hospitality:

Zingibar Restaurant provided an ambient and comfortapressed appreciation for both the content and the opportunity to interact with experts and peers.

Recommendations:

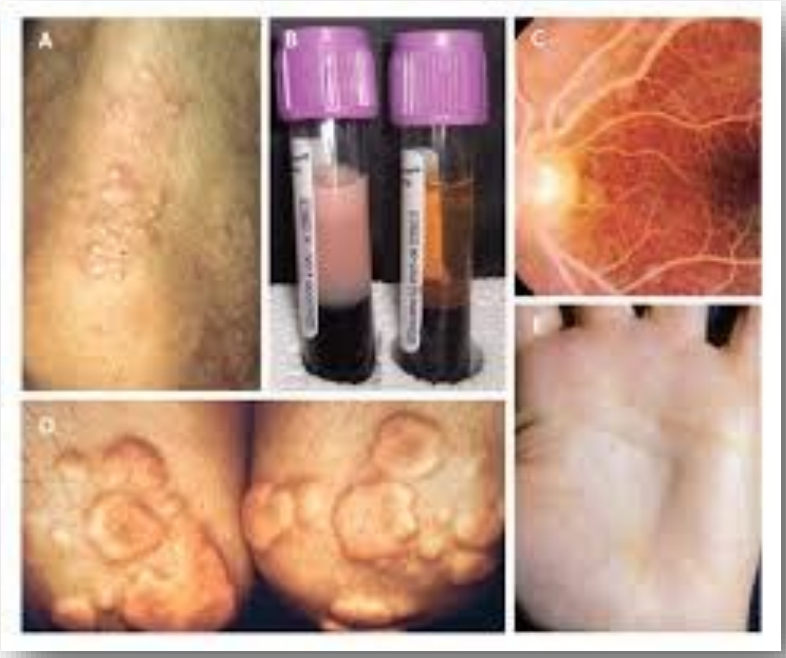
- Consider expanding future sessions to include workshops or case-based group discussions
- Share post-event materials and recordings for follow-up learning
- Encourage more participation from young practitioners and residents.

A RTD 0n Hypertriglyceridemia for the PCPs of Multan, was also held on 29th. July, at Zingibar Restaurent Multan. Here are the glimpses of the program.

Hypertriglyceridemia:

Clinical Outcomes And Management

By:
Dr. Irfan Shaikh
Head of Multan Chapter of
PCDA Pakistan



Hypertriglyceridemia, characterized by high levels of triglycerides in the blood, increases the risk of cardiovascular disease and pancreatitis. Management focuses on lifestyle modifications and, when necessary, medication to lower triglyceride levels and address underlying causes.

Causes of Hypertriglyceridemia

Hypertriglyceridemia often begins at levels of ≥150 mg/dl, though even high-normal values (100-140 mg/dl) may carry increased cardiovascular risk. Key causes are sum.marized with the mnemonic "High Lipids Cause Morbidity":

1. **Hereditary Factors** – Genetic conditions such as familial hypertriglyceridemia, dysbetalipoproteinemia, and chylomicronemia.

2. **Lifestyle** – Diet, alcohol consumption, decreased physical activity, and smoking.

3. **Co-morbidities** – Conditions like obesity, diabetes, and chronic inflammation.

4. **Medications** – Various drugs can cause mild-to-severe elevations in triglycerides.

Clinical Implications:

Cardiovascular Disease:

High triglycerides contribute to atherosclerosis, increasing the risk of heart attacks, strokes, and peripheral artery disease.

Pancreatitis:

Severely elevated triglyceride levels (typically above 500 mg/dL, or even 1000 mg/dL) can lead to acute pancreatitis, a potentially life-threatening inflammation of the pancreas.

Other complications:

In some cases, very high triglycerides can cause lipemia retinalis (abnormal appearance of blood vessels in the retina) and xanthomas (fatty skin deposits).

Management Strategies:

Lifestyle Modifications:

Diet: Reducing intake of saturated and trans fats, refin.ed carbohydrates, and alcohol can significantly lower triglyceride levels.

Weight Loss: Even a modest weight loss of 5-10% can lead to a noticeable reduction in triglycerides.

Exercise: Regular aerobic exercise is beneficial for lowering triglycerides.

Smoking Cessation:

Smoking cessation is crucial for overall cardiovascular health.

Medications:

Statins: Often used to lower LDL cholesterol, statins can also have a modest effect on triglycerides.

Fibrates: Specifically target triglycerides and are often prescribed for severe hypertriglyceridemia.

Omega-3 Fatty Acids:

Prescription-strength omega-3 supplements can be effective in lowering triglycerides.

Niacin: Can lower triglycerides, but may have side effects that limit its use.

Treating Underlying Conditions:

Addressing conditions like diabetes, hypothyroidism, or metabolic syndrome can also help lower triglycerides.

Monitoring:

Regular monitoring of triglyceride levels is essential, especially for individuals with severe hypertriglyceridemia or those on medication.

Interprofessional Collaboration:

Effective management of hypertriglyceridemia often requires collaboration between various healthcare professionals, including: Endocrinologists, Gastroenterologists, Primary

Severe hypertriglyceridemia (SHTG)

Definition: triglyceride > 10 mmol/L (> 885 mg/dL)

Prevalence: ~ 1:400 (North America)

Key clinical subtypes:
Familial chylomicronemia syndrome (FCS)
↑chylomicrons; N or ↓VLDL, LDL and HDL

Multifactorial chylomicronemia (MCS)
↑chylomicrons and VLDL; N or ↓LDL and HDL

Secondary factors:
excess alcohol, high fat/high carbohydrate diet, inactivity, obesity, metabolic syndrome, insulin resistance, diabetes, renal disease, lipodystrophy, Cushing syndrome, HIV, systemic lupus, steroids, retinoids, anti-rejection drugs, antihypertensive agents, L-asparaginase, atypical anti-psychotic drugs

Clinical concerns:
Acute pancreatitis with either FCS or MCS
Cardiovascular disease with MCS

Genetic determinants:
1) Mendelian, monogenic autosomal recessive FCS (very rare; at most 1-5% of all SHTG)
- biallelic pathogenic variants in *LPL* (60-80%), *APOC2*, *APOA5*, *GPIHBP1* or *LMF1* genes

2) Non-Mendelian, single-copy pathogenic rare variant in MCS (common; 10-20% of all SHTG):
- *LPL, APOC2, APOA5, GPIHBP1* or *LMF1* genes
- increases SHTG risk by 2- to 5-fold, but is not absolute and variants do not co-segregate with lipid levels in families
- some healthy people with normal lipids have these variants

3) Non-Mendelian, polygenic risk in MCS (very common; 30-50% of all SHTG)
- quantified by a polygenic score comprised of common single nucleotide polymorphisms; each slightly raises plasma TG
- a high polygenic score increases SHTG risk by 2- to 10-fold, but is not absolute and scores do not segregate in families
- some healthy people have a high polygenic score for TG

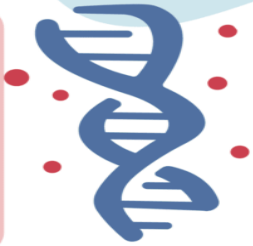
Causes of Hypertriglyceridemia

Pearls

- The **most common** dyslipidemia (30% of the population)
- Starts at **≥150 mg/dl**, but high-normal values (**100-140 mg/dl**) can carry increased CV risk
- Fasting levels are not necessarily a better predictor of CV events than non-fasting lipid levels

Mnemonic:
High Lipids Cause Morbidity

H — Hereditary



- Familial hyperTG & familial combined hyperlipidemia (polygenic with environmental influences)
- Familial dysbetalipoproteinemia (usually AR, can be AD)
- Familial chylomicronemia (AR, extremely rare)
- Lipodystrophic syndromes (i.e. partial and generalized lipodystrophy)

L — Lifestyle

- Diet
- Alcohol
- Decreased physical activity
- Smoking

C — Co-morbitidies

- Obesity
- Metabolic syndrome
- Uncontrolled diabetes
- Pregnancy
- HIV
- Chronic inflammation
- Hepatocellular disease
- Cushing's disease & syndrome
- Hypothyroidism
- Nephrotic syndrome

M — Medications

Mild-moderate elevation

- Thiazides
- Non-selective BB
- Atypical antipsychotics
- Glucocorticoids
- Bile-acid sequestrants
- Antiretrovirals

Severe elevation

- Estrogen & estrogen receptor blockers
- Propofol
- Interferon
- Cancer therapies: isotretinoin, cyclosporin, sirolimus, capecitabine, protease inhibitors

Most patients will have multifactorial causes, due to a combination of genetic variations with small effects and environmental influences

Diet Corner

By:

Sugar Weakens Your Immunity

Miss. Rabbiya Tirmizi (Nutritionist)

Head of DEW (Wing of PCDA Pakistan)

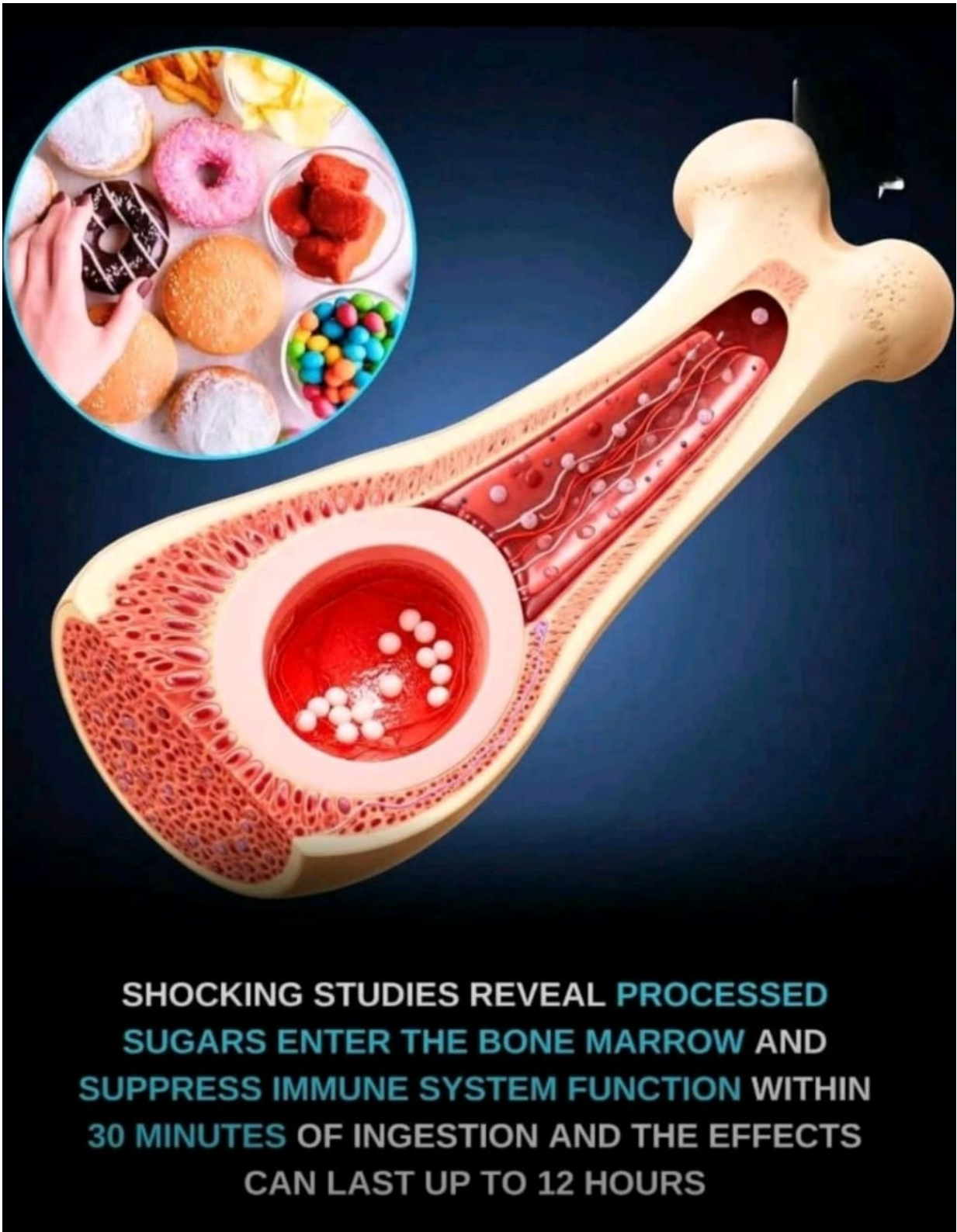
Interestingly, do you know processed sugar can reach your bone marrow within just 30 to 45 minutes of eating it and weaken your immune system for up to 12 hours?

When you consume sugary foods like soda, candy, desserts, or processed sugars, the sugar quickly enters your bloodstream. This fast spike can disrupt your gut bacteria, cause inflammation, and make important immune cells like neutrophils and macrophages less effective at fighting off germs.

Unlike the natural sugars in fruits and vegetables—which are slowed down by fiber and absorbed more gently—processed sugar hits your system fast and hard. Over time, too much sugar can also lead to the formation of harmful compounds called AGEs (Advanced Glycation End Products), which are linked to chronic diseases. Plus, it can drain your body of key nutrients like vitamin C and zinc that help support immunity.

Research published in the *American Journal of Clinical Nutrition* shows that high sugar intake can lower your body's defenses against infections. That said, how sugar affects you can depend on your overall diet, health, and lifestyle.

The good news? You don't have to cut sugar completely. Just aim to enjoy it in moderation, choose whole foods more often, and focus on habits that help keep your immune system strong. Fruits are great source to satisfy sweet cravings and they are good source of vitamins, minerals and fiber.



Dr. Altaf Ahmed Cheema posts from Lahore

CALCIUM VS VITAMIN D DEFICIENCY

- **Calcium Deficiency** = Neuromuscular symptoms like tetany and tingling
- **Vitamin D Deficiency** = Bone demineralization, leading to rickets or osteomalacia

Feature	Calcium Deficiency	Vitamin D Deficiency
Primary Role	Essential for **muscle contraction**, **nerve conduction**, **bone mineralization**	Regulates **calcium and phosphate absorption**, essential for **bone health**
Main Cause	**Inadequate calcium intake**, malabsorption, hypoparathyroidism, chronic kidney disease	**Lack of sunlight**, malabsorption, liver/kidney disease, dietary deficiency
Effect on Calcium Levels	**Low serum calcium** directly	**Low serum calcium** indirectly due to impaired absorption
Effect on Phosphate	May be **normal or elevated** (esp. in CKD or hypoparathyroidism)	**Low serum phosphate** (due to secondary hyperparathyroidism)
PTH Levels	**Elevated** if secondary to hypocalcemia (compensatory), **low** in hypoparathyroidism	**Elevated** (secondary hyperparathyroidism response to low calcium)
Symptoms	**Muscle cramps**, **tetany**, **numbness**, **tingling**, **seizures**, **Chvostek sign**, **Trousseau sign**	**Bone pain**, **muscle weakness**, fatigue, **increased fracture risk**
Bone Effects	May lead to **osteopenia**, **osteoporosis**, or **rickets/osteomalacia** if chronic	Leads to **osteomalacia in adults**, **rickets in children**
Neuromuscular Irritability	**Prominent** (due to hypocalcemia)	Mild to moderate (mainly bone-related symptoms)
Serum 25(OH) Vitamin D	**Normal**	**Low** (defining feature)
Alkaline Phosphatase (ALP)	May be mildly elevated in bone involvement	**Elevated** (marker of defective bone mineralization)
Treatment	**Calcium supplementation**, treat underlying cause	**Vitamin D supplementation** (cholecalciferol or ergocalciferol), calcium if needed
Common Clinical Conditions	Tetany, hypocalcemia, osteoporosis	Rickets, osteomalacia, secondary hyperparathyroidism

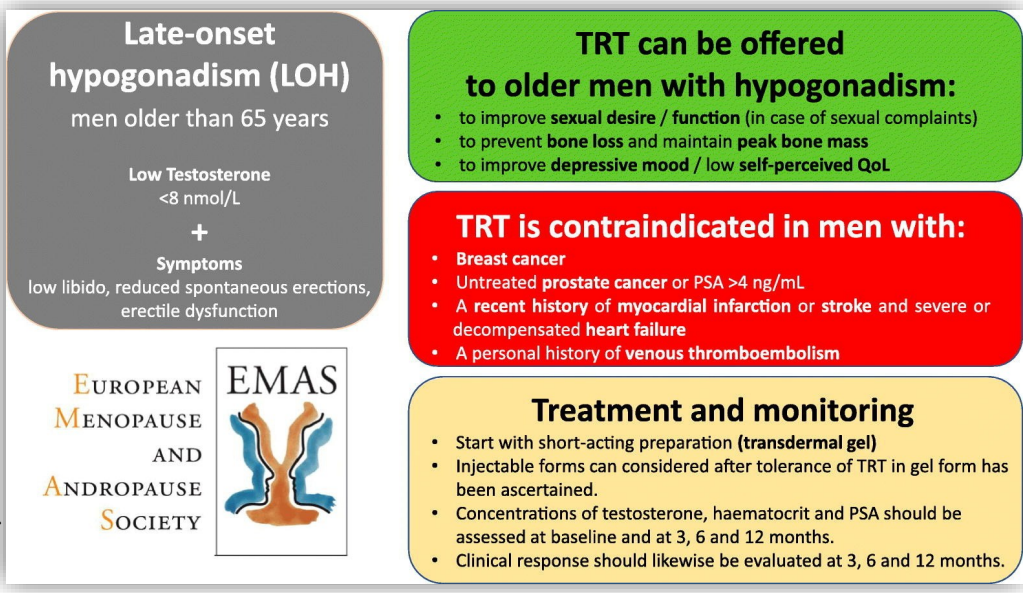
Benefits of testosterone treatment in middle-aged and older men with moderate hypogonadism

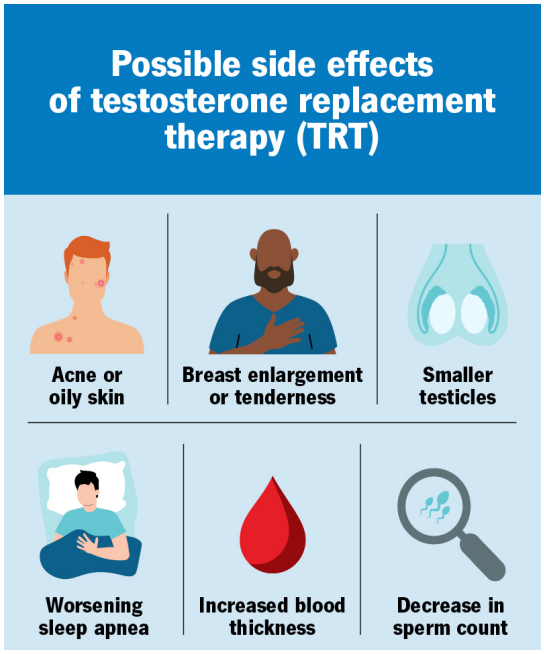
By: **Dr. Khalid Hussain Mazari**
Head of Rahimyar Khan Chapter of PCDA

Testosterone treatment consistently improves libido but may not be effective if the main symptom is erectile dysfunction. Treatment has also been associated with the correction of anemia, slight decreases in depressive symptoms, and slight improvements in mood, energy, and walking ability.

Testosterone treatment that increases the serum testosterone level to the middle of the normal range has had little effect on glucose metabolism in men with hypogonadism. In a sub-trial of the TRAVERSE trial, testosterone treatment neither decreased the rate of progression to diabetes among men with prediabetes nor affected glycemic control in those with overt diabetes. Testosterone treatment has not appeared to improve cognition in men who do not have preexisting cognitive disease.

The TRAVERSE trial was designed to determine whether testosterone treatment would increase cardiovascular risk among middle-aged and older men with hypogonadism who had preexisting cardiovascular disease or an increased cardiovascular risk at baseline. The primary safety end point was major adverse cardiovascular events (MACE), a composite of nonfatal myocardial infarction, nonfatal stroke, or death from cardiovascular causes. During a mean follow-up of 33 months, 372 adjudicated first episodes of MACE occurred, in 182 participants (7.0%) in the testosterone group and 190 (7.3%) in the placebo group (hazard ratio, 0.96; 95% confidence interval, 0.78 to 1.17; P<0.001 for noninferiority). In the analysis of a secondary composite end point that included MACE and coronary revascularization procedures, the results were similar in the testosterone and placebo groups. Thus, among men with hypogonadism and a high risk of or preexisting cardiovascular disease, the incidence of MACE with testosterone treatment was similar to that with placebo.





Testosterone treatment has been found to increase the risk of pulmonary embolism and clinical fractures, and it may increase the risk of atrial fibrillation. Men at high risk for fracture should be treated with a medication for osteoporosis. The absolute risk of thromboembolism during testosterone treatment is low; however, prophylactic anticoagulant therapy should be considered before testosterone treatment is initiated in men with a previous thromboembolic event.

Testosterone treatment has not been reported to increase the risk of lower urinary tract symptoms or prostate cancer (note that men who had severe lower urinary tract symptoms and men at high risk for prostate cancer were excluded from relevant clinical trials), although in the authors' opinion, older men for whom testosterone treatment is being considered should undergo a baseline evaluation for the risk of prostate cancer and for lower urinary tract symptoms. Benefits can be expected only in men with unequivocal hypogonadism based on two or more measurements of fasting, early-morning testosterone levels. The lower the testosterone level (e.g., <200 ng per deciliter [6.9 nmol per liter]), the greater the likelihood of a benefit. A benefit is less likely in men whose testosterone levels are only slightly below the lower limit of the normal range, especially men with obesity and metabolic disorders.

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