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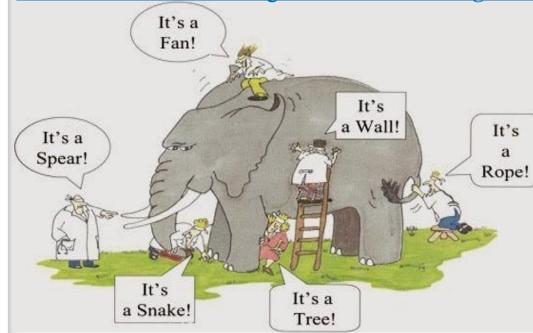
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Prof. Karim Kameruddin talks to PCDA's Seminar on "Optimizing Diabetes Outcomes-Accuracy Insights & the future of Monitoring"



Report By: Dr. Nauman Rizwan PCDA Karachi Chapter



The Karachi Chapter of the Primary Care Diabetes Association (PCDA) Pakistan organized a highly academic and interactive session titled "Benefits and Limitations of Self-Monitoring of Blood Glucose (SMBG)" on Sunday, 30th September 2025, at Areena Restaurant, Karachi. Professor Karim Kameruddin delivered an engaging and insightful presentation, discussing various aspects of SMBG in a friendly and interactive environment.

He began with an overview Addressing the limitations of multiple advantages of regu-tailor individualized treatof the future of blood glucose HbA1c, Prof. Karim ex- lar glucose monitoring — ment strategies and improve monitoring, emphasizing that plained that while it remains including its role in identify- patient outcomes.

SMBG offers significant benefits for both patients with diabetes and their healthcare providers. He noted that SMBG is now widely recognized as an essential component of intensive diabetes management for all forms of diabetes. The discussion explored the utility clinical

What are you missing with HbA1c?

HbA1c does not expose acute variations in glycaemic control Two patients with an HbA1c of 7.8%—the long-term glycaemic control but does not reveal acute variations or short-term same? PATIENT ONE HbA1c = 7.8% alucose exposure:1 PATIENT TWO HbA1c = 7.8% > Risks and contributing factors of acute hypoglycaemia > Episodes of low- or high glucose > Time-weighted average › Differing glycation rates betwe patients

SMBG in both Type 1 the clinical standard for as- ing glycemic excursions such (T1DM) and Type 2 diabetes sessing long-term glycemic as hypoglycemic events, and (T2DM), and highlighted its control, it does not capture in providing valuable data to strong relationship with im- daily or intra-day fluctua- understand the complex in-

SMBG is helpful to patients with diabetes in four distinct ways. First, it allows patients and clinicians to detect high or low blood glucose levels, thereby facilitating therapeutic adjustments to long-term achieve goals. Second, SMBG helps protect patients by allowing them to immediately confirm acute hypoglycemia or hyperglycemia. Third, the technology facilitates patient education about diabetes and its management by giving patients more self-care re-



trol as reflected by HbA1c experienced by patients. levels.

proved overall glycemic con- tions in blood glucose levels teractions between insulin,

carbohydrates, physical activity, and glucose response. He further elaborated on the This, he emphasized, helps

sponsibilities. Fourth, SMBG helps motivate people toward healthier behavior.









Dr. Riasat Ali Khan, presi- He said that the emerging The primary barrier to opti- ful if people with diabetes



awareness glucose monitoring (CGM) systems has created international recognition of new metrics for analysing glycaemic control: time range below range range (TAR).

dent of PCDA Pakistan, in his opening address welcomed the worthy speaker and the audience who spared their precious time for this academic session on the resting day of Sunday. He reminded th of the fact that achieving SMBG goals by focusing on small successes requires health care providers (HCPs) to work collaboratively with patients to personalize treatment to meet each person's needs. He said that improving treatment satisfaction and patient selfefficacy positively impacts patient treatment adherence, resulting in positive health outcomes.

TBR (Time Below Range). errors.

In order to determine the SMBG data could be applied health. most accurate time in range (TIR), the more blood glucose tests, the better. PwDs should make sure to test agnosis throughout the day, including as part of after meals and overnight. To ongoing calculate TIR with a blood glucose meter, people with diabetes should take the per- ment to ascentage of data points in sist range over a period of time PwDswith (e.g., 14 days). Some apps, like mySugr®, connect with the PwD's meter and can to actively provide TIR calculations for your patients. As glucose re- in diabetes sult error rate is reduced, so is the likelihood of missing hypoglycaemic events.2 In a computer-simulated experiment, 100 simulated PwDs is the key Prof. Karim Qamaruddin in with type 1 diabetes showed to applying his interactive address high- the relationship between aclighted the importance of tual glucose results and per-TIR (Time in Range) and mitted blood glucose meter

mal glycaemic control is and use of therapeutic inertia, a combicontinuous nation of both patient and clinician behaviours.

> SMBG should be used to enhance understanding of diabetes as part of patient edutreatment initiation and titration optimisation. Patients and providers must have the knowledge, skills and desireto incorporate SMBG testing fect their blood sugar levels, and therapy adjustment.

personalisedfor (TBR) and such as general state of to medication, food intake, time above health and hypo/hyper risk. and physical activity, allow-

> to therapy. SMBG can be useful at time of didiabetes managebetter understanding or as a tool participate selfmanagement. He that said Education **SMBG** to optimising therapy. SMBG only help

understand how to view, interpret and act on their results—education on technique and application to therapy is key.

Summerizing the topic, Prof. Dr. Ziaullah Khan, renowned Karim Kameruddin said that endocrinologist and diabetologist delivering his expert opinion, praised the insight given by Prof. Karim Kameruddiny. He endorsed the cation, facilitate healthy be- importance of regular monihaviours and facilitate timely toring during the managent of diabetes. He said that Blood glucose monitoring is crucial for people with diabetes to understand how diet, exercise, and medication afenabling them to manage the condition effectively and pre-(TIR), time SMBG testing plans should vent serious acute complicaeach tions like seizures or chronic PwD's educational, behav- damage. Monitoring helps in ioural and clinical needs, making timely adjustments Patients and providersmust ing individuals to stay within agree on the purpose of per- their target blood glucose forming SMBGand how the ranges and maintain overall





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Real-World Data Show Tirzepatide Benefit in Type-1 Diabetes

An abstract from Medscape reported by:

Dr. Riasat Ali Khan (President PCDA Pakistan)

The findings, from a retrospective study of 57 adults with T1D and obesity, was presented on September 16, 2025,

in a poster at the European Association for the Study of Diabetes (EASD) Annual Meeting by Ahmed Iqbal, MBBS, senior clinical lecturer in diabetes and honorary consultant physician in diabetes and Simon Berry, MBChB, clinical research fellow in diabetes, both of the University of Sheffield and Sheffield Teaching Hospitals NHS Foundation Trust in Sheffield, England, and colleagues.

Tirzepatide produced significant weight loss, reduced insulin requirements, for the use of GLP-1 receptor and improved glucose conwithout increasing hypoglycemia when used off-label in adults with type 1 diabetes (T1D), new observational data showed. Insulin label use is common. Fully resistance is problematic in the management of T1D, making it even harder for people with type 1 diabetes to match insulin accurately to carbohydrates and activity. exact mechanisms of tirzepatide in T1D have not yet been established but we believe that there is both a direct effect on insulin sensitivity and an indirect effect Eli Lilly is conducting a through weight loss," Berry and Iqbal told Medscape people with T1D and obesi-Medical News in an email.

They added that addressing cardiovascular risk in people with T1D and insulin resistance is an "urgent unmet need," including addressing risk factors such as hypertension, microalbuminuria, and dyslipidemia with standard care. The goal of treatment in our patients was to reduce insulin re-

ing on BMI.

There are currently no professional recommendations agonist (RA)-based medication in T1D, and its use isn't licensed for that patient population. However, electronic health data show that offpowered randomized controlled trials [RCTs] are required to give us definitive data to inform future prescribing but at present, we believe tirzepatide should be considered on a case-by-case basis, particularly in those with problematic insulin resistance.

large RCT of tirzepatide in ty, with results expected in 2027. But, prior to that, results from the first RCT of tirzepatide in T1D will also be presented at the EASD meeting. Those data aren't being released early, but the results are along the same lines, lead author, Jerry Greenfield, MD, told Medscape Medical

ad- Greenfield, who is head of dress cardiovascular risk fac- the Department of Endocritors rather than solely focus- nology, director of Diabetes Services, at St Vincent's

Hospital, Sydney, Australia, RCT, but nonetheless, the said that the UK study and data do reflect real world findings are impressive and practice in so in many revery similar to what has been spects, so they're very inreported in previous retro- formative. spective studies. It's not an





REDEFINE 2 trial unveils meaningful weight reduction with CagriSema

The study took place across multiple centres, as a double-blind, placebo-controlled trial, for 68 weeks.

Reported at Medscape

 \mathbf{F} indings were shown from the Phase IIIa REDEFINE 2 trial. assessing cagrilintide (CagriSema) in adult patients with obesity, with a body mass index of 27kg/m² and above, type 2 diabetes (T2D), and a glycated haemoglobin (HbA1c) of 7% to 10%, who were treated with one to three oral antidiabetes drugs or lifestyle intervenlyse the percentage change riSema achieved a signifi- to-moderate and transient. riSema, alongside agents like in body weight, additionally studying the proportion of patients who showed a body weight reduction of 5% or more, as well as assessing safety and tolerability.

The study was conducted across multiple centres, as a placebodouble-blind. controlled for trial, weeks. Patients were randomised 3:1; 904 patients received CagriSema 2.4mg once a week, and 302 received placebo, with lifestyle support. Secondary points included the proportion of patients with a body reduction of $\geq 10\%$, $\geq 15\%$ $\geq 20\%$, change HbA1c, a HbA1c of 6.5% or above, and, in a continuous glucose monitoring (CGM) subgroup, time in glucose range.

EASD conference, at week 68, CagriSema achieved a

tion in body weight than pla- 12.2% with placebo. Fur- than placebo (6.0% versus cebo (-15.7% versus -3.1%, thermore, subgroup analysis 3.3% and 0.2% versus 0%, Nordisk's fixed-dose combi- respectively). Patients treat- for CGM unveiled that Cag- respectively). nation of semaglutide 2.4mg ed with CagriSema achieved riSema achieved a signifi-2.4mg more body weight reductions cantly higher time in range 30.2%), $\geq 10\%$ (74.1% ver- 46.1%, respectively). sus 9.1%), $\geq 15\%$ (51.6%) versus 1.5%), and $\geq 20\%$ Regarding safety and toler-(29.2% versus 0.2%) in com- ability, gastrointestinal ad- combining tion. The study aimed to ana- patients treated with Cag- versus 34.4%), mostly mild-

≥5% (89.7% versus than placebo (89.1% versus pressed optimism about Cag-

parison to placebo, respec- verse events were more comtively. As for HbA1c levels, mon with CagriSema (72.5%

significantly greater reduc- HbA1c ≤6.5% compared to frequent with CagriSema

Key opinion leaders exriSema, noting its benefits from targeting dual pathways. However, they emphasise that previous attempts at gastrointestinal hormones have raised concerns about gastrointestinal side effects like nausea and vomiting. Many expect Cagtirzepatide, to lead the market in weight-loss therapies if efficacy and safety are confirmed in Phase III studies, but stress that issues such as route of administrapatient preferences, economics, and real-world availability will influence

apy pending further valida-

tion in ongoing Phase III tri-

uptake. Consensus is that while the mechanism is compelling and trial results are encouraging, ultimate adoption will depend on practical considerations in clinical practice. Overall, CagriSema demonstrated weight loss and glycemic benefits in people with type 2 diabetes and overweight or obese, reinforcing its potential as a promising dual-agonist ther-



In results presented at the cantly greater reduction (- Rates of hypoglycemia were 2.0% points versus -0.1% low, though level 2 and 3 points), with 80.7% reaching episodes were slightly more



Oral GLP-1 Receptor Agonist Orforglipron Yields Dose-Dependent Weight Loss

Becky McCall September 17, 2025 VIENNA

Report: Courtesy Medscape

ATTAIN-1

those on placebo.

ation for the Study of Diabetes hough 36% had prediabetes. (EASD) 2025 Annual Meeting.

Wharton explained.

"This could mean an expansion of obesity interventions to groups currently excluded due to the cost of and lack of access to injectable medications," he noted.

For patients, what drug they take and the form they take it in "depends on what they can access, what's available in the pharmacy, what they can afford, and maybe, what their friend is taking, and what they think will work well," he added.

The findings of the study were simultaneously published in The New England Journal of Medi-

A Once-Daily Oral Treatment

Orforglipron is a small-molecule, nonpeptide oral GLP-1 receptor agonist, said Wharton, who explained that they didn't know if they could stimulate the GLP-1 receptor without a large peptide analogue.

trial, "This nonpeptide, small molecule the first completed phase 3 trial of activates the receptor, can be taken the novel agent in this popula- without food or water restrictions, tion. Adults with obesity but with- and is not affected by time of day. out diabetes who took the investi- Its small chemical structure gives gational, oral GLP-1 receptor ago- it 79% bioavailability, and with a nist orforglipron for 72 weeks lost terminal half-life of 29-49 hours, significantly more weight than it's suitable for once-daily dos-

The findings may mark an im- The trial enrolled 3127 participortant advance in the obesity pants from nine countries across treatment landscape, said study four continents with obesity (BMI lead, Sean Wharton, MD, from ≥ 30) or overweight (BMI ≥ 27) McMaster University, Hamilton, and at least one weight-related Ontario, Canada, who presented comorbidity but excluded individthe results at the European Associ- uals with type 1 or 2 diabetes, alt-

As an oral therapy, orforglipron were White, 28.6% were Asian, "There could offer broader access and and 8.6% were Black individuals; appeal to patients who prefer pills more than 35% were men, and the over injections. And, unlike cur- mean age was 45. Participants rent injectable GLP-1 agents, the were randomized in a 3:3:3:4 ratio drug does not require special stor- to receive 6 mg, 12 mg, or 36 mg Rates of adverse events and seriage, distribution, or restrictions orforglipron or placebo, respecaround food and liquid intake, tively. All participants received professional guidance on a healthy tions due to adverse events in-

> physical activity. Treatment continued for 72 weeks.

primary endpoint mean percent change in body weight from baseline to 72, week assessed using the treatmentregimen esti-

mand (the intention-to-treat population). Other measures included mean changes in waist circumference, systolic blood pressure, non-HDL cholesterol, and triglycer-

Dose-Dependent Body Weight Reductions

Study completion rates ranged from 80% to > 87% across groups,

"The answer is yes," he said. good result for weight management trials," Wharton noted.

> At week 72, the primary endpoints were -2.1%, -7.5%, -8.4%, and -11.2% with placebo and 6 mg, 12 mg, and 36 mg of orforglipron, respectively (P < .001).

Turning to metabolic outcomes, mean changes in systolic blood pressure were -1.4 and -5.7 mm Hg in the placebo and pooled orgroups, respectiveforglipron ly (P < .001 for both). Among lipids, triglycerides decreased by 14.8% with pooled orforglipron compared to 3.8% with placebo, and non-HDL cholesterol decreased by 6.7% and 1.9%, respec-

These were significantly different, and all remaining parameters also moved in the right direction," Wharton reported.

ous adverse events were similar across groups, though discontinuadiet (without caloric restriction) creased with dose (2.7%, 5.3%,



7.9%, and 10.3% for placebo and the three drug doses, respectively). Gastrointestinal events were the most common, were generally mild to moderate, and occurred mainly during dose escalation. "There was no hepatic safety signal. Overall tolerability and safety were in line with expectations for GLP-1 therapies in obesity," said

with a rate of 87.5% at the highest In their publication, the authors perately need it will have access to dose (36 mg), which "is a very noted that the highly diverse, large care they didn't have before.

population from nine countries on four continents was a key strength of the trial.

More Information on Adverse Effects Needed

Asked to comment on the study by Medscape Medical News, Rasmus Sandsdal, MD, from the University of Copenhagen, Copenhagen, Denmark, said, "This new flurry of drugs coming out" raises questions "from the patient's perspective about what's the right fit for them."

"It's good to have a choice between injection and pill because some people will naturally think a pill is more comfortable," he added. "But it is once daily."

Sandsdal explained that he thought some patients who have "become familiar with the once-weekly injection" might find it less invasive compared to having to take a daily medication, which can come with a certain "illness" stigma.

He's also previously noticed that the heart rate increase has been pronounced with some smallmolecule GLP-1 drugs. "I'd like to see more specific details on the side effects because results were not as detailed here," he said. "Future findings may tell us more about these small molecules which may have propensity to bind to off -targets."

And "it will be interesting to see if they confer similar reductions in cardiovascular events as seen with established incretin therapies as big trials have also shown around a 20% reduction in MACE (major adverse cardiovascular events)," Sandsdal commented.

Wharton highlighted that access to care was key. "I see this changing the way people live with obesity, told Medscape Medical News, "not because of the weight change or the cardiovascular benefits" but because people who des-



Novel Quintuple Agonist for Weight Loss, Glucose Control?

A compound comprising five agonists that together tackle weight loss, glucose reduction, insulin sensitization, and blood fat normalization has shown promise in mouse models of obesity.

The compound under inves- glycerides. PPAR-delta is take, and improving hyper- A date to launch trials in hudependent insulinotropic expenditure. polypeptide (GIP) receptor agonists, it contains lanifibranor, a molecule that activates three different peroxisome proliferator-activated receptors (PPARs) — the alpha, delta, and gamma variants — all of which are involved in energy regulation.

Notably, this is not a combination therapy — the five agonists are included in a single molecule.

Daniela Liskiewicz, PhD, tic, lanifibranor's de-Institute for Diabetes and livery is targeted Obesity, Helmholtz Zentrum instead of being dis-München, Neuherberg, and tributed the German Center for Dia- the body, it is delivbetes Research, both in Mu- ered only to cells exnich, Germany, <u>discussed</u> pressing receptors for the development of the novel GIP or GLP-1, as part agonist at the European As- of a precision treatsociation for the Study of Diabetes (EASD) 2025 Annual Meeting.

Mouse Results Encouraging

"PPARs are master regulators of metabolism pressed in key metabolic tissues," explained Liskiewicz. PPAR-gamma drives adipose tissue differentiation and lipid storage, thereby improving systemic insulin overexpression. sensitivity.

PPAR-alpha is highly expressed in the liver, heart, strated superior efficacy than and muscle, where it pro- the GLP-1/GIP or semagmotes fatty acid oxidation lutide in reducing body

tigation is called a quintuple broadly expressed across glycemia in mice with obesi- mans has not yet been set. agonist because, together tissues and enhances fatty ty and insulin resistance. with GLP-1 and glucose- acid utilization and energy "These

> three PPAR isoforms, in its said. therapeutic. Lanifibranor is currently in phase 3 clinical trials for metabolic dysfunction-associated steatotic liver disease and has demonstrated a favorable safety profile, Liskiewicz 2

In the new therapeuthroughout

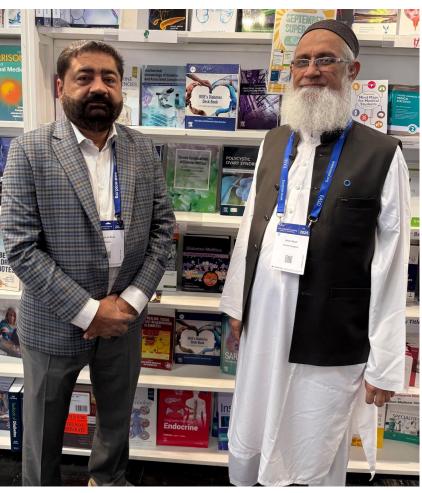
Currently, novel GLP-1/GIP/pan-PPAR quintuple agonist is being tested in genetic and diet-induced obesity mouse models, as well as in models with incretin receptor deleadipocyteor specific GIP receptor Reexperiments showed that the quintuple agonist demon-

and reduces circulating tri- weight, decreasing food in-

effects enhanced stem from the synergistic The team chose to include actions of incretin and PPAR agonist that activates all adipose tissue," Liskiewicz

energy metabolism and glu- interests.

The work was funded by the European Union within the scope of the European Relanifibranor, a pan-PPAR pathways in the brain and search Council ERC-CoG awarded to the principal investigator T.D. Müller, also The new compound also was from the Institute for Diabeshown to be significantly tes and Obesity, Helmholtz more effective in reducing Zentrum München. Liskiebody weight and enhancing wicz declared no competing



cose control than either GLP -1/GIP or the pan-PPAR agonist alone, or as a combination treatment.

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PCDA Pakistan at EASD Vienna









PCDA Partners for Health: Obesity Screening at UAF

A collaborative effort to raise awareness about metabolic health and prevent obesity-related diseases

Reports: Dr. Ahmad Shahzad (Head of Central Region of PCDA Pakistan)



Faisalabad, October 4, 2025 — A successful Well-O-Gram Obesity Screening Camp was organized today at the University of Agriculture, Faisalabad. The initiative was jointly conducted by the Layllpur Diabetes Foundation, Primary Care Diabetes Association (PCDA) Pakistan, Pakistan Society of Internal Medicine (PSIM), and Pakistan National Committee (PKNC), in collaboration with Getz Pharma.

The event aimed to promote Distinguished tion.

public awareness about met- included Prof. Dr. Aamir abolic disorders, particularly Shaukat, Dr. Ijaz Anwar, Dr. obesity, and to encourage Masood Ahmad, Dr. Muearly detection and preven- hammad Tariq, Dr. Shahid through community- Iqbal Gill, and Dr. Imran based screening and educa- Ullah. Dr. Ahmad Shahzad was specially appreciated for

gies for obesity and related metabolic disorders.

Screening Outcomes

 ${f A}$ total of 82 individuals underwent Body Mass Index (BMI) assessment during the camp. The results were as

The initiative was well received by students and faculty members, who commended the organizing teams for their efforts in promoting preventive healthcare and fostering awareness about obesity as a major health

concern.

The camp was hosted at the Department of Physics, University Agriculture, under the guidance of Associate Profes-



sor Dr. Yasir Javed, who expressed his gratitude to Getz his engaging and informative follows: Pharma and the participating lecture, which provided at- Normal BMI: 65 participants medical experts for their val- tendees with practical inuable support and contribu- sights into lifestyle modifition to public health.

cation and preventive strate- Underweight: 4 participants

Overweight: 13 participants

The Well-O-Gram camp flects continuing commitment PCDA, Layllpur Diabetes Foundation, and collab-

orating partners to reduce the burden noncommunicable diseases through education, screening, and early intervention at the community

Glimpses of the Screening Camp



New Classification of Type 2 Diabetes

Shared By:

Dr. Riasat Ali Khan

(President PCDA Pakistan)

T2DM has been considered as a single disease, defined by hyperglycaemia and treated via uniform, stepwise algorithms. Although operationally convenient, this practice increasingly fails to account for the biological heterogeneity of T2DM. Just as oncology evolved from treating cancer as a single disease to recognizing distinct malignancies with targeted therapies, a similar transformation is now underway in the field of T2DM. A syndromic framework grounded in molecular path-

wards precise, stratified risk failure prediction, personalized pre- Therapy: vention, and targeted thera- GLP-1RA py.

SIRD Insulin-(Severe Resistant Diabetes) - Type Prevalence: ~15% in Europe; in Phenotype: Obese (BMI 30-35), strong insulin resistance Age at onset: Mid-40s to late

Labs: High C-peptide, atherogenic lipid profile

reorient diabetes care to-nephropathy, ASCVD, heart insulin; SGLT2i, MOD TZDs,

> **SIDD** (Severe Deficient Diabetes) - Type all; ~38% in young Indians Prevalence: $\sim 15-30\%$; up to obese (BMI 25-30), slower 50% 26), younger onset (~30s- resistance

10%), Risks: Retinopathy, neuropa- with thy (microvascular disease) 4i, GLP-1RA

ophysiology could ultimately Risks: High risk for NAFLD, Therapy: Often needs early useful

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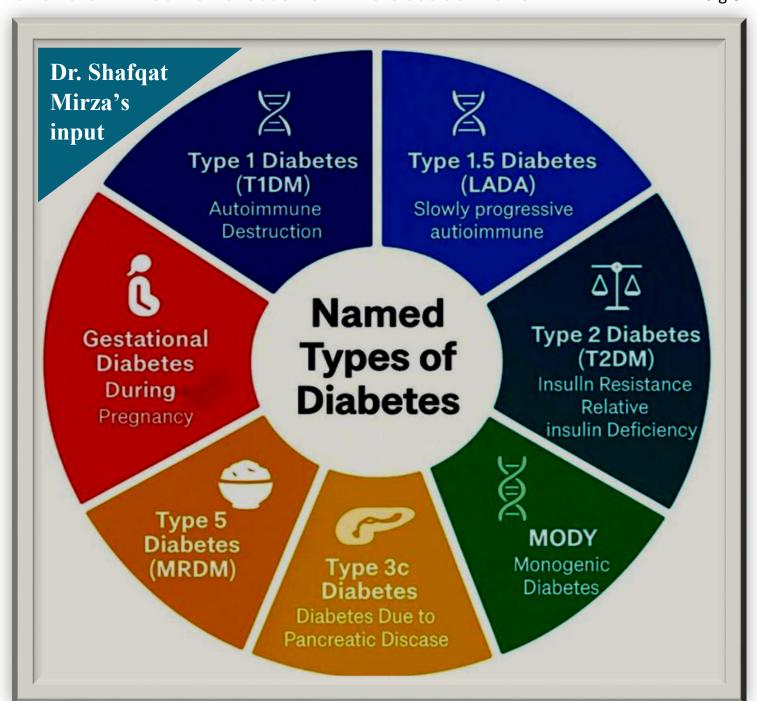
(Mild Obesityeffective Related Diabetes) - Type

Insulin- Prevalence: ~20–30% over-Phenotype: Moderately Asians progression

Phenotype: Leaner (BMI 22– Labs: Intermediate insulin Risks: Lower complication Labs: Very high HbA1c (≥9– rate, but CVD risk persits C-peptide Therapy: Well controlled metformin, DPP-

New Classification of Type 2 Diabetes

	SIRD Severe Insulin- Resistant Diabetes	SIDD Severe Insulin-Dficient Diabetes	MOD Mild Obesity-Related Diabetes
PREVALENCE	~ 15% in Europe less in Asia	~15-30%, up up 50 in Asians	~20-30% in young Indians
PHENOTYPE	Obese (BMI30–35) insulin resistance	Lean (BMI 22–26) 's yuonger onset	Slower progression
LABS	HbA1c 7.5-9, high C-peptide	HbA1c ≥9.0, ≥10.0 C-peptide Variable	6.9-7.5 % high intermediate profile
RISKS	NAFLD, nephropathy ASCVD	Retinopathy neuropathy	Lower complications rate, but presence
THERAPY	TZDs, SGLT-2, GLP-1 OVD effective low hypoglycemia	Early insulin – AGI's	Well responsive metformin, DPP-4, GLP-1 RA



Dr. Muhammed Saleem Khan, Head of AJK/GB region of PCDA Pakistan, had the honour to examine for MRCP PACES with Dr. Ian Cuttis Eminent pulmonologist from UK who is also chair of Examinations at Pak Emirates Military Hospital Rawalpindi today on 10th,2025





From the Desk of PCDA

By: Dr. Shahid Akhter

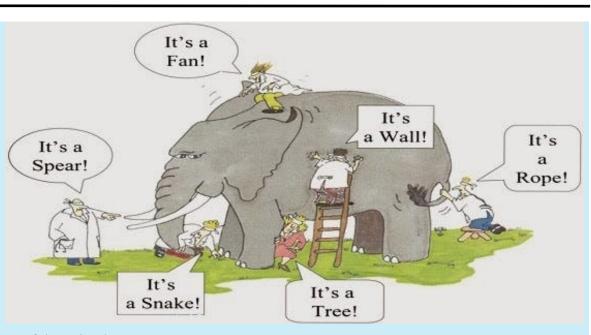
The Blind Men and the Elephant – —A Lesson in Understanding Diabetes

Dr. Mansoor Ahmed, the founding president of PCDA Pakistan, often shared a story about six blind men and an elephant to illustrate the diverse perspectives and understanding of diabetes among experts.

Prof. Zaman Shaikh also used a slide in his powerpoint presentation for the same purpose.

The ancient story

Once, six blind men came across an elephant for the first time.



Each one touched a different part of the animal.

One touched the trunk and said, "An elephant is like a snake."

Another touched the leg and said, "No, it's like tree."

The third touched the ear and said, "It's like a fan."

The fourth touched the side and said, "It's like a wall."

The fifth touched the tail and said, "It's like a rope."

The sixth touched the tusk and said, "It's like a spear."

They all argued, each believing he was right.

A wise man passing by explained,

"You are all partly right — but none of you have seen the whole truth."

In the journey of diabetes care, we often find ourselves focusing on one dimension of this multifaceted disease — glucose control, complications, or patient behavior. Yet, diabetes is far more than a single laboratory value or clinical condition. It is a complex, lifelong challenge that affects every aspect of human health and life.

The following story beautifully illustrates this truth and reminds us of the importance of seeing diabetes as a whole — not in parts.

The New Story:

Once upon a time, in a small town, six respected physicians gathered to discuss one important question:

"What exactly is diabetes?"

Each was an expert in his own domain — a biochemist, a nephrologist, a cardiologist, an ophthalmologist, a neurologist, and a family physician. Their discussion soon turned into a passionate debate.



The biochemist began,

"Diabetes is simply a matter of raised blood glucose. Control the sugar, and the problem is solved."

The **nephrologist** disagreed,

"That's only a small part of it. I see diabetes as a disease of the kidneys — half of my dialysis patients are diabetic."



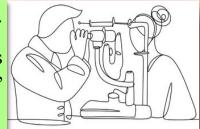


The cardiologist leaned forward.

"Both of you are missing the heart of the matter — literally. Diabetes is a *cardiovascular disease*. Most of my heart attack patients are diabetics."

The **ophthalmologist** smiled knowingly.

"From where I stand, diabetes is a *cause of blindness*. My clinics are full of patients with diabetic retinopathy."





The **neurologist** added,

"No, no — you're all seeing it from the wrong angle. To me, diabetes is about *nerve damage* — numb feet, burning pain, and loss of sensation."

Finally, the family physician said,

"In my practice, diabetes is not just about organs — it's about *people*. It's about patients struggling to change their lifestyles, to follow diets, to stay active, and to take medicines regularly."



As the discussion grew lively, an elderly <u>endocrinologist</u>, who had been listening quietly, smiled and said,

"My friends, you all remind me of the story of the blind men and the elephant.....



Each of you is correct — yet incomplete. Diabetes, like that elephant, cannot be understood by touching just one part. It is a vast, multi-system disorder that affects the body, the mind, and the spirit."

The legend Endocrinologist continued,

"Diabetes is not merely about blood sugar or organs. It's about lifestyles, emotions, awareness, and teamwork. The real challenge is to integrate all these perspectives — biochemical, clinical, nutritional, and psychological — into a unified approach to care. Only then can we truly serve our patients."

specialty could claim complete understandsion, and continuity society at large. — the very principles at the heart of Primary Care Diabetes As- (PCDA) sociation (PCDA).

Moral:

who each described only one part of the elephant, our understanding of diabetes To truly provide meanviewed through a sin- integrate gle lens. United Against Diabe-Healthier Pakistan

betes in the world. This cial well-being. alarming reality calls for

Each physician real- fessional, and policy- held at Hall #3, Expo gathering — it is a call ized that no single maker plays a role in re- Center Karachi, promversing this tide. The ises to be a landmark fight against diabetes event. It will serve as a cannot be won by doc- unifying ing of diabetes. True tors and organizations bringing together care demanded col- alone; it requires the col- stakeholders of Pakicompas- lective will and effort of stan's healthcare eco-

The Primary Care Dia- ondary and tertiary time to act is now — for betes **Association Pakistan** Pakistan proudly stands at the forefront of this ongoing battle, champion-Like the blind men ing awareness, education, and innovation in diabetes prevention and

remains partial when ingful care, we must scientific knowledge, clinical expertise, and human empathy. Our mission tes — Together for a goes beyond controlling blood glucose — it's about understanding and Pakistan today faces one supporting the person of its greatest health living with diabetes, challenges: the highest addressing their physiprevalence rate of dia- cal, emotional, and so- with public health ex- our patients, for our

a nationwide commit- In this spirit, the PCDA ment — where every Biennial Symposium This symposium is not stan.

platform, system — from primary care physicians to sec-

The room fell silent. citizen, healthcare pro- 2026, scheduled to be just another academic to action. Together, let us join hands, knowledge, and chanall nel our collective energies to protect our people from the growing menace of diabetes. The



care specialists, along perts, researchers, and communities, and for the industry partners.

future health of Paki-



We are delighted to invite you to a 1-day seminar on Diabetes and Metabolic Syndrome, organized by the Lyallpur Diabetes Foundation, in collaboration with Primary Care Diabetes Association Pakistan, Pakistan Society of Internal Medicine, Faisalabad Medical University, Pakistan Korean Nutrition Center, and Pakistan Academy of Family Physicians Pakistan.

Seminar Highlights

- Gain Knowledge: Stay updated on the latest developments and advancements in diabetes and metabolic syndrome management.
- Share Views: Engage in interactive discussions and share your expertise with fellow professionals.
- Industry Insights: Visit the pharma industry to explore new horizons and discover innovative solutions.

Benefits

- Continuing Medical Education (CME) credits: Earn valuable CME credits.
- Networking opportunities: Connect with fellow professionals and industry experts.
- Knowledge sharing: Enhance your understanding of diabetes and metabolic syndrome management.

Organizing Committee

- Lyallpur Diabetes Foundation
- Primary Care Diabetes Association Pakistan
 - Pakistan Society of Internal Medicine
 - Faisalabad Medical University
 - Pakistan Korean Nutrition Center
- Pakistan Academy of Family Physicians Pakistan

Introductory Meeting of

Diabetes Pakistan Conference 2025

We are delighted to announce the successful holding of the Introductory Meeting for the upcoming "Diabetes Pakistan 2025 Conference". This conference is scheduled to take place on Sunday, 9th November 2025, at Serena Hotel, Faisalabad.



was organized on 10th representatives 2025 under partner Foundation, trition (PKNC). significant diabetes. a milestone in uniting Pakistan.

finalize the scientific build awareness, ior faculty members, tion to effectively coun-participants expressed Pakistan.

Primary sights and recommenda- crinology, ciation of Family Phy- grates the latest clinical realities. sicians (PAFP), and Pa- evidence with practical kistan Kidney and Nu-strategies for primary The organizers

served as a platform to is an urgent need to event.

important pre-physicians, endocrinolo- ter this epidemic. The their commitment gathering gists, diabetologists, and upcoming conference making Diabetes Pakifrom aims to provide a nation- stan 2025 a landmark organizations al forum where experts event that reflects the the joint collaboration of participated actively, from diverse fields — shared vision of improv-Diabetes contributing valuable in- internal medicine, endo- ing patient outcomes and nutrition, promoting Care Diabetes Associa- tions. Their collective nephrology, and primary communities. tion (PCDA), Faisala- input is expected to care — can share their appreciation was extendbad Medical University shape a comprehensive experiences, discuss ed to all partners and (FMU), Pakistan Socie- academic program for emerging therapies, and volunteers whose dedity of Internal Medicine the November confer- highlight preventive ap- cation and enthusiasm (PSIM), Pakistan Asso- ence — one that inte- proaches tailored to local are driving this collabo-

also Council care and community- stressed the importance The Lyallpur Diabetes The event based management of of engaging young doc- Foundation and PCDA tors and family physi- Pakistan cians in diabetes educa- their pledge to continue leading medical minds During the meeting, the tion, as they are often fostering scientific exof Faisalabad with one participants underscored the first point of contact change and physician common purpose — to the alarming rise of dia- for patients. Sessions fo- empowerment through enhance the understand- betes prevalence in Paki- cusing on preventive sustained academic acing, management, and stan, which now ranks health, lifestyle modifi- tivities. As preparations prevention of diabetes in among the highest in the cation, and community- for the November conworld. It was empha-based interventions are ference gain momentum, sized that beyond scien- expected to be key high- the organizing commit-The inaugural meeting tific advancements, there lights of the November tee invites all healthcare

themes, objectives, and power healthcare profes- The inaugural meeting to join this national enframework for the forth-sionals, and foster multi-concluded on a note of deavor in redefining the coming conference. Sen- disciplinary collabora- optimism and unity. The future of diabetes care in

rative movement ward.

professionals, researchers, and policy advocates

Diabetes Pakistan Conference 2025 Faisalabad

Empowering Physicians. Elevating Care. Transforming Outcomes.



PCDA (Primay Care Diabetes Association-Pakistan) Lahore Chapter & Pakistan Academy of Family Physicians (DOCTORSCON)

Jointly and cordially invite you to a free Sugar and Medical Camp to be held on Wednesday, 29th October 2025 from 2 to 5 PM, at Lahore Press Club Patients will be examined by the expert physicians and treatment will be prescribed treatments

Camp Experts:

Dr Tahir Rasool
Dr Abdul Rauf
Dr M Manzoor Janjua
Dr Altaf Cheema

Salient Features of the Camp:

Free Random Sugar, HbA1C Blood Cholesterol, Uric Acid, BMD.

Health Education will be provided free of cost.







Dr. Saleem Shaikh reports from Hyderabad Chapter of PCDA

Free Medical and Sugar camp at Mirpur khas under the umbrella of PCDA Pakistan







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Dr. Nazeer Soomro reports from Jacobabad Chapter of PCDA







Dr. Muhammad Mohsin Raza reports from Rahim Yar Khan Chapter of PCDA















Dr. Shehzad Tahir Head of Federal Region of PCDA Pakistan reports

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Dr. Shehzad Tahir, the Regional Head of PCDA Federal Region, is very active in arranging the awareness sessions and Free Medical Camp for the general public, and academic Sessions for the primary Care Physicians. He recently organized a Free medical camp in Gulshanabad.

Dr. Shehzad Tahir and Dr. Waseem Ahmed examined the attending people. The diagnosed persons were guided and educated about their condition. Free medicines were also distributed among the patients. This camp was was one of the series of PCDA-GETZ joint venture for screening and Data Collection, "Ziabetes Control-Zindagi Anmol"





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Dr. Qaiser Mehmood reports from Gujranwal Chapter









Head of Multan Chapter of PCDA Pakistan, Dr. Irfan Shaikh reports about a RTD Program on 8th. Octber, at Forte Khanewal











Head of Kohat Chapter of PCDA Pakistan, Dr. Sulaiman Khan reports about a Free Medical Camp

PCDA Kohat Chapter in collaboration with HEAC, organized a free medical camp in Muhammad Zai, Kohat. The initiative aimed to provide quality healthcare and free medicines to underserved communities in remote areas. Free diagnostic tests, including HbA1c and blood sugar screening, were also conducted for the patients.

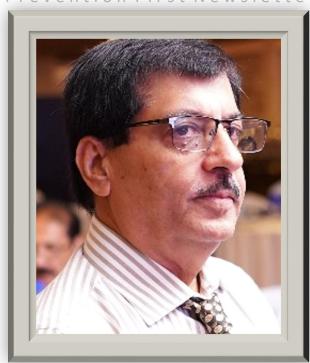












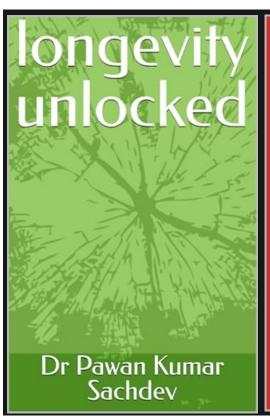
Amazon releases 3 books written by Dr. Pawan Kumar

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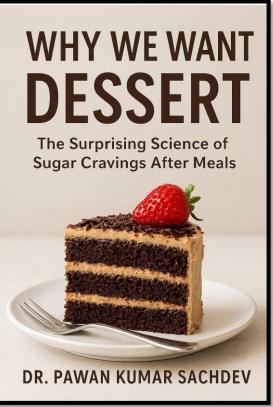
Reports Dr. Khaleeq Warsi

Dr. Pawan Pawn Kumar, general secretary of PCDA Pakistan, is a renowned physician and diabetologist of the country. His writing skills were discovered last days when world's most famous book seller company, Amazon released 3 books written by Dr. Pawan Kumar.

- The first book titled as Longevity Unlocked is a Practical Guide to Living Longer, Healthier, and Stronger. Live Longer. Live Better. Live With Purpose. Longevity Unlocked is your complete guide to living a longer, healthier, and more vibrant life. Drawing on cutting-edge science and timeless wisdom from the world's longest-lived people, this book reveals how you can slow the aging process, prevent disease, and add decades of strength and joy to your life.
- Second book Beyond the Stethoscope: Doctor's Secrets for Health, Habits, and Longevity is a practical and inspiring guide that reveals what doctors truly wish their patients knew. Written by Dr. Pawan Kumar Sachdev, a physician with over 33 years of medical experience, this book goes beyond medical prescriptions to uncover the daily habits, lifestyle choices, and mindset shifts that create lasting health.
- Third book released by Amazon is Why We Want Dessert. It explains why do so many of us crave something sweet after a meal? Is it just a habit, or is there a deeper science behind this universal desire? Why We Want Dessert takes readers on an engaging journey through the fascinating world of food psychology, biology, and culture. This book explores the science of taste and how our brain responds to sugar, why desserts give comfort, satisfaction, and even emotional healing. It includes the cultural and historical importance of sweets across civilizations, how desserts influence memory, mood, and social bonding. Overall this books is a brief guide on healthy ways to enjoy desserts without guilt.



Beyond the Stethoscope



Primary Care Diabetes Association Pakistan (PCDA)

(Member of International Diabetes Federation – IDF)

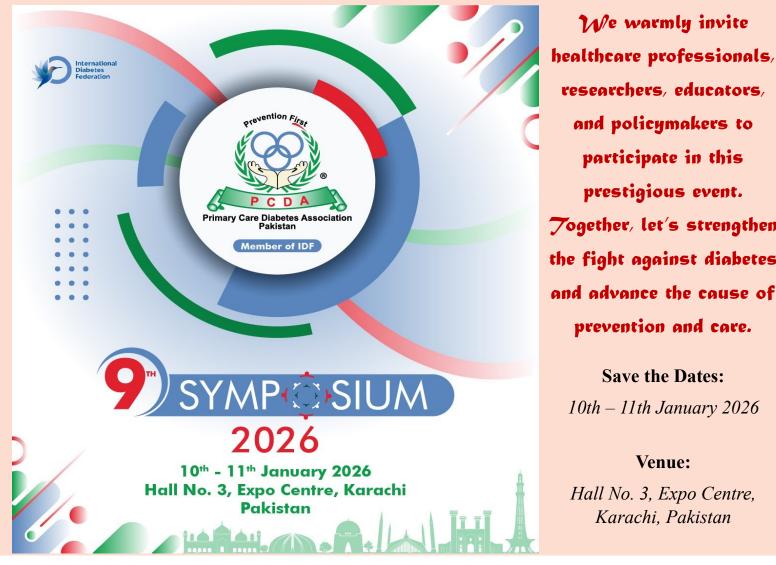
10th – 11th January 2026 Hall No. 3, Expo Centre, Karachi, Pakistan

The Primary Care Diabetes Association (PCDA), a proud member of the International Diabetes Federation (IDF), is pleased to announce its 9th International Symposium on Diabetes, to be held on

10th-11th January 2026 at the Expo Centre, Karachi.

This biennial scientific gathering has established itself as one of the most significant platforms in Pakistan for knowledge exchange, professional networking, and updates in diabetes care, prevention, and management. Leading national and international experts will join hands to share the latest research, evidence-based practices, and innovative strategies to improve diabetes outcomes. The symposium will cover a wide spectrum of topics including:

- Advances in diabetes management and technology
- Prevention strategies and primary care perspectives
 - Updates on comorbidities and complications
 - Patient education and empowerment initiatives



We warmly invite healthcare professionals, researchers, educators, and policymakers to participate in this prestigious event. Together, let's strengthen the fight against diabetes

Save the Dates:

prevention and care.

10th – 11th January 2026

Venue:

Hall No. 3, Expo Centre, Karachi, Pakistan



From Clinics to Workplaces:

Advancing Diabetes Well-being through Primary Care

10th - 11th January 2026 Hall No. 3, Expo Centre, Karachi, Pakistan.

CALL FOR ABSTRACTS



- **DIABETES AND ITS COMPLICATIONS**
- **GENETICS AND EPIDEMIOLOGY OF DIABETES**
- **DIABETES IN WORKPLACE**
- DIABETES IN CHILDREN
- PRIMARY CARE IN DIABETES
- **DIABETES, PREGNANCY AND NUTRITION**
- **PSYCHOSOCIAL ASPECTS AND DIABETES EDUCATION IN PAKISTAN**

GET A CHANCE TO WIN "BEST ORAL AND **BEST POSTER PRESENTATION AWARDS"**

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DR. IZHAN ALI KHAN

NOVEMBER LAST DATE OF SUBMISSION









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