

Prevention First

February 2026, Issue-30 Volume-2

In-Charge PFN-Online Newsletter: Dr. Shahid Akhter Khan (General Secretary PCDA Pakistan)

THE EDITORIAL BOARD

Editor in Chief:

Dr. Riasat Ali Khan

Managing Editors:

Dr. Suleman Khan

Dr. Zahoor Shaikh

Dr. Ashraf Raheem

Mr. Nohail Khan

Section Editors:

Dr. Fareeduddin (Research)

Dr. Ahmed Shehzad (Education)

Dr. M. Saleem Khan

(Coordination)

Media Coordinator

Dr. Shakeel Ahmed

Dr. Majid Khan

Dr. Naseeruddin Shaheen

Outreach Coordinator:

Mr. Saud Abbasi

Sanjana Nandlal

Overseas In-charges

Dr. Khaleeq Warsi (USA-Canada)

Dr. Arooj Malik (Gulf)

Dr. Faisal Uzair (U.K)

Review Board:

Dr. Asima Khan

Dr. Naum F. Mahmudi

Prof. Adnan Bawany

Email :

preventionfirstnewsletter@gmail.com



In This Issue:

- [Diabetes And Ramadan Conference 2026.....page-2](#)
- [STEEP Health Program in Multan.....page-5](#)
- [EACME Approved Course in Rahim Yar Khan.....page-8](#)
- [Diabetes And Ramadan by Prof A. Jabbar.....page-13](#)
- [Diabetes and Ramadan by Dr. Shahid Akhter.....page-15](#)
- [Ramadan Fasting and Nutrition by Saima Rasheed.....page-17](#)
- [Expert Symposium by Dr. M. Saleem Kotli AJK.....page-21](#)
- [Diabetes Awareness Program in Jacobabad.....page-24](#)
- [Free Medical Camp by Dr. Jehangeer in Naseerabad.....page-26](#)
- [Dr. M. Iqbals' report from Rawalpindi.....page-29](#)
- [Dr. Mutayyaba Majeed's report from Toba Tek Singh.....page-30](#)
- [Dr. Asima Khan's lecture at GMMMC Sukkar.....page-31](#)
- [Dr. Zahoor Shaikh's Report from Dadu.....page-32](#)
- [Dr. Maqsood Memoos's report from Gujranwala.....page-34](#)





12th International Diabetes And Ramadan Conference 2026

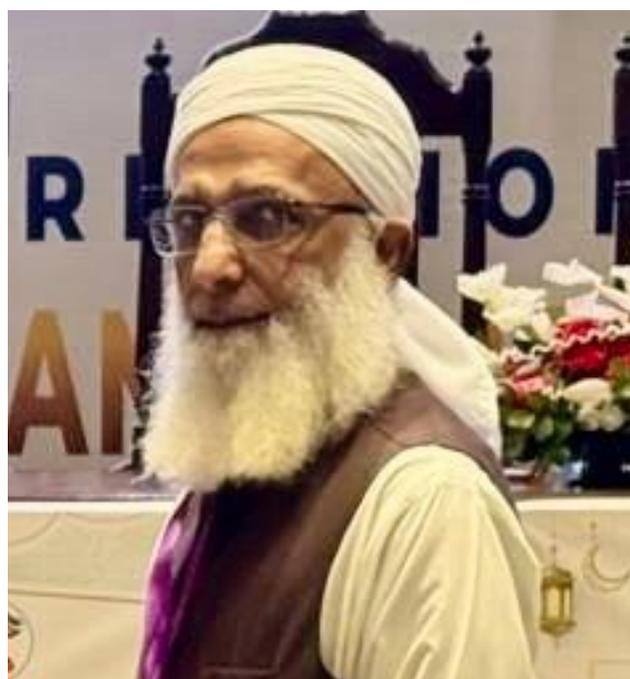
Reported By: *Dr. Ahmad Shahzad, Head of Central Region of PCDA Pakistan*

Ramadan And Hajj Study Group organized its 12th International Diabetes And Ramadan Conference 2026 in the King Edward Medical College Lahore on 24 & 25 January 2026. Theme of the conference was “Diabetes And Ramadan Updates 2026.” Among the main collaborators of the conference were PCDA (Primary Care Diabetes Association) Pakistan, Lylpur Diabetes Foundation (LDF), PSIM, AFPP, NADEP, The Indus Hospital Network and MEDEXCEL Foundation.



A very informative and scholarly presentations on “Managing diabetes during Ramadan,” by Prof. Muhammad Yaqoob Ahmadani was the hallmark of the conference. He focused on balancing spiritual observance and health of the people with diabetes who want to fast during the holy month of Ramadan.

Prof. Yaqoob starting his talk informed the audience that estimates suggest that there are over 150 million Muslims with diabetes worldwide, and almost 116



million may choose to fast during Ramadan.

Over the next 25 years, the increase in the number of adults with diabetes in Muslim-majority regions is expected to be in excess of the global average. Forecast a fivefold increase in the incidence of severe hyperglycemia (requiring hospitalization) during Ramadan in patients with type 2 diabetes (from 1 to 5 events · 100 people⁻¹ · month⁻¹) and an approximate threefold increase in the incidence of severe hyperglycemia with or without ketoacidosis in patients with type 1 diabetes (from 5 to 17 events · 100 people⁻¹ · month⁻¹). Hyperglycemia may have been due to excessive reduction in dosages of medications to prevent hypoglycemia. Patients who reported an increase in food and/or sugar intake had significantly higher rates of severe hyperglycemia.



Prof. Muhammad

Yakoob Ahmedani who is the Chairman of Ramadan and Hajj Study Group, Pakistan and Co-chair IDF-Task force, told the audience that fasting and diabetes growth in adults with diabetes for the years between 2021-2045, according to the IDF Atlas 10th Edition is 86% in MENA region, 129% in sub-Saharan region, 69% in south east asia region and 46% globally. He said that multiple factors influence the



hypoglycaemia, during Ramadan, for the entire cohort was 16.8% with insulin treatment and 5.3% with oral an-

were 22 episodes of symptomatic hypoglycaemia and 60 episodes of biochemical hypoglycaemia observed in 27

lar state. He observed that, with active glucose monitoring, alteration of drug dosage and timing, dietary counseling and patient education, the majority of the patients did not have any serious acute complications of diabetes during Ramadan.

Prof. M. Yaqood Ahmadani during his talk emphasized on the impact of pre-Ramadan Education on the outcomes of the safe fasting. He focused on weight loss and reduction in the risk of hypoglycaemia, reduced incidence of hypoglycaemia and improved glycaemic control, Reductions in hypoglycaemic events with no severe events or hospitalizations in T1D, Improved glycaemic control, no notable changes to biochemical or biometric measures in high-risk Ramadan education Ramadan-specific diabetes management recommendations were followed better compared with patients who did not receive education.



risks of Ramadan fasting in an individual with diabetes. These factors are: type of diabetes, level of glycemic control, medications used, presence of comorbidities and personal circumstances. He referred to the results of the EPIDIAR study which showed

Prof. Muhammed Yaqoob Ahmadani also referred to the CREED study which showed that During Ramadan, the proportion of participants on oral anti-diabetic medication alone ranged from 68.4% (Middle East) to 80.5% (Asia); the proportion on insulin alone ranged from 3.7% (Middle East) to 8.6% (Europe) The incidence of

tidiabetic medication.

Discussing on the question if Is it safe to fast for people with diabetes? The honorable professor referred to the Ramadan Prospective Diabetes study. Prof. Yaqoob is the principal author of this study which showed that A total of 3946 readings were obtained in 110 subjects; 82 readings were in the hypoglycaemic range, and there

patients. Seven patients experienced symptomatic hypoglycaemia, whereas 20 patients had biochemical hypoglycaemia. Symptomatic hypoglycaemic episodes showed a downward trend from weeks 1 to 4. The highest frequencies of hypo- and hyperglycaemic episodes were observed pre-dawn. None of the patients developed diabetic ketoacidosis or hyperglycaemic hyperosmo-



Improved perception and response to hypoglycemia, better HbA1c and weight reduction.

lective effort to ensure Ramadan fasting can be safe.

PRE RAMZAN ASSESSMENT:

All individuals seeking to fast should attend a preindividuals. Ramadan visit 6-8 weeks before Ramadan. To stratify risk and develop an individualised management plan, detailed medical history, aspects of diabetes and ability to selfmanage, presence of comorbidities should be assessed. The individual's prior experience in managing diabetes during Ramadan fasting, the individual's ability to selfmanage diabetes and other aspects increasing the risk of fasting should also be assessed.

RISK QUANTIFICATION :

Main targets of focused education are the healthcare professionals, the diabetic person and the community as a whole. All these groups are involved in a collective effort to ensure Ramadan fasting can be safe.

KEY COMPONENTS OF RAMZAN FOCUSED EDUCATION:

Risk identification and quantification, removing misconceptions, blood glucose monitoring, fluid and dietary

TARGETS OF RAMZAN FOCUSED EDUCATION:

Ramadan focused education should aim to target HCPs, people with diabetes that are fasting and members of the general public. All these groups are involved in a col-



advice, physical activity/exercise advice, medicine adjustments, trial fasting, when to break the fast and recognition of hypo and hyperglycemia symptoms.

DAR conference in King Edward medical University Lahore, was a joint venture of Primary care Diabetes Association and Lyallpur Diabetes Foundation.

Almost 40 doctors represented from Faisalabad



Another seminar under STEEP Health Program staged in Multan

Hands-On Learning and Evidence-Based Insights Highlight the event.....Reports Dr. Asima Khan

Multan Chapter of PCDA Pakistan organized a comprehensive one-day seminar in Ramada Hotel Multan, on Saturday, 1st February 2026. The Seminar 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 opening lecture was delivered by Dr. Asima Khan who is the President Elect of PCDA Pakistan. Her topic of talk was **“Understanding Diabetes-A Window into the Metabolic Disorders”** Dr Asima Khan and Dr. Riasat Ali Khan travelled from Karachi by road to Multan. She Enlightened the audience about the relation of diabetes with metabolic disorders. She said that Diabetes mellitus is a chronic, heterogeneous metabolic disorder characterized by persistent hyperglycemia (elevated blood glucose) resulting from the body's inability to produce sufficient insulin or effectively use the insulin it produces. It acts as

a primary "window" into broader metabolic syndrome, often coexisting with obesity, high blood pressure, and dyslipidemia (abnormal lipid levels).

Second talk was given by Dr. Dr. Asim Muneer Alvi, who talked on **“Obesity Asca Key Driver of Metabolic Disorders”**. He said that Obesity acts as a primary driver of metabolic disorders by inducing chronic, low-grade inflammation and metabolic stress, largely due to hypertrophied visceral adipose tissue. This dysfunctional fat releases pro-inflammatory cytokines (e.g., TNF- α , IL-6) and excess free

fatty acids, directly causing insulin resistance, dyslipidemia, non-alcoholic fatty liver disease (MASLD), and hypertension. These mechanisms fundamentally link obesity to type 2 diabetes and cardiovascular disease.

The Seminar brought together leading experts of diabetes and related fields, to share evidence-based insights, practical strategies, and hands-on training to strengthen clinical practice in diabetes care.

STEEP Health (Strategic Training & Education to Empower Primary Healthcare for Metabolic Diseases) is designed in the light of the aims

and objectives of PCDA, i.e. to enhance the quality of primary diabetes care through education, advocacy, and research.

PCDA have initiated several impactful programs to achieve this target, like STEP (Students Taskforce for Education and Public Health), DEW (Diet and Education Wing), SEED (A screening and research project of PCDA), Rakkho Apna Khayal (A project of primary prevention), Diabesity (A project about obesity) Diabetes Control-Zindagi Anmol (A project of screen, awareness & data collection) and now the STEEP-Health.





Dr. Shehzad Alam Khan was next speaker, who talked on **“MAFLD/MASH in diabetes-why primary care physician can't ignore liver”**.

He said that Metabolic dysfunction-associated fatty liver disease (MAFLD)—recently referred to as MASLD (Metabolic dysfunction-associated steatotic liver disease) in many guidelines—is a critical, often silent complication of type 2 diabetes (T2D) that primary care physicians (PCPs) cannot afford to ignore. Because the liver is central to metabolism, its dysfunction directly impacts glycemic control, and its neglect leads to severe, long-term, and potentially fatal consequences.

MAFLD isn't just a liver problem; it's a metabolic condition that quietly affects the entire cardiovascular system. When fat builds up in the liver, inflammation and metabolic changes start influencing blood vessels long before symptoms show up.

That's why understanding the science behind MAFLD,

along with the role of the gut microbiome and cardiovascular health, can make the difference between early prevention and a major cardiac event years later.

Each healthy choice you make benefits both organs. And when your liver and heart work well together, the rest of your body follows.

Next Dr. Tahir Chaudhry presented on **“Saving Limbs, Changing Lives: Communication Strategy in Diabetic Foot Care”**. He talked on the ways to prevent the foot complications in people with diabetes, to classify various foot complications; and the management of these complications.

President PCDA Pakistan Dr. Riasat Ali Khan was the next speaker of the event. He talked on **“Stepwise Pharmacological Management in T2DM: Focus on OADs.”** He said that Stepwise management of T2DM starts with foundational lifestyle changes (diet, exercise, weight loss) and metformin, progressing

through the addition of second-line agents (GLP-1, SGLT2i, DPP-4i, or SUs) based on comorbidity (ASCVD, heart failure, CKD) and glycemic goals (A1C <7-9%). Insulin therapy is introduced when glycemic control remains inadequate with combination oral agents.

Head of Multan Chapter of PCDA Pakistan, Dr. Irfan Shokat talked on **“Insulin Titration and Self Monitoring in Ramadan”**. He said that Insulin titration and self-monitoring of blood glucose (SMBG) are critical for ensuring the safety of people with diabetes who fast during Ramadan. Due to the shift from daytime eating to

monitoring, often 3–4 times per day, is essential to track blood sugar changes and avoid hypoglycemia or hyperglycemia. He said Checking blood sugar does not invalidate the fast, which is a common misconception. Monitoring is particularly important 2 hours after Iftar (to check for high blood sugar) and during the afternoon (when the risk of hypoglycemia is highest). It is vital to consult a healthcare professional 6-8 weeks before Ramadan to establish a tailored, safe, and effective medication plan. Proper titration and monitoring allow for the safe management of blood sugar levels, helping to prevent life-threatening complications while allowing people to observe the



nocturnal eating, and long hours of fasting, individuals on insulin are at significantly higher risk of hypoglycemia (low blood sugar), hyperglycemia (high blood sugar), and dehydration.

Dr. Irfan said that Regular

holy month.

A very interactive Q&A session conducted by Adnan Hashmi followed which were answered by the worthy speakers and appreciated by the audience a lot.

Glimpses of the Event



Rahim Yar Khan Chapter Hosts EACME-Approved Course on Advancing Diabetic Care

Reports: Dr. Khalid Hussain Mazari

(Head of Rahim Yar Khan Chapter of PCDA Pakistan)

The Rahim Yar Khan Chapter of Primary Care Diabetes Association Pakistan (PCDA Pakistan) successfully organized a **One-Day EACME-approved course** titled **“Taking a Giant Leap in Diabetic Management”** on **Friday, February 13, 2026, at 12:00 PM (Noon)** at **Desert Palm Hotel**.



The academic activity was conducted under the leadership of the Head of the Rahim Yar Khan Chapter and brought together clinicians, general practitioners, and healthcare professionals committed to strengthening diabetes care in the region. **Academic Focus and Key Highlights**

The course delivered comprehensive, evidence-based updates aligned with contemporary international recommendations and local clinical realities. Major highlights included:

1. Latest ADA/IDF 2025 Glycemic Goals:

Participants received an update on the newest glycemic targets and individualized treatment approaches recommended by the American Diabetes Association (ADA) and the International Diabetes Federation (IDF). Emphasis was placed on

patient-centered care, risk stratification, and optimizing HbA1c goals in diverse clinical scenarios.

2. SGLT2 Inhibitors & Dual-Combination Therapies:

Faculty members discussed the expanding role of SGLT2 inhibitors in cardiometabolic protection and renal outcomes, along with practical guidance on initiating and optimizing dual-combination regimens for improved glycemic control and long-term benefits.

3. Diabetic Foot Management:

A dedicated session addressed early detection, risk categorization, preventive strategies, and multidisciplinary management of diabetic foot complications—highlighting the importance of timely referral and patient education.





4. Ramadan Fasting Management:

with Three (3.00) EACME Credit Hours, and formal certificates were awarded to all participants. The accreditation underscored the academic rigor and professional value of the program, reinforcing PCDA's commitment to continuing medical education.

Considering the local context, expert guidance was provided on safe fasting practices for patients with diabetes, medication adjustments, risk assessment, and patient counseling to minimize hypoglycemia and other complications.

Strengthening Regional Capacity

5. Metabolic Syndrome in Pakistan:

The event reflected the Rahim Yar Khan Chapter's proactive role in enhancing the knowledge and clinical skills of healthcare professionals. By bridging global guidelines with local practice needs, the course aimed to empower clinicians to deliver more effective, evidence-based diabetic care. The successful organization of this EACME-approved activity marks another important step in PCDA Pakistan's mission to improve diabetes prevention and management across the country.

The growing burden of metabolic syndrome in Pakistan was discussed, focusing on early identification, lifestyle modification, and integrated management strategies to reduce cardiovascular risk.

Accreditation and Certification

The course was accredited











Ramadan Fasting and Diabetes: A Guide for Patients.....

Professor Dr. Abdul Jabbar

Ramadan is a sacred month for Muslims, marked by fasting from dawn until sunset. While fasting has spiritual and physical benefits, it can pose health challenges for individuals with diabetes. This guide provides essential advice for diabetic patients to ensure a safe and healthy Ramadan.



Dr. Abdul Jabbar,

MD, MRCP (UK), FRCP (London), FACE (USA)

Consultant Internal Medicine - Endocrinologist

Medcare Multi specialty Hospital, Dubai.

Visiting Professor and Former Head of Diabetes/
Endocrine Section,

The Aga Khan University, Karachi.

Adjunct Associate Professor, Mohammad Bin Rashid Uni-
versity, Dubai.

Founder and Former President Pakistan Endocrine Soci-
ety. Clinical Research Advisor, SIUT, Pakistan.

Who Can Fast?

Not all people with diabetes should fast. The risk level varies based on individual health conditions:

1. High Risk (Advised NOT to fast)

- Type 1 diabetes
 - Insulin-dependent (multiple injections daily)
 - Frequent low blood sugar episodes
 - Hospital admission in the last 6 months due to very high or low blood sugar
 - Complications such as kidney, heart, or eye problems
- Pregnant women with diabetes

2. Moderate Risk (Fast ONLY with medical approval)

- Diabetes with moderate control
- Using certain medications (e.g., gliclazide) that may cause hypoglycemia

3. Low Risk (Can fast with precautions)

- Diabetes controlled with diet alone
- On stable medications such as Metformin, Sitagliptin, Linagliptin, Pioglitazone, or Dapagliflozin

Consult your doctor at least two months before Ramadan to discuss fasting safety.

Managing Diabetes While Fasting

1. Medication Adjustments

- DO NOT stop taking diabetes medications.
- Insulin doses and timing may need changes.
- Some oral medications might need adjustments to prevent hypoglycemia.
- Seek advice about injectable daily or weekly GLP-1a. Speak to your doctor before Ramadan to adjust your medications.

2. Recognizing and Treating Hypoglycemia (Low Blood Sugar)

Symptoms:

- Sweating, dizziness, shaking, heart palpitations, extreme hunger

If blood sugar falls below:

- 3.3 mmol/L (60 mg/dL) → Break your fast immediately
- 3.9 mmol/L (70 mg/dL) at the start of the fast and on insulin/gliclazide → Do NOT fast

Treatment:

- Drink 150-200ml (5-7 oz) of fruit juice
 - Take 5-7 glucose tablets
 - Eat 5 sweets (e.g., jelly babies)
- After 15 minutes, recheck blood sugar:
- If still below 4.0 mmol/L (72 mg/dL), repeat treatment.

Hypoglycemia:

(low blood sugar) – Below 4.0 mmol/L (72 mg/dL)

Hyperglycemia:

(high blood sugar after meals) – Above 16.6 mmol/L (300mg/dL)
Dehydration – Especially with long fasting hours and hot weather

Understanding the Effects of Fasting on Diabetes

During fasting, the body begins using stored energy about 8 hours after the last meal. While this is generally safe for healthy individuals, people with diabetes may face serious risks, including:

Diabetes and Ramadan

Practical Guidelines 2021



Dr. Abdul Jabbar is one of the main authors of these guidelines



4. Preventing Dehydration

Dehydration risk is higher in hot weather and long fasts.

Symptoms:

• Dizziness, confusion, very little urine output

Prevention Tips:

- Drink plenty of water before fasting.
 - Avoid caffeinated drinks (coffee, tea, cola).
- If symptoms appear, break your fast immediately and drink fluids.

Healthy Eating During Ramadan

Best Foods to Eat.

Suhoor (pre-dawn meal):

- o Whole grains (oats, brown rice, whole wheat chapatti)
- o Lean proteins (eggs, lentils, fish, chicken)
- o Hydrating fruits and vegetables

Iftar (breaking fast meal):

- o Start with 1-2 dates (not more) and 120ml (4 oz) of fruit juice.
- o Include lean protein, whole grains, and healthy fats.

Drink plenty of water.

Foods to Avoid

- Fried and oily foods (samosas, pakoras, parathas)
- Sugary sweets (ladoo,

- jalebi, baklava)
- Salty foods (pickles, salted nuts)
- Caffeinated drinks (coffee, tea, cola)

Exercise and Prayers

- Light exercise, such as walking, is beneficial.
 - Taraweeh prayers can be strenuous, so stay hydrated and eat a balanced Iftar.
- If walking long distances, consider eating a small snack beforehand.

Breaking the Fast When Necessary

Islam permits breaking the fast if it endangers health.

You MUST break your fast if:

- Blood sugar drops below 3.3 mmol/L (60 mg/dL)
- Blood sugar rises above

If necessary, you can make



- Once stable, eat a snack (e.g., toast or cereal).

Ignoring hypoglycemia can lead to unconsciousness or seizures. Family members should know how to help.

3. Recognizing and Treating Hyperglycemia (High Blood Sugar)

Symptoms:

- Extreme thirst, frequent urination, fatigue
- If blood sugar rises above:

- 16.0 mmol/L (288 mg/dL) → Break your fast immediately

Prevention Tips:

- Take medications as prescribed.
- Avoid excessive sugary foods at Iftar and Suhoor.

Stay hydrated between Iftar and Suhoor.



The panelists of the the seminar on “Mastering Diabetes Management in Ramadan” recently held in Karachi. Dr. Abdul Jabbar delivered his key note lecture, followed by a brain storming panel discussion.

16.6 mmol/L (300 mg/dL)

- You feel severely dehydrated

up the fast later or offer charity instead.





ڈاکٹر شاہد اختر
پہلی کیٹیز سیکریٹری پی سی ڈی اے پاکستان

ذیابیطس اور رمضان

روزہ رکھنے سے ذیابیطس کے کچھ لوگوں کے لیے فائدہ ہو سکتے ہیں، لیکن اس سے ممکنہ خطرات بھی لاحق ہوتے ہیں، خاص طور پر ان لوگوں کے لیے جن کا ٹائپ 1 ذیابیطس، خراب کنٹرول ٹائپ 2 ذیابیطس، یا دیگر صحت کی پیچیدگیاں ہیں۔ احتیاط اور طبی رہنمائی کے ساتھ روزہ رکھنے کے لیے ضروری ہے۔ یہاں ایک جائزہ پیش خدمت ہے:

روزے سے کن کو بچنا چاہیے؟

روزہ مندرجہ ذیل افراد کے لیے محفوظ نہیں:

ٹائپ 1 ذیابیطس، بے قابو ٹائپ 2 ذیابیطس، شدید ہائپو گلیسیمیا یا ہائپر گلیسیمیا ہوا ہو۔ حمل یا ذیابیطس کے انتظام کے دوران حمل، پیچیدگیاں جیسے گردے کی بیماری یا دل کے مسائل ذیابیطس کے شکار افراد کو چاہیے کہ وہ رمضان میں دن میں کئی بار اپنے بلڈ شوگر کی سطح کو چیک کریں، خاص طور پر کھانے سے پہلے، کھانے کے بعد اور جب وہ بیمار محسوس کریں۔

کھانے سے پہلے، سحری سے پہلے (صبح سے پہلے کا کھانا) اور افطار سے پہلے (سورج سے پہلے کا کھانا)۔ کھانے کے بعد: افطار کے 2-3 گھنٹے بعد۔ بیمار ہونے پر: اگر آپ کو کم یا ہائی بلڈ شوگر کی علامات کا سامنا ہو۔ پہلے ہفتے کے دوران: اگر آپ ذیابیطس کی تشخیص کے بعد پہلی بار روزہ رکھ رہے ہیں، تو اپنے خون میں شکر کی سطح کو زیادہ کثرت سے چیک کریں۔

انجیکشن کے قابل ادویات لینے والے لوگ: دن میں 2-4 بار چیک کریں۔ اینٹی ذیابیطس انجکشن لینے والے لوگ: دن میں ایک یا دو بار چیک کریں۔ اگر خون میں شوگر کی سطح زیادہ یا کم ہو تو کیا کریں۔ اگر آپ کے بلڈ شوگر کی سطح 4 ملی میٹر/ایل سے کم یا 16 ملی میٹر/ایل سے زیادہ ہو تو اپنا روزہ توڑ دیں۔

ذیابیطس کے مریضوں میں روزہ رکھنے سے خطرات

ہائپو گلیسیمیا (کم بلڈ شوگر): کھانے کے بغیر طویل روزہ رکھنا خون میں شوگر کی سطح کو خطرناک حد تک کم کرنے کا سبب بن سکتا ہے، خاص طور پر اگر مریض انسولین یا ذیابیطس کی کچھ دوائیں لیتا ہے (مثلاً، سلفونیوریاں)۔

ہائپر گلیسیمیا (ہائی بلڈ شوگر): روزہ نہ رکھنے کے اوقات میں دوائیں چھوڑنا یا زیادہ کھانا بلڈ شوگر کی سطح میں اضافے کا باعث بن سکتا ہے۔

پانی کی کمی: روزے کے اوقات میں پانی نہ پینے سے پانی کی کمی کا خطرہ بڑھ سکتا ہے، جو ذیابیطس کے مریضوں کے لیے زیادہ خطرناک ہے۔

Ketoacidosis: ٹائپ 1 ذیابیطس والے لوگوں کے لیے، روزہ رکھنے سے ذیابیطس ketoacidosis کا خطرہ بڑھ سکتا ہے (خون میں کیٹونز کی زیادہ مقدار کی وجہ سے ایک سنگین حالت)۔

ادویات کے شیڈول میں خلل: روزے کے لیے دواؤں کے وقت اور خوراک میں ایڈجسٹمنٹ کی ضرورت پڑ سکتی ہے، جس کا صحیح طریقے سے انتظام نہ کیا جائے تو خطرات بڑھ سکتے ہیں۔

ذیابیطس کے مریضوں کے لیے

روزہ رکھنے کے ممکنہ فائدہ

انسولین کی حساسیت میں بہتری:

روزہ رکھنے سے جسم کو انسولین کے لیے زیادہ حساس بننے میں مدد مل سکتی ہے، خاص طور پر ان افراد کے لیے جو ٹائپ 2 ذیابیطس یا انسولین کے خلاف مزاحمت رکھتے ہیں، ممکنہ طور پر بلڈ شوگر کے کنٹرول کو بہتر بناتے ہیں۔

وزن کا کنٹرول:

روزہ کیلوری میں کمی اور وزن میں کمی کا باعث بن سکتا ہے، جو کہ گلوکوز کنٹرول کو بہتر بنا کر اور پیچیدگیوں کے خطرے کو کم کر کے ٹائپ 2 ذیابیطس والے لوگوں کو فائدہ پہنچا سکتا ہے۔

بلڈ شوگر کی سطح کو کم کرنا:

ٹائپ 2 ذیابیطس والے کچھ افراد کے لیے، روزہ رکھنے سے خون میں کی سطح HbA1c گلوکوز کی سطح میں کمی اور وقت کے ساتھ ساتھ میں بہتری آ سکتی ہے

ذیابیطس کے ساتھ محفوظ روزہ رکھنے کے لئے

کیا ضروری ہے؟

اگر کوئی ذیابیطس کا مریض روزہ رکھنے کا انتخاب کرتا ہے، تو اسے چاہیے کہ ہیلتھ کیئر پروفیشنل سے مشورہ کریں۔ اور روزہ رکھنے سے پہلے ڈاکٹر یا اینڈو کرائونولوجسٹ سے مشورہ لیں تاکہ یہ یقینی بنایا جاسکے کہ یہ محفوظ ہے اور ایک ذاتی منصوبہ تیار کریں۔

بلڈ شوگر کی باقاعدگی سے نگرانی کریں۔

ہائپو- یا ہائپر گلیسیمیا کا پتہ لگانے اور روکنے کے لئے خون میں گلوکوز کی سطح کو زیادہ کثرت سے چیک کریں۔

غیر روزہ کے اوقات میں HYDRATED رہیں۔

سحری اور افطار کے دوران پانی کی کمی سے بچنے کے لیے کافی مقدار میں سیال پئیں۔

صحت مند کھانے کا انتخاب کریں۔ سحری اور افطار کے دوران متوازن غذا کھائیں، جس میں بلڈ شوگر کی سطح کو برقرار رکھنے کے لیے کم گلیسیمک انڈیکس والی غذائیں شامل ہیں۔ ادویات کو ایڈجسٹ کریں۔

ضرورت کے مطابق انسولین یا ذیابیطس کی دوائیوں کو ایڈجسٹ کرنے کے لیے اپنے ڈاکٹر کے ساتھ کام کریں۔ کسی بھی صورت میں روزہ کھولنے کے لیے تیار رہیں

اگر کم بلڈ شوگر کی علامات (مثلاً، چکر آنا، پسینہ آنا، الجھن) ظاہر ہوں، تو فوری طور پر روزہ توڑنا اور تیز رفتار گلوکوز سے اس کا علاج کرنا ضروری ہے۔

نتیجہ یہ کہ ٹائپ 2 ذیابیطس والے کچھ لوگوں کے لیے روزہ رکھنا فائدہ مند ہو سکتا ہے، لیکن یہ دوسروں کے لیے اہم خطرات کا باعث بنتا ہے۔ صحت کی دیکھ بھال فراہم کرنے والے کی رہنمائی انفرادی خطرات کا اندازہ لگانے اور روزہ رکھنے کا محفوظ

منصوبہ تیار کرنے کے لیے ضروری ہے۔ ان لوگوں کے لیے جن کے لیے روزہ رکھنا محفوظ نہیں ہے، متبادل دینی طریقوں، جیسے نماز میں اضافہ یا صدقہ، اسلام میں اکثر حوصلہ افزائی کی جاتی ہے۔

دینے جیسے متبادل پر متبادل خیال کریں۔

اپنے معالج اور معاونین کے ساتھ تعاون کریں اور انکی ہدایات پر سختی سے عمل پیرا ہوں۔ جاری نگرانی اور ایڈجسٹمنٹ کے لیے رمضان کے دوران صحت کی دیکھ بھال فراہم کرنے والوں کے ساتھ باقاعدہ فالو اپ کریں۔

9. روزے کو روکنے کے لیے سرخ جھنڈے Red Flags مریضوں کو مشورہ دیں کہ وہ فوری طور پر روزہ چھوڑ دیں اگر وہ محسوس کریں:

خون میں گلوکوز $>70 \text{ mg/dL}$ (3.9 mmol/L) یا $<300 \text{ mg/dL}$ (16.7 mmol/L)

5. غذا اور غذائیت

متوازن سحری: توانائی کی سطح کو برقرار رکھنے کے لیے سست ہضم، کم گلیسیمیک انڈیکس والی غذائیں (مثلاً سارا اناج، سبزیاں، پروٹین) شامل کریں۔

افطار میں اعتدال: زیادہ کھانے سے پرہیز کریں۔ کھجور اور پانی سے شروع کریں، اس کے بعد چھیدہ کاربوہائیڈریٹس، پروٹین اور صحت مند چکنائی سے بھرپور متوازن کھانا۔

شوگر اور چکنائی والی غذاؤں سے پرہیز کریں: زیادہ چینی والی میٹھے یا تلی ہوئی کھانوں کے استعمال کی حوصلہ شکنی کریں جو رمضان

ذیابیطس کے مریضوں کی مشاورت جو رمضان کے دوران روزہ رکھنا چاہتے ہیں ان کی روحانی وابستگی کا احترام کرتے ہوئے ان کی حفاظت کو یقینی بنانے کے لیے ایک منظم اور انفرادی نقطہ نظر کی ضرورت ہوتی ہے۔ یہاں شامل کرنے کے لئے اہم نکات ہیں:

1. رمضان سے پہلے کی تشخیص

طبی تشخیص: مجموعی صحت، ذیابیطس کی قسم اور کنٹرول، اور پیچیدگیوں کی موجودگی کا اندازہ کریں (مثلاً، گردے کے مسائل، نیورپتی، یا قلبی بیماری)۔

رسک اسٹریٹیکیشن: مریض کو ان کی طبی تاریخ اور حالت کی بنیاد پر

کم، اعتدال پسند یا زیادہ خطرے میں درجہ بندی کریں۔ زیادہ خطرہ والے مریضوں کو (مثلاً، ناقص کنٹرول شدہ ذیابیطس، بار بار ہائپوگلیسیمیا) کو روزہ نہ رکھنے کا مشورہ دیا جانا چاہیے۔

2. خون میں گلوکوز کی نگرانی

نگرانی کے بارے میں تعلیم دیں: مریضوں کی حوصلہ افزائی کریں کہ وہ خون میں شکر کی سطح کو بار بار چیک کریں، یہاں تک کہ روزے کے اوقات میں بھی۔ انہیں یقین دلائیں کہ اس سے روزہ نہیں ٹوٹتا۔

نازک اوقات: سحری سے پہلے، دوپہر، دوپہر اور افطار کے بعد خون میں گلوکوز چیک کرنے پر زور دیں۔

3. خطرے کی علامات کو پہچاننا

مریضوں کو ان علامات کو پہچاننا سکھائیں:

ہائپوگلیسیمیا (مثال کے طور پر، پسینہ آنا، لرزنا، الجھن، چکر آنا)۔

ہائپرگلیسیمیا (مثال کے طور پر، انتہائی پیاس، بار بار پیشاب،

تھکاوٹ)

پانی کی کمی (مثلاً گہرا پیشاب، خشک منہ، کمزوری)۔

اگر یہ علامات ظاہر ہوں تو فوری طور پر روزہ توڑنے کی اہمیت پر زور دیں۔

4. ادویات کی ایڈجسٹمنٹ

زبانی دوائیں: وقت اور خوراک کو ایڈجسٹ کریں۔ مثال کے طور پر:

میٹفارمین: سحری اور افطار کی مقدار میں تقسیم کریں۔

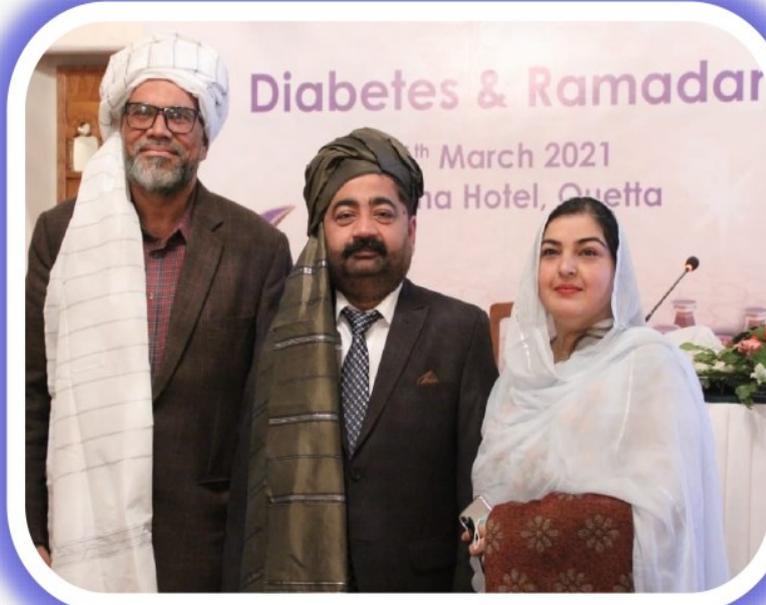
سلفونی لورینس: خوراک کو کم کریں یا ہائپوگلیسیمیا کے کم خطرے

کے ساتھ متبادل پر غور کریں۔

انسولین استعمال کرنے والے: روزے کے مطابق عادات، اکثر

خوراک میں کمی یا میسل اور کھانے کے وقت انسولین میں

ایڈجسٹمنٹ کی ضرورت ہوتی ہے۔ اس بات کو یقینی بنائیں کہ وہ



6 مارچ 2021 کو کوئٹہ میں

منعقد کردہ ذیابیطس اور رمضان

کانفرنس میں شریک ڈاکٹر

فرید الدین، ڈاکٹر ریاست علی خان

او ڈاکٹر حاصمہ خان کی ایک

خوبصورت تصویر۔

شدید پانی کی کمی۔

ketoacidosis کی علامات (مثال کے طور پر، متلی، تھک، سانس کا پھولنا)۔

رمضان کے بعد فالو اپ

جائزہ لیں کہ مریض نے رمضان کے دوران اپنے روزوں کا انتظام کیسے کیا اور اس کے مطابق اپنے ذیابیطس مینجمنٹ پلان کو ایڈجسٹ کریں۔

مریضوں کے لیے خلاصہ: جب ضروری ہو تو منصوبہ بنائیں، مانیٹر کریں، ایڈجسٹ کریں، اور افطار کریں۔ شرعی تقاضوں اور احکامات کو دیکھتے ہوئے صحت کو ترجیح دیں۔

یہ سب ہدایات اپنی جگہ اہم ہیں تاہم ہر مریض کے

مسائل جداگانہ اور معاملات منفرد ہوتے ہیں۔ اس

لئے انہیں مشورہ دیتے وقت ان تمام نکاتوں کو مد

نظر رکھیں۔ اور اگر ضروری ہو تو کسی عالم دین کو بھی

اس مشاورت میں شریک کر لیں۔

میں عام ہیں۔

ہائپرڈیٹیشن: پانی کی کمی سے بچنے کے لیے افطار اور سحری کے

درمیان وافر مقدار میں پانی پینے پر زور دیں۔

6. جسمانی سرگرمی

ورزش میں ترمیم کریں: ہلکی جسمانی سرگرمی کی حوصلہ افزائی

کریں، جیسے افطار کے بعد تھوڑی سی واک۔ سخت ورزش سے

پرہیز کریں، خاص کر روزے کے اوقات میں۔

7. انفرادی منصوبہ

مریض کی ذیابیطس کی قسم، علاج کے طریقہ کار، روزمرہ کے

معمولات اور خطرے کے عوامل پر مبنی ایک ذاتی منصوبہ بنائیں۔

چیک کی حوصلہ افزائی کریں: مریضوں کو یاد دلائیں کہ اگر روزہ

رکھنے سے ان کی صحت کو خطرہ لاحق ہوتا ہے، تو وہ روزے سے

مستثنیٰ ہیں اور متبادل طریقوں (مثلاً غریبوں کو کھانا کھلانا) کے

ذریعے اس کی تلافی کر سکتے ہیں۔

8. تعلیم اور روحانی یقین دہانی

مذہبی رہنمائی: مریضوں کو یاد دلائیں کہ اسلام صحت کو ترجیح دیتا

Role of Nutrition in Diabetes and Ramadan Fasting

Saima Rasheed (Dietitian)

Saima Rasheed's Diet Corner



It is globally recognized and foremost part of the dietary guidelines that eating a variety of food using principles of moderation and balance. This is particularly true during the Islamic month of Ramadan when Muslims fast from sunrise to sunset.

The traditional rich foods associated with Ramadan and with the religious festival Eid-ul-Fitr, which marks the end of fasting, may also present a risk of weight gain for Muslims with diabetes. People with diabetes should be educated about the effects of such foods on their diabetes control and weight.

Though such foods should be limited, advising people to avoid sugary and fatty foods totally would be counter-productive and allowing a small amount in their eating plan may aid compliance.

Advising at this time is an opportunity to educate the family with regards to long-term, healthier dietary choices. It is important that if healthy eating patterns are adopted they continue after Ramadan as part of a healthier lifestyle.

During Ramadan there is a major change in the dietary

pattern:

There are only two meals a day – Sehri (early morning meal) and Iftar (break of fast after sunset). The early meal may be at a very early hour, eg 4am. Meal times should be defined before further advice is given.

Longer gaps between meals and greater amounts of foods – in particular, a higher intake of carbohydrate may – mean people with diabetes may experience large swings in blood glucose levels during Ramadan.

Large quantities of sugary fluids, such as canned juices and carbonated drinks, to-

gether with fried foods and carbohydrate-rich meals are taken during the non-fasting hours. Sweet foods may also be specially prepared for Ramadan.

A diet that is less than a normal amount of food intake but balanced is sufficient enough to keep a person healthy and active during the month of Ramadan.

To remain healthy during Ramadan, normal quantities of food from the major food groups: bread and cereal, milk and dairy product, fish,

meat and poultry, bean, vegetable and fruit should be consumed.

The consumption of an adequate amount of daily calories.

Calories should be divided between Suhoor and Iftar and 1-2 healthy snacks can also be consumed if necessary.

45-50% carbohydrates
20-30% protein
< 35% fat (preferably mono and poly unsaturated fat)



Slow-digesting foods	Fiber-containing foods	Fast-burning foods
Slow digesting foods last up to 8 hours		fast-digesting foods last for only 3 to 4 hours
Slow-digesting foods are foods that contain grains and seeds like barley, wheat, oats, millet, semolina, beans, lentils, whole meal flour, unpolished rice, etc. (called complex carbohydrates).	Fiber-containing foods are bran-containing foods, whole wheat, grains and seeds, vegetables like green beans, peas, french beans (sem), spinach, and other herbs like fenugreek (methi), the leaves of beetroot, fruit with skin, dried fruit especially dried apricots, figs and prunes, almonds, etc.	Fast-burning foods are foods that contain sugar, white flour, etc. (called refined carbohydrates).



BACK TO TOP

EAT

Complex carbohydrates at sehri so that the food lasts longer making you less hungry.

burning food. Dates are excellent source of sugar, fiber, carbohydrates, potassium and magnesium.

potassium, magnesium and carbohydrates.

DRINK

As much water as possible

fizzy drinks . Choose sugar-free drinks or water to quench your thirst. Avoid adding sugar to drinks; use an intense sweetener where needed, eg Stevia, Sucral.



Daleem is an excellent source

Almonds are rich in fiber with less fat.

between iftar and bedtime so that your body may adjust fluid levels in time.

Stevia, Sucral.



of protein and is a slow-

Bananas are a good source of

Choose sugar-free types of



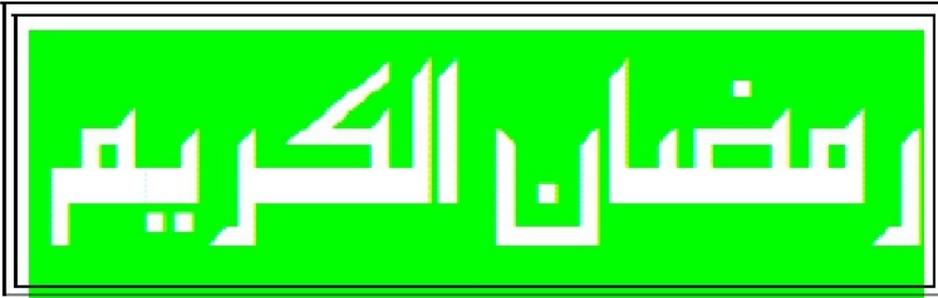
CALORIE-DENSE FOODS	VS	HEALTHY ALTERNATIVES
 Fried parathas		 Chapati (whole wheat flat bread)
 Deep fried potato samosas		 Air-fried mince meat samosas
 Soft drinks		 Detox water
 Desserts		 Bowl of fruits
 Caffeinated drink		 Herbal teas
 Junk food		 Grilled chicken
 Sugary drinks		 Unsweetened lassi
 Deep fried pakoras		 Bowl of fresh vegetables



Prevention First

پری وینشن فرسٹ نیوز لیٹر آن لائن

کی طرف سے قارئین کو



مبارک ہو



Dr. Pawan Kumar, the Joint Secretary of PCDA Pakistan reports from Larkana

Star Member of PCDA Pakistan, very popular Diabetologist and Physician of Larkana City, writer of many books for the people with diabetes published internationally, and the twice elected Joint Secretary of PCDA Pakistan arranged a Free blood sugar, Hba1c, Uric acid, Blood. Cholesterol Camp, number wise time based free consultation with medicines; and free Counselling by diabetic educators at Larkana city, with a team of 12 colleagues. A large number of the diabetic patients attended the camp and got benefit of the free facilities provided in the camp



Advancing Diabetes Care: Expert Symposium Emphasizes Holistic Care and Quality of Life in T2DM

A symposium titled “Quality of Life in Patients with Type 2 Diabetes Mellitus,” held in collaboration with the Primary Care Diabetes Association (PCDA) Pakistan AJK/GB Region and the Pakistan Society of Internal Medicine (PSIM) AJK/GB Region at Noor Mosque, Kotli, AJK.



The symposium brought together clinicians, trainees, and healthcare professionals from various specialties for an interactive and intellectually stimulating exchange, with a strong focus on patient-centered care that extends beyond conventional glycemic targets.

Discussions underscored the multidimensional aspects of quality of life in Type 2 diabetes, encompassing physical health, psychological well-being, social determinants, and treatment-related challenges.

Thought-provoking presentations, practical case-based discussions, and active audience

engagement highlighted the importance of incorporating quality-of-life assessments into routine diabetes management, particularly within the local healthcare setting.

Dr. Mohammad Saleem Khan, Regional Head PCDA AJK/GB Region and Vice President PSIM AJK/GB

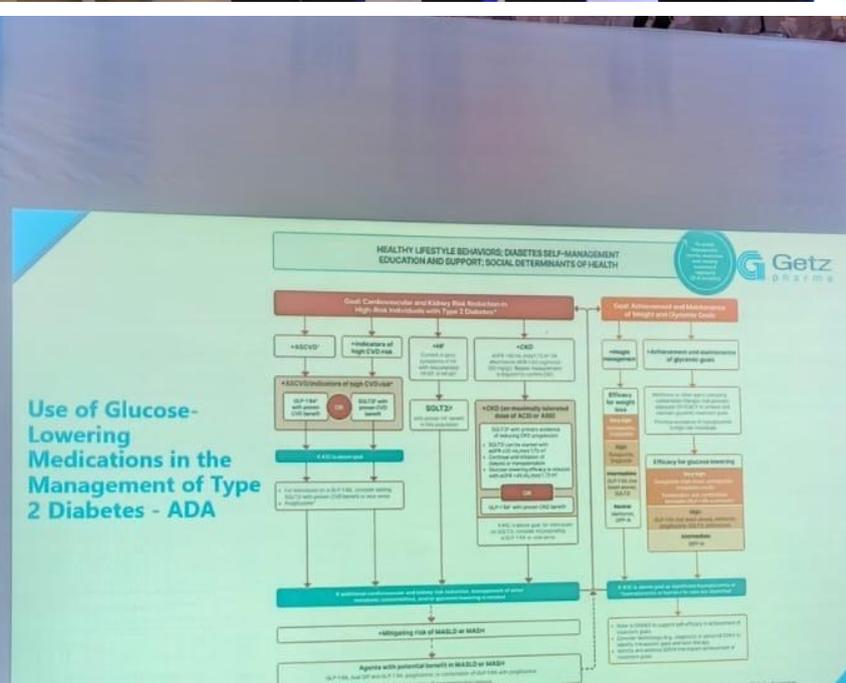
Region, served as the keynote speaker. The panel included Dr. Javed Iqbal (Senior Consultant), Dr. Khawar (Consultant Physician), and Dr. Khaliq-ur-Rehman (Consultant Physician). The session was expertly moderated by Dr. Jehangir Ahmed, Consultant Physician and Gastroenterol-

ogist, Head of the Department of Medicine.

This successful academic initiative represents an important step toward promoting more compassionate, individualized, and holistic care for people living with diabetes.



Glimpses of the Symposium



Seminar by:

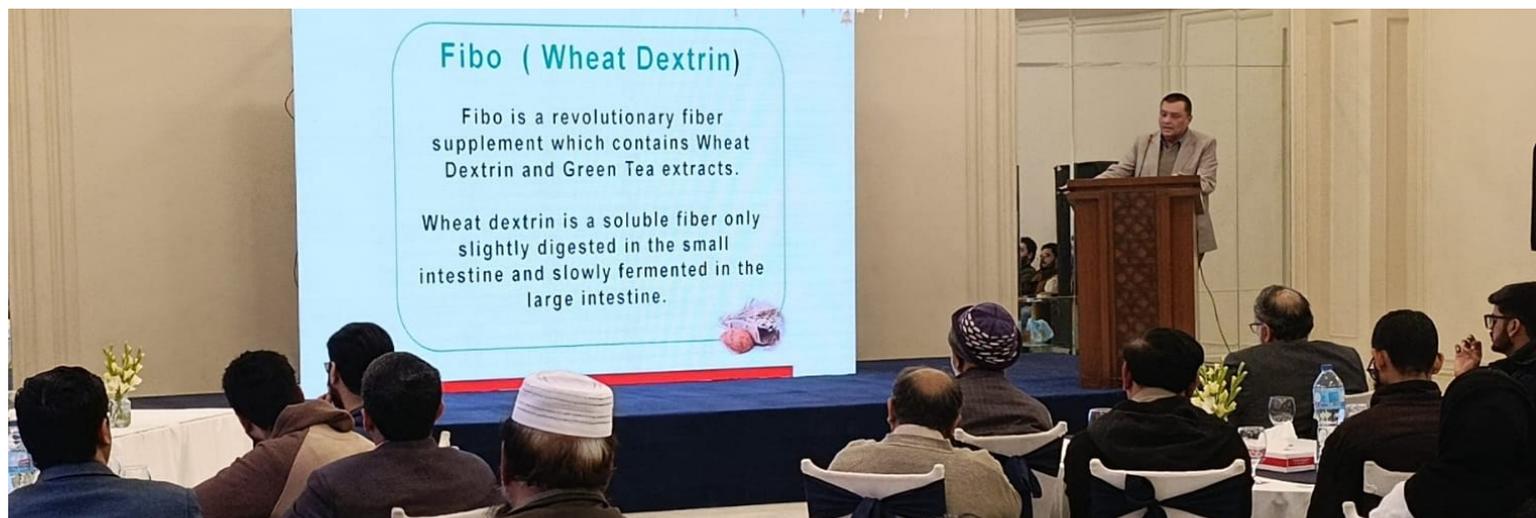
Dr. Irfan Shaikh

Head of Multan Chapter of
PCDA Pakistan

Role of Dietary Fibre in the Management of Diabetes.

Head of the Multan Chapter of the Primary Care Diabetes Association (PCDA) Pakistan, Dr. Irfan Shaikh organized a clinical meeting at Hotel Ramada, Multan, on 20 January 2026, as part of its ongoing academic activities for capacity building in diabetes care.

The scientific session featured a presentation by the Head of PCDA Multan Chapter on “Role of Dietary Fibre in the



Management of Diabetes.” The talk emphasized the clinical significance of dietary fibre in improving glycemic control, enhancing insulin sensitivity, and reducing cardiometabolic risk among people with diabetes. Evidence-based dietary strategies and practical guidance for primary care settings were also shared.

The meeting concluded with an engaging interactive discussion, where participants exchanged views on nutritional counseling and real-world challenges in patient compliance. The session reinforced the importance of integrating lifestyle and nutritional interventions into routine diabetes management.

PCDA Pakistan continues to promote such educational forums to strengthen primary care-led, patient-centered approaches for effective diabetes prevention and management.



Diabetes Awareness Program at JIMS Hospital Jacobabad.

Reported by:

Dr. Sher Mohammad Brohi
Media Coordinator, JIMS Hospital Jacobabad

An informative program regarding diabetes was held on December 17, 2025 at the Jacobabad Institute of Medical Sciences (JIMS). The event commenced with a recitation from the Holy Quran.

The keynote speaker for the program was Dr. NAZEER Ahmed Soomro, a specialist in diabetes.

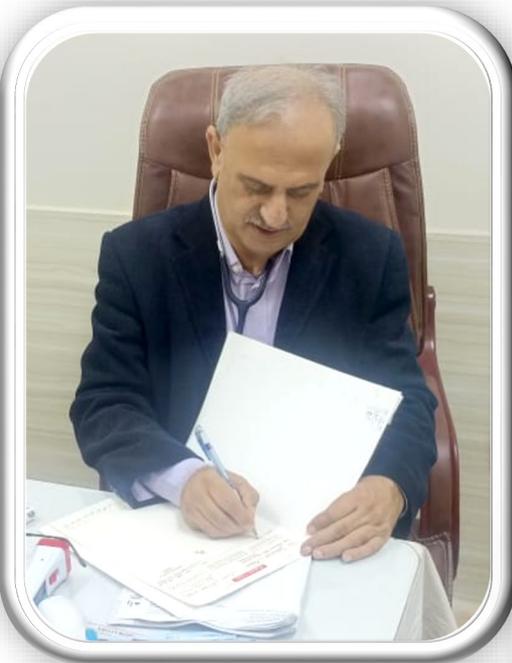
During the session, he provided doctors and medical staff with comprehensive insights into the disease and briefed them on the latest modern medicines and treatments available for diabetes management.



Routine wise diabetes camp at Civil Hospital jacobabad under supervision of Dr Nazir soomro on 29.12.25



Dr. Jahangir Awan, Diabetologist of Larkana arranged a Free Medical Camp in Al Macca Hospital Nasirabad



Historic Milestone:

1st Ramadan Medical Summit Held in Gojra

Reports: **Dr. Muhammed Irfan Rasheed**

(Head of Toba Tek Singh Chapter of PCDA Pakistan)

In a landmark achievement for the Medical Community of Gojra, the city witnessed the successful organization of the **1st Ramadan Medical Summit** — the largest medical gathering of its kind in Gojra. The event marked a historic moment, bringing together more than **200 doctors** from various specialties for an evening of academic excellence, professional collaboration, and shared commitment to patient care.



Academic Excellence and Insightful Deliberations

The summit featured an impressive lineup of distinguished speakers who enriched the audience with their knowledge and clinical expertise:

Prof. Dr. Shahid Rasool

Dr. Muhammad Sohail Anjum (Consultant Diabetologist)

Asst. Prof. Dr. Nagina Shahzad

Dr. Muhammad Ahmad (Consultant Nephrologist)

The speakers delivered insightful presentations addressing contemporary challenges in diabetes, endocrinology, nephro-

logy, and patient management during Ramadan. Their evidence-based discussions and practical recommendations were highly appreciated by the participants and stimulated engaging academic dialogue.

A Collaborative Effort

The summit was a collaborative initiative led by PMA Gojra in partnership with leading diabetes and endocrine organizations, including: Lyalpur Diabetes Foundation (LDF), Primary Care Diabetes Association Pakistan (PCDA), Pakistan Endocrine Society (PES)

This multi-organizational collaboration reflected a unified commitment toward advancing medical education and improving patient care standards in the region.

Appreciation and Acknowledgment

The organizers expressed heartfelt gratitude to the es-

teemed speakers for generously sharing their expertise. Special thanks were extended to the distinguished guests and the enthusiastic audience whose active participation contributed to the summit's remarkable success.

A particular note of appreciation was reserved for the dynamic organizing committee. Their dedication, meticulous planning, and tireless efforts were evident in every

aspect of the event. Their passion and teamwork transformed the vision of the summit into a historic reality.

A Moment to Remember

The 1st Ramadan Medical Summit was more than just a conference — it was a celebration of unity, knowledge, and professional excellence. It set a new benchmark for academic activities in Gojra

and demonstrated what can be achieved when medical professionals come together with a shared purpose.

***Together,
history was
made.***



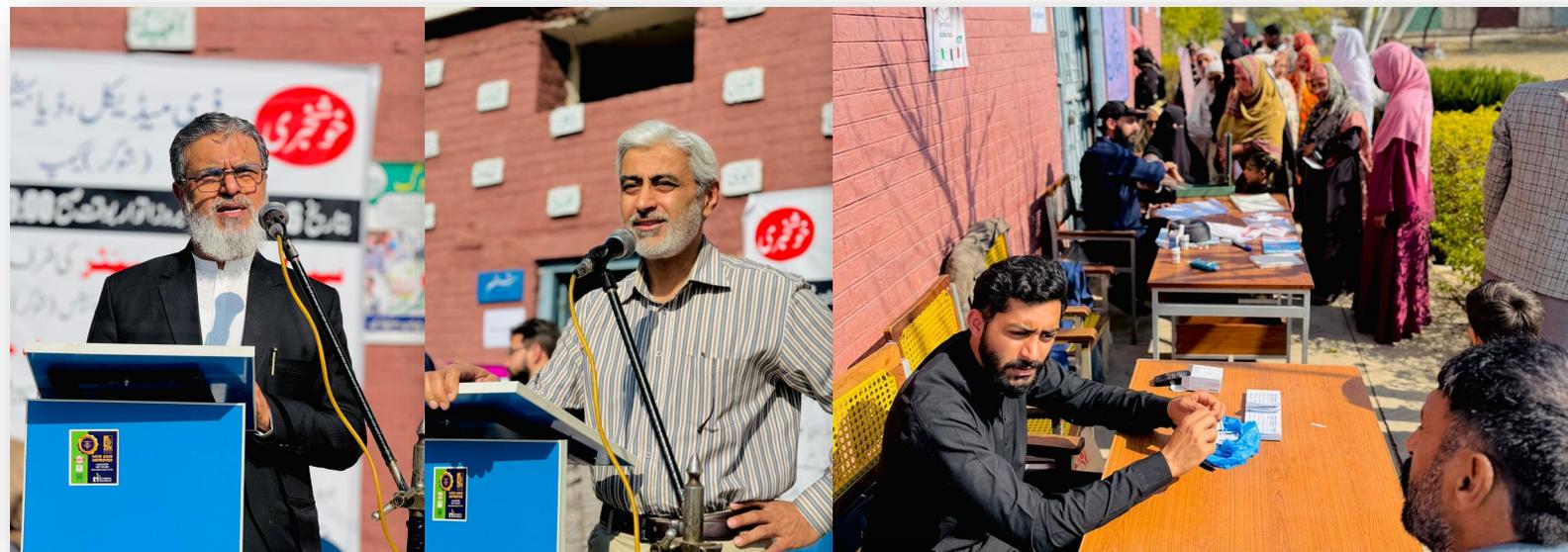
Glimpses of the Gojra Seminar





Dr. Muhammed Iqbal from Rawalpindi Chapter of PCDA Pakistan

Free Diabetes, General and pediatric camp conducted in Government High School Chahan Chakri Road under umbrella of Cenna Medical Centre and PCDA Rawalpindi





Dr. Mutayyaba Majeed from Toba Tek Singh Chapter of PCDA Pakistan

Under the umbrella of Lyallpur Diabetes Foundation and PCDA ,as part of Diabetes And Ramadan Awareness and screening, following the DAR Risk Assessment Guidelines 2026, alhamdulillah a successful awareness session on safe fasting in diabetics during Ramadan conducted at Aman Hospital Toba Tek Singh.

Where all patients were not only individually assessed and risk evaluation done ,Ramadan Special Customized diet charts distributed, having low glycemic index and low to moderate carb containing daily food items types,quantity and measuring techniques being distributed and significance of SMBG and usage of modern digital tools including CGM Devices were guided upon.

Neuropathy, Retinopathy and Nephropathy evaluation was done Totally Free Of Cost.

Alhamdulillah was the First Free Medical Camp held in 2026 in Toba Tek Singh , from the ongoing series of risk evaluation, management and prevention camps.





Dr Asima Khan

(PhD Scholar and President Elect PCDA)

delivered a lecture on the topic

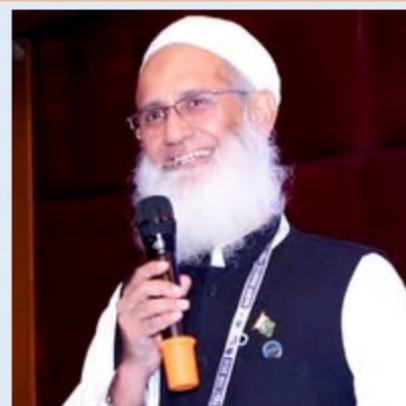
"The Changing Face of Diabetes in Pakistan"

at the Cardio metabolic and gastro-pulmonary summit
at GMMMC Sukkur.

We extend our heartfelt congratulations to

Prof. Dr. Abdul Basit

on his inclusion among the world's Top 2% Scientists by Stanford University. He is also ranked as the fourth most-published researcher in the field of Medicine in Pakistan.



As a mentor to PCDA, Prof. Dr. Abdul Basit remains a source of pride and inspiration for the Primary Care Diabetes Association, which is honored to follow his visionary leadership.

Team PCDA Pakistan





Dr. Zahoor Shaikh from Dadu Chapter of PCDA Pakistan

Diabetes And Ramadan Seminar in Gymkhana Dadu



Few clips of Diabetes presentation at Dadu Gymkhana





Dr. Maqsood Mahmood from Gujranwala Chapter of PCDA Pakistan



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

SCAN FOR THE MEMBERSHIP OF

PCDA



STEP



DEW

