

Prevention First

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Hajj & Eid ul Azha (2026) Special

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PCDA Intensifies Nationwide Efforts for Diabetic Foot Care and Limb Preservation

Reports: Dr. Shakeel Ahmed



The Primary Care Diabetes Association Pakistan has significantly expanded its initiatives aimed at improving diabetic foot care services, enhancing public awareness, and strengthening professional education across Pakistan under the inspiring theme **“Saving Limbs, Changing Lives.”**

Recognizing the growing burden of diabetes-related foot complications in the country, PCDA has undertaken a series of impactful educational, clinical, research, and community-based activities to reduce amputations and improve the quality of life of people living with diabetes.

Nationwide Educational Lecture Series on Diabetic Foot Ulcers

As part of its national awareness campaign, PCDA organized a series of educational lectures in multiple cities across Pakistan focusing on the prevention, early diagnosis, and management of Diabetic Foot Ulcers (DFU).

The sessions brought together healthcare professionals, family physicians, diabetologists, podiatrists, nurses, and primary care practitioners to discuss the latest strategies for Limb preservation and evidence-based diabetic foot care practices.

The lecture series emphasized:

- Early identification of high-risk diabetic feet
- Timely referral systems
- Infection control and wound management
- Patient counseling and preventive foot care
- Multidisciplinary approaches for limb salvage

The initiative received encouraging participation from healthcare professionals and reinforced the importance of strengthening diabetic foot care at the primary healthcare level.

Community-Based Diabetic Foot Care Camps

To directly benefit the public, PCDA has also initiated community-based Diabetic Foot Care camps at various clinics and healthcare facilities.

These camps aim to:

- Raise awareness regarding diabetic foot complications
- Educate patients on daily foot care practices
- Conduct foot screening and risk assessment
- Identify early signs of infection, neuropathy, and vascular compromise
- Provide preventive counseling and guidance

Patients attending the camps were educated about proper footwear, blood sugar control, nail care, and the importance of regular foot examination in preventing ulcers and amputations.



Research on Caregiver Stress in DFU Patients

In an important academic and psychosocial initiative, PCDA is currently conducting a research study to evaluate stress levels among caregivers of patients suffering from diabetic foot ulcers.

The study highlights the often-overlooked emotional, psychological, social, and financial burden experienced by caregivers involved in the long-term management of DFU patients.

The findings of this research are expected to contribute toward developing supportive interventions and improving holistic diabetic foot care services in Pakistan.

Publication on Diabetic Foot Care at Primary Healthcare Level

PCDA has successfully completed and disseminated a comprehensive publication focusing on diabetic foot care practices at the primary healthcare level.

The publication serves as an educational and practical guide for general practitioners and primary care healthcare providers, enabling them to:

- Detect diabetic foot problems at an early stage
- Manage uncomplicated foot condition
- Counsel patients effectively
- Reduce preventable amputations through timely intervention

The publication represents another important step toward strengthening the capacity of primary healthcare professionals in diabetes management.

Development of Educational Book on Diabetes and Foot Care

A comprehensive Urdu-language book titled “**Diabetes Main Pairoon Ki Nighedasht**” has also been developed by PCDA to educate both the general public and healthcare professionals.

The book provides easy-to-understand information regarding:

- Diabetes management
- Foot hygiene and self-care
- Warning signs of diabetic foot complications
- Preventive measures
- Importance of regular medical consultation

By making diabetic foot care information accessible in the national language, PCDA aims to bridge the awareness gap and promote preventive healthcare practices among the wider population.



Establishment of Peripheral Arterial Disease (PAD) Clinic



To improve vascular screening and early intervention services, a dedicated Peripheral Arterial Disease (PAD) Clinic has been initiated at the PCDA clinic.

The clinic focuses on:

- Early screening of PAD in people with diabetes
- Risk assessment and vascular evaluation
- Timely management and referral
- Prevention of severe ischemic complications and amputations

This initiative reflects PCDA's commitment to comprehensive diabetic foot management through integrated and specialized care services.

Dedicated Diabetic Foot Clinic Established in Karachi

Further strengthening specialized diabetic foot services, PCDA has established a dedicated Diabetic Foot Clinic at a central location in Karachi.

The clinic has been developed to improve accessibility to expert diabetic foot care and provide specialized services including:

- Foot screening and risk stratification
- Wound care and ulcer management
- PAD screening
- Patient education and counseling
- Preventive and rehabilitative services

The establishment of this clinic marks an important milestone in PCDA's mission to reduce diabetes-related amputations and improve patient outcomes across Pakistan.

Commitment to "Saving Limbs, Changing Lives"

Through education, community outreach, research, publications, and specialized clinical services, PCDA continues to play a vital role in promoting diabetic foot care awareness and strengthening diabetes management in Pakistan.

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Management of Hypoglycemia During Hajj

Dr. Shakeel Ahmed

Consultant Diabetologist , Endocrinologist & Diabetic Foot Specialist
Executive Director College Of Family Medicine Pakistan



Hajj, one of the five pillars of Islam, is a physically demanding pilgrimage that attracts millions of Muslims annually. Among these pilgrims are a substantial number of individuals with diabetes mellitus. It is estimated that hundreds of thousands of pilgrims with diabetes participate in Hajj each year, making glycemic control a critical public health concern.

The question comes in minade what is hypoglycemia the answer in “a condition where glucose level in the blood fall below the normal range , typically under 70 mg/dl (3.9 mmol/L). The unique environmental, physical, and dietary challenges of Hajj significantly increase the risk of hypoglycemic episodes. Effective management requires a combination of pre-Hajj preparation, patient education, medication adjustment, and prompt treatment strategies.

Classification of Hypoglycemia⁶

LEVELS	GLYCEMIC CRITERIA/DESCRIPTION
Level 1	Glucose <70 mg/dL (3.9 mmol/L) and glucose ≥54 mg/dL (3 mmol/L). Glucose level of 70 mg/dL is recognized as a threshold for neuroendocrine response to falling glucose in people without diabetes. This level is considered important in lieu of severity of symptoms.
Level 2	Glucose <54 mg/dL (3 mmol/L). Threshold at which neuroglycopenic symptoms begin to occur.
Level 3	A severe event characterized by altered mental and/or physical status requiring assistance from another person for recovery. It can progress to loss of consciousness, seizure, coma, or death.

Hypoglycemia occurs when blood glucose levels fall below normal, typically due to an imbalance between glucose utilization and supply. During Hajj, several factors predispose pilgrims to hypoglycemia:

1. *Increased Physical Activity:*

Pilgrims walk long distances between holy sites such as Mina, Arafat, and Muzdalifah. This prolonged exertion increases glucose consumption by muscles, leading to decreased blood glucose levels.

2. *Irregular Meals:*

Meal timing and composition often change during Hajj. Pilgrims may skip meals due to crowded schedules or religious commitments, resulting in reduced glucose intake.

3. *Medication Mismanagement:*

Changes in routine may lead to incorrect timing or dosing of insulin and oral hypoglycemic agents. Excess insulin relative to food intake is a major cause of hypoglycemia.

4. Heat and Dehydration:

High temperatures and inadequate fluid intake contribute to dehydration, which can alter glucose metabolism and worsen glycemic control. Ultimately, a collaborative approach involving

5. Travel Stress and Fatigue:

Fatigue, stress, and disrupted sleep patterns further exacerbate metabolic instability.

Studies indicate that up to 37% of diabetic pilgrims may experience hypoglycemia during Hajj, highlighting the magnitude of the problem.

Clinical Features of Hypoglycemia

Recognizing symptoms early is essential for prompt management. Common manifestations include:

Sweating, Tremors, Palpitations, Hunger, Dizziness, Fatigue, Blurred vision & Confusion
In the case of Severe hypoglycemia may lead to seizures, loss of consciousness, or even death if untreated.

Pre-Hajj Preparation:

Effective management begins well before the pilgrimage.

1. Medical Assessment:

All diabetic patients should undergo a comprehensive medical evaluation. Risk stratification helps determine whether a patient is fit for Hajj. Those with recurrent hypoglycemia or hypoglycemia unawareness are considered high-risk and may be advised to postpone the pilgrimage. (PMC)

2. Patient Education:

Education is crucial and should include, Recognition of hypoglycemia symptoms
Self-monitoring of blood glucose, Proper medication use, Dietary planning & Emergency response

3. Medication Adjustment:

Physicians should tailor medication regimens based on anticipated activity levels. For example:
Reduce insulin doses to prevent exercise-induced hypoglycemia
Avoid or adjust sulfonylureas due to higher risk of hypoglycemia
Consider medications with lower hypoglycemia risk such as metformin or DPP-4 inhibitors
(PMC)

The Following Preventive Strategies are necessary During Hajj

1. Regular Blood Glucose Monitoring

Frequent monitoring is essential to detect early drops in glucose levels. Pilgrims should carry glucometers and check levels multiple times daily. Key strategies include pre-Hajj medical assessment, individualized treatment plans, regular glucose monitoring, adequate nutrition and hydration, and prompt treatment of hypoglycemic episodes. Healthcare systems and

educational initiatives play a crucial role in minimizing risks and ensuring a safe pilgrimage experience.

2. Dietary Management

Maintain regular meals and snacks , Avoid skipping meals ,Carry portable carbohydrate sources such as dates, biscuits, or juice ,Consume balanced meals with adequate carbohydrates & Carrying snacks during rituals is strongly recommended to prevent sudden hypoglycemia.

3. Hydration

Adequate hydration is vital. Pilgrims should drink water regularly, aiming for sufficient daily intake to prevent dehydration. (PMC)

4. Physical Activity Modification

Avoid excessive exertion ,Walk at a moderate pace ,Take frequent rest breaks

5. Medication Timing and Adjustment

Adjust insulin doses before prolonged walking (e.g., Tawaf, Sa'i)
Avoid taking rapid-acting insulin without meals
Reduce doses when activity levels increase

6. Identification and Emergency Preparedness

Pilgrims should carry:

1. Medical identification (e.g., diabetic card or bracelet)
2. Emergency glucose sources
3. Contact details for healthcare providers

Management of Acute Hypoglycemia

Prompt treatment is critical to prevent complications.

1. Conscious Patient:

If the patient is conscious and able to swallow:

- Administer 15–20 grams of fast-acting carbohydrates such as:
- Fruit juice
- Glucose tablets
- Sugar dissolved in water
- Honey
- Recheck blood glucose after 15 minutes
- Repeat treatment if necessary
- Meethi tikya

Examples recommended include half a cup of juice or a tablespoon of honey.

2. Unconscious Patient

If the patient is unconscious:

- Do not give oral substances
- Place the patient in recovery position
- Seek immediate medical assistance
- Administer glucagon injection if available
- Immediate transfer to a healthcare facility is essential.

Role of Healthcare Services During Hajj

Saudi Arabia provides extensive healthcare facilities during Hajj, including:

Mobile clinics

Emergency services

Specialized diabetic care units

Healthcare professionals play a key role in:

Educating pilgrims

- Monitoring high-risk patients
- Managing emergencies
- Special Considerations
- Food care

1. Elderly Patients

Older adults are more susceptible to hypoglycemia due to comorbidities and impaired counter-regulatory mechanisms.

2. Insulin Users

Insulin therapy significantly increases hypoglycemia risk, particularly during prolonged walking. (PMC)

3. Pilgrims with Hypoglycemia Unawareness

These individuals may not recognize early symptoms, making them particularly vulnerable. Such patients should be advised carefully regarding participation in Hajj.

4. Environmental Factors

High temperatures necessitate:

- Frequent hydration
- Avoidance of direct sun exposure
- Use of umbrellas or shaded areas

Education and Awareness Programs

Structured education programs before Hajj have been shown to reduce complications. These programs should focus on:

- Risk assessment
- Lifestyle modifications
- Medication adjustments
- Emergency response

Community-level awareness campaigns can further improve outcomes.

Challenges in Management: Despite available guidelines, several challenges persist:

- Language barriers among international pilgrims
- Limited access to personal medical records
- Non-compliance with medical advice
- Cultural and religious factors influencing behavior

Addressing these challenges requires coordinated international and local healthcare efforts .

Hypoglycemia remains a significant health risk for diabetic pilgrims during Hajj due to increased physical activity, irregular meals, medication changes, and environmental stressors. However, with proper planning, education, and adherence to medical advice, it can be effectively prevented and managed.



ڈاکٹر شکیل احمد کے ٹی وی میڈیا پر سوالات کے جوابات دیتے ہوئے مختلف انداز

ذیابیطس کے ساتھ محفوظ حج کیسے کریں؟

براہ راست



دیشا متول



ڈاکٹر شکیل احمد، ماہر امراض شوگر

ذیابیطس کے مریض حج میں کون سی ادویات اور سامان ساتھ رکھیں؟

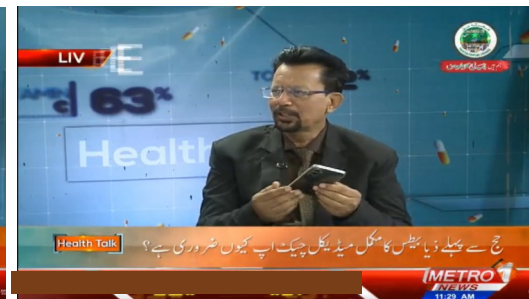
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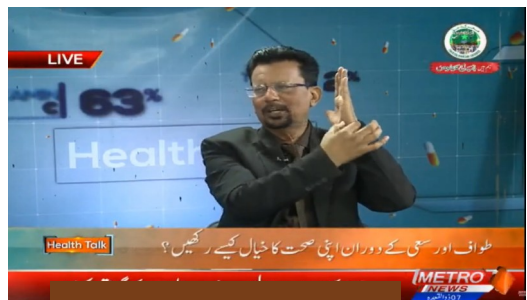
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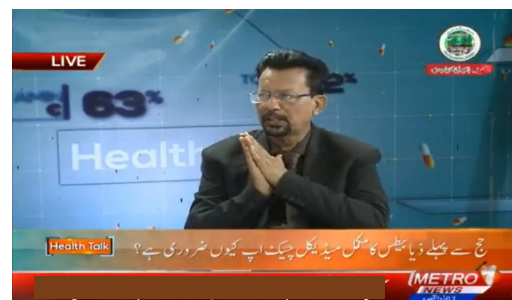
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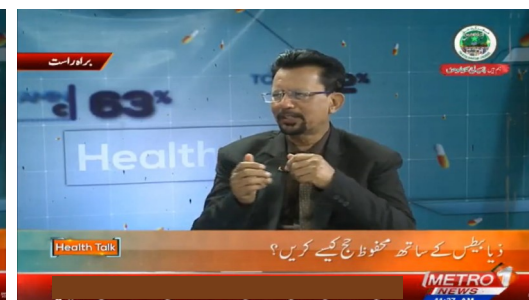
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طواف اور سعی کے دوران اپنی صحت کا خیال کیسے رکھیں؟

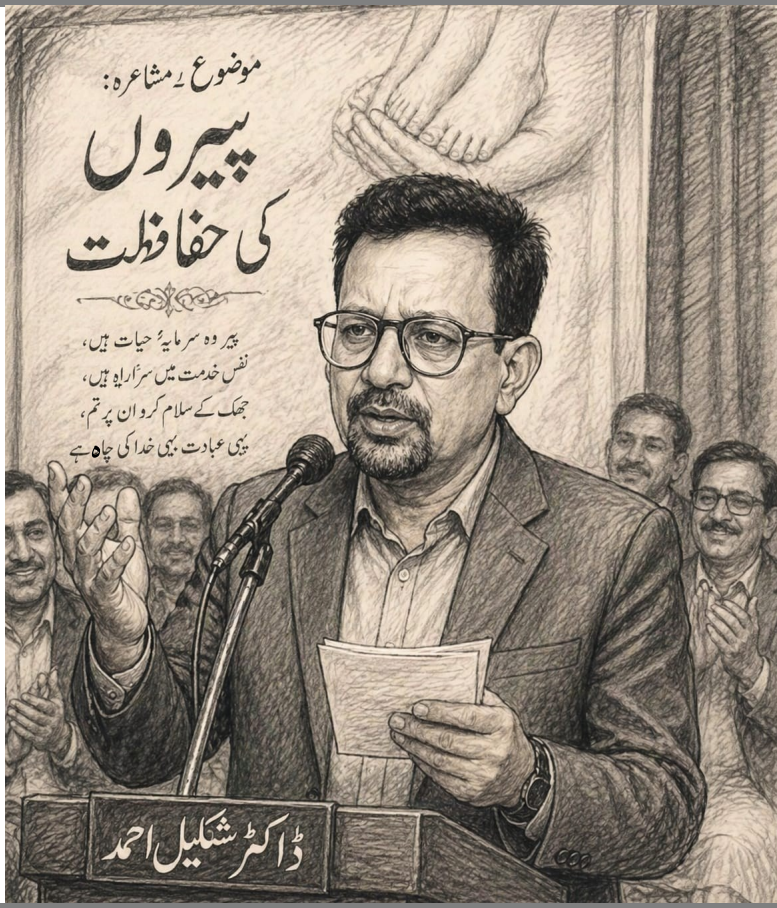


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ذیابیطس کے ساتھ محفوظ حج کیسے کریں؟





نظم: پیروں کی حفاظت ایک پیغامِ حیات

ڈاکٹر شکیل احمد (سربراہ شعبہء ابلاغ پی سی ڈی اے)

ذیابیطس کا ہے یہ تقاضا، رکھو خود پر دھیان
خاص خیال رکھو تم اپنے پیروں کا ہر آن

روزانہ دیکھو پیروں کو، کوئی زخم نہ چھپ جائے
چھوٹی سی بھی خراش کہیں، بڑھ کر مسئلہ نہ بن جائے

نرم جوتے پہنو ہمیشہ، تنگی سے بچتے رہنا
ننگے پاؤں چلنے سے بھی، ہرگز خود کو بچانا

پاؤں دھو کر خشک کرو، انگلیوں کے بیچ بھی دھیان
صفائی میں ہے صحت پوشیدہ، یہ ہے سچائی کی پہچان

ناخن کاٹو احتیاط سے، نہ زیادہ نہ کم تراشو

اگر نظر کمزور ہو جائے، ماہر سے ہی یہ کام کراؤ

اگر کبھی سن ہو جائیں پاؤں، یا جلنے کا ہو احساس

فوراً رجوع کرو ڈاکٹر سے، نہ کرنا اس میں کوئی قیاس



ذیابیطس مریضوں کے لیے ایک اہم پیغام
ذیابیطس میں پیروں کی معمولی لاپرواہی بھی بڑے مسئلے کا سبب بن سکتی
ہے—روزانہ معائنہ، صفائی اور احتیاط آپ کی زندگی بدل سکتی ہے۔

رہنمائی اور علاج

ذیابیطس کے مریضوں کے لیے خصوصی سہولیات فراہم کرنے والا ادارہ:

PCDA Diabetes and Foot Care Center
Gulistan-e-Jauhar Karachi

مستند ماہرین کی رہنمائی

جدید فٹ کیئر سہولیات

زخموں اور پچھیدگیوں کا بروقت علاج

فوری احتیاطی نکات

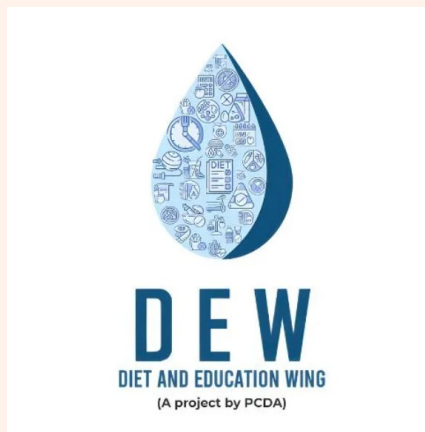
نرم اور آرام دہ جوتے پہنیں۔ روزانہ پیروں کا معائنہ کریں

ننگے پاؤں ہرگز نہ چلیں۔ پیروں کو صاف اور خشک رکھیں

کسی بھی زخم کی صورت میں فوراً ڈاکٹر سے رجوع کریں

آپ کے قدم ہی آپ کی زندگی کا سفر ہیں—ان کی حفاظت آپ کی ذمہ داری ہے!

آج ہی احتیاط شروع کریں۔ کل کی پچھیدگیوں سے بچیں۔ صحت مند قدم، خوشحال زندگی!



Rabbiya Tirmizi

Consultant Dietitian, CDE
Head Diet and Education Wing
(DEW) - PCDA



Dear Members of PCDA Pakistan and Esteemed Readers of *Prevention First Newsletter*,

Assalam-o-Alaikum,

I hope this message finds you in the best of health and spirits.

As the Head of the Diet and Education Wing (DEW) of Primary Care Diabetes Association Pakistan (PCDA Pakistan), I would like to warmly invite all respected members of PCDA and readers of *Prevention First Newsletter* to contribute their scholarly work for the promotion of diabetes awareness and healthy living.

Diet and exercise remain the cornerstone of diabetes prevention and management. In order to educate healthcare professionals, patients, caregivers, and the general public, we encourage you to share:

- Scholarly articles
- Research-based write-ups
- News reports and awareness activities
- Clinical experiences and case studies
- Educational material on nutrition, physical activity, and lifestyle modification
- Community initiatives related to diabetes prevention and wellness

Your valuable contributions will help strengthen our collective mission of spreading evidence-based knowledge and promoting healthier lifestyles for people living with diabetes.

Selected submissions may be published in the *Prevention First Newsletter* to benefit readers across Pakistan and beyond.

We look forward to your active participation and continued support in advancing diabetes education and preventive healthcare.

With regards,

Miss Rabbiya Tirmizi

Head, Diet and Education Wing (DEW)

Primary Care Diabetes Association Pakistan (PCDA Pakistan)

MEET THE MEAT

Enjoy Qurbani Meat the Healthier Way

Dr. Saima Rasheed

Phd in Nutritional Sciences

Consultant Dietitian National Medical Centre

Founder Head of Diet & Education (DEW)

Wing of PCDA Pakistan



During Eid al-Adha, moderation is especially important because excessive consumption of red meat can lead to digestive discomfort and increased intake of saturated fats. Including vegetables, yogurt, whole grains, and fresh fruits in meals helps maintain a balanced diet and provides essential vitamins, minerals, and antioxidants.



It is also important to understand Rigor mortis, a natural process that occurs after an animal is slaughtered, when the muscles temporarily become stiff due to the loss of energy (ATP) in muscle cells. During this stage, the meat can be tougher and less tender. After several hours, natural enzymes begin to break down the muscle fibers, making the meat softer and more flavorful. This is why freshly slaughtered meat is often rested before cooking.

In meat processing, proper chilling and resting of meat are important to improve tenderness, texture, and overall quality. Experts also note that stress before slaughter can affect the quality of meat and the rigor mortis process. For this reason, nutrition and food experts often recommend delaying the consumption of freshly slaughtered meat for several hours.

It is advised to eat the Eid meat at lunch and dinner with plenty of fresh salad and fiber-rich side dishes to maximize its nutritional value and support healthy digestion. Baked, grilled, steamed, and stewed preparations should be preferred over deep-fried foods, as they contain less unhealthy fat and are easier on the stomach.





It is also beneficial to drink plenty of water throughout the day to stay hydrated, especially in warm weather. Limiting sugary drinks and oily desserts can help prevent fatigue and maintain energy levels. Choosing lean cuts of meat and trimming visible fat before cooking can further support heart health.

Proper storage and hygiene of sacrificial meat are equally important. Meat should be refrigerated or frozen promptly to preserve freshness and prevent foodborne illness.

Meat Storage Time/Temperature

Keep your freezer temperature as close to 0°F (-17.8°C) as possible.

Type of Meat	Safe Storage Time (In Freezer)
Uncooked ground meat	3–4 months
Uncooked steaks or chops	4–12 months
Cooked Meat	2–6 months

Sharing meat with family, neighbors, and those in need not only fulfills the spirit of Eid al-Adha but also promotes community wellbeing and balanced consumption.

A healthy Eid meal can include grilled meat, brown rice or whole wheat bread, mixed salads, lentils, and seasonal fruits, creating a nutritious combination of protein, fiber, and essential nutrients.

عید الاضحیٰ پر گوشت اسٹور کرنے کا آسان اور صحیح طریقہ



Certificate Ceremony on Reproductive & Sexual Health held in PMA House

Reports: Saud Abbasi (STEP)



The College of Family Medicine Pakistan organized a dignified certificate distribution ceremony for participants of its “Reproductive & Sexual Health” course, coupled with a heartfelt tribute to the renowned academician, Prof. M. Zaman Shaikh. The event took place at PMA House, bringing together leading figures from the medical community.

The event was moderated by Dr. Shehla Naseem, who also served as the Course CoDirector. Dr. Shehla is the director of Academics and Research at College of Family Medicine Pakistan. The ceremony opened with a soulful recitation from the Holy Quran, followed by the National Anthem, setting a respectful and patriotic tone. Prof. M. Zaman Shaikh, Course Director, in his welcome address, underscored the importance of upskilling frontline medical professionals in the face of Pakistan’s rising burden of noncommunicable diseases.

Dr. Shehla Naseem announced the names of successful candidates of this course. The event featured a series of remarks from esteemed leaders of Pakistan’s top medical associations: Dr. Aisha Sheikh from Pakistan Endocrine Society also paid her tributes to the legendary professor. President of the Primary Care Diabetes Association (PCDA) Dr. Riasat Ali Khan highlighted PCDA’s role in expanding access to diabetes education. Dr. Ameen Kharadi, Chairman of CFMP, stressed the importance of modular learning and mentorship in capacity-building.

The ceremony was graced by Chief Guest Prof. Syed Tipu Sultan, who commended the initiative for addressing critical gaps in reproductive health education. In his address, he emphasized the importance of continuous professional development in improving patient outcomes and strengthening primary care systems. This distinguished gathering of healthcare leaders, educators, and practitioners convened on Sunday, in PMA House Karachi.

Talking to the PFN Online reporter, Dr. Riasat Ali Khan said that "Training primary care physicians in reproductive and sexual health is a critical step knowledge, skills, and sensitivity in this domain not only improves early detection and management of conditions such as infertility, sexually health issues are often overlooked or underserved due to cultural taboos or lack of access to specialists, empowering PCPs can significantly capacity-building of primary care providers in this field is essential for achieving equitable, inclusive, and holistic health outcomes." toward ensuring comprehensive, patient-centered healthcare.



As the first point of contact for most individuals, PCPs play a pivotal role in identifying, managing, and referring reproductive and sexual health concerns across all age groups. Equipping them with up-to-date transmitted infections, menstrual disorders, and hormonal imbalances, but also helps address deeply rooted stigmas and misinformation.



A special segment of the evening was dedicated to honoring Prof. M. Zaman Shaikh for his invaluable contributions to medical education

and mentorship. Speakers highlighted his lasting impact on generations of healthcare professionals. The event witnessed active participation from clinicians, educators, and trainees. Certificates were awarded to successful participants, recognizing their commitment to enhancing their expertise in reproductive and sexual health.



The program concluded with a note of gratitude to collaborating organizations, including the PCDA Pakistan, for their continued support in advancing medical education initiatives in the country. The ceremony not only celebrated academic achievement but also reinforced the importance of interdisciplinary collaboration in addressing evolving healthcare challenges in Pakistan.

Beyond Teaching: The Enduring Legacy of Prof. Shaikh

Honoring a Life of Teaching and Service, Shaping Generations, Inspiring Futures





A Legacy That Inspires Generations

Tribute to Prof. M. Zaman Shaikh

By: Dr. Riasat Ali Khan

President of PCDA Pakistan



Event Snapshot

At a dignified ceremony hosted by the College of Family Medicine Pakistan, certificates were awarded to participants of the “Reproductive & Sexual Health” Course, followed by a tribute to Prof. M. Zaman Shaikh.

The President of PCDA delivered a deeply moving address, honoring Prof. Shaikh as a visionary educator, mentor, and pioneer in medical training. His influence extended beyond academic excellence—shaping the character, ethics, and humanity of countless physicians.

“He was not only a teacher but a guiding light for generations of physicians. His wisdom, humility, and passion for service will continue to illuminate our path.”

Prof. Shaikh’s teachings went far beyond textbooks. He instilled integrity, promoted lifelong learning, and encouraged holistic patient care. His mentorship created a ripple effect across healthcare in Pakistan.

Impact on Healthcare

- Advancing education standards
- Promoting reproductive & primary healthcare
- Encouraging community-oriented practice
- Integrating preventive care models

The ceremony concluded on a note of deep respect and gratitude. Prof. Zaman Shaikh’s legacy lives on in the hearts and practices of those he trained.

The Certificates and Award Distribution of the comprehensive academic course in Reproductive and Sexual Health, aimed at strengthening diabetes and endocrinology management at the primary care level. Prof. Abdul Basit, General Secretary of the Diabetic Association of Pakistan (DAP), paid tribute to legendary Prof. Zaman Shaikh. He also called for data driven strategies and community engagement. Prof. Shabeen Naz Masood, Secretary General of the Society of Obstetricians & Gynaecologists of Pakistan (SOGP) also paid her tribute to Prof. Zaman Shaikh She emphasized integrated care approaches for women’s endocrine health.



Latest from:

UK Diabetes Professional Conference 2026

DIABETES UK
PROFESSIONAL CONFERENCE
 22 to 24 April 2026
 Exhibition Centre Liverpool

Continuous glucose monitors improve blood sugar control in type 2 diabetes trial

Courtesy: **Medical press**

A major clinical trial has found that real-time continuous glucose monitoring (CGM) significantly improves blood glucose management in adults living with type 2 diabetes who are treated with basal insulin.

Researchers carried out the FreeDM2 trial, which compared the effectiveness of CGM with traditional finger prick of blood glucose monitoring in adults with type 2 diabetes.

The findings of the study, published in *The Lancet Diabetes & Endocrinology*, support the use of advanced glucose monitoring technologies to improve glucose levels in people living with type 2 diabetes.

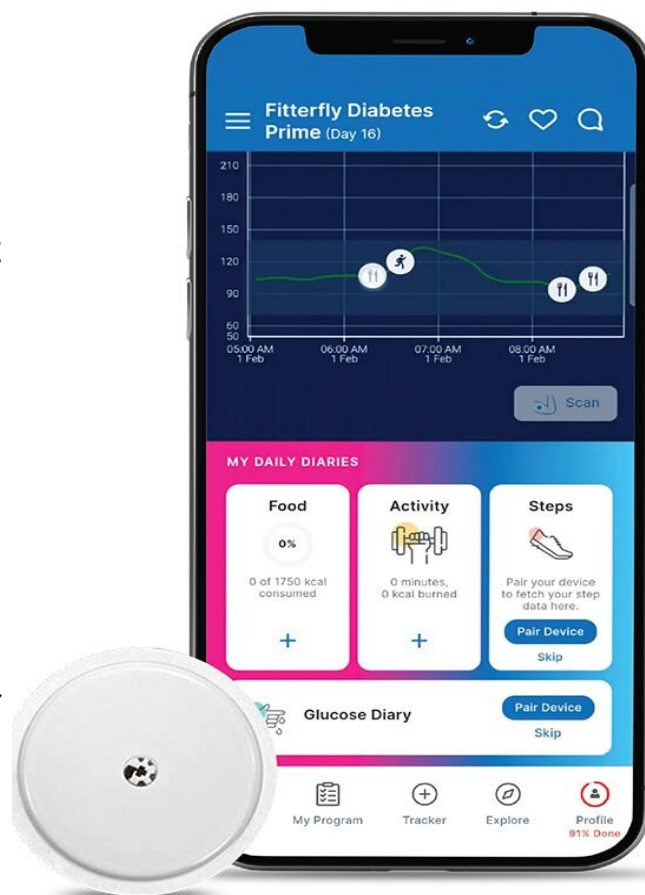
The research was led by Dr. Emma Wilmot from the University of Nottingham and University Hospitals of Derby and Trust and Dr. Lala College London, Imperial Trust. The team also pre-

Diabetes is one of the most conditions for people living manage, and keeping the target range can be differently high blood glucose risk of serious diabetes-leading to blindness, am-and dying prematurely.

Type 2 diabetes accounts betes cases worldwide. For managing blood glucose lab test called hemoglobin reducing their risk of devel-tions, which can have sig-

Burton NHS Foundation Leelarathna from Imperial College Healthcare NHS sented the findings at the Conference in Liverpool. challenging long-term con-with diabetes to self-blood glucose levels within ficult. Over time, consist-levels can increase the related complications, putations, heart disease

for around 90% of all dia-people with diabetes, levels, measured using a A1c (HbA1c), is crucial in oping serious complica-nificant health care costs.



Latest From:

Finger prick blood glucose tests are commonly used to monitor glucose levels in people with type 2 diabetes and to guide therapies, diet and activity. More recently, CGM has presented an alternative, less painful option. People with diabetes wear a small sensor on the back of the arm, which transmits glucose measurements to the user's mobile phone (or a dedicated reader). This monitors glucose levels throughout the day and night and alarms alert the user when glucose levels are too high and too low.

Although CGM has transformed care for type 1 diabetes and it is now considered standard of care in the UK, people living with type 1 diabetes used to struggle to access CGM. But the role of CGM in people living with type 2 diabetes—particularly among those using newer therapies—has remained uncertain, limiting access. In the FreeDM2 trial, 303 participants were randomly assigned to either real-time CGM or continued finger-prick glucose monitoring over a 16-week self-management period, before being supported by a clinician for 16 weeks. Participants using CGM saw significantly greater reductions in HbA1c levels compared to those using finger-prick glucose monitoring at both 16 and 32 weeks, highlighting the sustained benefit of CGM across both independent and clinician-guided care phases.

Study co-lead Dr. Emma Wilmot, from the University of Nottingham and Honorary Consultant at University Hospitals of Derby and Burton NHS Foundation Trust, said, "Diabetes is extremely challenging to manage. The FreeDM2 trial highlights how CGM can help those with basal insulin-treated type 2 diabetes.

"Individuals I supported during the trial told me that the use of CGM gave them new insights into their diabetes management, with many describing it as 'life-changing.'" We would like to thank all those who took part in this transformative study. We hope more people living with type 2 diabetes will benefit from these findings in the future." Study co-lead Dr. Lala Leelarathna, from Imperial College London and Diabetes Consultant at Imperial College Healthcare NHS Trust, said, "This study had two distinct phases. In the first phase, participants saw significant improvements in glucose levels without introducing new medications or insulin, indicating that people were able to use the information gleaned from the glucose sensors to make meaningful changes. In the second phase, where new therapies were introduced, we observed further improvements in glucose management." Dr. Lucy Chambers, Head of Research Impact Communications at Diabetes UK, said, "For many people with type 2 diabetes, managing their condition means constantly balancing blood sugar levels with medications alongside everyday activities such as eating, sleeping and exercising.

"Continuous glucose monitoring (CGM) gives people a near real time picture of their blood sugar levels, which can be transformative, reducing the need for endless finger-prick tests and supporting safe, effective day-to-day management. "This important study strengthens the case for expanding the use of CGM for some people with type 2 diabetes, though analysis is needed to confirm whether it would be cost-effective. It also reinforces the importance of ensuring that those with type 2 diabetes who are eligible for CGM according to current national guidelines are provided with it. "Diabetes UK will continue to push for fair, equitable access to diabetes technology, alongside the support people need to use it effectively, so that no-one is left behind."

PCDAians attending

DIABETES UK PROFESSIONAL CONFERENCE 22 to 24 April 2026 Exhibition Centre Liverpool



Missed Vaccines, Missed Protection: **Closing the Immunization Gap in** **Diabetes Care** **A Primary Care Approach**

An Infectious Diseases Perspective for Primary Care Physicians: Clinical Priorities and Practical Strategies to Prevent Morbidity and Mortality

By: Dr Ifra Nasir

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 MRCP 1'2(UK
 Infectious Diseases Fellow At SKMCH&RC-
 LHR.*



Infections remain one of the most preventable yet overlooked causes of morbidity and mortality in patients with diabetes

- often not due to lack of vaccines, but due to missed opportunities in primary care.

Abstract

Impaired immune function represents a significant risk factor for infection-related morbidity and mortality in patients with diabetes mellitus. Adverse outcomes are frequently associated with vaccine-preventable diseases, such as influenza, pneumococcal disease, hepatitis B, and herpes zoster. Although the CDC 2025 and ADA 2026 guidelines^{1 2} recommend adult vaccination, it is not that widely practiced in primary care. This article presents a practical, evidence-based approach to enhance vaccine uptake and decrease infection-related morbidity among patients with diabetes in primary care settings.

Keywords: Diabetes mellitus, Primary care, adult vaccination, Pneumococcal vaccine, Hepatitis B vaccine, Herpes zoster vaccine.

Introduction

Infections remain among the most preventable yet frequently overlooked causes of morbidity and mortality in patients with diabetes. This gap often reflects missed opportunities for vaccination during routine primary care encounters rather than a lack of available vaccines. The present review is based on current Centers for Disease Control and Prevention (CDC) adult immunization recommendations and the American Diabetes Association (ADA) Standards of Care.

Diabetes mellitus weakens the body's immune system, making people more vulnerable to infections. These infections are more severe, are associated with higher complication rates, and can adversely affect glycaemic control. Despite frequent healthcare contact, many patients remain inadequately immunized - highlighting missed opportunities in primary care. Addressing this gap is one of the priorities for enhancing outcomes. The gap is not due to the absence of effective interventions, but is a result of missed opportunities in routine care. Primary care physicians are an important group to recognize diabetes as a high-risk condition and need to prioritize the vaccine.

Why Vaccination Matters in Diabetes

Increased susceptibility to infections

- Higher severity and complications
- Increased hospitalization and mortality
- Preventable with timely vaccination

Diabetes is known to be a high-risk condition in international immunization programmes^{1,2}.

Table 1: Key Vaccination Schedule in Adults with Diabetes

Vaccine	Indication	Schedule / Doses	Key Points
Influenza	All adults with diabetes	1 dose annually, preferably before influenza season	Annual vaccination reduces hospitalization and cardiovascular events
Pneumococcal	≥50 years, and risk-based vaccination for 19–49 years with diabetes or other risk conditions	PCV20/PCV21 alone OR PCV15 followed by PPSV23 as per recommended intervals	Prevents invasive pneumococcal disease. Choice depends on prior vaccination history and local availability
Hepatitis B	All adults aged 19–59 years; ≥60 years based on risk/shared decision-making	2-, 3-, or 4-dose series depending on vaccine (e.g., 0, 1, 6 months)	Increased risk due to potential blood exposure during glucose monitoring or diabetes care.
Herpes Zoster (RZV)	≥19 years if immunocompromised; ≥50 years routinely.	2 doses with a minimum interval of 4 weeks and a preferred interval of 2–6 months, (e.g., in immunocompromised patients or to complete the series before anticipated immunosuppression).	Prevents shingles and complications; recommended regardless of prior herpes zoster history or prior live zoster vaccination.
COVID-19	All adults with diabetes	Updated COVID-19 vaccination according to current national recommendations.	Reduces severe disease and mortality
Tdap/Td	All adults	1 dose Tdap once, then booster every 10 years	Routine adult immunization

Table 1A: Practical Considerations for Vaccine Use in Diabetes

Vaccine	Type	Additional Clinical Considerations and Notes	Contraindications / Notes
Influenza	Inactivated or recombinant	Adults may receive inactivated or recombinant influenza vaccine; avoid live attenuated vaccine in some high-risk groups. Can be given during mild illness; annual protection required	Severe allergic reaction to prior dose/component
Pneumococcal	Conjugate +/- polysaccharide	Follow local sequencing guidelines; important in elderly/comorbid patients	Severe allergic reaction to prior dose
Hepatitis B	Recombinant	Review prior vaccination; consider anti-HBs titers in high-risk individuals (dialysis/immunocompromised/occupational)	severe allergic reaction to prior dose
Herpes Zoster (RZV)	Recombinant (non-live)	Recommended for all immunocompromised adults aged ≥ 19 years, including those with HIV regardless of CD4 count. Being non-live, RZV is safe in immunocompromised patients and is preferred over the now-discontinued live zoster vaccine.	severe allergic reaction to vaccine component
COVID-19	mRNA or protein subunit vaccines.	Primary series and updated boosters as per current national recommendations, particularly for high-risk populations such as diabetes.	Severe allergic reaction to prior dose
Tdap/Td	Toxoid	Maintain 10-year booster schedule	severe allergic reaction to prior dose

Practical Approach for Primary Care Physicians

Core Actions

- Check vaccination status at every visit
- Consider vaccination as standard diabetes care
- Strong physician recommendation improves uptake
- Make use of electronic reminders to keep track of vaccines to be administered.
- Adopt standing orders in clinics to enhance vaccine delivery

To follow up with a structured vaccine checklist during each diabetes visit

Administration Tips

- Use the deltoid muscle for a vaccine
 - Avoid giving by injection into the buttocks
 - Use separate anatomical sites
 - When appropriate, give vaccines together



Most adult vaccines

(influenza, pneumococcal, hepatitis B, hepatitis A, Tdap/Td, COVID-19, RZV, RSV) are administered intramuscularly into the deltoid muscle. Refer to each vaccine's prescribing information for the recommended route and site, and follow CDC General Best Practice Guidelines for Immunization for injection technique.

Timing Rules

- Mild illness: vaccinate
 - ◆ Do not restart interrupted series
 - ◆ Don't postpone because of glycemic control issues.
 - ◆ Resume the delayed series as soon as possible— extended intervals between doses do not invalidate prior doses.

Clinical Pearls

- Every diabetes visit is a vaccination opportunity²
- Vaccines that are frequently missed are hepatitis B and herpes zoster.
- Physician recommendations significantly increase the uptake of vaccination.
- Vaccination contributes to antimicrobial stewardship
- Hospital discharge is a key opportunity

A nurse-driven vaccination protocol and standing orders help to increase uptake in primary care.

Diabetes is a recognized risk condition in adult immunization schedules

Pitfalls

Making vaccination optional.

Failure to address hepatitis B and herpes zoster vaccination.

- Incorrect pneumococcal scheduling
 - ◆ Delaying unnecessarily
 - ◆ Insufficient documentation and a lack of follow-up doses.

Table 2: Vaccine Safety and Contraindications

Situation	Recommendation	Clinical Note
Mild illness (e.g., URTI, low-grade fever)	Vaccinate	Not a contraindication
Moderate or severe acute illness	Defer temporarily	Vaccinate after clinical improvement
Severe allergic reaction to prior dose	Avoid specific vaccine	Consider alternative if available
Immunocompromised state	Prefer non-live vaccines; individualize based on clinical status	RZV preferred (non-live)
Multiple vaccines due	Co-administer when appropriate	Use separate sites
Incomplete vaccination history	Do not restart an interrupted vaccine series; resume from where it was left off. Extended intervals between doses do not invalidate prior doses.	complete the recommended schedule

Case	Clinical Scenario	Recommended Action
Case 1: Missed Opportunity	A 58-year-old patient with diabetes presents for routine follow-up with no documented vaccination history	Review vaccination history and administer indicated vaccines (e.g., influenza, pneumococcal, and herpes zoster vaccines) without unnecessary delay
Case 2: Hepatitis B Risk	A 45-year-old patient with diabetes using a glucometer has unclear prior hepatitis B vaccination status	Review prior vaccination history. If incomplete or unknown, initiate hepatitis B vaccination. Consider anti-HBs testing in selected high-risk or immunocompromised individuals
Case 3: Shingles Vaccine Hesitancy	A 62-year-old patient is hesitant because of concern that the shingles vaccine is live	Recommend recombinant zoster vaccine (RZV), a non-live vaccine considered safe in many immunocompromised adults and effective in reducing herpes zoster and postherpetic neuralgia
Case 4: Multiple Vaccines Due	A patient is eligible for influenza, pneumococcal, and COVID-19 vaccines	Co-administer vaccines when appropriate using separate anatomical sites
Case 5: High-Risk Patient	A 68-year-old patient with diabetes and comorbidities (e.g., CKD, hypertension) has no vaccination history	Prioritize influenza, pneumococcal, and COVID-19 vaccination; schedule herpes zoster and hepatitis B vaccination subsequently

Table 4: Additional Vaccines Based on Age and Risk Factors

Vaccine	Indication	Key Considerations
HPV	≤26 routine; 27–45 based on shared clinical decision-making	Prevents HPV-related cancers
Meningococ-ca	High-risk groups only	Not routine in diabetes alone
Hepatitis A	Indicated for chronic liver disease, HIV infection, travel to endemic areas, men who have sex with men, drug use, or homelessness. Diabetes alone is not a CDC indication for hepatitis A vaccination; assess individual risk factors at each encounter.	Consider selectively based on risk profile
RSV	≥75 years routinely; 50–74 years if at increased risk of severe RSV — diabetes (of any type or severity)	Consider in patients with complicated diabetes

Local Context

Despite a high burden of diabetes and infectious diseases, adult vaccinations continue to be underutilized. Primary care physicians play a central role in improving vaccine uptake and reducing preventable infectious complications in Pakistan.

The barriers are cost limits, limited awareness of physicians, and underdeveloped adult immunization systems.

Although Pakistan has a high burden of diabetes worldwide, adult immunization programs remain underdeveloped. Limited insurance coverage and out-of-pocket expenses, as well as the absence of a common vaccination protocol in clinics, contribute to low uptake.

These issues of cost, physician awareness, and development of structured primary care-based adult immunization systems need to be addressed for implementation.

Conclusion

Vaccination is an essential, evidence-based, cost-effective part of diabetes care. Making routine immunization a part of primary care is a high-impact, cost-effective approach to lowering the burden of infection-related morbidity and mortality. Despite established guidelines, implementation gaps persist due to missed opportunities in routine care, and an urgent need for systematic integration into diabetes care. A proactive approach can change missed opportunities into valuable prevention and better patient outcomes.

Key Takeaway: Routine vaccination assessment must be integrated into every diabetes visit as a standard of care.

Final Message

When you perform an HbA1c, you should also perform a vaccination status check - prevention begins in primary care.

Acknowledgement

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Central Cabinet of PCDA Pakistan



Warmly Greet

Dr. Khalid Hussain Mazari

Head of Rahimyar Khan Chapter of

PCDA Pakistan



On his appointment as head of

MEDICAL WING



CRIME CONTROL DEPARTMENT PUNJAB

KNOW YOUR DRUG

Metformin- Guidance for You

By: Hashir Mubeen, Diet & Education (DEW) Wing of PCDA Pakistan



If you are prediabetic or have type 2 diabetes, you might have heard or seen this medicine called Metformin. It is a **First line** and trusted medication used world wide for treating type 2 diabetes, because it is highly effective at lowering hemoglobin A1C, inexpensive, generally safe with few side effects, and does not cause hypoglycemia (low blood sugar).

There are different Single-Ingredient Metformin brands available on pharmacies such as Glucophage, Neodipar, Xormet XR(Extended Release) ,Diabimin and Metphage .Combination Products are also available such as Treviamet / GlyziaMet(Metformin + Sitagliptin), Getformin (Metformin + Glimepiride) and Diampa-M(Metformin + Dapagliflozin).Metformin controls blood sugar alongside diet and exercise, without causing weight gain.



How It Works?

Metformin Reduces your liver sugar production and Helps your muscles absorb sugar from the blood. It also Makes your own insulin work better

How to Take?

-Physicians usually advise to start with 500 mg with breakfast and dinner; dose may be increased up to 2000 mg daily by your doctor.

-Always take **with food**; never on an **empty stomach**.

-**Swallow** the tablet whole with water.

-Do not **crush** or **chew XR/SR**

tablets.

-If you miss a dose, take it with food as soon as you remember; never double* the dose.

How Metformin Works

The medication targets three distinct mechanisms in the body to control blood sugar levels:

- **Reduces Liver Glucose Production:** It signals the liver to slow down the release of stored sugar into the bloodstream.
- **Improves Insulin Sensitivity:** It increases the body's response to its natural insulin, allowing muscle cells to absorb and utilize glucose more efficiently.

Decreases Intestinal Absorption: It slightly lowers the amount of sugar your intestines absorb from food and drinks.



Common and Off-Label Uses

- **Type 2 Diabetes Management:** Prescribed alongside diet and exercise to prevent serious long-term complications like kidney damage, blindness, and heart disease.
- **Prediabetes Prevention:** Used off-label to prevent the onset of full type 2 diabetes in high-risk individuals.
- **Polycystic Ovary Syndrome (PCOS):** Prescribed off-label to lower insulin resistance, regulate ovulation, and manage menstrual cycles.

Weight Management: Associated with a modest reduction in weight or weight maintenance, making it highly effective for obese diabetic patients

Dietary Tips

- Avoid sugary drinks, sweets, juices – they spike blood sugar.
- Eat smaller portions of white rice, naan, or bread and balance with vegetables.
- Choose lighter meals to reduce nausea, especially when starting therapy.

Interactions to Note

-Consult your treating physician before starting any new medicine. Especially Antibiotics e.g Cephalexin and Trimethoprim, Heart medication Ranolazine and Omeprazole/pantoprazole as they may slightly raise levels (monitor).

Serious Risk

- Lactic acidosis (very rare <1 in 30,000). Warning signs are severe muscle pain, extreme tiredness, difficulty breathing, feeling cold.
- If symptoms appear, stop Metformin immediately and go to the nearest hospital.

When to Call Your Doctor

- Blood sugar stays above 250 mg/dL for more than 2 days.
- Stomach upset does not improve after 2 weeks.
- You are scheduled for surgery or a CT scan with dye.
- Any new medication is prescribed by another doctor.

Faisalabad Chapter Organizes Public Awareness Session for General Community and People Living with Diabetes

Report:

Dr. Ahmad Shahzad

The Faisalabad Chapter, in collaboration with the Lyallpur Diabetes Foundation, the Primary Care Diabetes Association (Central Region), and leading pharmaceutical partners in Pakistan, successfully organized a Public Awareness Session on Sunday, April 12th, at Chenab Club. The event attracted over 100 participants, all coming together to reshape perspectives on health and its effective management.



Expert Highlights:

- Prof. Dr. Hooria Aamir presented a clear and accessible explanation of the physiology of obesity.
- Dr. Usman Musharaf, Consultant Endocrinologist, emphasized the importance of recognizing and managing obesity as a formal disease.
- Dr. Ahmed Shahzad, Chapter Head Central Zone, Primary Care Diabetes Association of Pakistan, highlighted the long-term consequences of obesity and underscored the critical role of prevention.
- Prof. Dr. Aamir Shaukat, Dean FMU, concluded the session with key practical insights for adopting a healthier lifestyle.

Health in Action:

In addition to the educational talks, a dedicated health camp organized by the Lyallpur Diabetes Foundation offered free screening services, including:

- BMI and waist circumference measurement
- Blood sugar and cholesterol testing
- Visceral fat analysis

The session reinforced a powerful message: **education is the first step toward building a healthier Faisalabad.**



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expert panel
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Diabetes Never Comes Alone

Posted By:

Dr. Nauman Rizwan

Diabetes often presents with comorbidities like hypertension, heart disease, obesity, kidney disease, stroke, and arthritis. These conditions, along with others like cognitive decline or depression, often share metabolic causes, leading to complications that impact major organs. Managing this requires a multi-faceted approach addressing all conditions, not just blood sugar.

Common Co-occurring Conditions (Comorbidities)

- ◆ Cardiovascular Disease: The leading cause of death in people with diabetes.
- ◆ Hypertension & Obesity: Frequently accompany type 2 diabetes.
- ◆ Kidney Disease & Stroke: High risk of kidney failure as a complication.
- ◆ Arthritis, Sleep Apnea, and Dementia: Often seen together, making management complex.

Shocking!

DIABETES NEVER COMES ALONE

- ✓ High sugar thickens blood and strains the heart.
- ✓ Diabetes raises bad cholesterol levels.
- ✓ Brain health declines, increasing memory problems.
- ✓ Nerve damage causes burning feet and pain.
- ✓ Kidneys fail silently – without early symptoms.
- ✓ Frequent infections become common.
- ✓ Skin becomes dry, itchy, and slow-healing.
- ✓ Eye pressure and vision loss increase.
- ✓ Diabetes worsens BP problems.
- ✓ One disease turns into many.

 My Health Tips

Factors Contributing to the "Crowd"

- ◆ Metabolic & Cardiovascular Decline: Hyperglycemia (high sugar) damages vessels, leading to heart disease, especially when coupled with inactive lifestyles.
- ◆ Advanced Glycation End Products (AGEs): High blood sugar bonds with proteins, accelerating the stiffening of arteries.
- ◆ Psychological Factors: Loneliness and depression are often linked to chronic diabetes management

Management Approaches:

- ◆ Proactive Care: Screening for complications early, such as checking for retinopathy or kidney damage.
- ◆ Lifestyle Changes: Regular physical activity, including strength training and cardiovascular exercise, is crucial.
- ◆ Targeted Medication: Using therapies that treat both diabetes and related conditions, such as cardiovascular complications (e.g., GLP-1 receptor agonists)

Effective, early management and lifestyle modifications (diet and exercise) are essential to mitigate these associated risks

DIABETES NEVER COMES ALONE

Many people think diabetes is only about "high sugar."

But in real life... diabetes rarely comes alone.

Diabetes is commonly linked with:



High BP



Fatty Liver



Belly Fat



Poor Sleep



Acidity



Kidney Problems



Nerve Damage



Heart Disease



Stress & Anxiety



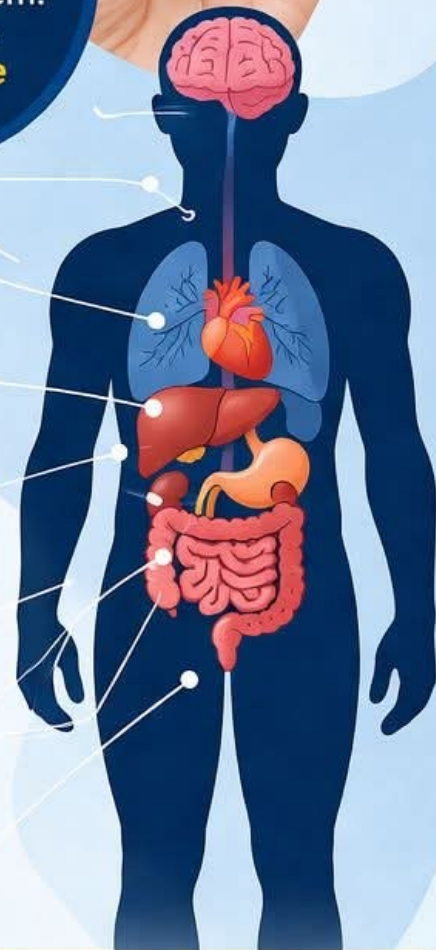
Digestive Problems



Why does this happen?

- ✓ Insulin resistance
- ✓ Inflammation
- ✓ Stress hormones
- ✓ Unhealthy sleep
- ✓ Poor food habits
- ✓ Low physical activity

Diabetes is not just a sugar problem. It affects the **whole body**.



That's why simply lowering sugar numbers is not enough.

Real diabetes care means understanding the **WHOLE BODY**.



STARTING TODAY

A NEW SERIES

"DIABETES NEVER COMES ALONE"

In this series, we will talk about the hidden connections between **diabetes and other health problems** – and how to manage them together for a healthier life.



Controlling diabetes is not only about sugar.
It is about protecting your entire health.

Compilation By:
Dr. Nauman Rizwan

ڈاکٹر کا یوم مئی

Doctor's
*** WORLD ***
LABOR Day



ڈاکٹر توصیف احمد
ارسال کردہ:

ایک ڈاکٹر کی ڈیوٹی صرف سٹیٹھوسکوپ اور پرجی تک محدود نہیں ہوتی... وہ روزانہ انسانوں کے جسم کے ساتھ ساتھ اُن کے رویوں، توقعات اور تضادات کا بھی سامنا کرتا ہے۔

کبھی ایسا ہوتا ہے کہ آپ ڈیوٹی پر ہوں... اوپی ڈی میں مریضوں کا رش ہو... ایک کے بعد ایک کہیں... اور اسی دوران فون بجتا ہے۔ اسکرین پر کسی جاننے والے، کسی رشتہ دار، یا کسی "دور کے تعلق" کا نام ہوتا ہے۔ آپ ایک لمحے کو رکتے ہیں... سوچتے ہیں... اٹھاؤں یا نہ اٹھاؤں؟ اگر نہ اٹھاؤں تو بعد میں سننے کو ملتا ہے: "بڑے مغرور ہو گئے ہیں..." "اب تو پہچانتے ہی نہیں..." "اتنا بھی وقت نہیں تھا؟"

اور اگر آپ کال اٹینڈ کر لیں... تو سامنے بیٹھا مریض، جو آپ کی آنکھوں میں جواب ڈھونڈ رہا ہوتا ہے، وہی فوراً فیصلہ سنا دیتا ہے: "یہ ڈاکٹر تو فون پر لگا ہوا ہے..."

اس کو احساس ہی نہیں..."

یعنی دونوں راستوں کا انجام ایک ہی... قصوروار ڈاکٹر۔ پھر ہسپتال کے اندر ایک اور دنیا شروع ہوتی ہے... کوئی ایسا شخص جس سے آپ زندگی میں ایک بار بھی ملے ہوں... یا شاید صرف کسی کے ذریعے تعارف ہوا ہو... وہ سیدھا آپ کے پاس آکر کھڑا ہو جاتا ہے: "سر جی... ہم تو اپنے میں... ذرا پروٹوکول دے دیں..." یہ "پروٹوکول" صرف ایک لفظ نہیں ہوتا۔

گویا پورا ہسپتال چھوڑیں، اس کے ساتھ لیبارٹری جائیں، پھر وارڈ، پھر اوپی ڈی۔

ایک ذاتی راستہ بن جائے۔ وہ چاہتا ہے کہ آپ آئی سی یو

اگر آپ انکار کریں... تو رویہ بدل جاتا ہے۔۔۔ اور اگر مان جائیں... تو باہر بیٹھے

مریضوں کے لیے آپ "سفارشی ڈاکٹر" بن جاتے ہیں۔ ٹیسٹ کی بات آئے تو ایک نئی کہانی جنم لیتی ہے... آپ نے ایک ضروری ٹیسٹ لکھ دیا۔ مریض فوراً کہتا ہے:

"سر... ایک کال کر دیں لیب میں... فری ہو جائے گا... یا جلدی کر دیں

گے... "جیسے ہسپتال ایک کسٹم نہیں، بلکہ ایک ذاتی نیٹ ورک ہو جسے آپ بٹن دبا کر کنٹرول کرتے ہیں۔ یا ہسپتال آپکے ابا کی ملکیت ہو۔۔۔

خون کے معاملات میں تو کہانی اور گہری ہو جاتی ہے... مریض کے ساتھ پچاس

لوگ کھڑے ہوں گے، ہر کوئی فکر مند، ہر کوئی پریشان... مگر جب خون دینے کی

بات آئے... تو سب ایک دوسرے کی طرف دیکھتے ہیں۔

قومی شناختی کارڈ پر بلڈ لے لیا جاتا ہے... اور اس کے بعد کالز کا سلسلہ: پھر

"آپ بلڈ بینک میں بات کر لیں... قومی شناختی کارڈ نکلوادیں... "جیسے خون کوئی

چیز نہیں... ایک کاغذی کارروائی ہو۔ یا بلڈ بینک ایک فیکٹری ہو اور ہمارے حکم پر

چلتا ہو۔۔۔ ایک دن ایک کال آئی... "لاہور میں ایک مریض ہے... 18 بیگ خون

چاہیے... ارجنٹ... آپ اریج کروادیں... "میں نے پوچھا: "گھر والے ڈونیشن کر

سکتے ہیں؟" جواب آیا: "کافی بڑا خاندان ہے... مگر لاہور دور ہے... کوئی نہیں جا

سکتا... "میں نے کہا: "ٹھیک ہے، پشاور میں ڈونیشن کر دیں، ہم ایکسیج کروادیں

گے... "اچانک لہجہ بدل گیا: "پھر آپ کی تنظیم کا فائدہ کیا؟ سارا دن سوشل میڈیا

پر ہوتے ہو... خون اریج بھی نہیں کر سکتے... "اس لمحے انسان سوچتا ہے...

مسئلہ وسائل کا ہے یا سوچ کا؟

یہی لوگ ہسپتال میں شور مچاتے ہیں... پانچ منٹ انتظار مشکل لگتا ہے۔ پانچ، پانچ

لوگ ایک مریض کے ساتھ اندر کھڑے ہو جاتے ہیں۔ سیکورٹی سے بحث... اور اگر

آپ کسی ایک مریض پر دو منٹ زیادہ دے دیں تو باہر آوازیں بلند: "اتنا وقت

کیوں لے رہا ہے؟" مگر یہی مریض جب پرائیویٹ کلینک میں داخل ہوتا ہے...

تو وہی شخص بدل جاتا ہے وہ خاموشی سے بیٹھتا ہے۔ اپنی باری کا انتظار کرتا ہے۔

فیس دیتا ہے۔ ٹیسٹ فوراً کروا لیتا ہے۔ اور جاتے وقت شکریہ بھی کہتا ہے۔ ڈاکٹر وہی... مریض بھی وہی... پھر فرق کہاں ہے؟ فرق ہماری نظر میں ہے۔ سرکاری ہسپتال ہمیں "فری" لگتا ہے... اور ہم فری چیز کی قدر نہیں کرتے۔



1ST
MAY



International LABOUR DAY

This Labour Day, Doctors Hospital honors the dedication and tireless efforts of every worker who builds a healthier tomorrow.

وہی ڈاکٹر جب فیس لے... تو ہمیں اس کی علمیت نظر آنے لگتی ہے۔ ایک دن اپنی ڈی میں میرے ساتھ ایک سپیشلسٹ بیٹھا تھا... اس نے ایک مریض کو مکمل توجہ سے دیکھا، تشخیص کی، تفصیل سے سمجھایا... مریض نے سننے کے بعد کہا: "ڈاکٹر صاحب... آپ بس کوئی انجیکشن لکھ دیں... شام کو کسی فیس والے ڈاکٹر کو دکھا دیں گے..." ہم دونوں نے ایک دوسرے کی طرف دیکھا... اور خاموشی سے مسکرا دیے۔ کیونکہ اس سپیشلسٹ کی فیس شام کو 1500 ہوتی ہے لیکن یہاں قدر نہیں۔

ایک اور واقعہ... ایک ڈاکٹر بتا رہا تھا کہ مردان کے میڈیکل کیپ میں ایک پیچیدہ مریض کو اس نے مکمل علاج اور تشخیص بتائی۔ مریض نے جواب دیا: "پشاور جا کر کسی بڑے ڈاکٹر کو دکھائیں گے..." چند دن بعد وہی مریض اس کے کلینک میں آیا... "بڑے مشکل سے آپ کا نمبر ملا... کسی نے ریفر کیا تھا، مجھے پتہ نہیں تھا کہ آپ اتنے بڑے ڈاکٹر ہیں..." ڈاکٹر نے ہلکی سی مسکراہٹ کے ساتھ کہا:

"جی... میں وہی ہوں... فرق صرف یہ ہے کہ آج آپ نے یہ ماننے کے لیے فیس دی ہے..."

یہ سب واقعات شکایت نہیں... ایک حقیقت ہیں۔ ہم اکثر نظام کو قصور وار ٹھہراتے ہیں... مگر نظام صرف عمارتوں اور پالیسیز کا نام نہیں ہوتا... یہ ہم سب کے رویوں سے بنتا ہے۔ جب ہم ہسپتال کو سنجیگی سے نہیں لیتے... جب ہم ڈاکٹر کو ایک سہولت سمجھتے ہیں، ذمہ داری نہیں... تو پھر وہی نظام کمزور ہو جاتا ہے جس سے ہم توقع کھتے ہیں۔ ہم واقعی علاج چاہتے ہیں؟ یا صرف سہولت... اپنی مرضی کے مطابق؟ کیونکہ جب تک ہم اپنے رویوں کا علاج نہیں کریں گے... تب تک کوئی بھی نظام ہمیں مطمئن نہیں کر سکے گا۔



Free Sugar Camp organized by Lahore chapter of PCDA Pakistan

Reported by: Dr Abdul Rauf, PCDA LAHORE

PCDA (Lahore Chapter) organizes a free Sugar Camp on 29th April 2026, in collaboration with the cooperation of PAFP (Doctorscon) and Waseela Diabetes Clinic from 9.30 A M to 2 PM. at Faisal Town Lahore .

A large number of local population benefitted from this free camp. Following tests were performed free of charge. BSR, Hb A1C, Blood Cholesterol, Blood Uric Acid, DPNP, BMD, BMI & Blood Pressure.

Free consultation with physicians and Health Educators was also provided. Pamphlets regarding health, dietary advice and physical exercise were distributed free of charge.

Dr Tahir Rasool, Dr Abdul Rauf, Dr Manzoor Janjua, Dr Altaf Cheema and Dr Waqqas participated in this camp with other 12 health care workers of different categories . We discovered some new asymptomatic cases.

Alhamdulillah this camp was a big success.







Public Awareness Session and Screening Camp at GCWUF organized by PCDA Pakistan & Lyallpur Diabetes Foundation

“Ujala by LDF” Promotes Healthy Living, Women’s Health & Obesity Prevention

Report by: **Dr. Ahmad Shahzad**



On 07 May 2026, the Lyallpur Diabetes Foundation successfully organized a comprehensive *Public Awareness Session & Free Screening Camp* at Government College Women University Faisalabad under the banner of “**Ujala by LDF.**”

The impactful health initiative was conducted in collaboration with Primary Care Diabetes Association Pakistan and Pakistan Society of Internal Medicine, reflecting a strong commitment towards community awareness, prevention, and early detection of obesity and diabetes-related complications.

Free Screening Camp Attracts Wide Participation

As part of the awareness drive, LDF arranged a well-organized *Free Screening Camp* that provided participants with valuable health assessments and counseling services. The camp included:



- Random Blood Sugar (RBS) testing
- Visceral Fat Analysis
- Body Mass Index (BMI) assessment
- Personalized Nutrition Counseling
- Orthotist Consultation and Lifestyle Guidance

Students, faculty members, healthcare professionals, and members of the public enthusiastically participated in the program. The event created an interactive platform where attendees received practical guidance on healthy lifestyle choices and preventive healthcare.

Focus on Obesity, Women's Health & Lifestyle Disorders

During the educational sessions, speakers emphasized that obesity is not merely an increase in body weight but a serious medical condition linked with multiple health complications including:

- Diabetes mellitus
- Hypertension
- Cardiovascular disease
- Fatty liver disease
- Joint disorders
- Infertility and PCOS
- Sleep disturbances

The sessions particularly highlighted the growing burden of obesity among youth and women, stressing the urgent need for awareness, prevention, and timely intervention.

Key Risk Factors Discussed

The expert speakers identified several major contributors to obesity and metabolic disorders, including:

- Unhealthy eating habits
- Excessive consumption of fast food and sugary drinks
- Physical inactivity
- Prolonged sitting and sedentary lifestyles
- Mental stress and inadequate sleep
- Genetic and hormonal factors
- Excessive screen time and mobile phone usage among youth

Participants were educated about the long-term health risks associated with these lifestyle patterns and were encouraged to adopt healthier daily routines.

Practical Preventive Advice Shared With Participants

To reduce the risk of obesity and associated metabolic diseases, attendees were advised to:

- Follow a balanced and nutritious diet
- Increase intake of vegetables, fruits, and fiber-rich foods
- Avoid excessive fatty and sugary meals
- Engage in at least 30 minutes of physical activity daily
- Maintain proper sleep habits
- Practice effective stress management techniques



The sessions encouraged participants to become proactive in safeguarding their health through sustainable lifestyle modifications.

Distinguished Speakers Deliver Insightful Lectures

Dr. Ahmad Shahzad

Delivered an informative lecture titled **“Live Lighter,”** focusing on healthy lifestyle choices and preventive strategies against obesity and chronic diseases.

Dr. Muhammad Irfan

Presented a comprehensive talk on obesity management, associated complications, and evidence-based preventive approaches.

Prof. Dr. Samina Haq

Addressed important issues related to obesity, women’s health, and Polycystic Ovary Syndrome (PCOS), highlighting the increasing prevalence of metabolic disorders among women.



University Leadership Appreciates LDF's Efforts

At the conclusion of the program, senior university officials and dignitaries highly appreciated the valuable public health initiative undertaken by LDF and its collaborating partners.

Among those acknowledging the efforts were:

- Prof. Dr. Kanwal Ameen
- Prof. Dr. Zille Huma Nazli
- Dr. Gul Sana
- Dr. Abida Kausar
- Dr. Shamim Raja

Shields and commemorative souvenirs were distributed among guest speakers and organizers in recognition of their contributions toward promoting public health awareness.

Collaboration & Community Commitment

Lyallpur Diabetes Foundation acknowledged the valuable collaboration and support of Getz Pharma for helping make the event successful.

The foundation reaffirmed its commitment to community health promotion, prevention, and early detection of diabetes and obesity through continuous educational and screening activities across Pakistan.



A Step Towards a Healthier Future

The “Ujala by LDF” initiative served as a meaningful step toward empowering communities—particularly women and youth—with the

knowledge and tools needed to prevent obesity and lifestyle-related diseases. Through collaboration, education, and preventive care, organizations like LDF and PCDA Pakistan continue to play a vital role in building a healthier society.





Free Diabetes Screening & Awareness Camp at THQ Hospital Khuiratta

Reports: Dr. Muhammad Saleem Khan

A comprehensive Free Sugar Clinic and Awareness Camp was successfully organized on Tuesday 12th. May'26 at Tehsil Headquarters (THQ) Hospital Khuiratta. The event was held under the umbrella of the Primary Care Diabetes Association of AJ&K and Gilgit-Baltistan and under the direct supervision of Dr. Mohammad Saleem Khan, Chief Consultant Physician & Regional Head of Primary Care Diabetes Association (AJ&K and GB Region).



Key Highlights of the Camp:

Expert Consultations:

Patients received specialized care from a dedicated team of consultants from Kotli, including Dr. Khawar Ali Shah, Dr. Jehangir Ahmed, Dr. Inshal, and Dr. Khaleeq-ur-Rehman. We are deeply grateful for their participation and service.

Diagnostic Services:

Free testing for Blood Sugar, Cholesterol, and HbA1c was provided to hundreds of participants.

Free Medicines:

Essential diabetes medications were distributed to patients free of cost.

Health Education:

Special sessions were conducted to educate the public on diabetes prevention, diet management, and healthy lifestyle choices.

Administrative Support:

We extend our sincere thanks to Dr. Asim Akram (Medical Superintendent), Dr. Ishaq (PMO), Dr. Shehzad (Surgeon), Dr. Waseem, and Dr. Amer Mahmood for their exceptional cooperation and hospitality at THQ Hospital Khuiratta.

Highlights of the Camp



پرائمری کئیر ڈائیبی ٹیز ایسوسی ایشن (رحیم یار خان چھپر)

نے ایک بار پھر انسانیت کی خدمت میں بازی ماری

رپورٹ: ڈاکٹر خالد حسین مزاری



پی سی ڈی اے رحیم یار خان کی خصوصی کاوشوں سے کرائم کنٹرول ڈیپارٹمنٹ اور سی ای او ہیلتھ کے اشتراک سے دور افتادہ اور سابقہ 'نو گو ایریا' ماچھکے میں ایک عظیم الشان فری میڈیکل کیمپ کا انعقاد کیا گیا، جس کا مقصد پسماندہ علاقوں کے عوام کو ان کی دہلیز پر بہترین طبی سہولیات فراہم کرنا تھا۔ اس کیمپ کو کامیاب بنانے میں پی سی ڈی اے رحیم یار خان کی ٹیم نے کلیدی کردار ادا کیا۔

وزیر اعلیٰ پنجاب مریم نواز شریف کے وٹن کے تحت فراہم کردہ جدید متحرک فیلڈ ہسپتال کو ماچھکے تک پہنچانا اور سی ڈی کی انتھک کوششوں کا نتیجہ تھا۔ اس موبائل ہسپتال میں لیب ٹیسٹ، الٹراساؤنڈ اور ای سی جی جیسی تمام جدید سہولیات موجود تھیں، جن کی مدد سے کی ٹیم نے کلیدی کردار ادا کیا۔ پی سی ڈی اے رحیم یار خان کے صدر ڈاکٹر خالد حسین مزاری کی زیر نگرانی مریضوں کی بروقت تشخیص کی گئی اور تمام ضروری ادویات مفت فراہم کی گئیں۔

پی سی ڈی اے رحیم یار خان کی ٹیم نے کیمپ کے دوران 500 سے زائد مریضوں کا طبی معائنہ کیا۔ خصوصاً بچوں اور حاملہ خواتین کے لیے خصوصی انتظامات کیے گئے تھے۔ شوگر اور ہیپاٹائٹس کی اسکریننگ کے ذریعے بیماریوں کی فوری تشخیص کی گئی، جو کہ پی سی ڈی اے کے بنیادی مشن "ذیابیطس اور دیگر امراض سے بچاؤ" کی کڑی ہے۔

ماچھکے پہنچنے پر پی سی ڈی اے رحیم یار خان کی ٹیم کا تاریخی استقبال کیا گیا۔ سی سی ڈی میڈیکل ونگ کے سربراہ کلیم نواز خان اور تھانہ ماچھکے کے عملے نے کیمپ انچارج ڈاکٹر خالد حسین مزاری اور ان کی پوری ٹیم کو پھولوں کے ہار پہنائے۔ علاقے کی معروف شخصیت امام دین خان مزاری نے پی سی ڈی اے رحیم یار خان کی ان بے مثال خدمات کو سراہتے ہوئے ڈاکٹر خالد حسین مزاری اور کلیم نواز خان کو روایتی سندھی ٹوپی کا تحفہ بھی پیش کیا۔



پی سی ڈی اے رحیم یار خان کے سربراہ ڈاکٹر خالد حسین مزاری نے کہا کہ امن کی بحالی کے بعد اب ہمارا مقصد محروم طبقات تک صحت پہنچانا ہے۔ انہوں نے اس موقع پر ایس ایچ او ماچھکے وقاص بھنڈرا اور پولیس اہلکاروں کا شکریہ ادا کیا جن کے تعاون سے پی سی ڈی اے کو یہ مشن مکمل کرنے میں مدد ملی۔







Healthcare Outreach Initiative: Nawabshah Chapter of PCDA Pakistan Conducts Community Screening & Free Medical Camp

Reports: **Dr. Sikandar Ali Rahu**
Head of Nawabshah Chapter of PCDA Pakistan



The Primary Care Diabetes Association Pakistan Nawabshah Chapter successfully organized a Free Screening and Medical Camp under the supervision of Chapter Incharge Dr. Sikandar Ali Rahu. The camp was arranged with the objective of providing accessible healthcare services, diabetes screening, and medical guidance to the local community, particularly underserved populations residing in rural and surrounding areas of Nawabshah.

A large number of patients from Nawabshah city as well as nearby villages attended the camp with great enthusiasm. During the camp, patients received free medical consultations from healthcare professionals, while screening facilities helped identify individuals at risk of diabetes and related complications. The initiative reflected PCDA Pakistan's continued commitment to promoting preventive healthcare and improving awareness regarding chronic diseases at the community level.

In addition to medical examinations and consultations, free medicines were also distributed among deserving patients to support their treatment and disease management. The camp provided an important opportunity for the local population to receive quality healthcare services without financial burden.

Speaking on the occasion, Dr. Sikandar Ali Rahu emphasized the importance of early diagnosis, regular screening, healthy lifestyle practices, and timely medical care in preventing diabetes-related complications. He appreciated the dedication of the healthcare team and volunteers who contributed to the success of the event.

The participants highly appreciated the efforts of the Primary Care Diabetes Association Pakistan Nawabshah Chapter for organizing this valuable healthcare initiative. Such community outreach activities continue to strengthen PCDA Pakistan's mission of raising awareness, improving access to healthcare services, and combating the growing burden of diabetes across Pakistan.



Glimpses of the Camp



إِنَّا لِلَّهِ وَإِنَّا إِلَيْهِ رَاجِعُونَ

Obituary

We mourn the passing of our esteemed colleague and fellow member of the PCDA Panjab Region.

Dr Abdul Haq

He served with integrity, dedication, and a quiet strength that strengthened PCDA, and inspired those around them. His commitment to the ideas of PCDA and his work for the medical fraternity in Punjab will be remembered with gratitude.

May his soul rest in peace, and may his family find strength in this hour of grief. We stand with you in solidarity and sorrow.

PCDA Family



إِنَّا لِلَّهِ وَإِنَّا إِلَيْهِ رَاجِعُونَ

Obituary

With profound sorrow, the Primary Care Diabetes Association Pakistan family expresses heartfelt condolences on the sad demise of

Mr. Muhammad Hanif Khan,

beloved brother of Cardiologist Prof. Abdul Rasheed Khan.

May Almighty Allah grant the departed soul eternal peace and bless the bereaved family with patience and strength to bear this irreparable loss.

PCDA Family



صحت کی بنیادی دیکھ بھال

ذیابیطس کے مریضوں کے لئے



یہ کتابچہ PCDA کے ڈائٹ اور ایجوکیشن ونگ DEW کی جانب سے پیش کیا جا رہا ہے۔ جسکا مقصد شوگر کے مرض کے بارے میں آگہی فراہم کرنا ہے۔ ہم اُمید کرتے ہیں کہ وہ تمام لوگ جن کو شوگر ہو چکی ہے یا ہونے کا امکان ہے اس کتابچے میں درج معلومات سے فائدہ اٹھائیں گے۔ مرض کے بارے میں آگہی مرض کے علاج میں بہت معاون ثابت ہوتی ہے۔

اہم گذارشات

یہ کتابچہ پی سی ڈی اے کے تمام واٹس لیپ گروپوں میں ارسال کر دیا گیا ہے۔ مریضوں کی راہنمائی کی خاطر اس کتابچے کی اشاعت اور تقسیم کی مشروط اجازت ہے۔

< اشاعت کی پیشگی اطلاع بذریعہ ای میل دیں۔

Email Address: pcda.pak@gmail.com

< کتابچے میں کسی اضافے اور کٹوتی کی اجازت نہیں ہے۔

< کتابچے کی قیمتاً "فروخت ممنوع" ہے۔

صدر پی سی ڈی اے	ڈاکٹر ریاست علی خان	برائے رابطہ:
جنرل سیکریٹری پی سی ڈی اے	ڈاکٹر شاہد اختر	
میڈیا انچارج پی سی ڈی اے	ڈاکٹر شکیل احمد	
فنانس سیکریٹری پی سی ڈی اے	ڈاکٹر قاضی مجاہد	

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.

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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.

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