

# Prevention First

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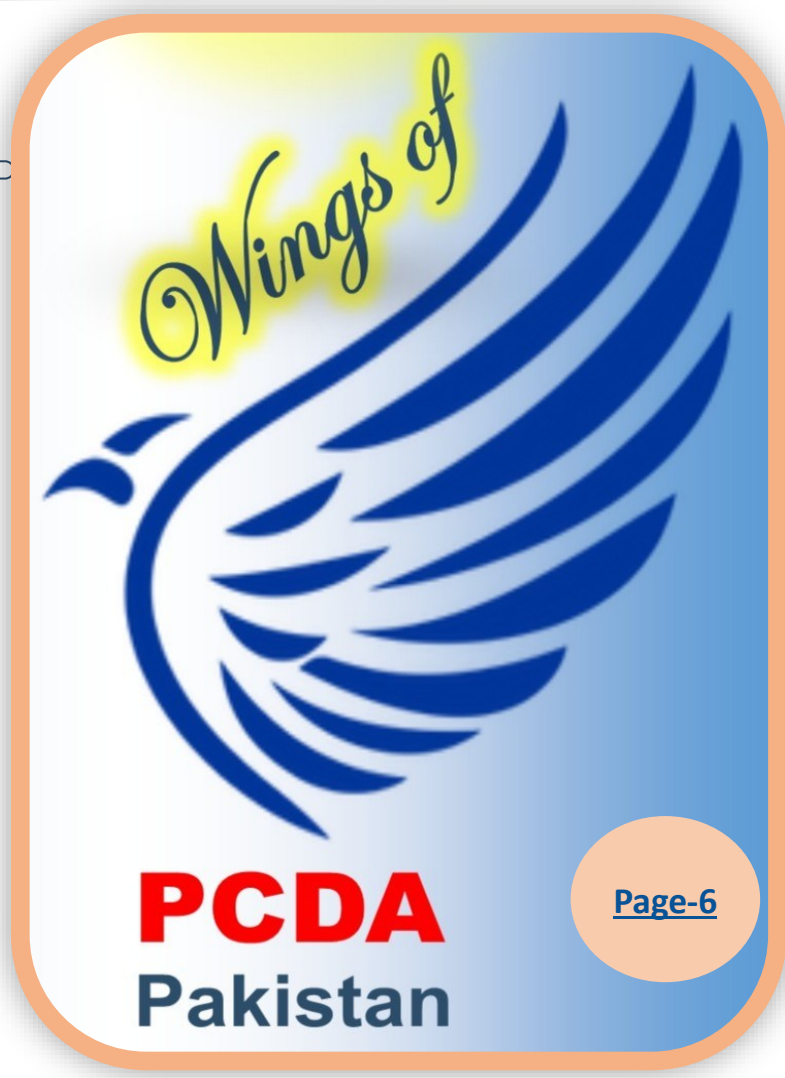
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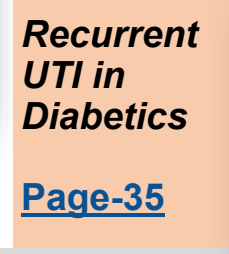


**Heads of The Wings of PCDA Pakistan**



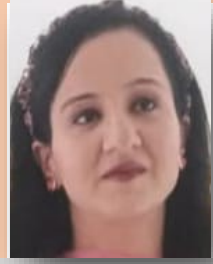
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# PCDA Pakistan Organizes Free Diabetes Screening Camp at Gulshan-e-Hadeed Karachi

Reports: Ms. Sanjana Bai



**Karachi, June 14, 2026:** Continuing its mission to promote diabetes awareness, early detection, and community health, the Primary Care Diabetes Association (PCDA) Pakistan successfully organized a **Free Diabetes Screening Camp** at **Ayesha General Hospital, Gulshan-e-Hadeed, Karachi**, on Sunday, June 14, 2026.

The camp was jointly organized by the Central Cabinet of PCDA Pakistan in collaboration with its vibrant and dedicated wings, including the **Student Taskforce for Education and Public Health (STEP-PCDA)**, **Diet and Education Wing (DEW-PCDA)**, **Diabetes Foot Group (DFG-PCDA)**, and **PCDA Women's Forum**. The initiative was designed to facilitate early diagnosis of diabetes, increase public awareness regarding diabetes-related complications, and provide accessible healthcare services to underserved communities.

The event attracted a large number of participants from Gulshan-e-Hadeed and surrounding areas. Hundreds of individuals attended the camp, including people already living with diabetes as well as many who had never undergone diabetes screening before. The camp offered a comprehensive range of free health services, including Random Blood Sugar (RBS) and Fasting Blood Sugar (FBS) testing, cholesterol screening, Body Mass Index (BMI) assessment, blood pressure monitoring, and individualized medical consultations.

A team of experienced healthcare professionals provided free consultations and guidance to participants. Among them were **Dr. Riasat Ali Khan**, President of PCDA Pakistan; **Dr. Shahid Akhter Khan**, General Secretary of PCDA Pakistan; **Dr. Shakeel Ahmed**, Head of DFG-PCDA; **Dr. Qazi Mujahid**, Finance Secretary of PCDA Pakistan; and **Dr. Irfan Safi**. They examined patients, reviewed screening results, and offered medical advice regarding diabetes management and prevention of complications.

The local medical community also actively supported the initiative. **Dr. Farooq Chandio** and **Dr. Ayaz Ansari** of Gulshan-e-Hadeed contributed their expertise by examining patients and advising appropriate treatment plans where necessary.

An important component of the camp was the diabetes awareness and education session conducted for participants. Healthcare professionals and volunteers emphasized the importance of healthy lifestyle choices, regular health screenings, medication adherence, and preventive measures to reduce the risk of diabetes and its associated conditions. Participants received practical information on nutrition, physical activity, blood glucose monitoring, and the long-term benefits of maintaining good glycemic control.

A major highlight of the event was the **Diabetic Foot Examination and Awareness Session** conducted by **Dr. Shakeel Ahmed**, Head of DFG-PCDA. Diabetic foot complications remain among the most common causes of disability and hospitalization among people with diabetes, yet they are largely preventable through timely intervention and proper self-care. During the session, participants learned about foot hygiene, warning signs of foot problems, regular foot inspections, and the importance of seeking prompt medical attention when abnormalities are detected. The session was highly appreciated by attendees and reinforced the significance of preventive diabetic foot care.

The successful execution of the camp was made possible through the dedicated efforts of the STEP-PCDA team. The activity was led by **Muhammad Saud Abbasi**, Director Outreach & Campaigns, and **Muhammad Nohail**, Director Operations. They were supported by a committed team of volunteers, including **Muhammad Hamza**, **Asma Azam**, **Sanjana Bai**, and **Areeba Afzal**, who worked tirelessly throughout the day to ensure smooth registration, participant guidance, screening procedures, and overall coordination.





### *President PCDA Pakistan Dr. Riasat Ali Khan with host Dr. Farooq Chandio*

The event demonstrated the commitment of STEP-PCDA and PCDA Pakistan toward improving community health and ensuring equitable access to preventive healthcare services. By bringing essential screening and consultation services directly to the community, the camp helped eliminate barriers related to cost, accessibility, and awareness, enabling individuals to take proactive steps toward better health.

PCDA Pakistan acknowledges the valuable support and cooperation of **Pharmevo** and **Ayesha General Hospital**, whose partnership contributed significantly to the success of this community outreach initiative.

As diabetes continues to pose a major public health challenge in Pakistan, initiatives such as these reinforce PCDA Pakistan's vision of creating healthier communities through education, prevention, early detection, and accessible care. The Association remains committed to expanding similar outreach programs across the country and strengthening its efforts to combat the growing burden of diabetes.







**PCDA**  
**Pakistan**





# DIET & EDUCATION WING OF PCDA Pakistan



**RABBIYA TIRMIZI**  
**CDE**  
**CONSULTANT DIETITIAN**  
**HEAD DEW**  
**WING OF PCDA**

## AIMS & OBJECTIVES

### Aims:

- To improve diabetes awareness, prevention, and self-management through education and lifestyle interventions.
- To promote evidence-based nutrition and healthy lifestyle practices for diabetes and metabolic health.
- To strengthen primary diabetes care through a multidisciplinary healthcare team approach.
- To highlight the role of dietitians and allied healthcare professionals in comprehensive diabetes management.
- To support patient-centered diabetes education and integration of lifestyle counseling into primary healthcare across Pakistan.

### Objectives:

- To conduct educational and awareness programs on diabetes prevention, management, nutrition, physical activity, and complication prevention.
- To develop culturally appropriate educational resources and dietary guidelines for Pakistani communities.
- To promote multidisciplinary diabetes care involving dietitians, diabetes educators, pharmacists, nurses, physiotherapists, psychologists, and other healthcare professionals.
- To support training, professional development, and community outreach initiatives related to diabetes care and lifestyle modification.
- To advocate improved access to diabetes education, nutrition counseling, early screening, and preventive healthcare services across Pakistan.

### About DEW:

The Diet & Education Wing (DEW), established in the year 2016 as a specialized wing of PCDA-Pakistan, is dedicated to promoting diabetes awareness, evidence-based nutrition, lifestyle modification, and patient-centered education across Pakistan.

**DEW** aims to strengthen primary diabetes care through a multidisciplinary approach involving dietitians, diabetes educators, pharmacists, nurses, physiotherapists, psychologists, physicians, and other allied healthcare professionals.

**DEW** focuses on empowering patients, families, caregivers, and healthcare professionals through accessible and culturally relevant education related to diabetes prevention, management, and long-term health outcomes.

**DEW** strives to improve public understanding of diabetes and metabolic health through workshops, webinars, awareness campaigns, community outreach programs, and digital education initiatives.

**DEW** also advocates for the essential role of dietitians and allied healthcare professionals in comprehensive diabetes care and supports the integration of nutrition counseling and lifestyle education into primary healthcare systems throughout Pakistan.

**DEW** is committed to improving the quality of diabetes care, building healthier communities, and reducing the burden of diabetes across the nation by fostering collaboration, education, and preventive healthcare practices.



# PCDA WOMEN'S FORUM

WING OF  
PCDA-Pakistan



**Dr. HIRA  
SABIH BAQAI**

HEAD OF THE

**PCDA  
WOMEN'S  
FORUM**



## About PCDA-WF

Created in 2016 and restructured in 2025, PCDA WOMEN'S FORUM is a dedicated Women's Wing within Primary Care Diabetes Association Pakistan (PCDA Pakistan)

**PCDA-WF** is not about separating female members from the mainstream organization; rather, it is about empowering women physicians, educators, and healthcare professionals to contribute more effectively to the mission of diabetes prevention and care. From the beginning founding physicians of PCDA Pakistan felt the need of addressing unique health challenges of women with diabetes who face several gender-specific issues, e.g. gestational diabetes, diabetes during pregnancy, polyendocrine metabolic ovarian syndrome (PMOS), menopause-related metabolic changes and maternal and child health concerns. A Women's Wing can focus on education, awareness, and advocacy related to these important topics.

**PCDA-WF** is about enhancing female leadership. Many highly qualified female physicians, diabetologists, dietitians, diabetes educators, and researchers are members of PCDA. PCDA-WF can identify and nurture future leaders, increase female representation in committees and decision-making bodies and provide mentorship opportunities for younger healthcare professionals.

**PCDA-WF** is about improving community outreach. In many communities across Pakistan, women patients feel more comfortable discussing sensitive health issues with female

healthcare providers. **PCDA-WF** will organize women-focused awareness campaigns, conduct screening camps for mothers and homemakers, reach underserved female populations more effectively.

**PCDA-WF** is about strengthening education and research. It can Develop educational materials specifically for women with diabetes, conduct research on women's health and diabetes.and organize seminars, webinars, and workshops focusing on female health issues.

**PCDA-WF** is about Promoting Family-Centered Diabetes Prevention. Women often play a central role in family nutrition, lifestyle choices, and healthcare decisions. Educating and empowering women has a multiplier effect on children's health, Family dietary habits, physical activity promotion and prevention of diabetes in future generations

**PCDA-WF** is about encouraging greater member participation. A structured platform can motivate female members to contribute articles to newsletters, lead academic activities, participate in national conferences and initiate community service projects under the PCDA banner.

**PCDA-WF** is about aligning with international best practices. Many national and international medical organizations have dedicated women's forums or committees to promote diversity and inclusion, encourage professional development and address gender-specific healthcare needs.

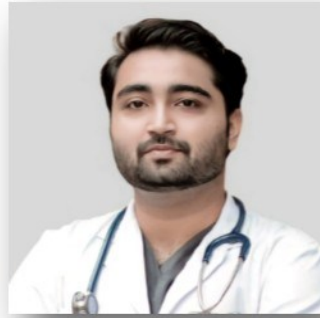
*"Empowering Women Healthcare Professionals for a Healthier Pakistan and a Diabetes-Free Future."*



# STEP-PCDA

(Student Taskforce for Education and Public Health)

## A Wing of: PCDA Pakistan



**Dr. Izhan Ali Khan**  
Head of **STEP-PCDA**

## ABOUT STEP-PCDA

Student Taskforce for Education & Public Health



### **Who We Are?**

The Student Taskforce for Education & Public Health (STEP-PCDA) is the student and youth wing of Primary Care Diabetes Association Pakistan (PCDA Pakistan).

**STEP-PCDA** was established to engage, educate, and empower medical students, dental students, nursing students, pharmacy students, nutritionists, allied health sciences students, and young healthcare professionals in the fields of diabetes care, preventive medicine, and public health.

**STEP-PCDA** serves as a platform where future healthcare leaders can develop their academic, clinical, research, leadership, and community service skills while contributing to the mission of preventing diabetes and other non-communicable diseases in Pakistan.

### **Our Vision:**

To develop a generation of healthcare professionals who are committed to excellence in education, prevention, early diagnosis, and management of diabetes and other chronic diseases, thereby contributing to a healthier Pakistan.

### **Our Mission:**

To promote awareness about diabetes, obesity, hypertension, and other non-communicable diseases among students and the public.

1. To encourage student participation in health education and community outreach activities.
2. To develop leadership, communication, and advocacy skills among future healthcare professionals.
3. To foster research and academic excellence in diabetes and public health.
4. To support the objectives and activities of PCDA Pakistan through student-led initiatives.

### **Our Objectives:**

1. Academic Development: Organize seminars, workshops, webinars, and academic discussions.
2. Facilitate learning opportunities related to diabetes, primary care, nutrition, and public health.
3. Promote evidence-based medicine and lifelong learning.
4. Public Health Awareness: Conduct awareness campaigns in schools, colleges, universities, and communities.
5. Promote healthy lifestyles and disease prevention.
6. Participate in national and international health observance days.
7. Community Service: Support screening camps and public health activities.
8. Engage in health education programs for underserved populations.
9. Collaborate with local communities to improve health literacy.
10. Research & Innovation: Encourage student-led research projects, Promote scientific writing and publication and Facilitate participation in conferences and research competitions.

### **Leadership & Professional Growth**

1. Develop future leaders in healthcare and public health.
2. Provide mentorship opportunities through experienced PCDA members.
3. Enhance teamwork, project management, and organizational skills.



## DFG-PCDA

A wing of  
PCDA-Pakistan



**Dr. Shakeel Ahmed**  
Head of  
**DFG-PCDA**  
A wing of  
**PCDA Pakistan**



# ABOUT DFG-PCDA

## Diabetic Foot Group (DFG-PCDA)

A Specialized Wing of PCDA Pakistan

The **Diabetic Foot Group (DFG-PCDA)** is a dedicated specialty wing of **Primary Care Diabetes Association Pakistan (PCDA Pakistan)** established in 2016 to promote awareness, prevention, early detection, and effective management of diabetic foot complications in Pakistan.

DFG-PCDA brings together primary care physicians, diabetologists, endocrinologists, surgeons, podiatrists, wound care specialists, nurses, diabetes educators, physiotherapists, and other healthcare professionals committed to reducing the burden of diabetic foot disease and preventing avoidable amputations.

### Our Vision:

To create a Pakistan where every person with diabetes has access to quality foot care, leading to a significant reduction in diabetic foot ulcers, infections, hospitalizations, and lower-limb amputations.

### Our Mission:

- To improve awareness regarding diabetic foot complications among healthcare professionals and the public.
- To promote evidence-based diabetic foot screening and management practices.
- To strengthen multidisciplinary collaboration in diabetic foot care.
- To reduce diabetes-related amputations through prevention, education, and timely intervention.
- To support healthcare providers with training, research, and clinical resources related to diabetic foot care.

### Why DFG-PCDA?

Diabetic foot disease remains one of the most serious and

costly complications of diabetes. Many foot ulcers and amputations can be prevented through:

- Early risk assessment
- Regular foot examinations
- Patient education
- Appropriate footwear
- Timely treatment of foot lesions
- Multidisciplinary care

DFG-PCDA aims to bridge knowledge gaps and promote best practices in diabetic foot management throughout Pakistan.

### Our Objectives:

#### Prevention First

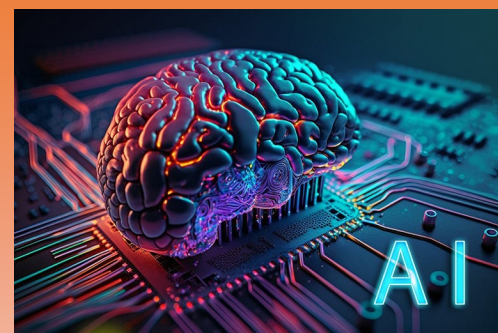
- Promote routine diabetic foot screening.
- Encourage annual foot examinations for all people with diabetes.
- Advocate preventive foot care practices.

#### Professional Education

- Organize workshops, seminars, webinars, and certification programs.
- Train healthcare professionals in diabetic foot assessment and management.
- Disseminate updated clinical guidelines and recommendations.

#### Patient Education

- Develop educational materials on foot care.
- Conduct awareness campaigns on foot hygiene and ulcer prevention.
- Promote self-examination and early reporting of foot problems.



# AI Will bring Revolution in the management of Diabetic Foot Ulcer



*Written By:* **Dr Shakeel Ahmed**

Consultant Diabetologist, Endocrinologist & Diabetic foot Specialist. Executive Director college of family medicine Pakistan Media Head PCDA Pakistan. Head of PCDA-DFG (Diabetic Foot Group), Head of Diabetic Foot Clinic (PCDA diabetic Foot Center Karachi)

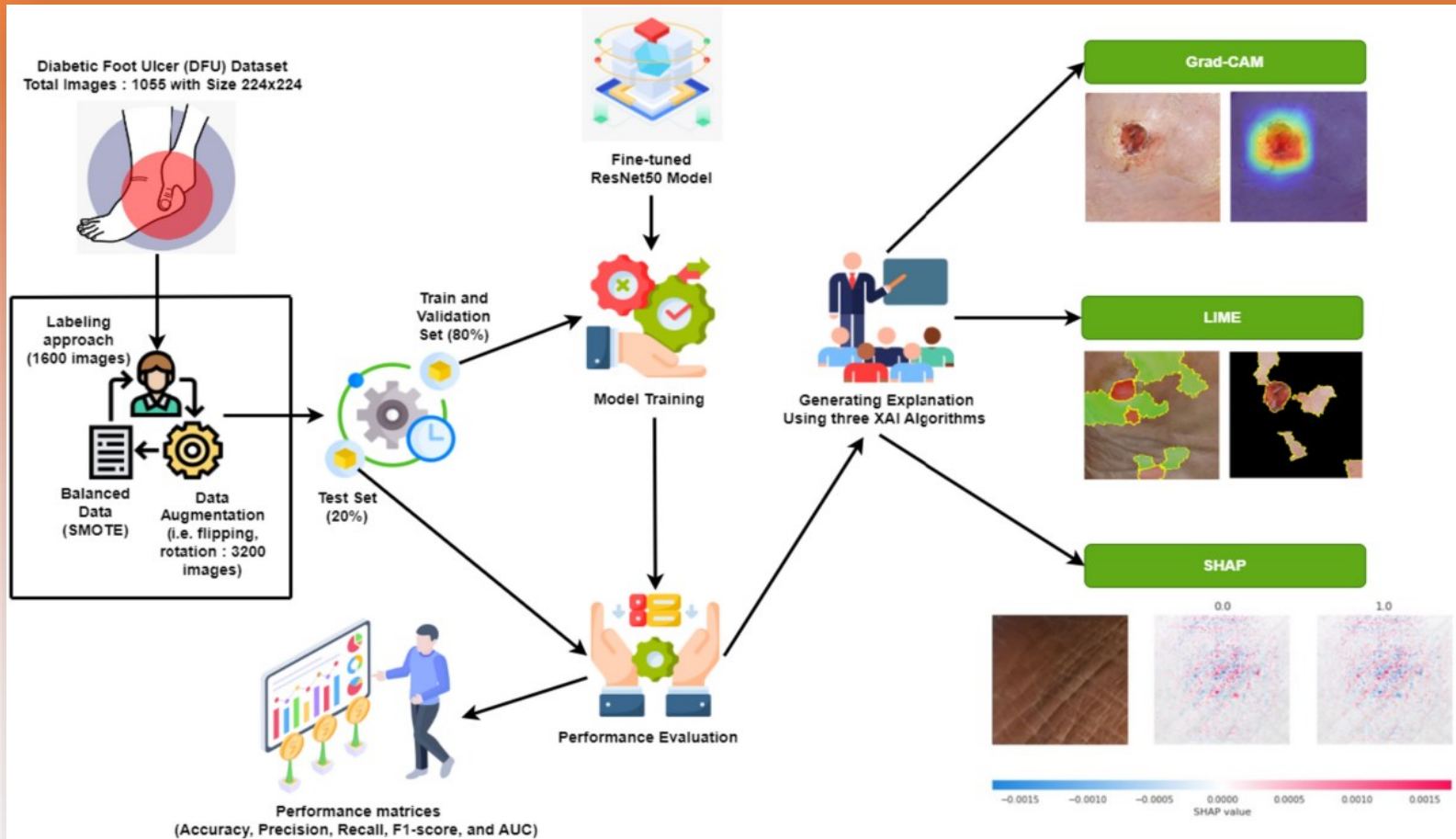


**Artificial intelligence (AI)** is rapidly reshaping healthcare delivery, offering new ways to diagnose, monitor, and treat complex conditions. Among the areas where AI shows significant promise is the management of diabetic foot ulcers (DFUs), one of the most serious and costly complications of diabetes.

**DFUs** are chronic wounds that develop due to a combination of nerve damage (neuropathy), poor blood circulation, and impaired immune response. If not managed effectively, they can lead to severe infections, hospitalization, and even amputation. As the global prevalence of diabetes continues to rise, innovative approaches are urgently needed to improve outcomes. AI provides a powerful set of tools that can enhance every stage of DFU management, from early detection to personalized treatment and long-term monitoring.

Diabetic foot ulcers are particularly challenging because they require continuous assessment and timely intervention. Traditional management depends heavily on clinical expertise, visual inspection, and patient compliance. These methods, while effective in many cases, can be subjective and inconsistent. AI introduces a data-driven approach that improves accuracy, reduces variability, and enables proactive care. By analyzing large datasets and identifying patterns that may not be visible to the human eye, AI can support clinicians in making better-informed decisions.

One of the most important contributions of AI in DFU management is early detection. Many ulcers begin as small, unnoticed injuries that worsen over time due to reduced sensation in the feet. Patients with diabetic neuropathy may not feel pain, allowing wounds to progress unnoticed. AI-powered systems, particularly those using deep learning algorithms, can analyze images of the foot to identify early signs of ulcer formation. These systems can be integrated into smartphone applications, enabling patients to capture images of their feet at home. The AI then evaluates the images for abnormalities such as redness, swelling, or tissue breakdown. Early detection allows for prompt intervention, significantly reducing the risk of complications.



In addition to visual analysis, AI can incorporate other technologies such as thermal imaging. Changes in skin temperature can indicate inflammation or pressure points that may lead to ulcer formation. AI algorithms can analyze thermal data to detect subtle variations that precede visible damage. This is particularly useful for high-risk patients, as it enables preventive care rather than reactive treatment. By identifying problems before they become severe, AI helps shift the focus from treatment to prevention.

Once a diabetic foot ulcer has developed, accurate assessment is crucial for effective management. Clinicians typically evaluate wound size, depth, tissue type, and signs of infection. However, these assessments can vary between practitioners. AI can standardize this process by using image segmentation and pattern recognition techniques to measure wound characteristics precisely. For example, AI can calculate wound area and volume, identify necrotic tissue, and assess the presence of granulation tissue. This level of precision allows for more consistent monitoring and better evaluation of treatment effectiveness.

Continuous monitoring is another area where AI offers substantial benefits. DFUs require regular follow-up to ensure proper healing and to detect complications early. Frequent hospital visits can be burdensome for patients, especially those with mobility issues or those living in remote areas. AI-enabled remote monitoring systems allow patients to track their wounds from home.

By uploading images and data through mobile applications, patients can receive feedback without the need for frequent in-person visits. Healthcare providers can also monitor progress remotely and intervene when necessary. This not only improves patient convenience but also reduces the strain on healthcare systems.

# Therapeutic Smart-Footerwear for Diabetic Foot Ulcer

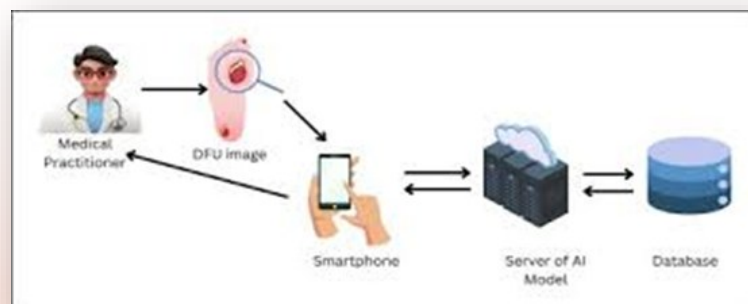


**AI** also plays a vital role in predicting healing outcomes. Not all ulcers heal at the same rate, and some may deteriorate despite treatment. Machine learning models can analyze patient data, including medical history, blood glucose levels, wound characteristics, and treatment responses, to predict the likelihood of healing. These predictive models can identify patients at high risk of complications, such as infection or amputation. Clinicians can then prioritize these patients for more intensive care. This approach, known as risk stratification, ensures that resources are allocated efficiently and that high-risk patients receive timely attention.

Artificial Intelligence (AI) is transforming the management of diabetic foot ulcers (DFUs) by shifting care from reactive treatment to proactive prevention, early detection, and automated tracking. By processing complex visual and sensor data, AI helps clinicians make highly accurate decisions while empowering patients to handle their care safely at home

**P**ersonalized treatment is another key advantage of AI in DFU management. Traditional treatment approaches often follow standardized guidelines, which may not be optimal for every patient. AI can analyze individual patient data to recommend tailored treatment plans. For instance, it can suggest the most appropriate type of wound dressing, antibiotic therapy, or offloading strategy based on the specific characteristics of the ulcer. AI can also incorporate data from wearable devices that monitor pressure distribution on the foot. This information can be used to design custom footwear or orthotics that reduce pressure on vulnerable areas, promoting healing and preventing recurrence.

**C**linical decision support systems powered by AI further enhance the capabilities of healthcare providers. These systems integrate data from multiple sources, including electronic health records, imaging, laboratory results, and patient-reported outcomes. By analyzing this data in real time, AI can provide evidence-based recommendations to clinicians. For example, it can alert providers to signs of infection, suggest diagnostic tests, or recommend changes in treatment. This reduces the likelihood of errors and ensures that patients receive the most appropriate care.



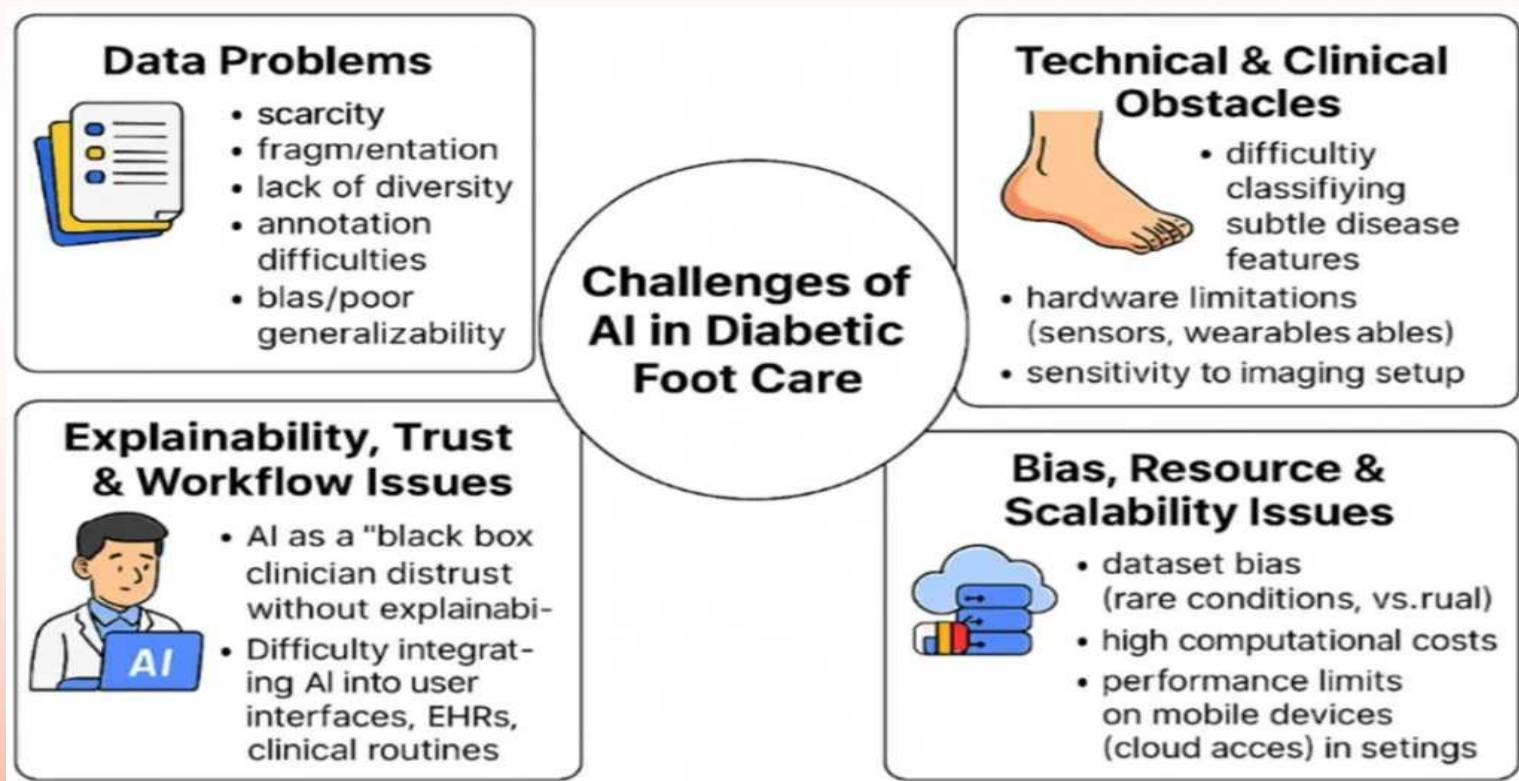
**T**elemedicine has become increasingly important in modern healthcare, and AI is a key enabler of this trend. For patients with diabetic foot ulcers, telemedicine platforms equipped with AI can provide continuous care and monitoring. Patients can communicate with healthcare providers, share data, and receive guidance without leaving their homes. AI enhances these platforms by analyzing patient data and providing automated feedback. This is particularly beneficial in regions with limited access to specialized care, as it bridges the gap between patients and healthcare professionals.

**AI** is also driving innovation in wound care research. By analyzing large datasets, researchers can gain insights into the biological processes involved in wound healing. This can lead to the

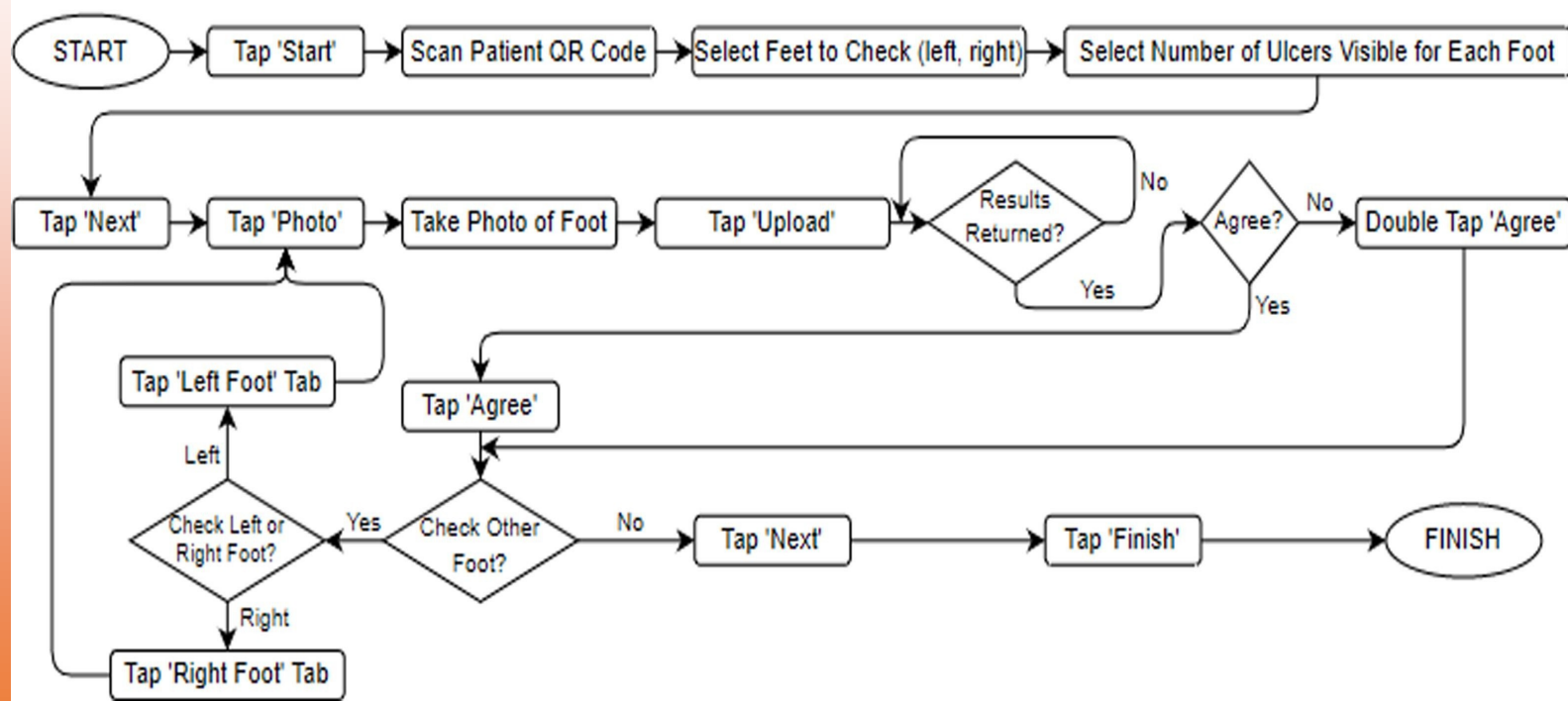
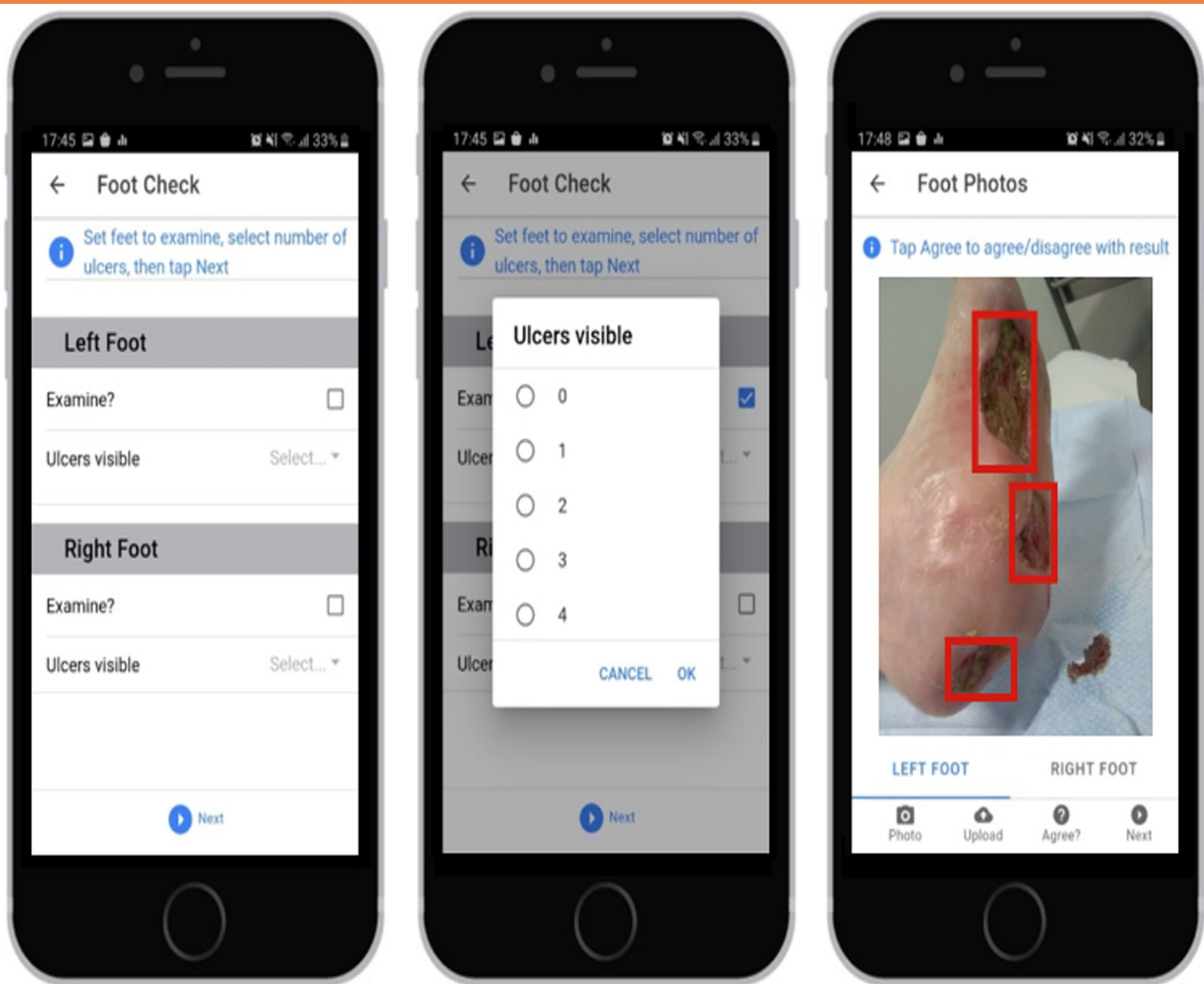
development of new therapies and treatment strategies. For example, AI can help identify biomarkers that predict healing or response to treatment. It can also assist in the design of advanced wound care products, such as smart dressings that monitor the wound environment and deliver targeted therapies. These innovations have the potential to significantly improve outcomes for patients with DFUs.

Despite its many advantages, the use of AI in DFU management is not without challenges. One of the main issues is the availability and quality of data. AI models require large, high-quality datasets for training, but medical data is often fragmented and inconsistent. Ensuring data privacy and security is another critical concern, particularly when dealing with sensitive patient information. Additionally, many AI systems operate as “black boxes,” making it difficult for clinicians to understand how decisions are made. This lack of transparency can hinder trust and adoption.

Integration into clinical practice is another challenge. Implementing AI systems requires investment in technology, training, and infrastructure. Healthcare providers must also adapt to new workflows and learn how to use AI tools effectively. Regulatory approval and clinical validation are essential to ensure that AI systems are safe and effective. Addressing these challenges will require collaboration between clinicians, researchers, policymakers, and technology developers.



*Looking ahead, the future of AI in diabetic foot ulcer management is highly promising. Advances in machine learning, computer vision, and wearable technology will continue to enhance the capabilities of AI systems. Real-time monitoring, predictive analytics, and personalized care will become increasingly integrated into routine practice. As these technologies evolve, they have the potential to transform DFU management from a reactive process to a proactive and preventive one.*



# The Free Medicine Already Inside Your Body



By:

**Rabbiya Tirmizi**

Dietitian/Nutritionist, CDE

Head, Diet & Education Wing- PCDA

For years, the conversation around blood sugar, weight, and diabetes has centered almost entirely on food. Eat less sugar, cut carbohydrates, avoid potatoes, reduce rice and bread. Diet matters, but modern science is adding something equally important to that picture: What if one of the most effective ways to lower your blood sugar wasn't found in your kitchen but in your muscles?

Movement changes the way your level.

**How Sugar Enters Your**  
When we eat rice, bread, they break down into glu- bloodstream and raises the pancreas releases muscle and fat cells. called GLUT4 to move to glucose to enter and be In a healthy body, this balanced after every meal.

**When the System Breaks**  
In insulin resistance, pre- betes, this process goes wrong. sponding to it properly. Fewer GLUT4 glucose enters the cells, and blood sugar stays elevated while the pancreas works overtime. Over the time, this strain worsens the disease.

body processes sugar at the cellular

**The "free medicine already inside your body" refers to your endogenous pharmacy, which is your brain's natural ability to produce healing chemicals. You can consciously trigger these biochemicals through specific daily habits to reduce pain, lower stress, and improve your mood.**

**Cells**  
fruit, or other carbohydrates, cose, which enters the blood sugar. In response, insulin a "key" that unlocks This triggers a protein the cell surface, allowing used for energy. system keeps blood sugar

**Down**  
diabetes, PCOS, and type 2 dia- Insulin is present, but cells stop re- proteins reach the cell surface, less glu-

**C**ommon signs include fatigue, increased hunger, abdominal weight gain, sugar cravings, brain fog, skin darkening, and in PCOS irregular periods.

The core problem: the doors to glucose entry aren't opening. This is exactly where exercise becomes remarkable.

### **E**xercise: A Second Pathway for Sugar

When muscles move, they activate an entirely separate pathway that brings GLUT4 to the cell surface without requiring insulin. Muscle contraction alone drives glucose into cells.

This is called insulin-independent glucose uptake. If insulin is a key that knocks on the door from outside, exercise opens it from the inside.

**T**he result:

- Blood sugar drops
- Pressure on the pancreas decreases
- Insulin sensitivity improves
- Energy use increases

**T**his is not motivational talk. It is the documented mechanism by which physical activity improves metabolic health.

**I**n simple terms, exercise gives your body an alternative route for managing glucose when the insulin pathway isn't working as efficiently as it should.

### **W**hy Even 10 Minutes Matters: Consistency Beats Intensity

Many people believe exercise only works when it's intense or prolonged. Research says otherwise. Even a ten-minute walk after a meal activates muscles enough to begin clearing glucose from the bloodstream and the effect is measurable.

**T**his matters especially today, when most people spend hours sitting. Prolonged sitting

means muscles use less glucose, and blood sugar stays elevated longer. Movement reverses this.

**P**ractical ways to stay consistent:

- Walk for 10 minutes after meals
- Take stairs instead of the elevator
- Stand or move every hour
- Add light strength training 2–3 times a week
- Find movement you genuinely enjoy (you'll stick to it)

**Exercise is the most potent, natural medicine available to the human body, acting as a personalized pharmacy that operates without a prescription or financial cost.**

**T**he body doesn't need perfection. It needs consistency. Every movement counts. The body responds to repeated signals over time, not occasional bursts of effort. Muscles: The Body's Largest Metabolic Organ

**M**ost people think of muscles only in terms of strength or appearance. But muscles are among the body's largest glucose-consuming systems. After a meal, muscles absorb a significant portion of the glucose circulating in the blood. This is why muscle health and metabolic health are deeply connected.

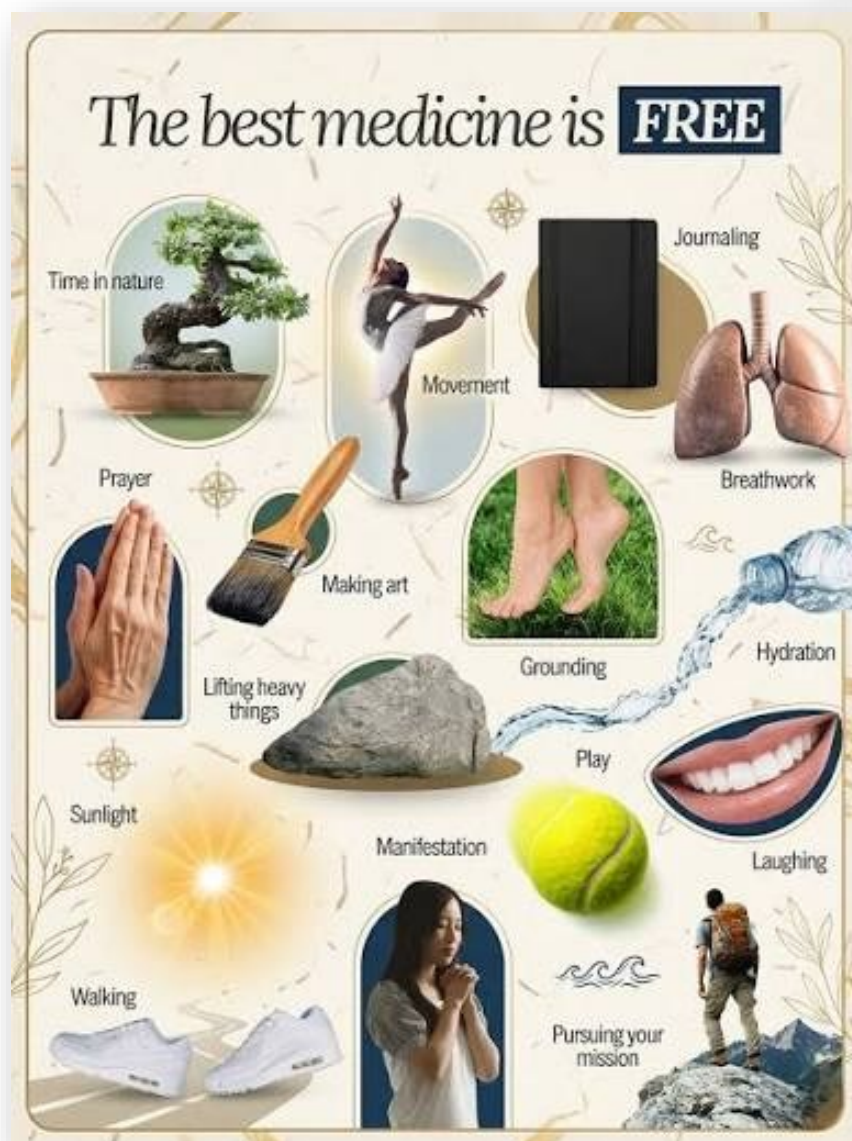
**W**hen muscles are used regularly, they become more sensitive to insulin, GLUT4 functions more effectively, and the body processes carbohydrates more efficiently. A sedentary lifestyle does the opposite, it weakens this entire system. Modern life demands that we sit for long stretches, yet the human body was built to move.

In many ways, muscles function as a built-in blood sugar management system but only when we use them.

## Exercise in PCOS and Pre-Diabetes

- \* Many women with PCOS have insulin resistance even without being overweight.
- \* Elevated insulin disrupts hormone balance, causes irregular periods, and makes weight loss harder.
- \* Exercise improves insulin sensitivity and in doing so, directly supports hormonal regulation.
- \* Similar for people with pre-diabetes, consistent movement can delay or prevent the progression to type 2 diabetes. This isn't about becoming an athlete. A daily walk and light strength training, sustained over time, can produce clinically significant

The best medicines are free. You are just not using them.



results.

- \* Small, sustainable habits often outperform ambitious plans that are difficult to maintain
- \* Exercise Is Not Punishment It's a Conversation with Your Body
- \* Fitness culture has too often framed exercise as punishment a way to "burn off" what you've eaten. But biology tells a more beautiful story.
- \* Exercise is not punishment. It's a positive dialogue with your body. When muscles move, they send signals throughout the system that improve blood sugar, enhance circulation, support mental health, reduce inflammation, and increase energy. The goal isn't just weight loss, it's helping the body function better.
- \* Scientists now understand that the mechanism behind all of this is straightforward: muscle movement activates GLUT4 independently of insulin. The door opens from the inside.
- \* Every walk, every flight of stairs, every moment of physical activity sends a signal to muscle cells: Use the glucose. Ease the burden. Keep the system working.

Written by Joshua Murdock, PharmD, BCBBS on [goodrx.com](https://goodrx.com)

*Bye Bye Semaglutide and Tirzepatide*

# Coming Soon! New Weight-Loss Drugs



Updates posted by Dr. Riasat Ali Khan

**There's not a body out there that's better than your own. It's the vehicle that takes you through life. And no matter what size, shape, or height it is, there are countless reasons to be proud of it.**

Still, some internal or external factors may be driving you to try to lower your body weight. Perhaps, it's wanting to improve your body image. Or maybe it's related to a health issue your doctor warned you about. When possible, a nutritious diet and routine exercise are ideal ways to lose body weight. But, if needed, medication is another way to help promote weight loss. While there are multiple weight-loss medications already on the market, there are also several new weight-loss drugs in clinical trials. Here are 14 prospects to keep in mind.

1. **Aleniglipron:** An oral GLP-1, released phase 2 study data in late 2025. Phase 3 studies will likely start in the second half of 2026. Lost about 16% of body weight over 44 weeks
2. **APHD-012:** An oral glucose pill that imitates the metabolic effects of gastric bypass surgery. It's that's designed to stimulate certain parts of small intestine. In second phase 2 study. It kicked off in September 2025, also being studied for prediabetes.



3. **ARD-101:** An oral medication. It targets "bitter taste receptors" in the gut and activates appetite-suppressing hormones such as GLP-1, GLP-2, and cholecystokinin. Completed phase 2 studies. A phase 3 study is underway. Updates are expected later in 2026.

4. **Oral amycretin:** An oral medicine. It's a dual GLP-1 and amylin receptor agonist. Advancing into phase 3 studies. Lost 13% of body weight after 3 months of use.

5. **Monlunabant:** An oral cannabinoid receptor 1 (CB1) inverse agonist. Released initial set of phase 2 trial results in September 2024. Lost an average of 15 lbs (7 kg) after 16 weeks (4 months) of use.

6. **Retatrutide:** Once weekly Injection, works by attaching to 3 receptors, GIP, GLP-1, and glucagon. A phase 3 study to finish by early 2026. Lose up to an average of 29% body weight after about 15 months.

7. **CagriSema:** Injectable once weekly combination of Cagrilintide and semaglutide. FDA approval likely in 2026. In two phase 3 studies, after about 15 months, lost about 20% of body weight.

8. **Ecnoglutide:** A once a week injectable GLP-1 receptor agonist. An oral version is also in the works. During phase 3 studies people using ecnoglutide lost about 9% to 13% of their body weight on average, depending on the dose.

9. **Mazdutide:** Injectable once weekly combination, has completed several phase 3 studies in China. Weight loss of about 19% over 13 months. In a head-to-head phase 3 trial, mazdutide 6 mg outperformed semaglutide 1 mg among people with Type 2 diabetes and obesity. About 48% of people taking mazdutide achieved both at least 10% weight loss and target A1C levels, compared to roughly 21% with semaglutide.

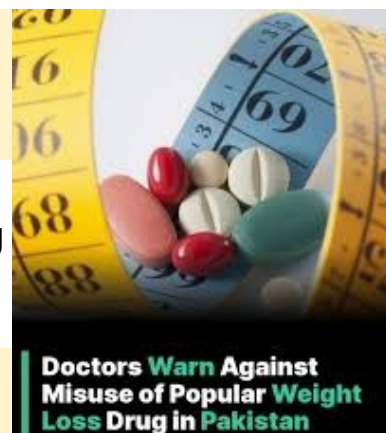
10. **Survodutide:** Once a week injection, dual GLP-1 and glucagon analogue. Phase 3 studies are set to run through April 2026. Lost up to 19% of body weight after for about 10 months. Also effective on MASLD. Over 80% of people in studies improved their MAFLD.

11. **VK2735:** Once a week GLP-1/GIP receptor agonist which has completed its phase 2 trial. Oral is also in the works. Nearly 15% of weight loss after 3 months. Oral version lose 12% of weight in 3 months.

12. **MariTide:** GLP-1 analogue but blocks GIP. Once a month injection. Currently in phase 3 trials. Weight loss up to 20% of body weight over a year. Also reduces blood sugar levels and improvements in metrics such as waist size, blood pressure, and inflammation.

13. **PF-08653944:** Once-monthly GLP-1 agonist in phase III clinical trials. Weekly injections for the first 12 weeks and then switched to just one injection per month through week 28. Weight loss 12% after 28 weeks, continued even after switching to monthly shots, continued even after participants switched from weekly injections to once-monthly injections.

14. **Eloralintide:** once-weekly injectable selective amylin receptor agonist, recently completed a phase 2 clinical trials, kicked off phase 3 studies in late 2025 and early 2026. Wt loss 20% 11 months,



Doctors Warn Against Misuse of Popular Weight Loss Drug in Pakistan

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# 13 Medications already FDA approved for weight loss

As of April 2026

Medication	Dosage form	How it works
Wegovy (semaglutide) pill	Tablet	Lowers appetite and food intake, helps feel full
Four-dayo (orforglipron)	Tablet	Lowers appetite and food intake, helps feel full
Contrave (naltrexone / bupropion)	Tablet	Lessens hunger and manages cravings
Qsymia (phentermine / topiramate ER)	Capsule	Lessens hunger and manages cravings
Orlistat (Alli, Xenical)	Capsule	Blocks fat absorption from diet
Phentermine (Adipex-P, Lomaira)*	Tablet or capsule	Lowers appetite
Phendimetrazine*	Tablet or capsule	Lowers appetite
Diethylpropion*	Tablet	Lowers appetite
Benzphetamine*	Tablet	Lowers appetite
Zepbound (tirzepatide)	Injection	Lowers appetite and food intake, helps feel full
Wegovy (semaglutide) injection	Injection	Lowers appetite and food intake, helps you feel full
Saxenda (liraglutide)	Injection	Lowers appetite and food intake, helps you feel full
Imcivree (setmelanotide)	Injection	Used only to treat certain genetic conditions, lowers appetite, increases energy use

- ◆ Many medications are prescribed off label for weight loss. In most cases, they're prescribed because they cause weight loss as a side effect.
- ◆ For examples: Metformin, Trulicity (dulaglutide), Ozempic, Pramlintide (SymlinPen), Topiramate (Topamax), Bupropion (Wellbutrin SR, Wellbutrin XL), Zonisamide (Zonegran),



# STEP

# RECRUITMENT

Dow Institute of Medical Technology, Ojha Campus

Thursday  
May 21,  
2026



Just bring your heart,  
energy, and commitment

# STEP Volunteers Recruitment Drive at Dow Institute of Medical Technology–DUHS

Medical students were invited to meet and explore the opportunities STEP has to offer.

*Report: Saud Abbasi*



The Student Taskforce for Education & Public Health (STEP), the student wing of the Primary Care Diabetes Association (PCDA), successfully conducted a Volunteers Recruitment Drive at the Dow Institute of Medical Technology (DIMIT), Dow University of Health Sciences (DUHS). The session was organized to introduce students to the mission, vision, and activities of PCDA while encouraging them to actively participate in public health initiatives and community service programs.

The session commenced with an insightful address by Dr. Shakeel, who introduced the Primary Care Diabetes Association and highlighted its role in promoting diabetes awareness, prevention, and primary healthcare across Pakistan. He emphasized the importance of students as future healthcare professionals and their potential role in bridging the gap between healthcare consultants and patients through awareness campaigns, health education activities, and community outreach programs. He further elaborated on the vision behind the establishment of PCDA and discussed the need for a dedicated student platform, which ultimately led to the formation of STEP.



The audience was then introduced to STEP through a comprehensive presentation showcasing its journey, achievements, and impact since its inception. Participants were given an overview of STEP's previous initiatives, ongoing projects, and future plans aimed at strengthening student engagement in public health. The session highlighted the numerous opportunities available to members, including leadership development, networking, volunteer experiences, mentorship, participation in awareness campaigns, and involvement in research activities. Students were informed about how STEP provides a platform to enhance both their academic and professional growth while contributing meaningfully to the community.



An interactive question-and-answer segment followed, during which students actively engaged with the speakers and sought clarification regarding membership, volunteer responsibilities, research opportunities, and future activities within STEP. The discussion reflected the enthusiasm of the participants and their interest in becoming part of an organization dedicated to education and public health.

The recruitment drive concluded with the registration of interested students for STEP membership. The event served as a valuable platform to connect aspiring healthcare professionals with public health initiatives, foster a spirit of volunteerism, and encourage students to contribute towards improving community health outcomes through education, advocacy, research, and service.



PCDA  
WOMEN'S FORUM  
EMPOWER • LEAD • INSPIRE  
A WING OF PCDA PAKISTAN



# COMING SOON!

*PCDA Women Wing*

## PODCAST SERIES

EMPOWERING WOMEN • INSPIRING CHANGE • ADVANCING DIABETES CARE



Join us as we launch an exciting podcast series featuring expert discussions, clinical insights, patient education strategies, leadership stories, and inspiring conversations with healthcare professionals dedicated to diabetes care.



## LAUNCHING SOON

*Together, let's learn, share, inspire, and make a difference in diabetes care.*



LEARN



SHARE



INSPIRE



MAKE A DIFFERENCE



### Women Wing

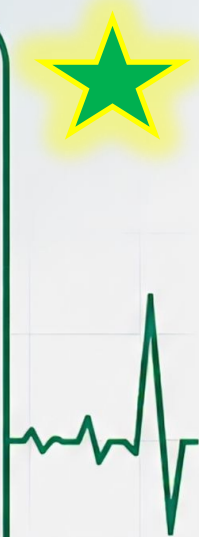
Primary Care Diabetes Association (PCDA)

*"Educate • Empower • Transform"*



PRESENTED BY:

**Dr. Hira Baqai**  
Head, PCDA-WF  
Women Wing, PCDA



**Speaker :**  
**Dr. Asad Baqai**

MBBS FCPS Cardiology  
Fellowship in Interventional  
Cardiology (NICVD)  
Senior Registrar at LNH

**Moderator :**  
**Dr. Hira Baqai**

MBBS MSc (DIABETES AND  
ENDOCRINOLOGY)  
CONSULTANT ENDOCRINOLOGIST  
AND FAMILY PHYSICIAN

**\*SESSION 1\***



Topic :

**ECG - made easy**

Date :



**16 June**



**3:00pm**



Date :



**18 June**



**3:00pm**

# EAT THE MEAT WITH CARE DURING BAKRA EID

Enjoy Eid. Stay Healthy. Stay Safe.

Eid Mubarak

A Public Service Message By:

**Dr. Hira Baqai**

Head of :  
Women Wing of PCDA  
Pakistan



overeating during Eid can cause nausea, bloating, acidity, vomiting, or abdominal pain.

## Eid Meals Are Delicious, But Be Cautious!

Eid meals often include rich foods such as:



BBQ

Paya

Nihari

Biryani

Fried Kebabs



Heavy, oily meals can worsen semaglutide side effects. Eat mindfully and in moderation.

### 1 AVOID OVEREATING



- Eat slowly
- Take smaller portions
- Stop eating when comfortably full
- Avoid "saving appetite" all day for one heavy meal

Heavy meals can worsen semaglutide side effects.

### 2 CHOOSE LEAN MEAT PORTIONS



#### PREFER

- ✓ Grilled or baked meat
- ✓ Lean cuts without excessive fat
- ✓ Homemade preparations with less oil

#### LIMIT

- ✗ Deep-fried foods
- ✗ Organ meats in excess
- ✗ Very oily curries

Excess fatty food may increase nausea and indigestion.

### 3 STAY HYDRATED



#### DRINK

- ✓ Plenty of water
- ✓ Lemon water
- ✓ Unsweetened drinks

#### AVOID EXCESSIVE

- ✗ Soft drinks
- ✗ Sugary juices
- ✗ Sweet desserts

Good hydration helps reduce constipation and improves wellbeing.

### 4 DO NOT SKIP YOUR MEDICATION



Continue semaglutide exactly as prescribed unless your doctor advises otherwise.

If you are taking:

- Insulin
- Sulfonylureas
- Other diabetes medicines

Monitor sugars carefully because changes in eating patterns may affect glucose levels.

### 5 WATCH FOR WARNING SYMPTOMS



- ⚠ Persistent vomiting
- ⚠ Severe abdominal pain
- ⚠ Dehydration
- ⚠ Repeated low sugars
- ⚠ Inability to eat or drink

⚠ Seek medical advice immediately if you develop these symptoms.

### 6 BALANCE YOUR PLATE



- ✓ Moderate meat portion
- ✓ Salad or vegetables
- ✓ Yogurt or raita
- ✓ Controlled carbohydrates

Avoid continuous snacking throughout the day.

### 7 PHYSICAL ACTIVITY MATTERS



A short walk after meals can help:

- ✓ Improve digestion
- ✓ Control blood sugar
- ✓ Reduce post-meal heaviness

Even 15–20 minutes of walking is beneficial.

## SPECIAL ADVICE FOR PATIENTS WITH DIABETES



Check blood sugars regularly during Eid.



Avoid prolonged fasting followed by heavy eating.



Keep healthy snacks available.



Recognize symptoms of hypoglycemia.

Remember: celebration is important, but so is your health.

## FINAL MESSAGE

Bakra Eid is about gratitude, sharing, and togetherness — not overeating. Patients using semaglutide can enjoy Eid safely by practicing moderation, staying hydrated, and making balanced food choices.

Healthy eating during Eid helps maintain:



Better sugar control



Weight management



Improved digestion



Overall wellbeing

Eid Mubarak!

Wishing you and your family a healthy, happy and blessed Eid! ♥

## IMPORTANT

This information is for general guidance only and does not replace medical advice. Always follow your doctor's instructions and consult your healthcare provider for personalized recommendations.

## Change in the terminology

Reports **Dr. Hira Sabih Baqai**

Head of Women Wing of PCDA Pakistan



Old

# PCOS



VS

New

# PMOS



Named after cysts  
many women don't  
even have



Recognizes this as a  
full-body metabolic +  
hormonal condition



70% of women  
dismissed, confused,  
and undiagnosed



Centers insulin  
resistance as a root  
driver



Focused on fertility  
more than daily quality  
of life



Encourages earlier  
intervention and  
whole-body support



Overlooked  
inflammation,  
cardiovascular risk +  
long-term health



Opens the door for  
better research, care  
& education



Ignored hormone +  
metabolic aspects  
of the condition



Helps women feel  
seen, validated, and  
understood



# Inhaled Insulin Okayed for Kids With Diabetes Aged 6+ Years

The FDA has approved the inhaled human insulin Afrezza for children aged 6 years or older with type 1 or type 2 diabetes.

*Posted By:*

**Dr. Faryal Tariq**

MBBS, Diploma Diabetes,  
MSC Diabetes and Endocrinology  
Consultant Diabetologist and Endocrinologist at  
BIDE and OMI (DHA and saddar) Hospital  
Coordinator PCDA Women's Forum



The product comprises a small inhaler device that delivers the insulin formulation into the bloodstream through the lungs, enabling rapid absorption into the systemic circulation with a short duration. The drug delivery platform, called Technosphere, is designed to be used immediately prior to meals. It does not replace basal insulin for people with T1D.

“Mealtime insulin can be especially challenging for children because eating and snacking patterns, activity levels, and daily settings like school and sports often vary,”

“With its rapid onset and dosing at the start of a meal, Afrezza may help clinicians better match insulin therapy to how children and families live day to day,”

**The FDA has approved Afrezza, an inhaled insulin, for children aged 6+ with diabetes, offering rapid absorption and improved treatment satisfaction.**

**It complements basal insulin but isn't suitable for those with chronic lung issues.**

The FDA first approved Afrezza for adults with diabetes in 2014. The new pediatric approval was based in part on data from the INHALE-1 clinical trial involving 230 youth aged 4-17 years with T1D (98%) or T2D (2%) randomly assigned to inhaled insulin or injected pre-meal insulin, all with continuation of basal insulin, for 26 weeks.

In the intent-to-treat analysis, mean A1c was 8.22% at baseline and 8.41% at 26 weeks with inhaled insulin vs 8.21% at both timepoints for injected rapid-acting analog insulin (P = .091). The difference did not meet the prespecified margin of 0.4% for noninferiority.

## AFREZZA® CARTRIDGES



4 UNITS



8 UNITS



12 UNITS

## HbA1c Reduction

HbA1c reflects average blood glucose over the previous 2–3 months.

In studies of inhaled insulin (Afrezza) in Type 2 diabetes:

- HbA1c reductions were typically around 0.4% to 0.8%, depending on the patient's starting HbA1c and the comparison treatment.
- Inhaled insulin generally improves glucose control significantly compared with placebo.
- Compared with injected rapid-acting insulin analogs, HbA1c reduction may be slightly less, although the difference is often modest.

## Disadvantages

- Usually lowers HbA1c somewhat less than the most intensive injectable insulin regimens.
- Common side effect: cough.
- Requires lung-function monitoring.
- Not suitable for people with asthma, COPD, or certain other lung conditions.
- Dosing comes in fixed cartridge sizes, which can make fine dose adjustments less precise.
- Many Type 2 patients still need a separate long-acting (basal) insulin.

## Example

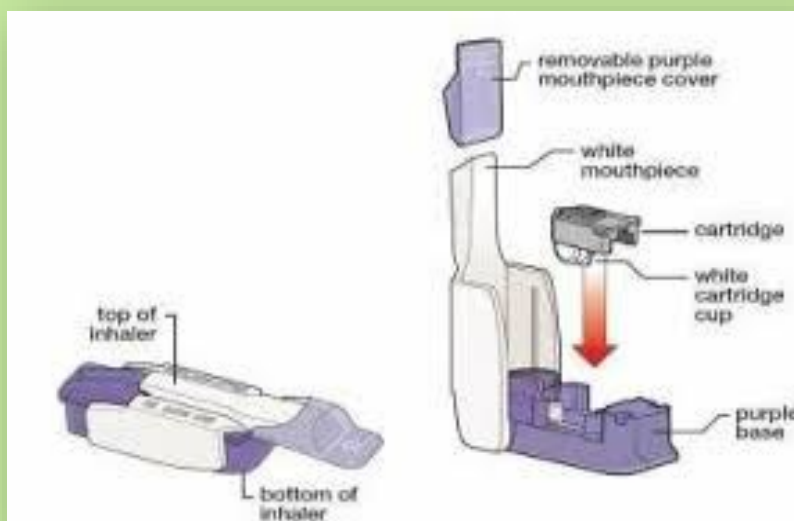
A person with Type 2 diabetes taking • Metformin, • A GLP-1 receptor agonist, • Long-acting basal insulin but still having high blood sugar after meals might use inhaled insulin at mealtimes instead of adding rapid-acting insulin injections before each meal.

## Why isn't it used more often?

Although FDA-approved and effective, inhaled insulin remains a niche therapy because:

- Injectable insulin pens are already highly effective and widely available.
- Lung testing adds complexity.
- Insurance coverage can be variable.
- Many clinicians have greater experience with injectable insulin.

For the right patient—especially someone with Type 2 diabetes who needs mealtime insulin but strongly prefers to avoid injections—it can be a useful option.



For example:

- A patient starting with an HbA1c of 9.0% might lower it to roughly 8.2–8.6%, depending on the overall treatment plan and adherence.
- Individual results vary considerably.

Hypoglycemia (Low Blood Sugar)

Because inhaled insulin is absorbed and cleared quickly:

## Potential advantages

- Less “tail effect” after meals.
- Lower risk of late post-meal hypoglycemia in some patients.

However

- Hypoglycemia can still occur, especially if meals are delayed, skipped, or smaller than expected.

However, there were no major safety issues or changes in pulmonary function, and inhaled insulin was associated with greater treatment satisfaction and less weight gain than injected pre-meal insulin.

before starting treatment and periodically afterward.

- Do not have chronic lung diseases such as Asthma or Chronic Obstructive Pulmonary Disease.
- Do not smoke or have recently stopped smoking

## Key points:

- ⇒ **Afrezza is a rapid-acting insulin inhaled at the beginning of a meal.**
- ⇒ **It is approved to improve blood glucose control in patients with diabetes, including those with Type 2 diabetes.**
- ⇒ **In Type 2 diabetes, it can be used when oral medications alone are insufficient and mealtime insulin is needed.**
- ⇒ **It is not a basal (long-acting) insulin and does not replace long-acting insulin when basal insulin is required.**
- ⇒ **It should not be used in patients with asthma or COPD, and lung function testing (spirometry) is recommended before starting treatment because of the risk of bronchospasm.**

Inhaled insulin should not be used in people with chronic lung problems, including asthma or chronic obstructive pulmonary disease.

ing (the effects can be unpredictable in smokers).

## Advantages

The FDA has approved inhaled insulin, specifically the product Afrezza, and it is used in people with Type 2 diabetes who need mealtime (prandial) insulin. It was first approved for adults in 2014.

- Starts working very quickly, often faster than injected rapid-acting insulins.
- Convenient for people who dislike injections.
- Lower risk of late post-meal hypoglycemia in some studies because it leaves the body more quickly.
- May cause slightly less weight gain than injectable insulin in some patients.

In clinical practice, inhaled insulin is used much less frequently than injectable insulin. Reasons include cost, the need for lung-function monitoring, cough as a side effect, and the fact that many patients still need basal insulin.

## Which Type 2 diabetes patients may be good candidates for inhaled insulin?

Inhaled insulin (Afrezza) may be considered for adults with Type 2 diabetes who:

- Need mealtime insulin because oral medications and/or basal insulin are no longer enough to control blood sugar.
- Prefer to avoid multiple mealtime injections.
- Are willing to perform lung-function testing



**A**frezza is an inhaled human insulin powder used for mealtime (prandial) glucose control. Its pharmacokinetic profile is notably faster than that of injected rapid-acting insulin analogs such as Insulin lispro and Insulin aspart.

## Afrezza Pharmacokinetics

### Onset of Action

- Afrezza: approximately 10–15 minutes after inhalation.
- Because it is absorbed through the alveoli of the lungs, it reaches the bloodstream much more rapidly than subcutaneous insulin injections.

### Peak Effect

- Afrezza: peaks at roughly 35–45 minutes after dosing.
- Peak insulin concentrations are achieved much earlier than with injected rapid-acting analogs.

### Duration of Action

- Afrezza: approximately 2–3 hours (some sources describe glucose-lowering effects up to about 3 hours).
- The insulin is cleared relatively quickly, reducing late postprandial insulin exposure.

## Comparison with Lispro and Aspart

Parameter	Afrezza	Lispro	Aspart
Route	Inhaled	Subcutaneous injection	Subcutaneous injection
Onset	~10–15 min	~15–30 min	~10–20 min
Peak	~35–45 min	~1–2 h	~1–3 h
Duration	~2–3 h	~3–5 h	~3–5 h
Early insulin expo-	Highest	Lower	Lower
Late insulin tail	Minimal	More pronounced	More pronounced

## Clinical Implications

### Advantages

1. Better match to physiologic first-phase insulin release

- The very rapid rise in insulin levels more closely resembles the normal pancreatic response to meals.
- 2. Less late postprandial insulin
  - The shorter duration may reduce the risk of delayed hypoglycemia several hours after eating.
- 3. Convenience
  - Eliminates mealtime injections, although patients still need basal insulin if they have type 1 diabetes.

### Potential Limitations

1. Short tail
  - May provide insufficient coverage for prolonged or high-fat meals, sometimes requiring additional dosing.
2. Pulmonary considerations
  - Contraindicated in patients with chronic lung diseases such as Asthma or Chronic Obstructive Pulmonary Disease because of the risk of bronchospasm.
3. Dose conversion
  - Cartridge doses are not directly equivalent unit-for-unit to injected rapid-acting insulin.

### Key Takeaway:

Afrezza is the fastest commercially available prandial insulin formulation in terms of absorption and peak concentration. Compared with

lispro or aspart, it:

- Starts working sooner (~10–15 min),
- Peaks much earlier (~35–45 min),
- Wears off faster (~2–3 h versus ~3–5 h), making it particularly useful for controlling the early post-meal glucose rise while reducing the prolonged insulin exposure seen with injected rapid-acting analogs.

# How it Works



• Patients using other glucose-lowering medications (especially insulin or sulfonylureas) remain at risk.

Symptoms include:

- Sweating
- Trembling
- Hunger
- Dizziness
- Confusion

## Current Guideline Position

Organizations such as the American Diabetes Association and American Association of Clinical Endocrinology recognize inhaled insulin as an available mealtime insulin option, but it is not considered first-line therapy.

For most people with Type 2 diabetes, treatment typically progresses as:

1. Lifestyle changes (diet, exercise, weight management)
2. Metformin and/or other non-insulin medications
3. GLP-1 receptor agonists and/or SGLT2 inhibitors when appropriate
4. Basal insulin if needed
5. Mealtime insulin (injectable or inhaled) when further control is required

## Who Might Benefit Most?

A good candidate is someone who:

- Has Type 2 diabetes requiring mealtime insu-

lin.

• Does not have asthma, COPD, or other significant lung disease.

- Wants to avoid multiple daily injections.
- Is willing to undergo periodic lung-function testing.

## Who Should Avoid It?

People with:

- Asthma
- Chronic Obstructive Pulmonary Disease
- Active smoking or recent smoking history
- Significant chronic lung disease

## Looking Ahead

Researchers continue to explore:

- Improved inhaled insulin formulations
  - ⇒ More precise dosing systems
  - ⇒ • Combination approaches with GLP-1 receptor agonists and other modern diabetes therapies

**A**t present, inhaled insulin is a useful alternative for selected patients with Type 2 diabetes, but injectable insulin remains the most commonly used and most flexible insulin-delivery method.

Currently Afrezza is used in United States of America, Brazil and India only

# Recurrent UTI in Diabetes:



**Treating the Urine Report**



**Treating the Patient**

*A practical primary-care framework for distinguishing true infection from over-diagnosis —and protecting antibiotic efficacy*

## Dr. Ifra Nasir

MBBS(AIMC), FCPS(Medicine),  
MRCP1'2 (UK) Infectious Diseases Fellow,  
Shaukat Khanum Memorial Cancer Hospital  
& Research Centre, Lahore



*In diabetes care, a positive urine culture has become one of the most reliable triggers for an unnecessary antibiotic prescription. The problem is not missed infections — it is infections that were never there.*

## Abstract

Recurrent urinary tract infection is a frequent concern in patients with diabetes and often leads to repeated antibiotic prescriptions in primary care. Asymptomatic bacteriuria affects 8–14% of women with type 2 diabetes — two to three times the background rate — making over-diagnosis a predictable consequence of routine urine testing.<sup>1</sup> Current guidelines recommend against screening or treating asymptomatic bacteriuria in diabetic patients.<sup>1</sup> Recurrent UTI should be defined by recurrent symptomatic episodes, not laboratory findings alone.<sup>2</sup>

This article provides a practical framework for primary care physicians in Pakistan and South Asia to distinguish true symptomatic recurrent UTI from over-diagnosis, with emphasis on culture-guided treatment, empiric antibiotic selection, correct dosing for locally available formulations, risk assessment, and antimicrobial stewardship.

**Keywords:** Diabetes mellitus, recurrent UTI, asymptomatic bacteriuria, antimicrobial stewardship, primary care, Fosfomycin, nitrofurantoin

## Introduction

Patients with diabetes are at increased risk of urinary tract infections due to impaired host defenses, glycosuria, autonomic neuropathy, incomplete bladder emptying, and associated comorbidities.<sup>5</sup> Critically, the same factors that increase infection risk also promote asymptomatic colonization — a positive urine culture must always be interpreted in clinical context, not acted upon reflexively.<sup>1</sup>

## The central principle:

Do not treat the urine report; treat the clinical syndrome.

*The most common error is not missing every UTI — it is treating every urine report as UTI.*

## Why Diabetes Complicates UTI Diagnosis?

Hyperglycemia impairs neutrophil chemotaxis, phagocytosis, and intracellular killing. Glycosuria provides a bacterial growth medium. Autonomic neuropathy creates urinary stasis. In women with long-standing diabetes, postmenopausal estrogen deficiency adds further susceptibility. Yet these same factors enable asymptomatic colonization — impaired immune surveillance allows bacteria to reside in the bladder without producing. This is the diagnostic trap: diabetes simultaneously raises both the prior probability of true infection and the background rate of asymptomatic bacteriuria. A positive culture in a diabetic patient is therefore less specific for true infection than in a non-diabetic patient. Symptoms remain the critical discriminator.<sup>1,5</sup>

## Defining Recurrent UTI: Symptoms First, Culture Second

**Recurrent UTI:**  $\geq 2$  symptomatic, culture-proven episodes within six months, or  $\geq 3$  within one year.<sup>2</sup> The key word is **symptomatic**. Recurrent positive cultures without urinary symptoms represent colonization, not disease.<sup>1,2</sup> Culture distinguishes relapse (same organism — suggests inadequately treated infection, warrants structural/functional investigation) from reinfection (new organism — points to host or behavioral risk factors), and tracks resistance patterns over time.<sup>2,4</sup>

**Table 1. Common Diagnostic Pitfalls in Suspected Recurrent UTI in Diabetes**

Clinical situation	Common error	Better approach
Repeated +ve cultures — no dysuria, fever, or flank pain	"Recurrent UTI"	Likely asymptomatic bacteriuria; antibiotics not indicated <sup>1</sup>
Dysuria, frequency, urgency + positive culture	True UTI	Treat as symptomatic UTI; culture-guided therapy <sup>2</sup>
Pyuria on urine DR — no urinary symptoms	"Infection"	Pyuria alone is not an antibiotic indication <sup>1</sup>
Fatigue, nocturia, vague discomfort only	"Likely UTI"	Non-specific symptoms without classic urinary symptoms do not justify antibiotics <sup>1,2</sup>
Confusion in elderly diabetic — no urinary symptoms	"UTI causing confusion"	Assess for dehydration, hypoglycemia, metabolic causes, stroke <sup>1,3</sup>
Fever, flank pain, AKI, vomiting	"Simple UTI"	Assess urgently for pyelonephritis or complicated UTI <sup>3</sup>
Catheterized patient — positive culture, no fever	"CAUTI"	Asymptomatic bacteriuria in catheterized patients generally does not require treatment <sup>1,3</sup>

## Myth vs. Better Practice

The following beliefs are common in primary-care settings and are inconsistent with current evidence:

Myth	Better practice
"Diabetes + positive culture = UTI."	Symptoms define infection; culture supports the diagnosis. <sup>1,2</sup>
"Pyuria means antibiotics are needed."	Pyuria indicates inflammation, not necessarily infection. <sup>1</sup>
"Foul-smelling urine means UTI."	Odor alone is not an indication for antibiotics. <sup>1</sup>
"Repeated antibiotics prevent complications."	Repeated unnecessary antibiotics increase resistance and cause direct patient harm. <sup>1,4</sup>
"Confusion in an elderly diabetic patient means UTI."	Look for urinary and systemic signs; assess other causes systematically. <sup>1,3</sup>
"Non-specific symptoms + positive culture = treat."	Classic urinary symptoms must be present. Non-specific symptoms with a positive culture likely represent colonization. <sup>1,2</sup>

## Infection or Colonization? The Decision Point

**True UTI** is suggested by compatible symptoms: dysuria, frequency, urgency, suprapubic pain, fever, flank pain, or systemic illness. <sup>2,3</sup>

**Over-diagnosis** is when antibiotics are prescribed for pyuria, cloudy urine, foul-smelling urine, non-specific symptoms, or a positive urine culture in an otherwise asymptomatic patient. <sup>1</sup>

Nocturia is extremely common in diabetic patients for non-UTI reasons — osmotic diuresis from hyperglycemia, diabetic bladder neuropathy, and obstructive sleep apnea. Nocturia in isolation should never be conflated with the frequency and urgency of UTI. Fatigue and lower abdominal discomfort carry no diagnostic weight for infection in the absence of a classic urinary symptom complex. <sup>1,2,5</sup>

***Pyuria is not a prescription. These findings alone should not trigger antibiotic therapy.*** <sup>1</sup>

## Before Prescribing: Primary Care Checklist

**Confirm all of the following before starting antibiotics:**

Classic urinary symptoms or systemic features are present<sup>2,3</sup>

Urine culture sent before antibiotics in this recurrent case<sup>2</sup>

Prior culture and resistance pattern reviewed<sup>2,4</sup>

Complicated UTI and red flags have been excluded<sup>3</sup>

This is infection, not asymptomatic bacteriuria or colonisation<sup>1,2</sup>

If urinary symptoms or systemic features are absent, antibiotics are usually not indicated. <sup>1</sup>

# One-Minute Primary Care Algorithm

## STEP 1 — DOES THE PATIENT HAVE URINARY SYMPTOMS?

*Dysuria • Frequency • Urgency • Suprapubic pain • Fever • Flank pain • Rigors*

**If NO → Do NOT prescribe antibiotics. Do NOT order urine DR or culture. Stop here. <sup>1</sup>**

↓ if YES

## STEP 2 — ARE THERE RED FLAGS FOR COMPLICATED UTI OR PYELONEPHRITIS?

*Fever + flank pain • AKI • Vomiting • Sepsis • Hematuria • Suspected obstruction*

**If YES → Escalate urgently. IV antibiotics, hospital assessment. NOT nitrofurantoin or Fosfomycin. <sup>3</sup>**

↓ if NO

## STEP 3 — IS THIS A RECURRENT CASE?

*≥2 symptomatic episodes in 6 months, or ≥3 in 12 months*

↓ YES

## STEP 4

Send urine culture BEFORE antibiotics.  
Review prior cultures and antibiotic history.  
Identify relapse vs. reinfection. <sup>2,4</sup>

### UNCOMPLICATED CYSTITIS

Nitrofurantoin macrocrystals 50–100 mg QID  
× 5–7 days (*QID = only formulation available  
in Pakistan*)

OR Fosfomycin 3 g oral, single dose

MB

### PYELONEPHRITIS / COMPLICATED UTI

Ceftriaxone 1–2 g IV q24h

OR Fluoroquinolone (if local susceptibility confirmed)

**NOT nitrofurantoin. NOT Fosfomycin.**



## STEP 5 — DE-ESCALATE WHEN CULTURE RESULTS RETURN

Switch to the narrowest effective agent based on sensitivity. Do not continue broad-spectrum antibiotics beyond what the culture supports. <sup>2,4</sup>

# Empiric Antibiotic Selection & Correct Dosing (Pakistan)

Agent selection and dosing must reflect local availability, the site of infection, and the patient's renal function.

## Uncomplicated Cystitis — First-Line Empiric Options

Agent	Dose	Duration	Notes
Nitrofurantoin macrocrystals (QID only — Macrobid® BID not available in Pakistan)	100–50mg QID (q6h)	7–5days	First-line. Take with food (↑bioavailability). (~40%~Avoid if eGFR <30. NOT for pyelonephritis.
Fosfomycin trometamol (oral sachet)	3g oral	Single dose	First-line. Preferred when adherence is a concern, eGFR <30, or ESBL organism suspected.
TMP-SMX (Co-trimoxazole)	160/800mg BID	3days	Only if local E. coli resistance <20%. Rates in Pakistan frequently exceed this — verify with local antibiogram.
Fluoroquinolones	Cipro 250 mg BID	3days	Avoid as first-line for uncomplicated cystitis. Reserve for complicated UTI/ pyelonephritis.

## Fosfomycin — Indication-Based Dosing

Indication	Regimen	Notes
Uncomplicated cystitis (incl. ESBL E. coli, E. faecalis)	3g oral, single dose	IDSA first-line. Preferred alternative when nitrofurantoin is contraindicated.
Complicated UTI — lower tract only (off-label)	3g q48–72 h × up to 21 days	3doses often sufficient; guided by clinical response. Lower tract only.
Pyelonephritis / perinephric abscess / bacteremia	NOT appropriate	Inadequate renal parenchymal penetration. Do not use. (IDSA 2024 AMR & 2025 cUTI guidelines <sup>1,4</sup> )

## Complicated UTI & Pyelonephritis — Empiric Framework (IDSA 2025)

Setting	Preferred empiric agents	Notes
Without sepsis	3rd/4th-gen cephalosporin (ceftriaxone IV or cefpodoxime oral), pip-tazo, or fluoroquinolone— guided by local antibiogram	Carbapenems and newer agents reserved for resistant organisms. Oral FQ or cefpodoxime for outpatient step-down. <sup>3</sup>
With sepsis	3rd/4th-gen cephalosporin, carbapenem, pip-tazo, or fluoroquinolone — guided by local antibiogram	Use local antibiogram (same facility, previous 12 months). De-escalate promptly once cultures return. <sup>3</sup>
Duration	Fluoroquinolone: 5–7 days. Non-fluoroquinolone: 7 days. With bacteremia: 7 days.	IV-to-oral switch when: clinically improving + tolerating PO + effective oral agent available. <sup>3</sup>

## Clinical Assessment and Investigations

Before ordering tests or prescribing, confirm the clinical picture. Ask specifically about dysuria, frequency, urgency, suprapubic pain, fever, flank pain, vomiting, rigors, hypotension, and new systemic symptoms. <sup>2,3</sup> In recurrent cases, review previous culture results and antibiotic exposure to identify relapse vs. reinfection and detect emerging resistance. <sup>2,4</sup>

**Recommended investigations:** Urine DR and culture in all symptomatic recurrent cases — send before starting antibiotics. <sup>2</sup> Serum creatinine/eGFR if complicated UTI, pyelonephritis, or AKI is suspected (also required before prescribing nitrofurantoin). HbA1c as part of diabetes optimization. <sup>6</sup> Ultrasound KUB if stones, obstruction, relapse, or pyelonephritis is suspected. <sup>2,3</sup> Blood cultures in febrile or septic patients. <sup>3</sup>

*Routine urine testing in asymptomatic diabetic patients should be actively discouraged. <sup>1</sup>*

## Prevention Strategies

Optimize glycemic control<sup>6</sup>

Encourage adequate hydration; address constipation and incomplete bladder emptying<sup>2</sup>

Avoid unnecessary urine testing and catheterisation<sup>1,3</sup>

Consider vaginal estrogen in appropriate postmenopausal women<sup>2</sup>

Reserve antibiotic prophylaxis for selected patients with confirmed recurrent symptomatic UTI<sup>2</sup>

**SGLT2 inhibitors:** associated primarily with genital mycotic infections, not UTI. Confirm with culture-guided assessment before attributing symptoms to the drug. <sup>5,6</sup>

## Key Practice Points:

Recurrent UTI means recurrent symptomatic infection, not recurrent positive urine reports.<sup>2</sup> Asymptomatic bacteriuria in diabetes — including catheterized patients — should not be treated.<sup>1</sup> Pyuria and non-specific symptoms alone are not antibiotic indications.<sup>1,2</sup> In Pakistan, prescribe nitrofurantoin as 50–100 mg QID (q6h) × 5–7 days — the BID (Macrobid®) formulation is not locally available. Fosfomycin 3 g single dose for uncomplicated cystitis only; never use for pyelonephritis or bacteraemic UTI.<sup>1,4</sup> Culture before antibiotics in all recurrent cases; de-escalate promptly when culture results are available.<sup>2,4</sup> Evaluate urgently for pyelonephritis when fever, flank pain, AKI, or sepsis is present.<sup>3</sup> The urine report should support clinical judgement — not replace it.<sup>1,2</sup>

## Conclusion:

In diabetes care, the most important decision is not always which antibiotic to prescribe — it is whether one is needed at all. Recurrent UTI should be diagnosed only when recurrent urinary symptoms are supported by culture evidence.<sup>1,2</sup> When treatment is indicated, correct empiric agent selection and accurate dosing for locally available formulations are equally critical: in Pakistan, nitrofurantoin must be prescribed as 50–100 mg QID, not BID; Fosfomycin must not be used above the lower urinary tract; and fluoroquinolones should be preserved for complicated UTI and pyelonephritis.

The next time a urine report arrives in a diabetes clinic, ask one question before reaching for the prescription pad: does this patient have symptoms? If the answer is no, put the pen down.

**Take-home: Treat symptoms. Confirm with culture. Use the right agent at the right dose for the available formulation. In diabetes, urine culture should confirm a clinical diagnosis — not create one.**

## Acknowledgement:

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# WORLD HYPERTENSION DAY

17 May

## PCDA Multan Chapter Marks World Hypertension Day with Educational Seminar on: Blood Pressure Control in Diabetes

On the occasion of World Hypertension Day, the Multan Chapter of Primary Care Diabetes

Association Pakistan organized an informative and highly interactive seminar highlighting the critical importance of effective blood pressure control in people living with diabetes. The educational activity was attended by a large number of primary care physicians, family physicians, and healthcare professionals from Multan city and its surrounding suburbs.

The seminar was conducted under the leadership of Dr. Irfan Shaikh, Head of the Multan Chapter of PCDA Pakistan, who delivered a comprehensive lecture on the growing burden of hypertension among individuals with diabetes and the serious complications associated with uncontrolled blood pressure. He emphasized that hypertension and diabetes frequently coexist and together significantly increase the risk of cardiovascular diseases, stroke, kidney failure, diabetic retinopathy, and premature mortality.

During his presentation, Dr. Irfan Shaikh highlighted the importance of early diagnosis, regular monitoring,



patient counseling, lifestyle modification, and adherence to evidence-based treatment protocols for achieving optimal blood pressure control. He stressed that primary care physicians play a pivotal role in preventing long-term complications through timely intervention and continuous patient education.





The speaker further discussed the role of



healthy dietary practices, reduction of salt intake, regular physical activity, weight management, smoking cessation, stress reduction, and medication compliance in maintaining healthy blood pressure levels among diabetic patients. Participants were also briefed about current recommendations and practical approaches for individualized management of hypertension in routine primary care settings.

The seminar provided an excellent academic platform for healthcare professionals to

exchange clinical experiences and discuss challenges commonly faced in the management of hypertension in people with diabetes. The participants appreciated the efforts of PCDA Pakistan in organizing educational activities aimed at strengthening primary healthcare services and improving diabetes care across the country.

At the conclusion of the seminar, Dr. Irfan Shaikh reiterated the commitment of the Multan Chapter of PCDA Pakistan toward continuing medical education and community awareness initiatives for the prevention and control of diabetes and its associated complications.

The event concluded with an interactive question-and-

-answer session, where participants actively engaged with the speaker and discussed practical strategies to improve patient outcomes in everyday clinical practice.




**May 17**

Public Service Message by:  
**Dr. Arshad Ali Khawaja**  
**Consultant Cardiologist**  
**Badin Chapter**

**Badin**

# World **HYPERTENSION** **DAY**

Measure Your Blood Pressure  
Control It, Live Longer 

## TIPS FOR A HEALTHY HEART



Check your  
blood pressure regularly



Eat healthy, stay active



Reduce salt,  
avoid tobacco & alcohol



Manage stress,  
stay happy

Small steps today  
for a healthier tomorrow.

**Healthy Blood Pressure,  
Healthy Life!**



## **“Control Blood Pressure, Protect Your Heart.”**

Hypertension, or high blood pressure, is a “silent killer” disease that often has no symptoms, but can lead to heart attacks, strokes, kidney disease, and heart failure. Let’s raise awareness among the public on the occasion of World Hypertension Day and give this message to everyone:

- ✓ Get your blood pressure checked regularly
- ✓ Reduce salt and fat intake
- ✓ Avoid smoking and mental stress by your doctor.

- ✓ Eat a healthy diet
- ✓ Exercise daily
- ✓ Use medications strictly as prescribed

**Timely detection and proper treatment can prevent dangerous complications.**

**“Let’s control hypertension together, get regular blood pressure checks and defeat the silent killer.”**



# Dr. Nazeer Soomro more active after retirement from Govt. Service



## A Lifelong Mission of Service Dr. Nazeer Soomro's Remarkable Commitment to People with Diabetes in Jacobabad

The spirit of humanitarian service and dedication to diabetes care is beautifully reflected in the tireless efforts of Dr. Nazeer Soomro, who has been serving the people of Jacobabad through regular free medical camps for many years.

As the Head of the Jacobabad Chapter of Primary Care Diabetes Association Pakistan, Dr. Soomro has devoted his professional life to improving diabetes awareness, screening, treatment, and counseling for underserved communities.

For several years, Dr. Nazeer Soomro regularly organized free medical camps at Civil Hospital Jacobabad almost every Saturday and Sunday. Hundreds of patients with diabetes, particularly those belonging to low-income and rural backgrounds, benefited from these camps through free consultations, blood sugar screening, medical advice, lifestyle counseling, and guidance regarding diabetes complications.

What makes this contribution truly extraordinary is that even after his retirement from Government Civil Hospital Jacobabad, Dr. Soomro did not step away from his mission of service. Instead, he continued these noble activities with the same passion, commitment, and enthusiasm. His dedication reflects not only professional responsibility but also deep compassion for humanity. For Dr. Soomro, diabetes care has become more than a profession — it is a lifelong commitment and a noble addiction to serving humanity.

The free camps organized under his supervision have played an important role in raising awareness regarding diabetes prevention and control in Jacobabad and surrounding areas. Patients attending the camps receive education about healthy diet, exercise, medication adherence, foot care, blood pressure monitoring, and prevention of diabetes-related complications. Such community-based initiatives are critically important in a country where the burden of diabetes continues to rise rapidly.



The efforts of Dr. Nazeer Soomro also represent the true vision and mission of Primary Care Diabetes Association Pakistan — bringing quality diabetes care and education to the grassroots level and ensuring that even underprivileged communities have access to preventive healthcare services.



## Team PCDA Pakistan

*proudly acknowledges and appreciates the selfless services of*

**Dr. Nazeer Soomro**

*His unwavering dedication serves as an inspiration for healthcare professionals across Pakistan. His work demonstrates how one committed physician can positively impact countless lives through sincerity, consistency, and compassion.*

*The entire PCDA family prays for the good health, continued success, happiness, and prosperity of Dr. Nazeer Soomro. May his inspiring journey of service continue for many more years, benefiting humanity and motivating future generations of healthcare providers.*



# Obituary

Team PCDA condole the sad demise of

## **Dr. Naseem Salahuddin**

Professor Emeritus at the Indus Hospital & Health Network (IHHN), who passed away on 20th. May'2026 after battling critical injuries after a traffic accident in Morocco. She was 82.

She was one of Pakistan's most distinguished infectious diseases specialists, public health advocates, researchers, and academicians and a good friend of PCDA Pakistan.

# Obituary

**TEAM PCDA**

condoles the sad demise of

## **Prof. Naheed Sultan**

Ex-Meritorious Professor of Surgery and Dean, Faculty of Surgical & Allied Sciences, Dow Medical College, Dr. Ruth K. M. Pfau, Civil Hospital Karachi, DUHS, who passed away on Sunday, 24th May 2026.



# Concurrent use of PPIs and GLP-1 linked to Increases in Gastro Side Effects

Update by: **Dr. Riasat Ali Khan**

Side effects of GLP-1 drugs commonly include nausea, vomiting, and delayed gastric emptying that can lead to heartburn which mimic symptoms of gastroesophageal reflux disease (GERD). PPIs are commonly prescribed to treat GERD.

In Pakistan use of GLP-1 RAs has recently increased to treat type 2 diabetes and obesity. A lot of patients are on PPIs and GLP-1s at the same time.

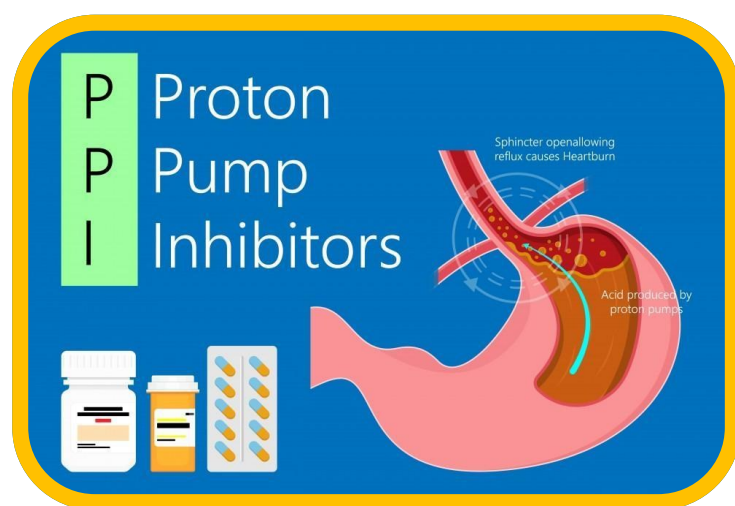
According to research presented at the SGIM 2026 Annual Meeting, 1.2 million adults patients who took GLP-1s and PPIs concurrently were more than twice as likely to experience adverse effects of the upper GI (risk ratio [RR], 2.37; 95% CI, 2.30-2.44;  $P < .001$ ) than those taking GLP-1s alone.

395,082 adults (60.9% women; 67.4% White; average age, 58 years) were included who were prescribed a GLP-1 RA, half of whom also had a prescription for a PPI. Nausea and vomiting were nearly twice as likely to occur for patients who took both medications than for those who took GLP-1s alone (RR, 1.81; 95% CI, 1.75-1.88;  $P < .001$ ). They were also almost four times more likely to experience indigestion (RR, 3.50; 95% CI, 3.28-3.75;  $P < .001$ ). Patients taking both medications were three times as likely to develop acute pancreatitis and almost twice as likely to develop gallstones ( $P < .001$ ).

Lower GI side effects were also more common for those taking both drugs, including diarrhea, constipation, and obstruction or temporary stoppage of intestinal movement (RR, 2.62; 95% CI, 2.33-2.93;  $P < .001$ ).

Patients taking both medications were five times as likely to need exploratory procedures such as upper endoscopy than those who were just on GLP-1s. The most important thing is just being conscious and aware of patients that are taking both of these medications, especially when they do present with upper GI or abdominal symptoms, nausea, vomiting, or reflux.

**Concurrent use of PPIs and GLP-1 is associated with an increased risk for gastrointestinal (GI) adverse effects, according to research presented at the Society of General Internal Medicine (SGIM) 2026 Annual Meeting 6-9 May '26 in Washington DC.**





تمباکو نوشی



صحت کا زوال اور زندگی کا نقصان

عالمگیر یوم انسدادِ تمباکو نوشی (31 مئی) پر

ڈاکٹر محمد سلیم خان

چیف کنسلٹنٹ فزیشن و سینئر سپیشلسٹ انٹرنل میڈیسن

انٹرنیشنل ایڈوائزر: رائل کالج آف فزیشنز اینڈ سرجن آف گلاسکو

سینئر ایگزامینر: ایم آر سی پی یو کے - فیڈریشن آف رائل کالجز آف فزیشنز یو کے

ریجنل ہیڈ وائس پریزیڈنٹ: پاکستان سوسائٹی آف انٹرنل میڈیسن، آزاد جموں و کشمیر اور گلگت بلتستان ریجن

ریجنل ہیڈ: پرائمری کیئر ڈائیبیٹیز ایسوسی ایشن آف پاکستان، آزاد جموں و کشمیر اور گلگت بلتستان ریجن

کا ایک اہم پیغام

## 31 مئی

کا دن دنیا بھر میں "ورلڈ نوٹوبیکو ڈے" کے طور پر منایا جاتا ہے۔ ایک معالج اور آپ کا خیر خواہ ہونے کے ناطے، میری ذمہ داری ہے کہ میں آپ کو اس خاموش قاتل (تباکو) کے نقصانات سے آگاہ کروں جو ہر سال لاکھوں ہنستے کھیلتے گھرانوں کو اجاڑ دیتا ہے۔

### پس منظر اور تاریخ

عالمی ادارہ صحت نے 1987 میں "ورلڈ نوٹوبیکو ڈے" منانے کی بنیاد رکھی۔ اس دن کو منانے کا بنیادی مقصد دنیا بھر میں تباکو نوشی کے مہلک اثرات کے بارے میں عوامی شعور بیدار کرنا، اس کی فروخت اور استعمال کو کم کرنا، اور حکومتوں کو ایسی پالیسیاں بنانے پر راغب کرنا ہے جو آنے والی نسلوں کو اس زہر سے بچا سکیں۔

### سگریٹ اور تباکو کے ہولناک نقصانات

سگریٹ کا دھواں صرف ایک دھوئیں کا بادل نہیں، بلکہ یہ 7,000 سے زائد کیمیکلز کا مرکب ہے، جن میں سے کم از کم 70 کیمیکلز براہ راست کینسر کا سبب بنتے ہیں

پھیپھڑوں کی تباہی: یہ پھیپھڑوں کے کینسر، دائمی کھانسی اور سانس کی سنگین بیماریوں کی سب سے بڑی وجہ ہے۔ جیسے سی او پی ڈی، امراضِ قلب اور فالج۔ سگریٹ نوشی خون کی نالیوں کو تنگ کر دیتی ہے، جس سے ہارٹ اینک اور فالج کا خطرہ کئی گنا بڑھ جاتا ہے۔

### پیسو سموکنگ / سیکنڈ ہینڈ سموکنگ

(دوسروں کی صحت کی بربادی): ایک ہولناک حقیقت: سگریٹ نوشی سے صرف پینے والا ہی متاثر نہیں ہوتا، بلکہ اس کے کمرے، گھر یا محفل میں بیٹھے تمام لوگ بھی کا شکار ہوتے ہیں۔ جب آپ (Passive Smoking) "پیسو سموکنگ" سگریٹ پیتے ہیں، تو آپ کے آس پاس موجود آپ کے معصوم بچے، خاندان کے دیگر افراد اور دوست بھی اس زہریلے دھوئیں کو سانس کے ذریعے اپنے اندر لے جا رہے ہوتے ہیں۔ طبی لحاظ سے یہ دھواں ان کے لیے بھی اتنا ہی مہلک اور خطرناک ہے جتنا پینے والے کے لیے۔ یعنی آپ کی ایک سگریٹ آپ کے ساتھ ساتھ آپ کے پیاروں کی زندگی کو بھی خطرے میں ڈال دیتی ہے۔

### معدے اور دیگر اعضاء کے امراض:

یہ معدے کے السر، شوگر کی پیچیدگیوں اور مدافعت کی کمی کا باعث بنتا ہے۔

### تباکو نوشی سے بچاؤ اور لٹھوڑنے کے طریقے

سگریٹ کی لت سے چھکارا پانا بالکل ممکن ہے، بس پکے ارادے اور صحیح حکمت عملی کی ضرورت ہے۔ طبی تحقیق کی روشنی میں اس کے بہترین طریقے یہ ہیں:

### 1 - "آہستہ آہستہ" نہیں، بلکہ "ایک دم" چھوڑیں (اہم ترین طبی اصول):

بہت سے لوگ یہ سوچتے ہیں کہ اگر وہ سگریٹ کی تعداد آہستہ آہستہ کم کریں گے تو وہ نقصان سے بچ جائیں گے، یہ ایک بہت بڑی طبی غلط فہمی ہے! اگر آپ دن میں صرف ایک سگریٹ بھی پیتے ہیں، تو بھی ہارٹ اینک یا فالج کا خطرہ برقرار رہتا ہے۔ تباکو کی کوئی بھی مقدار "محفوظ" نہیں ہے۔ طبی تجربات سے ثابت ہے کہ سگریٹ کو آہستہ آہستہ کم کرنے والے اکثر دوبارہ پرانی عادت پر لوٹ جاتے ہیں۔ اس لت سے سچی آزادی کا واحد کامیاب طریقہ یہ ہے کہ پکا ارادہ کر کے اسے ایک ہی بار میں مکمل طور پر چھوڑ دیا جائے۔

2 - تاریخ کا تعین اور پکا ارادہ: سب سے پہلے ذہن بنائیں اور سگریٹ چھوڑنے کے لیے ایک دن مقرر کر لیں۔

3 - محرکات سے بچیں: ان محفلوں، جگہوں یا دوستوں سے دوری اختیار کریں جہاں سگریٹ نوشی کی جاتی ہو۔

4 - متبادل کا استعمال: جب بھی سگریٹ کی شدید طلب محسوس ہو تو منہ میں سونف، الائچی، یا چونگم کا استعمال کریں۔

5 - ورزش اور پانی کا کثرت سے استعمال: یہ جسم سے نیکوٹین کے زہر کو جلد از جلد باہر نکلانے میں مدد کرتا ہے۔

6 - طبی مشورہ: اگر لت بہت شدید ہو تو اپنے معالج سے رجوع کریں جو نیکوٹین ریپلیسمنٹ تھراپی یا دیگر طبی ادویات کے ذریعے آپ کی مدد کر سکتے ہیں۔

### سگریٹ لٹھوڑنے کے فوری اور دیرپا فوائد

جیسے ہی آپ سگریٹ چھوڑتے ہیں، آپ کا جسم خود کو ٹھیک کرنا شروع کر دیتا

ہے: 20 منٹ کے اندر: بلڈ پریشر اور نبض کی رفتار معمول پر آ جاتی ہے۔ 12 گھنٹے

بعد: خون میں کاربن مونوآکسائیڈ کی مقدار نارمل ہو جاتی ہے۔ 2 ہفتوں سے 3

مہینوں میں: پھیپھڑوں کے کام کرنے کی صلاحیت اور خون کی گردش بہتر ہو جاتی

ہے۔ ایک سال بعد: دل کے دورے (ہارٹ اینک) کا خطرہ سگریٹ پینے والوں کی

نسبت آدھا رہ جاتا ہے۔

حالی فوائد: سگریٹ پر ضائع ہونے والا پیسہ آپ کے بچوں اور خاندان

کے بہتر مستقبل پر خرچ ہو سکتا ہے۔

حیرا پیغام: زندگی اللہ تعالیٰ کی ایک خوبصورت نعمت ہے، اسے دھوئیں میں

مت اڑائیں۔ آئیے آج اس عالمی دن کے موقع پر یہ عہد کریں کہ ہم خود بھی تباکو

نوشی سے دور رہیں گے اور اپنے ماحول کو بھی اس زہر سے پاک رکھیں گے۔

"صحت مند زندگی، تباکو سے پاک زندگی!"

# Hot Academic Debates going on in the WhatsApp Group of PCDA-Women's Forum

23/05/2026

**Baqai Karachi**

start a weekly quiz session from this Monday question will be shared every Monday, and the answer will follow the next day.

The purpose of this activity is to encourage learning, discussion, and knowledge sharing within the group. Members are welcome to discuss the question, share their opinions, and ask queries if needed. Seniors are especially encouraged to share their valuable input and clinical experience.

Anyone with relevant or interesting cases related to the topic is also welcome to share them for group learning.

Looking forward to active participation from everyone.

Thank you  
Dr. Hira Baqai

Edited 3:20 pm

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**Dr. Aysha Sonologist Indus Hospital**  
Can anyone share acsvd scoring 11:00 am

**PCDA Hira Sabih Baqai Karachi**

**ASCVD (Atherosclerotic Cardiovascular Disease) 2013 Risk Calculator from AHA/ACC Calculator**

The 2013 ASCVD Risk Calculator is a vital tool for estimating the 10-year risk of heart disease or stroke. Developed by the American College of Cardiology

<https://share.google/YwYUoc16hUGmI9QJA>

11:07 am

**Dr. Aysha Sonologist Indus Hospital**  
Thank you 11:09 am

26/05/2026

**HbA1C is diagnostic**

Select one or more

- 5.5%
- 6.0%
- 6.5%
- 7.0%

11

10:35 am

**View votes**

**Decrease dosage of 0.5 mg weekly**

**Discontinue semaglutide and perform CT of the abdomen and pelvis**

**Discontinue semaglutide and switch to tirzepatide, 10mg weekly**

**Prescribe ondansetron to be taken as needed for nausea**

**PCDA Hira Sabih Baqai Karachi**  
This message was deleted 6:38 pm

**PCDA Hira Sabih Baqai Karachi**  
In addition to lifestyle changes, which of the following would be best to prescribe?

Select one or more

- Metformin
- Pioglitazone
- Semaglutide
- Tirzepatide

**PCDA Umm E Aiman Karachi**  
Pancreatitis workup??? Lipase >2x ULN + pain = need to confirm with abdominal imaging US/CT, and assess severity. And tirzepatide is also GLP1/GIP receptor agonist and also has patient is having tenderness over epigastrium why don't we scan to rule out pancreatitis first and then start on other

**PCDA Hira Sabih Baqai Karachi**  
Lipase should be 3times greater + her pain is more + Her symptoms are correlating with increased lipase. On the other hand if in clinical practice for pancreatitis/ gall bladder related pain done

**METFORMIN is the best**

**PCDA Hira Sabih Baqai Karachi**  
Hello everyone  
Hope you all had a wonderful and meaty Eid filled with delicious food and more interesting conversations and laughter, and happiness.

We are facing extremely hot weather these days, and due to global warming, temperatures are rising rapidly. Because of increasing urbanization, there are fewer trees and more concrete around us. It is now our responsibility to start a Tree Plantation Drive. Every one of us should plant at least one tree – it can be a neem tree, moringa, or any fruit tree. Let's work together to make our country healthier and greener. Let's work together to make our country green again and contribute towards a healthier future for coming generations. The drive will start from Monday, 1st June, and will continue throughout the month. Looking forward to everyone's participation!

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# 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](mailto:preventionfirstnewsletter@gmail.com) and [pcda.pak@hotmail.com](mailto:pcda.pak@hotmail.com)

*In charge PFN-Online*

**SCAN FOR THE MEMBERSHIP OF**

PCDA

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