



PICNCD-TND 2021

PANAH International Conference on Non Communicable Diseases (NCDs)
A Threat to National Development

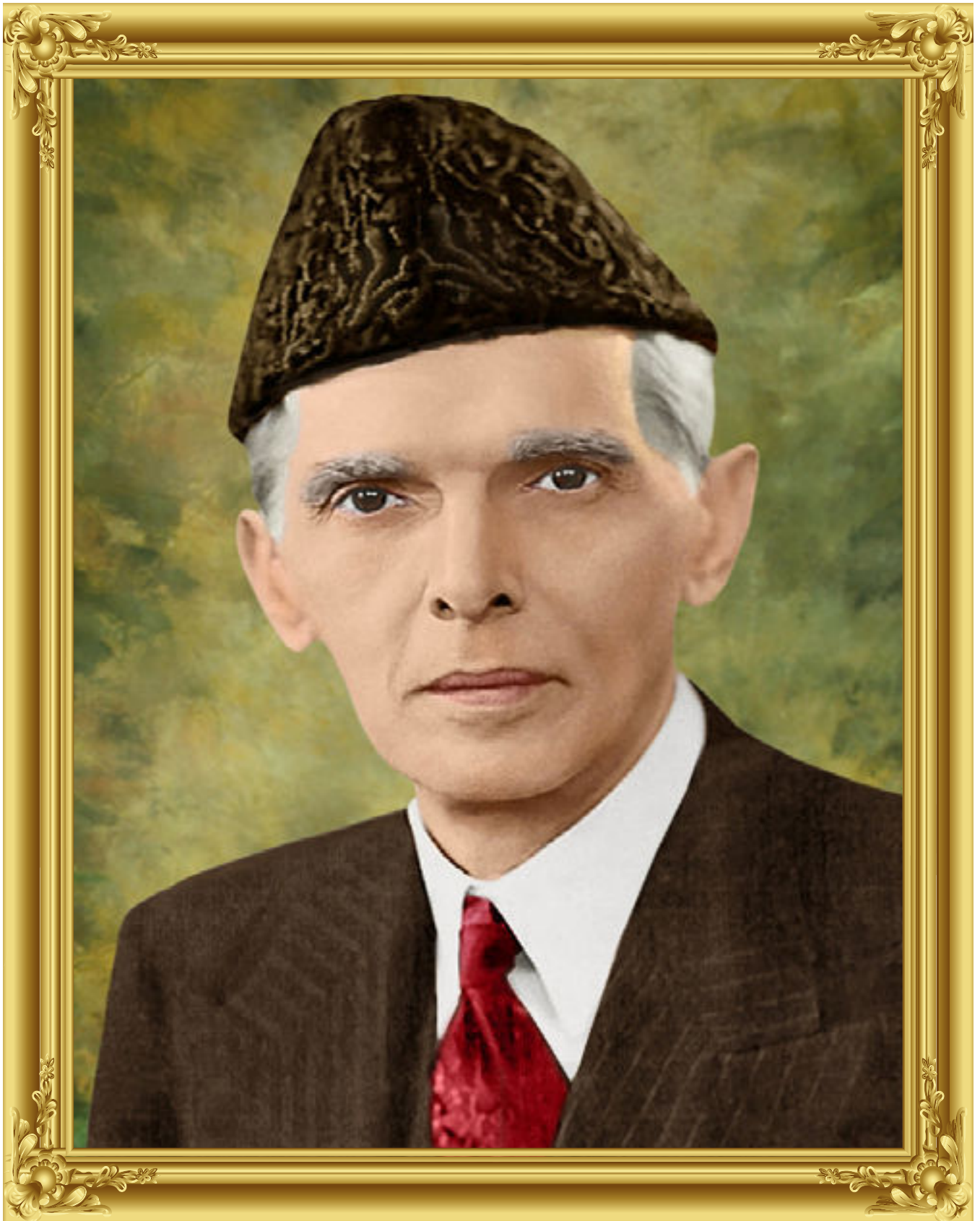
10th & 11th July, 2021
Riphah International University, Rawalpindi.





بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

FATHER OF THE NATION



Quaid – E – Azam Muhammad Ali Jinnah

PATRON-IN-CHIEF PANAH

Dr. Arif Ur Rehman Alvi
President of Islamic Republic of Pakistan

FOUNDING FATHER OF PANAH



Maj Gen Zulfiqar Ali Khan, TI (M), S.Bt (Late)

EX-PRESIDENTS OF PANAH



Maj Gen Rao Farman Ali



*Lt Gen Syed Azhar Ahmed,
HI(M), S.Bt*



*Maj Gen Muhammad Zulfiqar
Ali Khan, TI(M), S.Bt*



*Maj Gen Muhammad Ashraf
Khan, T.Bt*

PRESIDENT PANAH



Maj Gen. (R) Masud Ur Rehman Kiani; HI(M); SI; T.Bt

Cardiac Surgeon

MBBS, MCTS, FCPS, FRCS, MRCP, FRCP,

Hilal Imtiaz Military, Sitra Imtiaz, Tamgha Basalat

President Pakistan National Heart Association (PANAH).

Ex-Commandant AFIC/NIHD, The Mall, Rawalpindi

MESSAGE

**Maj Gen (R) Masud Ur Rehman Kiani;
HI(M); SI; T.Bt
President PANA H**

It gives me great pleasure to see the conference on Non Communicable Diseases (NCDs) materializing on a very short notice. Importance of NCDs cannot be over emphasized. These makeup most of the disease burden of our society and are the leading cause of death, disability and misery in the world specially so in Pakistan.

I see a galaxy of experts, notable figures related to health care management & scientific academia participating in the conference personally & virtually.

PANA H is very proud to hold this prestigious moot which has great impact on our health delivery system. We are obliged and thankful to Pakistan Science Foundation for sponsoring this conference and to Riphah International University & Islamic International Medical College (IIMC) for hosting us and giving all the administrative and IT support.

I also acknowledge the efforts of our international coordinator and advisor Mr. Munawar Hussain for his input in organizing this conference. Lt Gen Azhar Rashid; HI(M), Ex-Surgeon General Pakistan Army, Principal Islamic International Medical College (IIMC), who is Chairman of Organizing Committee and also Chairman of the Advisory Council needs special commendation and so are the efforts of our Chief Scientific Advisor and Chairman Scientific Committee Prof. Dr. Wajid Ali along with the Co-Chairman and lead technical expert, Professor Shakeel Mirza.

Last but not the least, holding of this conference on a very short notice may not have been possible without the hectic & valiant efforts of my “single man army” namely our General Secretary Mr. Sana Ullah Ghumman.

I wish a great success to the conference & hope its recommendations would be taken into consideration by relevant Government quarters for planning better health care of our nation.

PAKISTAN ZINDABAD

EX-GENERAL SECRETARIES OF PANAH



Lt Col (r) Dr. Sarfraz Ahmed Mir



*Dr. Abdul Qayyum Awan
Medical Specialist*



*Dr. Shahnaz Hamid Mian
Gynaecologist
CPR Expert*



Sqn Ldr (R) Ghulam Abbas

GENERAL SECRETARY PANA H



Mr. Sana Ullah Ghumman

General Secretary

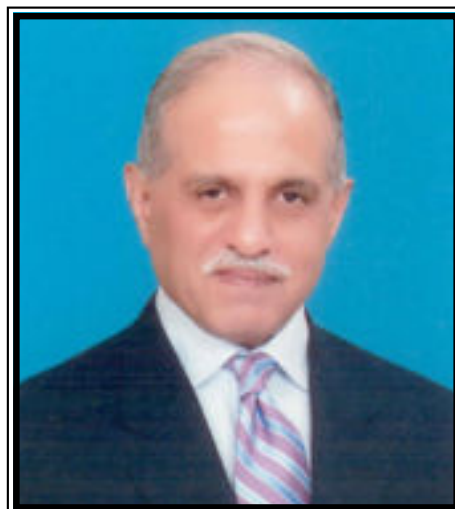
Pakistan National Heart Association (PANA H)

Pride of performance (Presidential Award)

OFFICE BEARERS OF PANAH



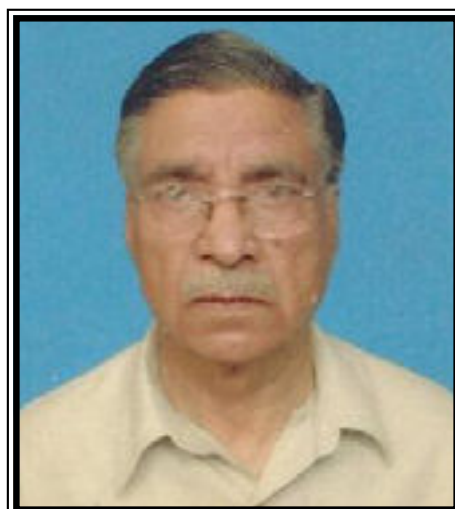
Maj Gen (R) Masud Ur Rehman Kiani
HI(M), SI,T.Bt
President PANAH



Lt Gen (R) Azhar Rashid
Executive Vice President PANAH



Maj Gen (R) Ashur Khan
Senior Vice President PANAH



Dr. Abdul Qayyum Awan
Senior Vice President PANAH



Col (Retd) Ijaz Ahmed Raffi
Vice President PANAH



Mr. Ijaz Akber
Vice President PANAH

OFFICE BEARERS OF PANAH



Dr Shahnaz Hamid Mian
Vice President PANAH



Sqn Ldr (R) Ghulam Abbas
Vice President PANAH



Mr. Sana Ullah Ghumman
Gen Secretary/ Dir Ops PANAH



Mr. Murtaza Ameer Ali
Joint Secretary PANAH

INTRODUCTION OF ORGANIZING BODY PANA H

Pakistan National Heart Association (PANA H) was formed in 1984 in AFIC under the Patron-ship of the President of Pakistan at that time. The main aim & purpose was to disseminate information about spread of ischemic Heart disease, its causative and risk factors, their control & modification so as to prevent, minimize and control the widely progressing cardiovascular diseases and other non communicable diseases, misery, pain, disabilities and fatalities due to angina, heart failure and heart attack. Another important aim was to educate the general public and impart training regarding recognition of Cardiac Arrest and to immediately carry out the drill of CPR (Cardio Pulmonary Resuscitation) to save the life at the site of occurrence of Heart Attack. This association had also put in its good share in helping people who suffered in the natural disasters that struck the nation in the past and is also helping poor patients, get expensive cardiac investigations, angioplasty, stents and cardiac surgery at various hospitals. PANA H also work closely with policy makers, media, researchers and civil societies to advocate for policies to reduce NCDs. The President of Islamic Republic of Pakistan, honorable Dr. Arif Ur Rehman Alvi is our Patron-in-Chief.

SUMMARY OF CONFERENCE

The overall all objectives of this conference is to provide a shared platform to local and international researchers, clinicians, academicians and policy makers to share knowledge, promote research and formulate evidence based policy recommendations for Pakistan based on the global best practices. The specific objectives are;

1. Provide platform for sharing of latest scientific evidence related to risk factors, policy analysis and identifying gaps, global best practices, and formulate recommendations for prevention of these NCDs.
2. Advocate and mobilize healthy food policy solutions and other measures to reduce NCDs in Pakistan.
3. Provide networking opportunity to students, national and international researchers, academicians, policy makers, government representatives, civil society and media for mutual learning and promotion of evidence based policy solutions for prevention and control of NCDs.
4. The multidisciplinary discussions and thought are expected to process lead to a draft a combine commitment and action tracks to encounter the growing burden of Non-Communicable Diseases. It will help to provide impact on policy makers and stakeholders by understanding the true picture and sensitivity of matter.

EXPECTED OUTCOME OF CONFERENCE 2021

1. The latest evidence, research and knowledge around non communicable diseases is disseminated and shared with participants.
2. An alumni of conference participants and speakers is developed for continuous sharing of knowledge, related research and policy recommendation.
3. The evidence based recommendations for prevention and control of NCDs are formulated and shared with the policy makers.
4. The conference abstract book is published & disseminated.

An online library for sharing resources and publication on NCDs is developed and functional.

CONFERENCE SCOPE

The five principal NCDs are cardiovascular diseases (CVD), cancers, chronic respiratory diseases, diabetes, and mental and neurological conditions. These NCDs have shared risk factors like tobacco use, unhealthy diet, harmful use of alcohol, air pollution and physical inactivity. The conference will mainly focus around these principle NCDs and also their risk factors.

CONVENER OF THE CONFERENCE



Maj Gen. (R) Masud Ur Rehman Kiani; HI(M); SI; T.Bt

Cardiac Surgeon

MBBS, MCTS, FCPS, FRCS, MRCP, FRCP,

Hilal Imtiaz Military, Sitra Imtiaz, Tamgha Basalat

President Pakistan National Heart Association (PANAH).

Ex-Commandant AFIC/NIHD, The Mall, Rawalpindi

SECRETARY, CHEIF COORDINATOR OF THE CONFERENCE



Mr. Sana Ullah Ghumman
General Secretary
Pakistan National Heart Association (PANAH)
Pride of performance (Presidential Award)

ADVISORY BOARD



Chairman

Lt Gen Azhar Rashid; SI(M)

FCPS (Surgery), OJT (Cardiac Surgery), MBBS. Principal Islamic International Medical College. Ex- Surgeon General / DGMS (IS) Pakistan Army, Ex-Commandant AFIC. Executive Vice President PANAH



Mr. Hassan Muhammad Khan

Chancellor of Riphah International University. Patron PANAH



Maj Gen Farhan Tayyub

*Commandant AFIC, Patron PANAH
Advisor of Cardiology Pak Army
Prof of Cardiology & Medicine at Army Medical College*



Prof. Dr. Wajid Ali

*MBBS, FCPS, FACC
Consultant Physician, Pulmonologist, General Physician. Scientific Advisor PANAH*



Mr. Munawar Hussain

*International Coordinator
Consultant – Food Policy Program
Global Health Advocacy Incubator (GHA)*

SCIENTIFIC COMMITTEE



Chairman
Prof. Dr. Wajid Ali

MBBS, FCPS, FACCP Consultant Physician, Pulmonologist, General Physician



Co-Chairman
Prof. Dr. Shakeel Ahmed Mirza
M.B.B.S., M.R.C.P (UK), F.R.C.P.(London), F.C.P.S (Pak)
Lead Technical Advisor on NCD, PANA H



Dr. Asad Islam
MBBS, FCPS, Cardiac Surgeon



Col Junaid Saleem
MBBS, FCPS (Gastroenterology)
Gastroenterologist, Hepatologist



Col Shahid Ahmad
MBBS, FCPS, OJT(UK), SCE(UK)
Consultant Endocrinologist & Dialectologist

ORGANIZING COMMITTEE



Chairman

Lt Gen Azhar Rashid

FCPS (Surgery), OJT (Cardiac Surgery), MBBS
Principal Islamic International Medical College
Ex- Surgeon General / DGMS (IS) Pakistan Army, Ex-
Commandant AFIC
Executive Vice President PANAH



Chief Coordinator

Mr. Sana Ullah Ghumman

General Secretary
Pakistan National Heart Association – PANAH
Pride of Performance (Presidential Award)



Prof. Dr. Wajid Ali

MBBS, FCPS, FACC
Consultant Physician, Pulmonologist,
General Physician
Scientific Advisor PANAH



Prof. Dr. Shakeel Ahmed Mirza

M.B.B.S., M.R.C.P (UK), F.R.C.P.(London), F.C.P.S
(Pak)
Lead Technical Advisor PANAH

ORGANIZING COMMITTEE



Mr. Munawar Hussain
*International Coordinator
Consultant – Food Policy Program
Global Health Advocacy Incubator (GHAi)*



Sqn Ldr (R) Ghulam Abbas
Vice President PANA H



Ch. Aneel Ahsan
Office Manager PANA H



Mr. Abdul Wahab
Communication Officer PANA H

ORGANIZING COMMITTEE



Mr. Hasan Salim
Project Coordinator PANA H



Mr. Jabar Sultan
Finance Manager PANA H



Mr. Shahid Riaz
Admin Officer PANA H

SPEAKERS



Maj Gen. (R) Masud Ur Rehman Kiani;

HI(M); SI; T.Bt

Cardiac Surgeon

FRPS, FPCS, FRCP, President Pakistan National Heart Association (PANA H)

Decoration: – Hilal Imtiaz Military, Sitra Imtiaz, Tamgha Basalat

Ex-Commandant AFIC/NIHD and President Pakistan National Heart Association (PANA H)



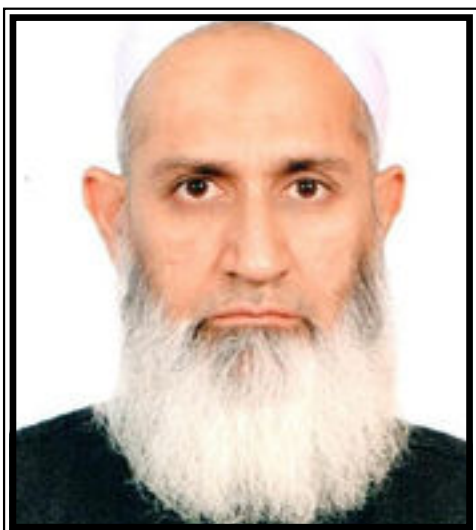
Lt Gen Azhar Rashid

Ex- Surgeon General / DGMS (IS) Pakistan

Army , Ex-Commandant AFIC

Principal Islamic International Medical College

Executive Vice President PANA H



Prof. Abdul Basit

Director, Baqai Institute of Diabetology & Endocrinology (BIDE), Prof. of Medicine, Baqai Medical University (BMU)

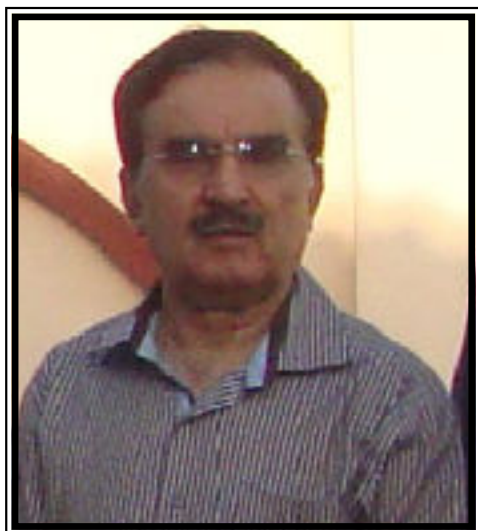


Mr. Hassan Muhammad Khan

Chancellor

Riphah International University

SPEAKERS



Maj Gen Ashur Khan
MBBS, MCPS, FCPS, FACC, Cardiologist
Senior Vice President PANAH



Maj Gen Farhan Tayyub
Commandant AFIC, Patron PANAH
Advisor of Cardiology Pak Army
Prof of Cardiology & Medicine at Army Medical College

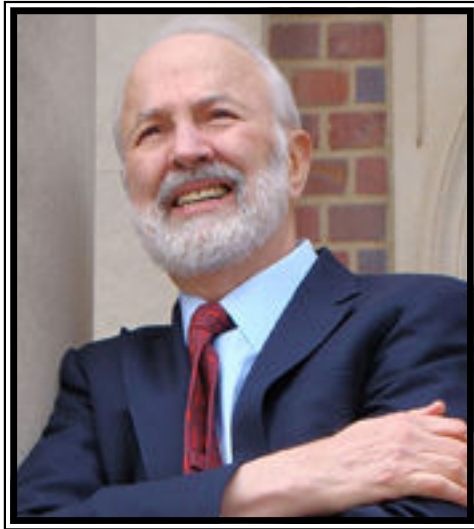


Maj Gen Naseer Ahmad Samore
Consultant Interventional Cardiologist and
Physician
MBBS, FCPS (Medicine), FCPS (Cardiology), FRCP
(Glasgow)



Prof. Dr. Wajid Ali
MBBS, FCPS, FACP
Consultant Physician, Pulmonologist,
General Physician

SPEAKERS



Dr. Barry Popkin

*W. R. KENAN JR. Distinguished Professor
Department of Nutrition*



Dr. Shahzad Ali Khan

*MBBS, MBA-Finance, MSPH, PhD, FRSPH (UK),
FFPH (UK)*



Dr. Shagufta Feroz

Director of Riphah Institute of Lifestyle Medicine



Dr Nickolaos Pantazopoulos

Consultant Cardiologist, MBBS FRCP FESC

SPEAKERS



Ms. Elizabeth Orlan
Associate director of research for the Food
Policy program



Dr. Alicja Baska
MD Executive director and co founder of the
Polish Society of Lifestyle Medicine



Prof. Dr. Kamran Siddiqi
MBBS, MRCP, MPH, FFPH, PhD
Professor in Global Public Health
Department of Health Sciences
University of York Associate Dean (Int.)
Hull York Medical School



Dr. Abdul Qayyum Awan
Medical Director Abdul Hakeem Memorial
Hospital New Mohanpura, Rawalpindi. MBBS
Senior Vice President Pakistan National
Heart Association (PANAH)

SPEAKERS



Col Junaid Saleem
MBBS, FCPS (Gastroenterology)
Gastroenterologist, Hepatologist



Prof. Dr. Col (R) Shakeel Ahmed Mirza
M.B.B.S., M.R.C.P (UK), F.R.C.P.(London), F.C.P.S (Pak)
Consultant Physician



Col Shahid Ahmad
MBBS, FCPS, OJT(UK), SCE(UK)
Consultant Endocrinologist & Dialectologist



Brig Dr. Abdul Hameed Siddique
Consultant cardiologist and physician classified medical
specialist MBBS(QUA), FCPS (medicine), FCPS(Cardiology),
OJT (UK), FACP (USA), CMT (UHS)

SPEAKERS



Prof. Dr. Samra Mazhar
Deputy Director(Programs) at Ministry of
National Health Services, Regulations &
Coordination, Islamabad



Malik Imran Ahmad
Country Head
Campaign for Tobacco Free-Kids (CTFK)



Mr. Munawar Hussain
International Coordinator
Consultant – Food Policy Program
Global Health Advocacy Incubator (GHA)



Mr. Sana Ullah Ghumman
Chief Coordinator
General Secretary Pakistan National Heart
Association – PANAH,
Pride of performance (Presidential Award)

INTRODUCTION OF ORGANIZING BODY PANAH

Pakistan National Heart Association (PANAHA) was formed in 1984 in AFIC under the Patron-ship of the President of Pakistan at that time. The main aim & purpose was to disseminate information about spread of ischemic Heart disease, its causative and risk factors, their control & modification so as to prevent, minimize and control the widely progressing cardiovascular diseases and other non communicable diseases, misery, pain, disabilities and fatalities due to angina, heart failure and heart attack. Another important aim was to educate the general public and impart training regarding recognition of Cardiac Arrest and to immediately carry out the drill of CPR (Cardio Pulmonary Resuscitation) to save the life at the site of occurrence of Heart Attack. This association had also put its good share in helping people who suffered in the natural disasters that struck the nation in the past and is also helping poor patients, get expensive cardiac investigations, angioplasty, stents and cardiac surgery at various hospitals. PANAHA also work closely with policy makers, media, researchers and civil societies to advocate for policies to reduce NCDs. The President of Islamic Republic of Pakistan, honorable Dr. Arif Ur Rehman Alvi is our Patron-in-Chief.

SUMMARY OF CONFERENCE:

The overall all objectives of this conference is to provide a shared platform to local and international researchers, clinicians, academicians and policy makers to share knowledge, promote research and formulate evidence based policy recommendations for Pakistan based on the global best practices. The specific objectives are:

1. Provide platform for sharing of latest scientific evidence related to risk factors, policy analysis and identifying gaps, global best practices, and formulate recommendations for prevention of these NCDs.
2. Advocate and mobilize healthy food policy solutions and other measures to reduce NCDs in Pakistan.
3. Provide networking opportunity to students, national and international researchers, academicians, policy makers, government representatives, civil society and media for mutual learning and promotion of evidence based policy solutions for prevention and control of NCDs.
4. The multidisciplinary discussions and thought are expected to process lead to a draft a combine commitment and action tracks to encounter the growing burden of Non-Communicable Diseases. It will help to provide impact on policy makers and stakeholders by understanding the true picture and sensitivity of matter.

PROGRAM AGENDA



**PANAH
INTERNATIONAL
CONFERENCE ON
NON COMMUNICABLE
DISEASES**

A Threat To National Development (PICNCD-TND 2021)

Islamabad
(10th - 11th July, 2021)

www.panah.org.pk

Non Communicable Diseases, A Threat to National Development.
Date: 10th & 11th July, 2021 at Riphah International University
Peshawar Road, Rawalpindi.

Chief Guest: Lt Gen Nighar Johar, H(M) Surgeon General / DGMS (S)			
Chairperson: Maj Gen (R) Masud Ur Rehman Kiani President PANAH			
Moderator: Prof. Dr. Shakeel Ahmed Mirza Lead Technical Advisor on NCD, PANAH			
Day One, Session One: INAUGURAL SESSION Date 10- July, 2021.			
Time	Topic	Speakers	
09:30 – 09:35 AM	Recitation from The Holy Quran	
09:35 – 09:40 AM	Welcome and Introduction to the Conference	Prof Dr Shakeel Ahmed Mirza Lead Technical Advisor PANAH Consultant Physicians, Mega Medical Complex, Rawalpindi	
09:40 – 10:00 AM	Overview on Interventions for control of NCDs	Dr Barry M Popkin, PhD (economics), Kenan Distinguished Professor of Nutrition Epidemiology University of North Carolina at Chapel Hill School of Public Health, USA.	
10:00 – 10:20 AM	Key Note Address: Sugar Sweetened Beverages & NCDs		
10:20 – 10:30 AM	Presidential Address: President PANAH	Maj Gen. (R) Masud Ur Rehman Kiani President PANAH Chairman PANAH Trust Ex-Commandant AFIC	
10:30 – 10:50 AM	Address by the Chief Guest	Lt Gen Nighar Johar; H(M) Surgeon General / DGMS (S) General Headquarters, Rawalpindi	
10:50 – 11:00 AM	Presentation of Souvenirs		
11:00 – 11:30 AM	Tea Break		
Chairperson: Maj Gen (R) Muhammad Ashraf Khan Ex Commandant AFIC & Patron PANAH			
Co-Chairperson: Maj Gen Farhan Tayyub Commandant / Executive Director AFIC-NIHD			
Moderator: Dr. Farah Parvaiz AFIC-NIHD, Rawalpindi			
Day One, Session Two: Cardiovascular Diseases Date 10- July, 2021.			
Time	Topic	Speakers	
11:30 – 11:50 AM	Primary Prevention of Ischemic Heart Diseases	Maj Gen Farhan Tayyub, S(M) Professor of Cardiology, Commandant / Executive Director AFIC-NIHD, Rawalpindi	
11:50 – 12:10 PM	Cardiovascular Fitness and Heart Diseases	Dr Nicholas Pantazopoulos Consultant Cardiologist at West Middlesex University Hospital, Chelsea and Westminster NHS Foundation Trust	

PROGRAM AGENDA

[illegible]

ABSTRACTS

Anthropological insights on Diabetes-Cardiovascular Disease Care; a case study of Punjab, Pakistan

Dr. Shaheer Ellahi Khan

Assistant Professor

Faculty of Arts and Social Sciences

University of Central Punjab, Lahore

A pragmatic cluster randomized controlled trial - a pilot intervention was conducted to assess the effectiveness of a standardized care package of diabetes-cardiovascular disease delivered through rural primary healthcare facilities in District Sargodha, Punjab, Pakistan. Diabetes patients were recruited into intervention and control arms. The diabetes care package required a skill mix beyond medical knowledge i.e. the counselling tool for life style modification and drug regimen and follow-up adherence that needed to be refined and understood socio-culturally. Any effort to improve case management required more in-depth understanding of lay belief systems, cultural norms, access to information and products, social service context etc. The current study was designed by making an intervention site an entry point in the lives of the diabetics. The patients registered at the Rural Health Center (RHC) 104 Northbound health facility were studied in their local settings. The study adapted the patients' explanatory model to explore the journey/episode of type 2 diabetes. The study used an interview guide along with observational checklist to conduct in-depth interviews with adherent (male and female) and non-adherent patients (male and female).

The adherence to the proposed treatment was found to be influenced by both direct and in-direct factors. The treatment was found to be two pronged (i.e. clinical treatment and lifestyle modification). The direct social factors towards adherence to the clinical treatment were the perception(s) towards public health care system, role of paramedic, opportunity cost and social identity of diabetic. The in-direct factors were also found to be cross cutting with the direct social factors. The in-direct factors were the overall environmental factors, education, health illiteracy and age. The adherence to the lifestyle modification was also found to be influenced by certain cultural factors (both directly and in-directly). The direct cultural factors that may affect adherence to the lifestyle change were the concept of diet, concept of physical activity, gender and perception towards the treatment of diabetes (especially desire for cure and maximum benefits). The in-direct cultural factors were also found to be cross cutting with direct cultural factors that may include perceived seriousness of diabetes, financial pressures, position status in the family and environmental factors. The overall adherence to the proposed treatment was majorly influenced by the gender (of the patient).

It may be concluded that adherence to the treatment (clinical treatment and lifestyle modification) was a strong socio-cultural construct. The adherence to the treatment may be improved with the help of understanding the patients' perspective that may lead to develop culturally competent strategies to troubleshoot barriers at the important stages of the diabetes care. It may also be concluded that the range of health care providers may be considered as important stakeholders in the different stages of the disease. The incorporation of these health care providers in the general framework may help educate and refer the patients in case of emergency and complications to the RHC.

Keywords: Diabetes-cardiovascular disease care, lifestyle change, adherence, follow-up, socio-cultural factors

Eating behaviors and adherence to food groups based dietary guidelines- a population based study

Ibrar Rafique, Muhammad Arif Nadeem Saqib, Nighat Murad, Muhammad Kashif Munir, Aftab Khan, Rabia Irshad, Tayyaba Rahat, Saima Naz

Abstract:

Background & Aims: Eating behaviors and adherence to dietary guidelines is important for better nutrition of a society. There is little information available from population about the eating habits especially with respect to dietary guidelines. Therefore we planned this study to determine the eating behavior and adherence to dietary guidelines in our population.

Methods: It was a community based study conducted in five cities with two stage stratified sampling approach. Total of 448 participants were interviewed using Food frequency questionnaire adapted to local context. Five food groups (proteins, cereals, dairy, vegetables and fruits) were taken as per dietary guidelines. A score point of 1 was given to each food group making a total of 5 scores. Data were analyzed using SPSS.

Results: Among food groups, mean intake of cereals (carbohydrates) was high (3.38 ± 1.39) followed by other items with fruits was least (0.76 ± 0.91). Daily intake of dairy products was significantly high among female ($p=0.001$) and in the age group 30-40 years ($p=0.02$) while daily fruit intake was significantly common in high socio-economic groups ($p=0.028$). Overall, at least one serving of discretionary food was taken by participants which was more female gender ($p=0.001$), graduates ($p=0.003$), high socio-economic group ($p=0.001$) and employed persons ($p=0.04$).

None of the participants had 05 score while only 1% achieved score 04 indicating poor adherence to dietary guidelines. However, adherence was more in females ($B = 0.45$, 95%CI = 0.24; 0.66), graduates ($B = 0.45$, 95% CI = 0.25; 0.64), unmarried ($B = 0.30$, 95% CI = 0.18; 0.43), unemployed ($B = 0.22$, 95% CI = 0.01-0.43) and aged >50 years ($B = 0.34$, 95% CI = 0.08; 0.60) as compared to others.

Conclusion: This study showed that majority was at least taking one serving of discretionary food daily while the consumption of fruit was less indicating poor dietary habit. There is need to educate the people about the healthy diet intake through awareness campaigns.

Motivations towards Smoking Cessation, Reasons for Relapse, And Modes of Quitting: A Comparative Study among Former and Current Smokers

Corresponding Author: Dr. Rehana Khadim

Designation: Managing Editor

Department: Pakistan Armed Forces Medical Journal Office

Institution: Army Medical College, Rawalpindi

Co-Authors: Maj General Farhan Tuyyab, Dr Mubbra Nasir, Dr Urooj Alam, Dr Ruqqia Tahir Dr Shazia Fatima Malik

Abstract:

Background: Tobacco kills more than 7 million people each year. More than 6 million of those deaths are the result of direct tobacco use while around 890,000 are the result of non-smokers being exposed to second-hand smoke. According to National Health Services, Regulations and Coordination ministry; Pakistan was ranked 54th amongst 84 countries with high prevalence of tobacco smoking. Number of smokers reaches 25 million in Pakistan. According to WHO, tobacco killed over seven million people every year, out of which 108,000 people died in Pakistan.. This study is part of a larger research project that aims to investigate factors that influence outcomes of anti-smoking counseling in health care setting; including the role of doctor, the role of nurse and patient's experience of smoking cessation. The Objective of the study was: To determine and compare among former and current smokers, the reasons why smokers initially started smoking, the motivations towards smoking cessation, reasons for relapse, modes of quitting and other associated factors.

Study Design: A comparative cross-sectional Study.

Place and Duration: Armed Forces Institute of Cardiology and National Institute of Heart Diseases, Rawalpindi from July 2017 till June 2018.

Methodology: Current Smokers were recruited in the study, who had been smoking cigarettes daily for \geq one year and made an attempt to quit the smoking while former Smokers who had quit the cigarettes smoking for \geq one year and never relapsed and previously had been daily smokers were recruited. Smokers who were using smokeless tobacco, who never quit smoking and who didn't smoke daily were excluded from the study.

Results: A Total of 1024 participants were recruited in the study. Out of which 512 were current smokers and 512 were former smokers. Mean age of the study participants was 45.3 ± 5.8 years. The most common motivations for smoking cessation among former smokers were found to be; health concerns (Diagnosed with cardiovascular diseases) in 281 (54.8%) study participants, followed by persistent cough, setting good example for children, religious inclination, smoking ban at work place and unpleasant smell to the people around while the most common reasons for relapse in current smokers were;

company/friends in 290(56.6%) current smokers followed by stress in 94(18.3%) then personal tragedy, constipation/gas issue and pleasure obtained from smoking.

Conclusion: Our study results yielded that most of the people initiate smoking after getting influence from their company. The development of cardiovascular diseases remains the main source of motivation behind smoking cessation. Relapse causes also remain an important issue, in our study, these encompassed, most notably: company around, stress, lack of the pleasure previously obtained from smoking. It appears that it is essential to work out measures for relapse prevention to enhance the number of successful smoking cessation attempts.

Keywords: Cardiovascular disease, Relapse, Smoking cessation, Stress.

References:

1. Danaei G, Vander Hoorn S, Lopez AD, Murray CJ, Ezzati M; Comparative Risk Assessment collaborating group (Cancers). Causes of cancer in the world: comparative risk assessment of nine behavioural and environmental risk factors. *Lancet*. 2005;366(9499):1784–1793.
2. World Health Organization (WHO). WHO Report on the Global Tobacco Epidemic, 2011: Warning about the Dangers of Tobacco. Geneva: WHO; 2011. Available from: http://whqlibdoc.who.int/publications/2011/9789240687813_eng.pdf?ua=1. Accessed August 28, 2020.
3. 2008 PHS Guideline Update Panel, Liaisons, and Staff. Treating tobacco use and dependence: 2008 update US Public Health Service Clinical Practice Guideline executive summary. *Respir Care*. 2008;53(9): 1217–1222.
4. Neroth P. Stubbing out Communist habits. *Lancet*. 2005;366(9480): 109–110.
5. Centers for Disease Control and Prevention (CDC). State-specific prevalence of cigarette smoking and smokeless tobacco use among adults – United States, 2009. *MMWR Morb Mortal Wkly Rep*. 2010; 59(43):1400–1406.
6. CDC. Smoking-attributable mortality, years of potential life lost, and productivity losses – United States, 2000–2004. *MMWR Morb Mortal Wkly Rep*. 2008;57(45):1226–1228.
7. Federico B, Costa G, Ricciardi W, Kunst AE. Educational inequalities in smoking cessation trends in Italy, 1982–2002. *Tob Control*. 2009;18(5): 393–398.

Sarcopenic Obesity; Risk Factors and Dietary Control

Nimra Sameed*, Dr. Samreen Ahsan, Dr. Muhammad Farhan Jahangir Chughtai
Department of Food Science and Technology
Khawaja Fareed UEIT, Rahim Yar Khan

Abstract:

Background: The world population is rapidly growing and it is predicted that till 2050 about 22% population will be older than 60 years and almost 5% will be aged more than 80 years. In line with growing age incidence of health ailments is increasing results in increased risks of falls, disability, loss of independence and premature deaths. Additionally these conditions increase burden on our health care system and national economy. Physical impairments with growing age is highly multifactorial however with age, decrease in muscle mass and strength accompanied by reduced skeletal muscle functioning is a major contributor, termed as sarcopenia. The imbalance of energy intake and fat accumulation results in obesity.

Sarcopenic Obesity causes: Sarcopenic Obesity (SO) a major public health concern prevalent in older aged people causes obesity with sarcopenia or age related decline in muscle mass and strength. There is interplay between changing lifestyles, lack of physical activity, hypercaloric diet, hormonal imbalance, inflammation, oxidative stress, insulin resistance and aging resulting in increased fat accumulation and declined muscle mass. Globally sarcopenic obesity is growing rapidly due to non specific symptoms, remains undiagnosed and unsuspected.

Risk Factors: Studies have shown that sarcopenic obesity is synergistically associated with functional decline and increased incidence of non communicable diseases (NCDs) such as dislipidemia, hypertension, diabetes, cardiometabolic disorders and mortality.

Control and concluding remarks: The effective strategies to counteract sarcoplasmic obesity include hypocaloric diet with high protein intake, micronutrient supplements, bariatric surgery along exercise strategies. However further research is required to clearly understand optimal weight loss, intensity, frequency and type of exercise and combined effect of nutrition and exercise on physical functioning parameters and body composition in sarcopenic obese older adults.

Keywords: Sarcopenic obesity, aging, NCDs, nutrition and diet, Exercise and physical activity.

Correlation of abnormal gonadotropic hormones and lipid fractions in association with anthropometric parameters

Roheena Zafar¹, Mariam Habib¹, Muhammad Zaid^{1*}

Department of Life Sciences, University of Management and Technology, Lahore, Pakistan.

Abstract:

In this study, the predictive capabilities of newly designed anthropometric indices (a body shape index ABSI, body roundness index BRI and visceral adiposity index VAI) were observed in determination of abnormal gonadotropic hormones (follicle stimulating hormone FSH and Luteinizing hormone LH) along with abnormal lipid profile in 289 females from local area of Lahore. FSH and LH levels were measured by using commercially available kits working on the principle of chemiluminescent micro particle immunoassay (CMIA). The lipid profile (i.e. Total cholesterol TC, Triglyceride TG and High density lipoprotein cholesterol HDL-C) were evaluated by using colorimetric method, while mathematical formula was used for calculation of low density lipoprotein cholesterol LDL-C. The anthropometric indices (ABSI, BRI and VAI) were calculated by using standardized formulas using weight (kg), height (m) and waist circumference (cm). The results revealed that low level of HDL-C is the most lipid abnormality in studied population. The trend of ABSI BRI and VAI were not so different in FSH and LH based groups. Non-significant results and receiver operating characteristic curve analysis showed weak predictive capabilities for abnormal FSH and LH levels. A conclusion can be made from the above data, that ABSI, BRI and VAI are not strong predictors of abnormal gonadotropic hormone level.

Association between water intake and body measurements; A cross sectional study in the students of a Pakistani Dental College

Dr Fatima

Islamic International Dental college Islamabad

Abstract:

Introduction: We are all aware of the role of water as an essential nutrient in human health. Life style Medicine researches have shown high prevalence of inadequate hydration habits globally. In this study, the relationship of water intake with anthropomorphic measurements in young adults of a particular geographical location was observed.

Materials & Methodology: This cross sectional study was conducted on 250 undergraduate students of IIDC, RIU from Feb to May 2021. For the assessment of water intake an online questionnaire was filled whereas for the anthropomorphic measurements, Physiology & Biochemistry labs were utilized according to the recommendations of the International Standards for Anthropometric Assessment (ISAK). These included: BMI, WH ratio and Abdominal measurements taken from the level of belly button & 2 inches below and the difference measured. Differences in water consumption according to these 3 parameters were analyzed through one way ANOVA test and considered significant at $p \leq 0.05$.

Results: A total of 259 healthy volunteers with $\text{Mean} \pm \text{SD} = 19.587 \pm 1.2307$ where 179 female (61.1%) & 80 males (27.3%). Chi square correlation showed significant association of gender with all the variables ($p < 0.05$). BMI for both genders fell into the normal range whereas WH ratio and abdominal measurement diff. was above the normal range in females pointing towards a central obesity tendency (android type). One way Anova for the comparison of various levels of water intake showed significant association with BMI only.

Conclusions: Significant association was found between water intake & BMI with large individuals requiring more water consumption as compared to individuals with smaller size. Therefore, a "tailored water prescription" that considers gender, age and BMI differences is required.

Reducing Ssis Through Quality Improvement Initiative: A Tertiary Cardiac Care Facility Experience In A Developing Country

Dr Rehana Javed
Research Officer
R&D AFIC/NIHD

Amongst healthcare associated infections (HAIs), surgical site infections (SSIs) are a preventable cause of increased morbidity and mortality and are associated with substantial financial costs. SSI rates are an indicator of the quality of surgical and postoperative care, which necessitates the need for robust surveillance systems for these healthcare associated infections. Patients undergoing coronary artery bypass grafting (CABG) are at a greater risk for infection due to their relatively older age and the presence of comorbid conditions like diabetes mellitus and obesity.

Objective: To establish the adult cardiothoracic surgical site infections registry to determine adult surgical site infection (SSI) rates and study impact of quality improvement initiatives on SSI rates.

Methods: The Adult Cardiothoracic SSI registry was developed at Armed Forces Institute of Cardiology and National Institute of Heart Disease, Rawalpindi, Pakistan. Monthly SSI rates were monitored for both CABG and valvular heart surgeries inclusive of chest and leg SSIs instituted to control the increased SSI rate in October 2014 after a multidisciplinary approach.

Results: A total number of 1341 cardiac surgeries were carried out and the cumulative SSI rate was 1.7% (n=23) for a period of one year i.e. August 2014 to August 2015, The SSI rate for chest infections was 22% (n=6) and for leg wound (harvest site) infections was 78% (n=17). There was an increase in SSI rate 5% (n= 04) during October 2014. After process improvements the rate declined to 1% in November 2014 and has remained less than or equal to 2% as of August 2015.

Conclusion: A high SSI rate was investigated and multi-modal process improvements and infection control measures were implemented, leading to a decrease in SSI rate from 4% to 1%.

Keywords: Cardiothoracic surgery, Registry, Surgical site infection, Quality improvement.

Comparison Of Survival Times Amongst Patients Undergoing Primary Percutaneous Coronary Intervention, Pharmacologic And Thrombolytic Therapy For Acute ST Elevation Myocardial Infarction In A Tertiary Care Hospital: A Survival Analysis

Presenting Author: Dr Javeria Kamran

Abstract:

Background: Acute myocardial infarction remains a time-sensitive medical emergency associated with significant morbidity and mortality. Research supports the superiority of PPCI over fibrinolytic therapy that can improve outcomes when delivered within a specified timeframe, however; effectiveness of treatment options in the terms of survival over the period of time has not been tested in our setup.

Objective: To compare the survival times in patients with acute myocardial infarction treated with PPCI, PI and streptokinase.

Material and Methods: A prospective study was conducted in Armed Forces Institute of Cardiology, Rawalpindi from Jan 2017 to July 2019 using consecutive sampling. Total 294 patients fulfilling the inclusion criteria were stratified into three groups i.e group I patients who underwent PPCI and group II who underwent pharmacologic-invasive therapy and group III who were administered streptokinase. All the groups were followed for 30 months. In this study the probability of the patients to survive after PPCI at the end of 6 months duration was found to be 96% for PPCI, 93% for PI and 75% for SK. Similarly, probability of the patients to survive at the end of 30 months in case of PPCI was 91%, 89% in case of PI and 64% for SK.

Conclusions: This study will help determine the benefits of PPCI over fibrinolysis in terms of survival and will play a pivotal role in policy decisions for sustainability of a 24/7 PPCI reperfusion strategy to decrease overall mortality related to acute myocardial infarction.

Polypharmacy And Barriers To Medication Adherence Among The Elderly With Chronic Diseases Attending A Tertiary Care Hospital In Rawalpindi

Presenting Author Details:

Dr Aleena Khan (Pharm-D, MS Public Health)
Research Officer
Research & Development Dept AFIC/NIHD
Category: Oral Presentation/Poster Presentation

Abstract:

Background: Taking a number of medicines, whether they are prescription drugs, OTC drugs, an herbal or dietary supplement is known as polypharmacy. The elderly are susceptible to multiple chronic conditions, and are at a greater risk to polypharmacy; hence they face a number of problems adhering to their treatment plan. The purpose of this study was to evaluate barriers to medication adherence faced by the elderly with chronic diseases and to find and its association with polypharmacy.

Materials and Methods: The cross sectional study was done within six months in a tertiary care hospital of Rawalpindi, Pakistan. Descriptive analysis was done by calculating frequency and percentages; Chi-square test was applied in inferential analysis for the variables of interest to determine statistical association.

Results: Data was collected from a total of 173 respondents. Mean age of the respondents who participated in the study was found to be 69.12 ± 7.6 , the average number of years from which they were suffering from the disease was 14.32 ± 6.6 . Out of 173 respondents, (84.4%) N=146 were males and 15.6% N=27 were females. Among the four barriers 121 (69.9%) respondents faced patient related factors, 126 (72.8%) faced healthcare system related factors, 114 (65.9%) faced socio-economic factors, 82 (47.4%) faced therapy related factors and 74 (42.8%) faced condition related factors.

Conclusion: This study identified barriers to medication adherence faced by the elderly due to polypharmacy. A significant association was found between number of medicines taken by the elderly and the associated barriers. Polypharmacy causes difficulty adhering to treatment, as age increases so does the diseases especially in the elderly, which is the main cause of increasing number of medicines taken by the elderly and hence increased barriers to adherence. The use of multiple drugs may be appropriate for some individuals, but inappropriate for others. Strategies should be made by the public health professionals and should be implemented by the health care professionals while choosing therapies to assess the risk, benefit ratio of the treatment given especially in elderly with multi morbidities.

Impact of Heavy metals and Polycyclic Aromatic Hydrocarbons with respect to cancer development; a case study

Ayesha Ali*, Dr. Atif Liaqat and Syed Junaid-Ur-Rahman

Department of Food Science and Technology

Khwaja Fareed UEIT, Rahim Yar Khan

Corresponding email: Ayesha.ali.eng@gmail.com

The incidence of substantial amount of polycyclic aromatic hydrocarbons and heavy metals in barbecued chicken is matter of public health significance. The current study was designed to assess the presence of heavy metals and polycyclic aromatic hydrocarbons in barbecue chicken samples as they are considered as potential human carcinogens. The samples were collected from four regions of Faisalabad; Ghulam Mohammad Abad (R1), Jhang road (R2), Sargodha road (R3) and Satiana road (R4). Purposely, all the collected samples were subjected atomic absorption spectrophotometer (AAS) for detection of heavy metal (Pb, Zn, Cd and Fe) and gas chromatography with flame ionization detector (GC-FID) for polycyclic aromatic hydrocarbons (PAH). The concentration of highly toxic metals Pb and Cd was found to be much higher than recommended value. However, the level of metals (Fe and Zn) in barbecue chicken samples was also much higher than their safe limits for Fe (15ppm) and Zn (5ppm). Moreover, benzopyrene and other PAHs were also detected in barbecue chicken. It was evident from the current research that processing of meat by exposure to coal smoke trigger the production of toxic compounds in food thus posing serious risk for consumer.

Keywords: Carcinogens, PAH, Heavy Metals, Barbecue chicken, Benzopyrene.

PANA H ACTIVITIES PICTURES

MEETING WITH PRESIDENT ISLAMIC REPUBLIC OF PAKISTAN PATRON-IN-CHIEF PANAH



MEETING WITH PRESIDENT ISLAMIC REPUBLIC OF PAKISTAN PATRON-IN-CHIEF PANAH



**PRESIDENT PANAH PRESENTING SHIELD TO HONORABLE
PRESIDENT ISLAMIC REPUBLIC OF PAKISTAN
& PATRON-IN-CHIEF PANAH**



**RECEIVING PRIDE OF PERFORMANCE
(PRESIDENTIAL AWARD)**

MEETING WITH POLICY MAKERS



PANAH'S AWARENESS SEMINARS



PANAH'S AWARENESS WALKS



PANAH'S CPR TRAINING WORKSHOP



PANAH'S FREE MEDICAL CAMPS



RATION DISTRIBUTION DURING COVID-19 PANDEMIC



HEART PATIENTS SPONSORED BY PANAH



COLLABORATING ORGANIZATION

