



**Editor: Hiba Jawdat Barqawi**

## Dean's message of the month

I would like to wish you all a happy new year and also welcome the new faculty who are expected to arrive by the end of this month.

This year we have exciting news with the ExamSoft rooms now ready and we will soon be receiving the Mobile Clinic as well as the University Clinic opening next month. The gynaecology skills lab is almost ready and we are looking forward to receiving our new anatomy museum which has been approved.

We are working on the recommendations of the site visit of the accreditation advisory board Dr. David Eidelman and Dr. Mohamed Al- Moamary.

I would like to wish the students the best of luck in their upcoming examinations. I would also like to thank the faculty and the supporting staff for their efforts in preparing and conducting the examinations.

**Professor Qutayba Hamid MD, PhD, FRCP, FRS**  
**Dean of the College of Medicine**

## College News

### ExamSoft:

The set up of the ExamSoft classrooms is now complete. Mock exams will begin soon.



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## Master Students Thesis Defense:



Congratulations to our Master's students who successfully defended their theses on Sunday 8<sup>th</sup> January 2017. These students have now completed their MSc in Molecular Medicine.



The students are: **Dana Mazen Zaher, Zinab Ali, Wafaa Ramadan and Ibrahim Elsharkawi.**

## GulfThoracic Medical Students Forum:

For the first time in GulfThoracic history, the medical student's forum has been introduced and will take place during GulfThoracic Congress 2016 at Grand Hyatt Hotel, Dubai, UAE on 9-12<sup>th</sup> March 2016.

Medical Students Forum invites Medical students to participate:

[http://pastgulfthoracic.com/gulfthoracic2016/index.php?option=com\\_content&view=article&id=44&Itemid=242](http://pastgulfthoracic.com/gulfthoracic2016/index.php?option=com_content&view=article&id=44&Itemid=242)

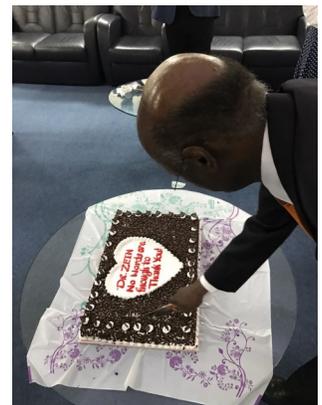
## Signing of MOU between Sheikh Khalifa Medical City-Ajman and University of Sharjah

This MOU (Memorandum of Understanding) will facilitate the training of our students, running joint conferences and performing clinical research in collaboration with one another.



## Dr. Zein Mirgahani Farewell:

Dr. Zein is one of the founders of the College of Medicine and it is hard to see him leaving. He has significant and precious contributions to the development of the college. Moreover, he is a sincere friend to all of us. We wish him much happiness and success in all that he pursues.



## Collaboration Agreement (MOU)

### Between University of Sharjah - College of Medicine's "Clinical and Surgical Training Center" and Advanced Hearing and Balance Center



In line with the Mission of Clinical and Surgical Training Center (CSTC) "to train and develop Health Care Professionals (HCPs) by offering a wide range of tailor-made development programs on the latest surgical practices and other clinical techniques in order to ensure proper adoption with optimum levels of healthcare practice in the Middle East."

The University of Sharjah - College of Medicine "Clinical and Surgical Training Center" represented by **Prof. Qutayba Hamid**, Dean of College of Medicine And Chairman of the Board of the Clinical and Surgical Training Center and The Advanced Hearing and Balance Center (AHBC) represented by Dr. Ahmed Al Amaadi CEO - Advanced Hearing and Balance Center signed a collaboration agreement to upskill health professionals with direct impact on the quality of health care and ensure the highest standard of patient's safety by conducting a Professional Diploma that would cater for the educational development needs of LHCPs' from across the United Arab Emirates and other countries in the region.

It is noteworthy that the first batch of the course is already full and is set to commence on the 13<sup>th</sup> January 2017.

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## Clinical and Surgical Training Center signed Sponsoring Agreement with Karl Storz

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The University of Sharjah Clinical and Surgical Training Center (CSTC) and KARL STORZ signed a Sponsoring Agreement regarding the support of Training Courses on the 19<sup>th</sup> December 2016.

The agreement was signed **Prof. Hamid M. K. Al Naimiy**, Chancellor of the University of Sharjah and **Mr. Johnny Kassab**, Training & Compliance Director at KARL STORZ GmbH & Co. KG.

As the leading center for Continuing Professional Development (CPD) in the Middle East the collaboration between CSTC and Karl Storz with its innovative Laparoscopic Instrument will be a great addition to the state of the art facilities of the center.

This just marks the kick off of an exciting partnership which will entail several trainings and workshops throughout the coming years. Events lined up are Surgical Endoscopy Programs and Endoscopy Courses.

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## Viral News

### Telling Mosquitoes Apart With a Cellphone

Submitted by: **Dr. Nuha Yousif**

By: DONALD G. McNEIL Jr. Global Health. New York Times. (21<sup>st</sup> Nov 2016)



Simple cellphones can tell one type of mosquito from another by their hums, which may be useful in fighting mosquito-borne diseases, according to new research from Stanford University. Calling their project “Shazam for Mosquitoes,” after the phone app that identifies music, students from the university’s Bio-X institute showed that common cellphones could record mosquito wing beats accurately enough to distinguish, for example, *Culex* mosquitoes, which spread West Nile virus, from *Aedes* mosquitoes, which spread Zika.

Even older flip phones, which are still used in parts of Africa, are sensitive enough to do the job. The students envision a crowdsourcing initiative in which phone users around the world send in sound samples of mosquitoes landing on them, which could be sorted by the embedded GPS and time coordinates to build a worldwide mosquito distribution map. It would be far less cumbersome than the current technique: trapping insects for hand sorting.

Mosquitoes use their wing-beat hums to find one another for mating. The sounds are distinct, and even big and small members of one species make similar hums. Less than half a second of flight is needed to capture a mosquito’s acoustic signature, and the technique works even against background noise like sirens or conversation, said Haripriya Mukundarajan, a mechanical engineering student who presented the research at the annual conference of the American Society of Tropical Medicine and Hygiene. It is set to be posted soon on bioRxiv, a site where scientists seek comments on their work before publishing it.

Preliminary testing in a California state park and in Madagascar proved the concept, she said, although more work remains. Brian D. Foy, a specialist in mosquito-borne diseases at Colorado State University, said he thought the idea sounded “cool” and would promote citizen science, but he remained skeptical that it would replace trapping. Sound wouldn’t tell, for example, whether the mosquitoes carried diseases. Also, he said, it is sometimes important to detect individual species and subspecies.

Joseph M. Conlon, a technical adviser to the American Mosquito Control Association, expressed reservations, saying that wing-beat frequencies could vary with temperature, humidity and the mosquito’s age, nutritional status and other variables. For now, he said, wing-beat identification was “more of a novelty than a viable tool, but it could be the wave of the future, and the technology should be explored.”

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## Will skipping dinner help you lose weight?

Submitted by: **Dr. Nour Hisham**

A new weight loss strategy was unveiled during a presentation at The Obesity Society Annual meeting in New Orleans, Louisiana. The findings are backed by the first human test on Early Time-Restricted feeding (eTRF) which was found to help people lose body fat.



In eTRF, people eat their last meal by 2pm in the afternoon and don't eat again until 8am the next morning. The new research, funded by a TOS Early Career Research Grant, found that this meal-timing strategy reduced hunger swings and increased the body's ability to burn fat and carbohydrates, and ultimately led to fat loss.

There has been a doubling of obesity worldwide since 1980. In 2014, 39 percent of adults aged 18 and over were overweight, and 13 percent were obese. Being overweight and obesity are serious health problems and put people at an increased risk of many chronic diseases including cancer, heart disease and diabetes. Innovative strategies might be just what we need to reverse the cycle.

The study on eTRF was conducted by Dr Peterson and colleagues, which followed 11 men and women with excess weight. In the study participants were asked to eat between 8am and 2pm (eTRF) for four days and between 8am and 8pm (average American diet) for another four days. Throughout the study, participants were asked to complete rigorous testing while they were under supervision. Although the participants ate the same number of calories both timings, it was found that eTRF improved fat oxidation and early hunger swings among other health indicators. Rodent studies of this approach have been conducted previously and also found that eTRF reduced fat mass and decreases the risk of chronic disease.

Not only do these preliminary findings hold hope for a new weight loss strategy but they suggest for the first time that meal timings can have an effect on our metabolism. It also shows that eating in alignment with your circadian clock can positively influence your health. In this case, it's eating earlier while your metabolism is in optimal functioning in the morning.

However it is still too early to recommend forgoing dinner altogether at this stage. Larger scale research must be conducted over a number of times first. Skipping a meal like dinner can take a toll on your system and may lead to an energy drain and irritability mainly due to a drop in sugar. Instead the learnings from this research could be translated to the age-old adage "Eat breakfast like a king, lunch like a prince, and dinner like a pauper".

At the end of the day the message can't be a one-size-fits-all. Ultimately it really depends on your lifestyle. The best way to find the right strategy for you is to schedule a visit to your local dietician. Whether you are overweight, underweight or just the right weight, a dietician will work with you to find a healthier way of eating that works for you based on your level of activity, nutrient needs and goals.

## "2016" The Year of Medical Wonders



By Sara G. Miller, Staff Writer | December 27, 2016  
 Edited by: **Dr. Heba Walid Mohammed** | December 31, 2016

It was a weird year in all aspects, even in medicine. Here is a unique insight on some of the bizarre medical cases that were encountered during this year:

### CASE I:

#### **Ghost Pepper! You are so hot!**

Ghost peppers are among the hottest chili peppers in the world. A 47-year-old man in California felt the full fiery force of the ghost pepper after eating a hamburger topped with a ghost pepper puree. After eating the pepper, the man started vomiting and couldn't stop. His vomiting was so violent that it tore a hole in his esophagus. The man spent 23 days in the hospital, and was later sent home with a feeding tube, along with little desire to try another ghost pepper in the future.



### CASE II:

#### **Let your hair down Rapunzell!**



A 38-year-old woman's nausea and inability to keep any food down was caused by an incredibly rare condition called "Rapunzel syndrome."

Named for the fairy tale princess with incredibly long hair, the condition occurs when a person has a hairball in his/her stomach, with a tail that extends into the intestines. It's caused by a psychiatric disorder called trichophagia, in which people compulsively swallow their own hair.

In the woman's case, doctors removed two hairballs surgically; one found in her stomach, measuring 15 by 10 cm with a short tail extending into her small intestine. The second hairball was found in the woman's small intestine, and measured 3 by 4 cm.

### CASE III:

#### **Oh! Holy Moley!**

A 48-year-old woman sprouted thousands of moles on her torso and extremities in just a few months, and doctors couldn't figure out why.

Such an explosion of moles, a condition called eruptive nevi, is uncommon and may be caused by changes in hormone levels, certain medications or problems with the immune system. However, none of these causes could explain the moles that appeared in the woman's case. Several moles turned out to be cancer. The woman will probably need lifelong skin surveillance to monitor for melanoma, according to the doctors who treated her.



### CASE IV:

#### **The Angry Wasp!**



About 1 hour after being stung by a wasp while working outside, the 44-year-old man showed several signs of having a stroke including difficulty speaking, paralysis on one side of his body and a facial "droop."

There are several ways a wasp sting could lead to a stroke. Certain compounds in wasp venom can cause blood to clot, which can lead to a stroke. Or, if a person has an allergic reaction to a sting, his or her blood pressure can drop, lowering blood flow to the head. In the man's case, the reason the wasp sting led to a stroke was unclear. But don't worry he recovered.

### CASE V:

#### **I'll huff and puff and blow your bones!**

A 28-year-old man developed a rare type of bone disease, called skeletal fluorosis, due to his habit of huffing computer cleaner. The disease causes a person's bones to become too dense, leading to deformation.

Skeletal fluorosis is prevalent in parts of the world where fluoride levels in drinking water are too high. Because the disease is rare in North America and Europe, the doctors had trouble figuring out what caused the man's disease.

They eventually figured out that the man had a habit of inhaling computer dust spray to get high. The spray contains a chemical called "difluoroethane", which is made up of the elements carbon, hydrogen and fluorine. In the body, the breakdown of the compound may produce fluoride. The man was able to quit his habit of inhaling the dust spray, and he underwent hip-replacement surgery to help with some of the damage to his hip joints.



**TO BE CONTINUED...**

# Bad Breath (Halitosis): Causes, Diagnosis and Treatment

Submitted by Prof. Mohamed Al-Hajjaj

Written by Tim Newman. MNT

Bad breath, also known as halitosis or fetor oris, affects an estimated 25% of people, globally. There are a number of potential causes of halitosis but the vast majority come down to oral hygiene. Halitosis can cause significant worry, embarrassment and anxiety but, generally, it is relatively easy to remedy. In this article, we will discuss the potential origins of bad breath, diagnosis and how to treat it.



## Fast facts on bad breath:

- Bad breath is estimated to affect 1 in 4 people globally
- The most common cause of halitosis is bad oral hygiene
- If particles of food are left in the mouth, their breakdown by bacteria produces sulfur compounds
- There are a number of common causes of bad breath, including smoking, tooth decay and alcohol consumption
- Keeping the mouth hydrated can reduce mouth odor
- Bad breath in children is often due to a trapped item in the nasal cavity
- Rarer causes of bad breath include bowel obstruction, ketoacidosis and aspiration pneumonia
- The best treatment for bad breath is regular brushing, flossing and hydration
- Crash diets can cause bad breath because of the build-up of ketones.

## What is halitosis?

Although bad breath is associated with certain diseases, oral hygiene is the most common cause. Bad breath is a common problem that can cause significant psychological distress. There are a number of potential causes and treatments available.<sup>1</sup> Anyone can suffer from bad breath; it is estimated that 1 in 4 people have bad breath on a regular basis.<sup>2</sup> Halitosis is the third most common reason that people seek dental care (after tooth decay and gum disease).<sup>3</sup> The most common cause of bad breath is poor dental hygiene. As bacteria break down particles of food, sulfur compounds are produced that cause odor.<sup>4</sup> Simple home remedies and lifestyle changes, such as improved dental hygiene and quitting smoking, can often remove the issue. If bad breath persists, however, it is advisable to visit a doctor to check for underlying causes.

## Symptoms of halitosis

The specific odor of breath can vary depending on the cause of the problem. It is best to ask a close friend or relative to gauge your mouth odor as it is very difficult to assess it yourself. If no one is to hand, one way of checking the odor is to lick your wrist, leave it to dry and then smell it. If it smells bad, there is a strong chance your breath also smells bad. Some individuals are concerned about their breath even though they may have little or no mouth odor; this condition is called halitophobia and can lead to obsessive mouth-cleansing behavior.

## Causes of bad breath

Potential causes of bad breath include:

- **Tobacco:** tobacco products cause their own types of mouth odor. Additionally, they increase the chances of gum disease which can also cause bad breath
- **Food:** the breakdown of food particles stuck in the teeth can cause odors. Some foods such as onions and garlic can also cause bad breath. After they are digested, their breakdown products are carried in the blood to the lungs where they can affect the breath
- **Dry mouth:** saliva naturally cleans the mouth. If the mouth is naturally dry (for instance, in the morning) or is dry due to a specific disease (such as xerostomia), odors can build up
- **Dental hygiene:** brushing and flossing ensure the removal of small particles of food that can build up and slowly break down, producing odor. A film of bacteria called plaque builds up if brushing is not regular. This plaque can irritate the gums and cause pockets of build-up between the teeth and gums called periodontitis. Dentures that are not cleaned regularly or properly can also harbor bacteria that cause halitosis
- **Crash diets:** fasting and low-carbohydrate eating programs can produce halitosis; this is due to the breakdown of fats producing chemicals called ketones. These ketones have a strong aroma
- **Drugs:** certain medications can reduce saliva and, therefore, increase odors. Other drugs can produce odors as they breakdown and release chemicals in the breath. Examples include nitrates used to treat angina, some chemotherapy chemicals and some tranquilizers, such as phenothiazines. Individuals who take vitamin supplements in large doses can also be prone to bad breath
- **Mouth, nose and throat conditions:** sometimes small, bacteria covered stones can form on the tonsils at the back of the throat (tonsilloliths) and produce odor. Also, infections or inflammation in the nose, throat or sinuses can cause halitosis
- **Foreign body:** bad breath (especially in children) can be caused if they have a foreign body lodged in their nasal cavity
- **Diseases:** some cancers, liver failure and other metabolic diseases can cause halitosis due to specific mixes of chemicals that they produce. Gastroesophageal reflux disease (GERD) can cause bad breath due to the regular reflux of stomach acids.

### **Rarer causes of bad breath**

As mentioned earlier, the most common reason for bad breath is oral hygiene, but other situations can also be to blame. Rarer causes of bad breath (halitosis) include:

- **Ketoacidosis:** when the insulin levels of a person with diabetes are very low, their bodies can no longer use sugar and begin to use fat stores instead. When fat is broken down, ketones are produced and build up. Ketones can be poisonous when found in large numbers and produce a distinctive and unpleasant breath odor. Ketoacidosis is a serious and potentially life-threatening condition<sup>5</sup>
- **Bowel obstruction:** breath can smell like feces if there has been a prolonged period of vomiting, especially if a bowel obstruction is present
- **Chronic kidney failure:** an odor similar to ammonia or urine has been noted in patients with chronic kidney failure. Waste products normally removed by the kidneys are left to build up in the bloodstream<sup>6</sup>
- **Bronchiectasis:** a long-term condition where airways are wider than normal, allowing for a build-up of mucus that leads to bad breath<sup>7</sup>
- **Aspiration pneumonia:** a swelling or infection in the lungs or airways due to inhaling vomit, saliva, food or liquids.

### **Diagnosis of halitosis**

Often, a dentist will simply smell the breath of a patient and rate the odor on a six-point intensity scale. The dentist may scrape the back of the tongue and smell the scrapings as this area can often be a source of the aroma.

There are a variety of sophisticated detectors that can rate odor more precisely, they include the following:

- **Halimeter:** detects low levels of sulfur
- **Gas chromatography:** measures three volatile sulfur compounds - hydrogen sulfide, methyl mercaptan and dimethyl sulfide
- **BANA test:** measures for a specific enzyme produced by halitosis-causing bacteria
- **Beta-galactosidase test:** levels of the enzyme beta-galactosidase have been found to correlate with mouth odor

### **Treatment for bad breath**

Oral hygiene is the key to most bad breath issues.

The best method to reduce halitosis is good oral hygiene; it ensures that cavities are avoided and reduces the likelihood of gum disease.

It is recommended that individuals visit the dentist for a check-up twice a year.

The dentist may recommend a toothpaste that includes an antibacterial agent or an antibacterial mouthwash.

Alternatively, if gum disease is present, professional cleaning may be necessary to clear out the build-up of bacteria in pockets between the gums and teeth.

### **Other lifestyle and home remedies for bad breath include:**

- **Brush teeth:** brush at least twice a day, but preferably after each meal
- **Floss:** flossing reduces the build-up of food particles and plaque from between the teeth - brushing only cleans around 60% of the surface of the tooth
- **Clean dentures:** anything that goes into your mouth - dentures, bridge, mouth guard - should be cleaned as recommended on a daily basis. Cleaning prevents the bacteria from building up and being transferred back into the mouth. Changing toothbrush every 2-3 months is also important for similar reasons
- **Brush tongue:** bacteria, food and dead cells commonly build up on the tongue, especially in smokers or those with a particularly dry mouth. Sometimes, a tongue scraper can be useful
- **Avoid dry mouth:** drink plenty of water. Avoid alcohol and tobacco, both of which dehydrate the mouth. Chewing gum or sucking a sweet (preferably sugar-free) can help stimulate the production of saliva. If the mouth is chronically dry, a doctor may prescribe medication that stimulates the flow of saliva
- **Diet:** avoid onions, garlic and spicy food. Sugary foods are also linked to bad breath. Reduce coffee and alcohol consumption. Eating a breakfast that includes rough foods can help clean the back of the tongue.

If breath odor persists despite the factors listed above being under control, it is recommended that an individual visits a doctor for further tests to rule out other conditions.

### **References:**

1. Mayo Clinic, Bad breath, accessed 14 March 2016.
2. British National Health Service, Bad breath (halitosis), accessed 14 March 2016.
3. Microbiology and treatment of halitosis, WJ Loesche and C. Kazor, Periodontology, doi: 10.1034/j.1600-0757.2002.280111.x, published online 9 July 2002, abstract.
4. MedlinePlus, Breath odor, accessed 14 March 2016.
5. MedlinePlus, Diabetic ketoacidosis, accessed 14 March 2016.
6. National Kidney Center, Chronic kidney disease symptoms, accessed 14 March 2016.
7. British National Health Service, Bronchiectasis, accessed 14 March 2016.

## Drug Expiration Dates — Do They Mean Anything?



### FDA study gets to the heart of medicine expiration and safety

With a splitting headache, you reach into your medicine cabinet for some aspirin only to find the stamped expiration date on the bottle has passed - two years ago. So, do you take it or don't you? If you decide to take the aspirin, will it be a fatal mistake or will you simply continue to suffer from the headache? This is a dilemma many people face in some way or another. A column published in *Psychopharmacology Today* offers some advice.

It turns out that the expiration date on a drug does stand for something, but probably not what you think it does. Since a law was passed in 1979, drug manufacturers are required to stamp an expiration date on their products. This is the date at which the manufacturer can still guarantee the full potency and safety of the drug.

Most of what is known about drug expiration dates comes from a study conducted by the Food and Drug Administration at the request of the military. With a large and expensive stockpile of drugs, the military faced tossing out and replacing its drugs every few years. What they found from the study is 90% of more than 100 drugs, both prescription and over-the-counter, were perfectly good to use even 15 years after the expiration date.

So the expiration date doesn't really indicate a point at which the medication is no longer effective or has become unsafe to use. Medical authorities state expired drugs are safe to take, even those that expired years ago. A rare exception to this may be tetracycline, but the report on this is controversial among researchers. It's true the effectiveness of a drug may decrease over time, but much of the original potency still remains even a decade after the expiration date. Excluding nitroglycerin, insulin, and liquid antibiotics, most medications are as long-lasting as the ones tested by the military. Placing a medication in a cool place, such as a refrigerator, will help a drug remain potent for many years.

Is the expiration date a marketing ploy by drug manufacturers, to keep you restocking your medicine cabinet and their pockets regularly? You can look at it that way. Or you can also look at it this way: The expiration dates are very conservative to ensure you get everything you paid for. And, really, if a drug manufacturer had to do expiration-date testing for longer periods it would slow their ability to bring you new and improved formulations.

The next time you face the **drug expiration date dilemma**, consider what you've learned here. If the expiration date passed a few years ago and it's important that your drug is absolutely 100% effective, you might want to consider buying a new bottle. And if you have any questions about the safety or effectiveness of any drug, ask your pharmacist. He or she is a great resource when it comes to getting more information about your medications.

*Source: Harvard Health Publications*

## Scientists Identify New Organ in our body!

Submitted by Prof. Mohamed Al-Hajjaj

Scientists say they've identified a new organ in the body -- a swath of tissue dubbed the mesentery that connects the intestine to the abdomen and holds everything in place.

For years, anatomical experts have thought the organ was composed of several different segments of tissue, as opposed to being one single structure, according to Discover magazine. Since an organ must be one structure that performs a vital function, it was not deemed worthy of organ status.

But recent research from doctors at the University Hospital Limerick in Ireland shows that the mesentery is actually one single band of tissue, the magazine reported Tuesday. It begins at the pancreas and wraps around the small intestine and colon. Its purpose: to hold these organs in position so they can perform their respective functions.

"Without it you can't live," lead researcher Dr. J. Calvin Coffey, a colorectal surgeon at Limerick, told the magazine. "There are no reported instances of a Homo sapien living without a mesentery."

"Understanding how and why our digestive system is arranged the way it is could be crucial to our understanding of diseases like Crohn's and irritable bowel syndrome," Coffey added.

"There are a lot of diseases that we are stalled on, and we need to refresh our approach to these diseases," Coffey said. "Now that we've clarified its [the mesentery's] structure, we can systematically examine it. We're at a very exciting place right now."

*Source: WebMD.com*

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## CTC News

### American Heart Association (AHA): Life is WHY

The American Heart Association is one of the oldest and largest voluntary organization dedicated to fighting heart disease and stroke. Founded by six cardiologists in 1924, the organization now includes more than 22.5 million volunteers and supporters. The organization believes in innovative research, fight for stronger public health policies, and provide critical tools and information to save and improve lives.

The University of Sharjah Clinical and Surgical Training Center, therefore echoes and supports the AHA advocacy. The center was granted as an International Training Center (ITC) by AHA in October 2010. To date, the center already trained more than four thousand (4K+) trainees and conducted more than four hundred (400+) courses mainly for Life Support Courses. The center will zealously continue to carry the torch and keep it's light burning, by strengthening its vision and mission and its role to train health care providers. By keeping them up to date with the most recent techniques and protocols in their respective fields. We would then, like to share this timely message from AHA:

#### Live better with Life's Simple 7. Know your heart score.

My Life Check was designed by the American Heart Association with the goal of improved health by educating the public on how best to live. These measures have one unique thing in common: any person can make these changes, the steps are not expensive to take and even modest improvements to your health will make a big difference. Start with one or two. This simple, seven step list has been developed to deliver on the hope we all have--to live a long, productive healthy life.



#### Manage Blood Pressure

High blood pressure is a major risk factor for heart disease and stroke. When your blood pressure stays within healthy ranges, you reduce the strain on your heart, arteries, and kidneys which keeps you healthier longer.



#### Control Cholesterol

High cholesterol contributes to plaque, which can clog arteries and lead to heart disease and stroke. When you control your cholesterol, you are giving your arteries their best chance to remain clear of blockages.



#### Reduce Blood Sugar

Most of the food we eat is turned into glucose (or blood sugar) that our bodies use for energy. Over time, high levels of blood sugar can damage your heart, kidneys, eyes and nerves.



#### Get Active

Living an active life is one of the most rewarding gifts you can give yourself and those you love. Simply put, daily physical activity increases your length and quality of life.



#### Eat Better

A healthy diet is one of your best weapons for fighting cardiovascular disease. When you eat a heart-healthy diet, you improve your chances for feeling good and staying healthy – for life!



#### Lose Weight

When you shed extra fat and unnecessary pounds, you reduce the burden on your heart, lungs, blood vessels and skeleton. You give yourself the gift of active living, you lower your blood pressure and you help yourself feel better, too.



#### Stop Smoking

Cigarette smokers have a higher risk of developing cardiovascular disease. If you smoke, quitting is the best thing you can do for your health.

## Faculty & Staff Achievements, Awards and Special Recognition



**Prof. Qutayba Hamid** was given an award at the 2016 Research Awards Dinner by Montreal General Hospital Foundation for his achievements and for providing critical research needed for past, present and future patients at Montreal General Hospital .

**Dr. Ahmed El- Serafy** was a Keynote Speaker in the Global Forum on Transplantation Research and Technologies held in Dubai on December 2016. Title of presentation : Can Epigenetic Modifiers Advance the Stem Cell Differentiation?



Sheikh Mansour bin Mohammed bin Rashid Al Maktoum, attended a graduation ceremony for the 11<sup>th</sup> cohort of the Royal College of Surgeons in Ireland-Dubai, RCSI-Dubai, in Dubai Healthcare City. The 70 graduates obtained a Masters Degree in Healthcare Management, and Quality and Safety in Healthcare Management. Among those was **Dr. Mohamed Eladi**.

**Dr. Eladi's** MSc Thesis has been selected by the RCSI to be published in their e-publications <http://epubs.rcsi.ie/msctheses/100/>



**Prof. Nabil Sulaiman** participated in the “Berlin Declaration” as a member of an international working group and also attended the Global Diabetes Policy Forum in Berlin from the 13-14<sup>th</sup> December 2016. He was one of three teams of Diabetes experts representing three different working groups developing the “Berlin Declaration” document. He was one of four members representing UAE in Berlin. He is also a member of the National Diabetes Committee.

The Berlin Declaration is a collective ambition for policy change to drive early action in type 2 diabetes. Prof. Nabil was a member of the team working on ‘early detection’.



**Professor Nabil Sulaiman** as invited speaker during the Family Medicine Conference at the Healthcare Recruitment & Training Fair from 22 – 24<sup>th</sup> October 2016 held at the Abu Dhabi National Exhibition and Convention . The title was " Models of Diabetes: The Australian Experience".

Congratulations to our faculty and staff on their successes and achievements!

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## Student Corner- MSA Events

### National Day Celebrations (23<sup>rd</sup> November 2016)

The Emirati students and the MSA took part in the National Day Celebrations held in the main building, where they served food, distributed flags and pins, painted the UAE flag on people's faces and presented the history of medicine in the UAE on several posters.





## MSA Open Mic Event (7<sup>th</sup> December 2016)

For the first time ever, the MSA held an Open Mic Event in M27-029, transforming the room into a magical platform for students to express their thoughts, emotions and talents freely. From poetry to various motivational and self-reflective speeches to stand-up comedy, there was something for everyone. Even our Dean himself, Prof. Qutayba, participated by reading some of his poetry.



## MSA Anti-Stress Event (13<sup>th</sup> December 2016)

With the final exams just around the corner, the MSA held an Anti-Stress event that took place in Al Razi Hall and the fountain area. In Al Razi, various students spoke about stress, its different types and ways that it can be controlled. Guest speaker Khalid Al Ameri also gave a talk about ways to overcome stress through happiness. In the fountain area, there were numerous games as well as food trucks set up to provide students with a fun-filled evening. Everyone had a great time.





## Student Sport Participation

Our UAE team students won the silver medal in Badminton on Monday 28<sup>th</sup> of November 2016 at the International Badminton Competition which is held annually to celebrate the UAE National day.

Seven countries competed: Algeria, Egypt, India, Iran, Pakistan, Palestine and the UAE. UAE team came in 2<sup>nd</sup> place. The Iranian team came in 1<sup>st</sup> place and the Indian team in 3<sup>rd</sup>.

Coach Lili Moradi organized the whole event. The UAE team coach was Ayesha Al Khoori (advanced team player and Year 2 Medicine student ).



Team members (from left to right): Hadya Al Rajaby, Coach Lili Moradi, UAE team coach Ayesha Al Khoori, Mariam Al Awadhi, Noora Al Hammadi, Maryam Al Baloshy



## Events- Martyr's Day

Martyr's Day falls on the 30<sup>th</sup> November is a time of remembrance for those who have sacrificed their lives in the service of their country.

Although Martyr's Day will commemorate the fallen in civil and humanitarian services, its emphasis is clearly on military "martyrs". The reason for choosing November 30<sup>th</sup> for the holiday is that the first UAE soldier to die in defense of his country occurred on this date. It was during the Battle of Greater Tunb, when Iran attempted to seize offshore Emirati islands just prior to the nation's formal unification on December 1<sup>st</sup> and 2<sup>nd</sup>. The first martyr was then killed by Iranians after he refused to lower his Emirate's flag and submit to the invaders.

Other fallen servicemen who will be remembered include those who died liberating Kuwait during the First Gulf War and the 45 who have recently died in the Saudi-led alliance against Iranian intervention in Yemen. This last-named conflict was still ongoing in 2015 and is known as Operation Restoring Hope.

On Wednesday 30<sup>th</sup> November 2016, all Colleges of Medicine, Dentistry, Pharmacy and Health Sciences were invited to the Flag Area outside M25 for a moment of silence, prayer and contemplation for the souls lost followed by a ceremony of raising the flag to the national anthem .

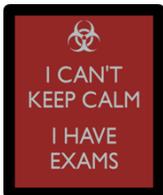


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improvement please  
contact the Editor  
**Hiba Jawdat Barqawi**  
on [hbarqawi@sharjah.ac.ae](mailto:hbarqawi@sharjah.ac.ae)  
[Ext: 7268](tel:7268)

## Doctor's Orders

This Issue's "Doctor's orders" is submitted by **Dr. Heba Walid Mohammed**

Exams **ON**  
Life **OFF!**



OMG!!!! Exams are round the corner!!! Everyone is stressed out, probably even regretting the idea of joining med school. So many Facebook statuses are being updated with "studying = student + dying". Many students consume energy drinks and coffee like water, get very little sleep and eat fatty convenience foods whilst cramming for their final exams. I have to admit, I've also done this and I don't recommend it. It's a recipe for disaster or at best, mediocre grades and a stressful, miserable time. Here are a few tips to help you survive the most gruesome battle of them all:

### 1. Get a good night's sleep

Studies have found that if you stay awake for 21 hours straight, you have the mental capacity of someone who is legally drunk in terms of the ability to concentrate, memorize and recall information. Make sure you get on average 8 hours of sleep a night.

### 2. Exercise for at least 30 minutes a day, everyday

Often students stop exercising during exams time because they assume they don't have enough time, "I must spend every fraction of a second studying!". BIG MISTAKE! Exercise helps us study more effectively for various reasons. Firstly, it's a great way to relieve stress and anxiety. Secondly, it gets blood flowing to your brain supplying oxygen, antioxidants and glucose, which can help you think more clearly.

### 3. Drink plenty of water

Usually, when we can't think clearly and have a foggy memory, it's because our brains need to be hydrated. While studying and taking your exams, make sure you take regular sips of water.

### 4. Eat a low GI, nutritious breakfast

Studies have found that students who skip breakfast experience a 20-40% reduction in thinking skills. Here are some healthy breakfast ideas:

- Oatmeal porridge with nuts and chopped fruit
- Wholegrain toast with a variety of toppings and a piece of fruit
- An omelette made with added vegetables (i.e. onion, spinach, tomato, and mushrooms)
- A fruit smoothie

### 5. Avoid drinking caffeine (e.g. energy drinks, coke and coffee)

Caffeine is a stimulant drug that drives the adrenal glands to produce stress hormones, which in turn produce the "fight or flight" response. It gives you a rush making you feel good for a short term. However, it eventually wears off leaving you feeling cranky and wanting more. It's also a diuretic, so it makes you urinate, which means you lose water, become thirsty and want to drink more soft drink. Why not consider gradually replacing your caffeinated beverages with good old, simple water? If you must drink something sweet, try drinking apple or orange juice with no added sugar.

And always remember



because you can

