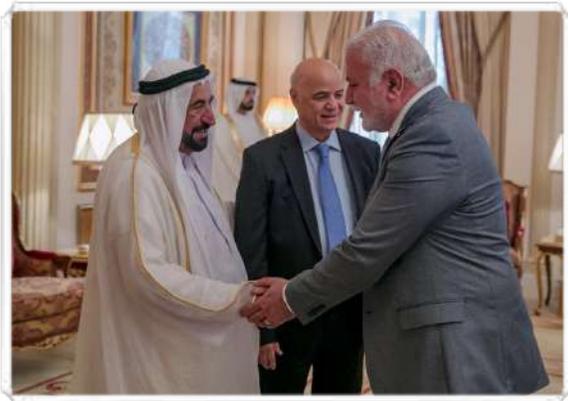




NEWSLETTER

 COLLEGE NEWS	 STUDENTS' CORNER	 STUDENT ASSOCIATIONS	 MEDICAL MISHAPS	 RECOMMENDATIONS	 DOCTOR'S ORDERS		
EDITOR-IN-CHIEF		FIRST EDITOR		CREATIVE DIRECTOR		EDITORIAL TEAM	
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DEAN'S MESSAGE OF THE MONTH



I would like to congratulate you for the New Year and hope that we are opening a new chapter in the development of our college in terms of education, research and clinical training. I am expecting 2020 to be a distinguished year in the pathway of our achievements.

Last month was a busy month of examinations. I would like to welcome everyone back after the exams. I hope all the hard work paid off and the results reflected all the efforts put into the preparation of these examinations. I wish the students the best in all their efforts and hope to see them all graduate soon. I would like to thank the faculty and supporting staff for their efforts in preparing and conducting the examinations.

There are some excellent events lined up in the next few months and I look forward to seeing participation from students, staff and faculty to ensure we keep our College dynamic and active.



COLLEGE NEWS



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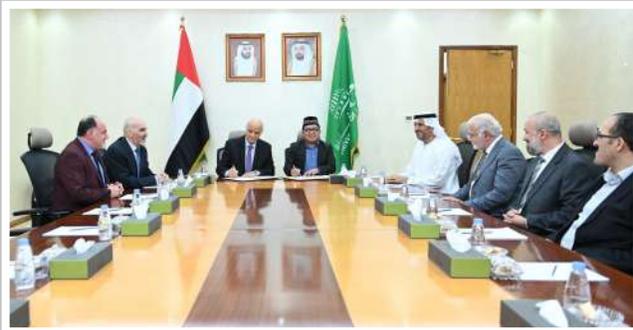
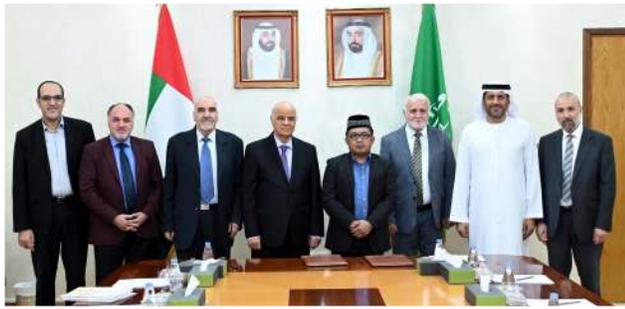
National Day Celebrations

The 48th National Day of the United Arab Emirates was celebrated across the University of Sharjah campuses, sharing moments of happiness and festivity amongst the students and faculty alike. For this year, three celebrations were organized: two held in the Main Campus on the 25th and 26th November 2019; whereas the Medical Campus planned another celebration on the 28th November 2019. Various booths were set up, each dedicated to showcase and portray different aspects of the traditions of the UAE. The event highlighted the long-held values of the UAE to the attendees, as they engaged in activities and the festivity. Throughout this event the students were able to rejoice the birth of this nation and the leaders who stood together to see through the manifestation of their vision and hard work.

International delegations visit University of Sharjah

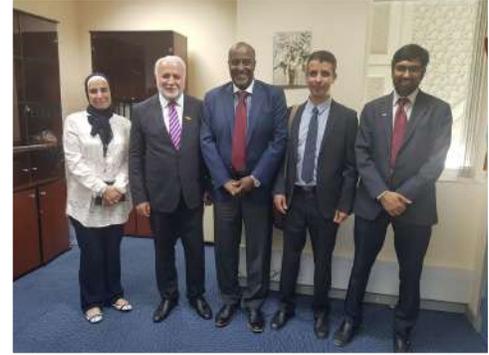
On 24th December 2019, Dr. Anshari Ali, the Chancellor of the Mindanao State University - General Santos City (MSU-GSC) of the Philippines, visited the University of Sharjah where he met with Prof. Hamid Al-Naimiy, Chancellor of the University of Sharjah, Dr Salah Al Haj, Vice Chancellor for Community Affairs and Prof. Qutayba Hamid Vice Chancellor for Medical Colleges and Health Sciences and Dean of College of Medicine. Following that, he visited the College of Medicine where he went on a tour of the facilities and laboratories.

Additionally, the University also received a Chinese delegation from Xi'an Jiaotong University on the 26th of December 2019. They were taken on a tour to observe the different labs and facilities in the College of Medicine and met with the faculty and staff.



Faculty Achievements

We would like to congratulate Dr. Basema Saddik on the approval of the new research group, “Clinical Epidemiology”. The aim of this group is to promote and foster collaborative and interdisciplinary research using clinical and advanced epidemiological methods to answer questions about the burden and patterns of chronic diseases in the UAE. Its objectives will also complement the functions of the new medical campus epidemiology and biostatistics unit whose mandate is to conduct epidemiological research using innovative approaches and to promote and strengthen scientific inquiry. The unit also provides research advisory and consultation services to health institutions in the public and private sectors within the community. This week, the clinical epidemiology research group has undertaken an agreement with New York University - Abu Dhabi to become investigators in the UAE Healthy Future Study; a prospective cohort study designed to identify associations between risk factors and chronic diseases amongst Emiratis. The study will enroll 20,000 UAE nationals aged ≥ 18 years, environmental and genetic risk factors will be characterized, and participants will be followed for future disease events. Congratulations to Dr. Basema Saddik and the clinical epidemiology research group members on this great initiative.



Congratulations to Dr. Maha Saber for winning the Mohammed Bin Rashid University (MBRU) research grant worth 300,000 AED for her project of 'a Novel Therapeutic Approach about the combined Inhibition of Insulin Growth Factor-1 Receptors and Autophagy to Prevent Colorectal Cancer Metastasis'.

Congratulations to Dr. Eman Abu-Gharbieh for obtaining the Competitive Grant in the University Research Board for a research project entitled: 'Evaluating the Antitumor Activity of 18β -glycyrrhetic Acid on Various Cancer Cell Lines'.



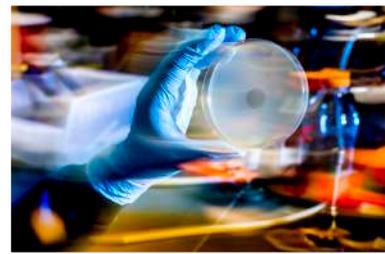
The College of Medicine is in the process of upgrading the Obstetrics and Gynecology Skills lab to a student simulation center for the students in their clinical years to ensure that they get proper hands-on training. New simulation models include: abdominal training simulator and pediatric stimulator.

VIRAL NEWS

Antibiotic Resistance: A New Ray of Hope

Researchers have discovered a new antibiotic that could treat infections with some of the nastiest superbugs we are facing in the antibiotic resistance crisis. After two years of work, they announced their discovery of "darobactin", which can kill resistant gram-negative bacteria. This discovery promises to be a much-needed weapon in the ongoing war on drug-resistant bacteria, estimated to cause 700,000 deaths worldwide each year.

"We are running out of antibiotics," says Professor Kim Lewis, who directs the Antimicrobial Discovery Center where the discovery of darobactin was made. "We need to look for novel compounds with no pre-existing resistance in the clinic or the population." Yu Imai, a postdoctoral research associate in Lewis' lab, discovered the compound from *Photorhabdus* bacteria that live inside the gut of a nematode, a tiny parasitic worm found in soil.



Nematodes and *Photorhabdus* bacteria have a symbiotic relationship; the nematode releases *Photorhabdus* bacteria, which in turn release toxins that kill the nematode's prey. As the symbiont dines, the bacteria fend off free-loaders from the environment, which might also want to feast on the meal. These opportunistic microbes can come from the nematode's own gut, which happens to be full of the same gram-negative bacteria that attack humans. "Since *Photorhabdus* bacteria live in the nematode, and the nematode is an animal just like we are, whatever they make has to be non-toxic for us," Lewis says. This is the first time that the animal microbiome was found to harbor an antibiotic that promises to be useful for humans. The molecule has a unique structure and mode of action that make it particularly effective against gram-negative bacteria, which have an additional outer membrane shielding them from many antibiotics. This extra protection is why gram-negative bacteria are at the top of a list of priority pathogens that need to be targeted with new antibiotics, compiled by the WHO. In experiments using mice, darobactin cured *E. coli* and *Klebsiella pneumoniae* infections with no signs of toxicity.

The restrictive protective membrane of gram-negative bacteria is built with the help of a surface protein called BamA, which opens and closes a gate periodically, taking in freshly made proteins and inserting them into the protective membrane. This mechanism is the vulnerability of these bacteria. "Darobactin binds to that protein and jams it, so it cannot open anymore," says Lewis. "The bacteria cannot build a proper cell envelope, resulting in their death."

Eric Brown, Distinguished University Professor of biochemistry and biomedical sciences at McMaster University in Hamilton, Ontario, emphasized that darobactin shows promise as a potential new antibiotic, but it's difficult to predict whether the newly discovered compound will be safe and effective in people. "It's pretty promising to see efficacy in infection models with more than one pathogen, and they report a lack of toxicity in those experiments, at least apparent, because it's not an extensive toxicity test by any stretch," Brown says. "It certainly is a very long road to a new antibiotic for humans, but I'm of the view that you really need shots on goal. And this is another shot on goal for a field that desperately needs options."

More than 50 years have passed since the introduction of the last class of antibiotics targeting gram-negative bacteria. When Lewis' team tested *E. coli* that had developed resistance to darobactin, the bacteria lost their ability to infect mice. That means gram-negative bacteria cannot change the BamA protein without losing their ability to infect. It's not the first time Lewis' lab has made a remarkable find by digging up soil bacteria. In 2015, Lewis announced the discovery of teixobactin, another promising class of antibiotics, which targets gram-positive bacteria, and which is now on track to enter clinical trials. He expects darobactin to follow in its steps. And, he says, there might be more antibiotics waiting to be discovered, including additional ones that target BamA. "There's a trillion species of bacteria on the planet," Lewis says. "It is hard for me to imagine that we found the only molecule that exists on the planet that targets this [BamA] protein."



STUDENTS' CORNER

"The sky is yours"

By Jana AlShafei, Year 1



"لَوْ يَشْكُو الْقَلْبُ هُمُومًا قَدْ بَاتَتْ فِيهِ تَمْحُوهَا بِسَمَةِ طِفْلِ حِينَ نُلَاقِيهِ"

By Hanan Al-Suhail, Year 2

(رَبِّ ابْنِ لِي عِنْدَكَ بَيْتًا فِي الْجَنَّةِ)

By Zaynab Wissam , Year 3



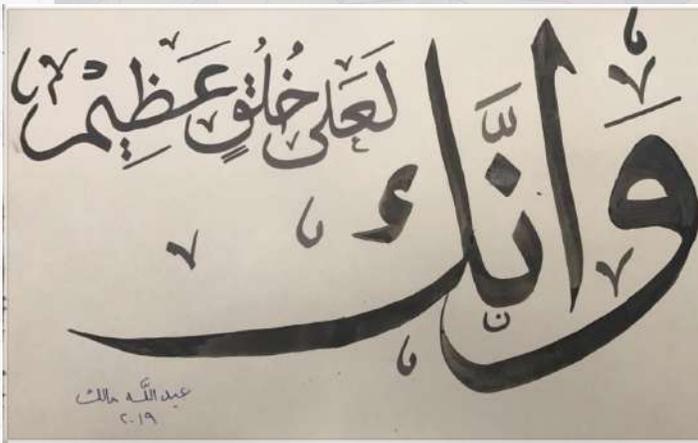
"فَعَلَىٰ أَيِّ شَيْءٍ تَذَهَبُ النَّفْسُ حَسْرَةً وَقَدْ قَسَمَ الرَّحْمَنُ رِزْقَ الْخَلَائِقِ؟"

By Shahed Alzaghari, Year 4



(وإنك لعلی خلق عظیم)

By Abdullah Malek, Year 5





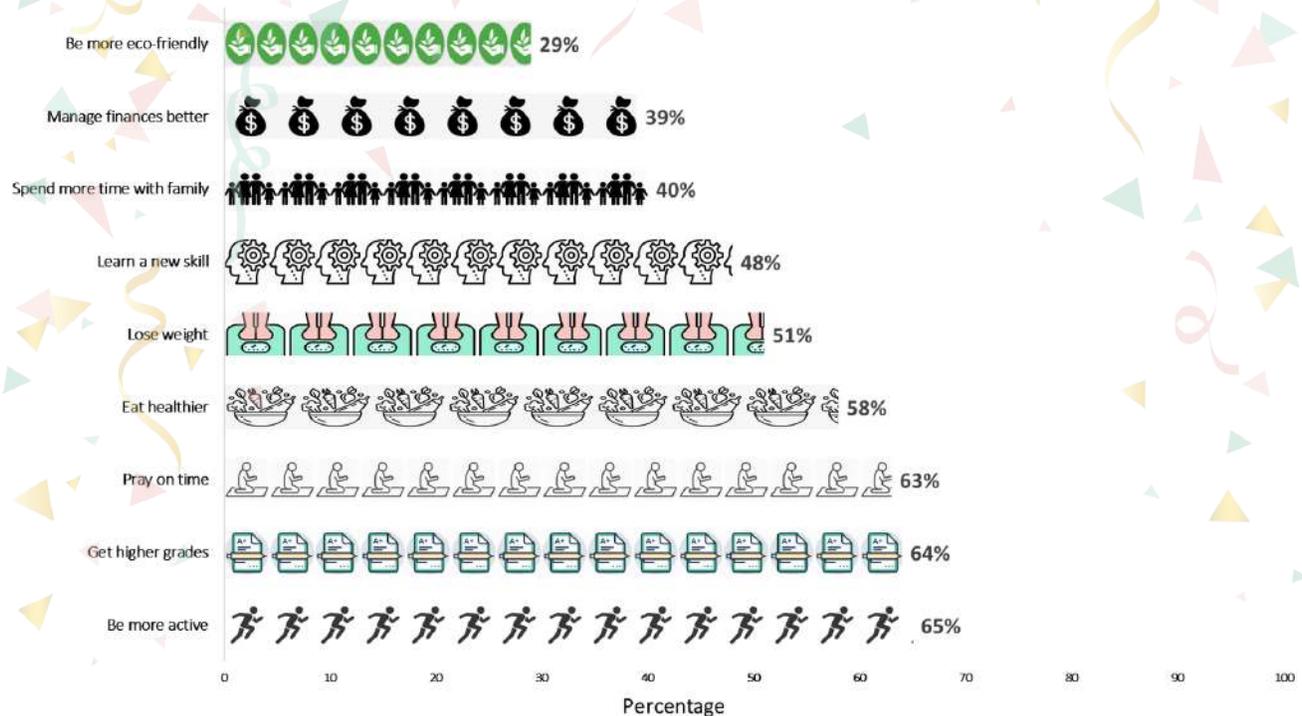
Sports Achievements

Raghad Abbas, a first year medical student, participated in the Striders Half Marathon which was held in Yas Island, Abu Dhabi. It was her very first half marathon, and she successfully won second place in the youth category after completing the Half Marathon in 2:29:57!



2020 Resolutions of UOS Medical Students

We conducted a study to look at the New Year's resolutions of the students Year 1 to 5. We wish all the students a year filled with happiness, success and accomplishment. We hope that the New Year's resolutions are met by the end of the year.



STUDENT ASSOCIATIONS



Medical Student Association

ZANZIBAR VOLUNTEERING TRIP

A group of students from clinical years participated in a medical volunteering trip to Zanzibar, from 27th November to 4th December 2019. The 5-day expedition started in an airport no bigger than our own college building; the volunteers were escorted by the Nomuhub team to a welcome dinner by the beach, after which they retired to their hotel for a busy day ahead.

The first day started at a nearby clinic where everyone was assigned a task: from history taking, doing physical examinations, diagnosing and prescribing medications, to screening tests. Unfortunately, due to limited supplies, not everyone got the care they deserved but on the bright side, the team worked on spreading awareness about certain diseases prevalent in that area.



With the roads blocked due to high tides, the second day found the volunteers walking in the rain to a farther clinic, which in itself was a memorable experience. “We had a better supply of medications that day and were delighted to meet 126 patients in 6 hours!” says Shamma, a Year 4 volunteer. The third and fourth days were an outreach program, where the students set up their own clinic in rural areas and met an even larger numbers of patients, most of whom have never been to a clinic or seen a doctor before. “We tried our best to provide them with both treatment and proper education about their conditions,” says Nada, another volunteer from Year 4. “The happiness and gratefulness in their eyes were worth every minute we spent.” The process was made easier through the efforts of the local doctors, who helped with translation and choosing suitable treatments. The last day was spent in local schools, giving small talks to children of different ages about personal and oral hygiene, nutrition, and some basic first aid.

After long hours of working, the volunteers concluded every day with an activity while enjoying a new part of the beautiful Zanzibar. They went on a sunset tour, visited Prison Island, and had a send-off barbeque by Paje beach.

With a total of 460 patients seen in 4 days, the team members bid Zanzibar farewell with a sense of pride for offering their help in areas where it is truly needed, and hoping for similar opportunities in the future.





Research & Development Association

HOW TO MOVE FROM SELF-AWARENESS TO SELF MANAGEMENT

Self-management is a conscious choice to resist a preference or habit, and instead demonstrate a more productive behavior. What makes self-management so hard goes back to the definition. The most productive behaviors are often not aligned with our habits and preferences. It is a four-step process:

1. Be present:

Pay attention to what is happening in this moment — not what was said 15 minutes ago or what will happen in your next meeting.

2. Be self-aware:

What are you seeing, hearing, feeling, doing, saying, and considering?

3. Identify a range of behavioral choices:

What do you want to do next? What are the possible consequences of each action? What feedback have you gotten that might inform your choices? What are some alternative choices you can make — even if they're not what you want to do or what you usually do?

4. Intentionally choose the most productive behaviors:

What behavior will generate the best outcome — even if it's not the behavior that comes easiest to you?

Operating in ways that contradict our habits can evoke negative reactions. With a habit, our brain

creates a shortcut and moves from stimulus to response without thinking, saving both time and effort. But non-habitual behaviors require us to think about a situation, consider choices, make a choice, and then demonstrate the behavior that aligns with that choice. The auto-pilot efficiency of habits is what make them so hard to change. It's easier and more pleasant to default to an old habit than it is to invest the energy in creating a new one. Despite these barriers, self-management is a learnable skill. This is how you can start:



1. Decide where you want to self-manage:

Pay attention to how you typically operate — what you say and do and what you don't say and don't do. Identify instances where your current approach is not working as well as you'd like, and self-management might be useful.

2. Notice and reflect on what's driving your lack of self-management:

In those moments where you're not self-managing but would like to, notice how you feel, what you want, and how you are interpreting what's going on around you. What is driving your actions? Is it lack of awareness in the moment, wanting to look good, lack of skills, insecurity, or something else? Those of us who have a bias for action may be tempted to skip this step of reflection and move straight to planning and practicing — but don't. Understanding why we make the choices we make is crucial to changing those choices.

3. Consider your choices and your reactions to those choices:

Instead of your default behaviors, if you were self-managing, what else could you do? What is your reaction to those options? Notice how your preferences and habits show up here, and ask yourself what you are trying to avoid when you default to those habits and preferences.

4. Make a plan:

Now that you know what you want to change, better understand what's driving you, and have identified some options, think of concrete steps you can take. If you talk too much, your plan might include deciding how many times you will speak in a meeting and for how long, or in which meetings you will only listen and not speak.



5. Practice:

Old habits are hard-wired into our brains. To change them, we need to create new neural pathways (new habits), and this requires practice. If we stay with the example of talking too much in meetings, practice might look like counting your comments and stopping when you hit your maximum — even if you have just one more very important thing to say. Do this repeatedly until you are consistently able to self-manage that behavior. At the same time, explore your reactions to your practice. What can you learn from what you're doing, and from how you're reacting, that can inform your continued practice?

6. Repeat the process:

Go back to step two and observe your efforts, reflect on your choices, revise the plan, and practice some more. In each successive iteration, you'll learn a bit more about how you're operating, what's driving your behavior, and how you can improve it.



It's natural to behave in ways that feel good and familiar — to not self-manage — and yet, if we did this all the time, we'd never get better at anything. To become as effective as possible, we need to move beyond self-awareness to self-management. Start by recognizing your current actions, considering alternative options, and then resisting what may be most familiar or comfortable.

Instead, commit to effectively executing what is most productive.

Adapted from hbr.org



Peer Advisory Committee

University life is the time of growth, learning, and self-development. Yet for college students, this dramatic shift into adulthood can pose a powerful challenge to their emotional health and well-being. Adding that to the stress of medical school only makes things worse. Data showed that three out of five college students experience anxiety severe enough to affect their everyday life. What’s more concerning is that at least 1 out of every five college students can become too depressed to maintain day-to-day function.

Most of the students in our college have read and studied about these very common mental illnesses over the years. Diagnostic criteria were memorized, understood and recited. Yet if we were to ever experience the symptoms, only a few of us might believe that the issue at hand is serious and a professional’s help is needed. Eventually, this will negatively impact our physical, emotional and mental health and inadvertently affect our academic performance too.

Most of us might need therapy at some point in our lives. Just like we’d go to a doctor for the flu, seeking a specialist’s help has become more and more common. A study published in 2006 in the Journal of Consulting and Clinical Psychology, showed that 88% of therapy-goers reported improvements after just one session.

Sometimes the signs and triggers are obvious and clear, but at other times, something may feel slightly off and we can’t figure out what it is, even if we are in the medical field. This can make matters worse. Especially if we start blaming other factors instead, like a friendship, relationship or even our choice of major. Yet we try to “move on” and sustain our busy life, until it becomes uncontrollable.

Before it gets to this point, here are some red flags that might help you notice the signs:

1. Constant sadness, anger or feeling like you’re not ‘yourself’.

We all experience sadness or anger, but when it reaches a point where it’s affecting our friendships, eating habits or sleep, something must be wrong. If these feelings are making you withdraw from your loved ones, or most importantly escalate to the point where you are questioning whether life is worth living, reach out for help right away, even if it feels like things will not change.

2. Abusing a substance or using food to cope.

When you try to escape your struggles using a substance or a compulsive behavior, your coping skills may need some adjustment. Especially if these coping methods have negative consequences on your life. You may be struggling with addictive or compulsive behavior that requires treatment.

3. Lack of motivation to do anything.
4. Losing interest in the things you like to do.

One of the most devastating feelings is that when you reach a point where you don’t enjoy the food that you used to love, or any of the hobbies or activities that used to put you at peace. Losing interest in things that used to bring you joy is a red flag that something is changing in your life. Some experience painful emotions that keeps them from getting out, having fun and meeting new people, which will impact their lives negatively.

Please contact any of the following PAC members if you have any questions regarding therapy or even their personal experiences with mental health. Everything will stay confidential. Please do not be afraid to ask for help should you have any of the symptoms mentioned above. Remember, we are all students going through the same thing and we should all be there to support each other through this journey. More importantly, if you are suffering with mental health problems, seeking help from a specialist will make a huge difference.

Farah Soukieh - Year 5	055-1756226
Hanadi Janajreh - Year 5	056-2885341
Ghaith Al Wawi - Year 2	050-4958801
Mohammed Omar - Year 2	055-3207278
Balqees Zaitoun - Year 2	052-4016517

MEDICAL MISHAPS

By: *Drishti Kampani*

A Successful Misdiagnosis

Seven years ago, Jennifer Brea was a bright-eyed, 28-year old PhD student, in good health with a love for travel and life. One day, she was suddenly struck by a high fever of 40.4 degrees, bouts of dizziness and spells of being unable to walk. The laboratory tests always came back negative and multiple specialists said that they couldn't identify what was wrong.

The neurologist diagnosed Brea with Conversion Disorder, a condition in which real symptoms are produced with no biological cause, associated with an underlying psychiatric condition. Only years later was a medical diagnosis reached – myalgic encephalomyelitis or chronic fatigue syndrome. For years, most medical conditions have been misdiagnosed as mental illnesses because of the paucity in understanding what really constitutes a mental health disorder.

“If sanity and insanity exist, how shall we know them?” asks Stanford Professor Rosenhan in his landmark experiment conducted inside 12 different psychiatric hospitals. 8 pseudo-patients, including Rosenhan himself, presented with a complaint of auditory hallucinations. On the basis of these appointments, every single participant was admitted to the hospital with 7 of them receiving a diagnosis of schizophrenia (the eighth diagnosis was manic-depressive psychosis). Post-admission, they behaved normally and even reported that the hallucinations had gone away. Throughout the participants' stay and until discharge, lasting between 7 to 52 days, the doctors never changed their initial diagnosis. A follow-up experiment was also conducted after a hospital challenged Rosenhan to send pseudo-patients to prove the competency of their staff. 41 out of 250 new patients were identified. Interestingly, the professor had not sent any pseudo-patients to the hospital.

To everyone's shock, ‘The Great Pretender’ released by Susannah Cahalan in November 2019 uncovered the fallacies in the Rosenhan paper. Some of the statistics were fabricated, with non-uniformity in reported symptoms, exclusion of positive responses and untraceable participants. However, other researchers partially replicated Rosenhan's research and came up with results similar to his claims.

But at that point, the Rosenhan study single-handedly shook the foundations of psychiatry. American Psychiatric Association changed the Diagnostic and Statistical Manual of Mental Disorders (DSM). The new version of the manual, published in 1980, presented a more thorough list of symptoms and stated that a multi-symptom presentation would be mandatory for diagnosis. The manual underwent several revisions to what it is today. The DSM-V, published in 2013, is considered the Bible for emerging practitioners and insurance companies. Despite all the progress, the real question still stands – can we truly differentiate mental health illness from the normal human experience? Or are we using it as an excuse for everything that cannot be otherwise explained?

The DSM-V is the prevailing diagnostic system of mental disorders and serves as a common language for mental health professionals who work from diverse theoretical orientations and in different clinical settings. However, there are several critiques of the DSM-V criteria and not without reason.

The validity of a diagnosis usually implies that the condition is objectively verifiable through objective tests. Yet, majority of the criteria included are symptoms reported by the patient and observed by the clinician. For example, low mood is seen as problematic only beyond a threshold, but what is this level? Clinician's discretion. Similarly, the criterion for Adjustment Disorder states that the behaviours must be out of proportion to the intensity of a stressor relative to external factors. This prime example highlights three levels of subjectivity encased within just one criterion – a)

level of exaggeration in comparison to an unknown relative, b) perceived intensity based on subjective reporting and c) varied social influences in normal behaviour patterns. Who decides? Clinician's discretion.

Furthermore, research studies have shown that the DSM-5 has poor reliability, implying that the same diagnosis will not be derived for the same clinical presentations by different clinicians. Another study done in 2013, calculated that there are 270 million combinations of symptoms that would meet the criteria for both Post-traumatic Stress Disorder and Major Depressive Disorder, under DSM-V guidelines.

In spite of this, the largest failing of the DSM-V is the new category of ‘Somatic Symptom Disorder (SSD)’, tying back to the anecdote mentioned at the start of this essay. A disorder which denotes that bodily symptoms are a manifestation of emotional turmoil. Any person will meet the criteria for SSD by reporting just one bodily symptom that is disruptive to daily life with any of the following reactions, lasting at least 6 months – a) ‘disproportionate’ thoughts about the seriousness of their symptoms, b) ‘high level of anxiety’ about health or c) devoting ‘excess’ time to their symptoms. Note the words in quotation marks – disproportionate, high, excess – all quantitative measures described for a scale that doesn't even exist.

In the words of Dr. Allen Frances, “The SSD is defined so overly inclusive that it will mislabel 1 in 6 people with cancer and heart disease; 1 in 4 with irritable bowel and fibromyalgia; and 1 in 14 who are not even medically ill.” This has potentially disastrous consequences for the medical community. People like Jennifer Brea, suffering from Chronic Fatigue Syndrome or other diseases such as scleroderma and irritable bowel syndrome amongst others would all be classed under this new category. Diagnoses of tumors, nerve impingements which are still in its early stages and not appreciable on radiographic assessment will be misclassified. The misdiagnosis will put a stop on further investigations causing a gross delay in identifying adequate treatment. Inappropriate psychotropic drugs may be prescribed which may worsen the problem or add to the patient's woes due to large adverse effect profile and higher costs.

Why is this so concerning? Simply put, it highlights the mishaps of our past haven't left us. We've only painted the crumbling walls of psychiatry with fresh paint. Without structure, the system will still crumble, regardless of the fancy paint job.

In October 2019, the World Health Organization estimated that 1 in 4 persons will suffer from mental illness at some point in their life. Currently, 450 million suffer from such conditions and 50% of them are untreated. For example, a diagnosis of bipolar disorder would easily take 5-7 years, but a misdiagnosis of Depressive Disorder could take only one appointment. It's saddening how we stand at a juncture where we are unable to successfully diagnose mental health illness in those who do require the support. Instead, we continue to misdiagnose and overinflate the incidence of mental illness in those patients who suffer from other organic diseases or even worse, don't suffer from any health condition at all.

Today, we do acknowledge that the Rosenhan study was a fraud, yet it danced around and brought to light one of the biggest questions that plagues the field of mental health – are we merely labelling our patients without successfully enabling them towards good health?

RECOMMENDATIONS

By: Dua'a AlNusairat

Hadith of the month

أَلَا وَإِنَّ فِي الْجَسَدِ مُضْغَةً إِذَا صَلَحَتْ صَلَحَ
الْجَسَدُ كُلُّهُ، وَإِذَا فَسَدَتْ فَسَدَ الْجَسَدُ كُلُّهُ، أَلَا وَهِيَ
الْقَلْبُ

"Truly in the body there is a morsel
of flesh, which, if it be whole, all the
body is whole, and which, if it is
diseased, all of [the body] is
diseased. Truly, it is the heart."

Picture of the month



The sun will rise and we will try again
Year 4

Poem of the month:

دَعِ الْأَيَّامَ تَفْعَلْ مَا تَشَاءُ
وَطِيبْ نَفْسًا إِذَا حَكَمَ الْقَضَاءُ
وَلَا تَجْرِعْ لِحَادِثَةِ اللَّيَالِي
فَمَا لِحَوَادِثِ الدُّنْيَا بَقَاءُ
وَكُنْ رَجُلًا عَلَى الْأَهْوَالِ جَدًّا
وَتَسِيمَتِكَ السَّمَاخَةَ وَالْوَفَاءُ
وَإِنْ كَثُرَتْ عُيُوبُكَ فِي الْبَرَائِيَا
وَسِرَّكَ أَنْ يَكُونَ لَهَا غِطَاءُ
تَسْتَرِ بِالسَّخَاءِ فَكُلُّ عَيْبٍ
يُغْطِيهِ كَمَا قَبِلَ السَّخَاءُ
وَلَا تُرِ لِلْأَعَادِي قَطُّ ذُلًّا
فَإِنَّ شِمَاتَةَ الْأَعْدَاءِ بِلَاءُ
وَلَا تُرْجِ السَّمَاخَةَ مِنْ بَخِيلٍ
فَمَا فِي النَّارِ لِلظَّمَانِ مَاءُ
وَرِزْقُكَ لَيْسَ يَنْقِصُهُ التَّانِي
وَلَيْسَ يَزِيدُ فِي الرِّزْقِ الْعَنَاءُ
وَلَا حُزْنٌ يَدُومُ وَلَا سُرُورُ
وَلَا بُؤْسٌ عَلَيْكَ وَلَا رِخَاءُ
إِذَا مَا كُنْتَ ذَا قَلْبٍ قَنُوعِ
فَأَنْتَ وَمَالِكَ الدُّنْيَا سَوَاءُ
وَمَنْ نَزَلَتْ بِسَاحَتِهِ الْمَنَايَا
فَلَا أَرْضٌ تَقِيهِ وَلَا سَمَاءُ
وَأَرْضُ اللَّهِ وَاسِعَةٌ وَلَكِنْ
إِذَا نَزَلَ الْقَضَا ضَاقَ الْفَضَاءُ
دَعِ الْأَيَّامَ تَغْدِرُ كُلَّ حِينٍ
فَمَا يُغْنِي عَنِ الْمَوْتِ الدَّوَاءُ



For any comments regarding this newsletter or suggestions for improvement, you can reach us at:
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DOCTOR'S ORDERS - DR. SARRA SHORBAGI

SLEEP HYGIENE

Sufficient sleep is essential for a healthy lifestyle. Adults should get seven or more hours of sleep every night for optimal health.

What are the consequences of not getting enough sleep?

This is associated with an increased risk of diabetes, cardiovascular disease, stroke, obesity, depression, motor vehicle crashes, and machinery-related injuries.

How to get better sleep?

Good sleep habits, sometimes referred to as sleep hygiene, can help you get a good night's sleep:

- Be consistent. Go to bed at the same time every night and get up at the same time every morning, including on the weekends.
- Don't go to bed unless you are sleepy.
- If you don't fall asleep after 20 minutes, get out of bed.
- Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature.
- Remove electronic devices, such as TVs, computers, and smart phones, from the bedroom.
- Avoid large meals, caffeine, and alcohol before bedtime.
- Get some exercise. Being physically active during the day can help you fall asleep more easily at night.

What should I do if I can't sleep?

If your sleep problems continue or if they interfere with how you feel or function during the day, you should talk to your doctor.

Before your visit, keep a diary of your sleep habits for about ten days to discuss with your doctor.



Reference:

Centre for Disease Control and Prevention. 2017. Sleep and Sleep disorders retrieved from www.cdc.gov