UNIVERSITY OF SHARJAH
where civilizations meet
College of Medicine

Volume 2, Issue 2 November 2016

Editor: Hiba Jawdat Barqawi

Dean's message of the month

The month of October was a busy one, with a lot of activities taking place in and out of the college. There are even more events and activities coming up soon. I would like to bring to your attention that the 4th Emirati-German Congress in Medicine opening ceremony will take place in Al-Razi Hall on the 6th November and I invite you to participate in this event, if possible.

I would like you all to join me in welcoming Dr. Iman Talaat to our College and we wish her a smooth transition and successful academic year.

We are currently in the process of trying to build a Tissue Bank and set up the Anatomy Museum. Meanwhile, ExamSoft is progressing well and I look forward to seeing it in use during the practice runs and the January exams.

Professor Qutayba Hamid MD, PhD, FRCP, FRS

Dean of the College of Medicine

Inside this issue:

College News

Student representatives for the college committees for the academic year 2016-2017 have been announced:

College Council		
Mahmoud Elhussein Mohd	ID U15104145	Year 1
Dalia Ali Mohd Alhabahbeh	ID U00028309	Year 5
Curriculum Committee		
Abdulrahman Altamimi	ID U14111772	Year 2
Meena Al-Hadithi	ID U00033108	Year 4
Research Committee		
Mohamad Mohamad Shieb	ID U00040526	Year 3
Abbas Jarrahi	ID U00028274	Year 5
Student Affairs		
Hiba Riad Ramzi	ID U15100200	Year 1
Sara Yusuf AliSawi	ID U00029583	Year 4

The Chancellor congratulates Al Jalila Foundation Grant awardees from the Colleges of Medicine, Pharmacy & Health Sciences:

Prof. Hamid Al Nuaimy, Chancellor of the University of Sharjah, extended his congratulations to the Research Institute of Medical and Health Sciences (RIMHS) and the Colleges of Medicine, Pharmacy and Health Sciences, for receiving the highly competitive research grants from Al Jalila Foundation for an amount of ~1.5 million dirhams.

This is an extraordinary accomplishment, especially considering the importance of research towards advancing medicine and healthcare. The chancellor also thanked **Prof. Maamar Bettayeb**, Vice Chancellor for Research and Graduate Studies, **Prof. Taleb Al-Tel**, Director of the Sharjah Institute for Medical and Health Sciences Research, **Prof. Qutayba Hamid**, Dean of the College of Medicine, **Prof. Suleiman El-Sharif**, former Dean of the College of Pharmacy and **Prof. Samir Awadallah**, Acting Dean of the College of Health Sciences, for their rewarding efforts and for providing continuous support to the awardees throughout the grant application process and for making available all research requirements, which helped make these achievements a reality.

The Al Jalila Foundation Research Grants awardees are:

- **Prof. Raafat El-Awady** (College of Pharmacy)
- **Dr. Mawieh Hamad** (College of Health Sciences)
- **Dr. Wegdan Bani Issa** (College of Pharmacy)
- **Dr. Hany A. Omar** (College of Pharmacy)
- **Dr. Samrein Ahmed** (College of Medicine)

MOU with Sheikh Khalifa Medical City Ajman (SKMCA):

A panel from the University of Sharjah consisting of **Professor Hamid Al Nuaimy**, Chancellor of the University of Sharjah, **Professor Maamar Bettayeb**, Vice Chancellor for Research and Graduate Studies and **Professor Qutayba Hamid**, Dean of College of Medicine met with the CEO, **Dr. Barbro Fredin** and the CMO, **Dr. Salah Abusnana** of Sheikh Khalifa Medical City in Ajman (SKMCA), as well as the Hospital Director of Sheikh Khalifa General Hospital (SKGH), **Dr. Thomas** and the Hospital Director of SKMCH, **Prof. Goran** and visitors from the Swedish healthcare providers Global Health Partners (GHP), to discuss the possibility of collaborating with the four hospitals for training and research.

The Sheikh Khalifa Medical City in Ajman (SKMCA) encompasses SKGH (Sheikh Khalifa General Hospital), SKMCH, SKMH and RCDR (Rashid Center for Diabetes and Research). They have partnered with Global Health Partner, a Swedish-based Healthcare Operations Company. GHP currently operates 18 clinics in Sweden, Denmark, Finland and the United Arab Emirates.

The discussions were regarding signing an MOU, training our students, running joint conferences and preforming clinical research in collaboration with one another. They visited the College and the Clinical and Surgical Training Center and are applying to be adjunct faculty at the University.

Masters and PhD Students in Molecular and Translational Research Program:

The Chancellor, Prof. Hamid Al-Nuaimy and our Dean, Prof. Qutayba Hamid welcomed the 1st batch of PhD students, as well as the new and current Master's students, in an event held in M27-109 on 26th September 2016.

PhD Students:

Name: **Rakhee Kizhuvappat Ramakrishnan**
Current Research Supervisor(s): Prof. Qutayba Hamid
Research Project title: Mitochondrial targeting therapy for airway remodeling

Name : **Noha Mousaad Taha Hassan Elemam**
Current Research Supervisor : Prof. Azzam Maghazachi
Research Project title: Cross-sectional evaluate of presence of NK17/NK1 in the synovial fluid of rheumatoid arthritis patients and its relation to the severity and manifestation of RA

Name: **Dr. Mahmood Yaseen Hachim**
Current Research Supervisor (s): Dr. Wael Abdel-Rahman Hassan
Research Project title: Role of Vitamin D pathway in Breast Cancer in UAE

Name: **Hayat Saad Othman**
Current Research Supervisor (s) and Research Project title: --TBA

Viral News

Transient Smartphone "Blindness"

Submitted by: **Dr. Imad Khan**

Warning: Looking at your smartphone while lying in bed at night could wreak havoc on your vision

Two women went temporarily blind from constantly checking their phones in the dark, say doctors who are now alerting others to the unusual phenomenon. The solution: Make sure to use both eyes when looking at your smartphone screen in the dark.

In the New England Journal of Medicine, doctors detailed the cases of the two women, ages 22 and 40, who experienced "transient smartphone blindness" for months. The women complained of recurring episodes of temporary vision loss for up to 15 minutes. They were subjected to variety of medical exams, MRI scans and heart tests. Yet doctors couldn't find anything wrong with them to explain the problem. But minutes after walking into an eye specialist's office, the mystery was solved. "I simply asked them, 'What exactly were you doing when this happened?'" recalled Dr. Gordon Plant of Moorfield's Eye Hospital in London. He explained that both women typically looked at their smartphones with only one eye while resting on their side in bed in the dark — their other eye was covered by the pillow. "So you have one eye adapted to the light because it's looking at the phone and the other eye is adapted to the dark," he said. When they put their phone down, they couldn't see with the phone eye. That's because "it's taking many minutes to catch up to the other eye that's adapted to the dark," Plant said. He said the temporary blindness was ultimately harmless, and easily avoidable, if people stuck to looking at their smartphones with both eyes. One of the women was relieved the short-term blindness didn't signal a more serious problem like an imminent stroke. He said the second woman was more skeptical and kept a rigorous months long diary tracking her fleeting vision loss before she finally believed him. But she couldn't stop checking her phone for messages from bed, he said.

Dr. Rahul Khurana, a spokesman for the American Academy of Ophthalmology, called it a fascinating hypothesis but said two cases weren't enough to prove that one-eyed smartphone use in the dark caused the problem. He also doubted whether many smartphone users would experience the phenomenon. Khurana, who acknowledged that he's an avid cellphone user, said that he and his wife tried to recreate the scenario on a recent evening, but had difficulty checking their phones with only one eye. "It was very odd," he said.

From the NEJM: Transient monocular vision loss is a common clinical presentation, and the cause is not always thromboembolic.[1] We present two cases in which careful history taking established a benign cause (for the case histories, see NEJM.org).

1. A 22-year-old woman presented with a several months' history of recurrent impaired vision in the right eye that occurred at night. The results of ophthalmic and cardiovascular examinations were normal. Vitamin A levels and the results of magnetic resonance angiography, echocardiography, and a thrombophilia screening were also normal.
2. The second case involved a 40-year-old woman who presented with a 6-month history of recurrent monocular visual impairment on waking, lasting up to 15 minutes. The results of investigations for a vascular cause were again normal. Aspirin therapy had been commenced.

When the patients were seen in our neuro-ophthalmic clinic, detailed history taking revealed that symptoms occurred only after several minutes of viewing a smartphone screen, in the dark, while lying in bed (before going to sleep in the first case and after waking in the second). Both patients were asked to experiment and record their symptoms. They reported that the symptoms were always in the eye contralateral to the side on which the patient was lying. We hypothesized that the symptoms were due to differential bleaching of photopigment, with the viewing eye becoming light-adapted while the eye blocked by the pillow was becoming dark-adapted. Subsequently, with both eyes uncovered in the dark, the light-adapted eye was perceived to be "blind." The discrepancy lasted several minutes, reflecting the time course of scotopic recovery after a bleach.[2-4] In a study approved by a research ethics committee, two of the authors monocularly viewed a smartphone screen at arm's length and quantified the time course of recovery of sensitivity in the dark both psychophysically and electrophysiologically. Visual sensitivity was appreciably reduced after smartphone viewing, taking several minutes to recover, and this reduction in sensitivity was measurable at the level of the retina. Although most people view screens binocularly, people frequently use smartphones while lying down, when one eye can be inadvertently covered. Smartphones are now used nearly around the clock, and manufacturers are producing screens with increased brightness to offset background ambient luminance and thereby allow easy reading. Hence, presentations such as we describe are likely to become more frequent. Our cases show that detailed history taking and an understanding of retinal physiology can reassure both patient and doctor and can avoid unnecessary anxiety and costly investigations.

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https://www.theguardian.com/technology/2016/jun/23/smartphone-users-temporarily-blinded-looking-screen-in-bed

N Engl J Med 2016; 374:2502-2504June 23, 2016DOI: 10.1056/NEJMc1514294 http://www.nejm.org/doi/full/10.1056/NEJMc1514294#t=article

This Roller Coaster Helps People Pass Kidney Stones (Yes, Really)

Submitted by: **Dr. Mona Dajani**
By Sara G. Miller| September 26, 2016

Doctors may have found an unconventional way to get rid of painful kidney stones — but it will cost you a trip to Disney World. Researchers found that riding the Big Thunder Mountain Railroad roller coaster at Disney World could help ease the passage of small kidney stones, according to the new study.

Kidney stones are hard masses of minerals that form in the kidneys. They can range in size, from a tiny grain of sand to, in extreme cases, the size of a golf ball. Patients with kidney stones don't always need treatment, because the stones can pass out of the body on their own, but the process of passing them can be quite painful. The stones must travel from the kidney down the ureter and to the bladder, and then exit the body through the urethra.

The authors of the new study, published September 26 in the Journal of the American Osteopathic Association, noticed that several of their patients had reported passing kidney stones after going on the Big Thunder Mountain Railroad roller coaster at Disney World in Florida. In one instance, for example, a man told the doctors that he passed a stone after three consecutive rides on the roller coaster, according to the study. Studying this phenomenon required a bit of ingenuity from the researchers. To test the effects of riding a roller coaster with kidney stones, they created a 3D model of a kidney that could be taken along for the ride (concealed in a backpack, of course).

In the experiment, the researchers placed three real kidney stones and some urine in the model kidney. The kidney stones were different sizes: small (4.5 cubic millimeters), medium (13.5 cubic mm) and large (64.6 cubic mm). The researchers took the model kidney on the Big Thunder Mountain Railroad roller coaster 20 times. They experimented with the position of the different sizes of kidney stones in different parts of their kidney model. On one ride, for example, the largest stone was placed in the upper part of the kidney; on another, the large stone was placed in the middle of the kidney. Ultimately, each stone was placed in each location of the kidney for at least one ride.

The researchers noted that one aspect of the experiment that they could not control was where they sat on the roller coaster. Indeed, "seat assignment on the roller coaster was random and determined as a function of place in the waiting line," they wrote. But seat assignment turned out to be important. When the researchers were seated in the rear car of the roller coaster, the kidney stones, regardless of their size or location in the kidney, passed nearly 64 percent of the time, according to the study. When the researchers sat in the front of the roller coaster, however, the stones passed only about 17 percent of the time, the researchers found.

The preliminary study's findings "support the anecdotal evidence that a ride on a moderate-intensity roller coaster could benefit some patients with small kidney stones," Dr. David Wartinger, a professor emeritus of urology at the Michigan State University College of Osteopathic Medicine and a co-author of the study, said in a statement. Riding a roller coaster after having treatments such as lithotripsy — a procedure that aims to break up kidney stones into smaller particles using ultrasound shock waves — could prevent stones from getting larger and causing additional problems, Wartinger said.

Originally published on Live Science.

Submitted by Dr. Azma Abdul Malek

Nobelförsamlingen
The Nobel Assembly at Karolinska Institutet

Press Release

2016-10-03

The Nobel Assembly at Karolinska Institutet has today decided to award the 2016 Nobel Prize in Physiology or Medicine to

Yoshinori Ohsumi

for his discoveries of mechanisms for autophagy

Summary

This year's Nobel Laureate discovered and elucidated mechanisms underlying *autophagy*, a fundamental process for degrading and recycling cellular components.

The word *autophagy* originates from the Greek words *auto-*, meaning "self", and *phagein*, meaning "to eat". Thus, autophagy denotes "self eating". This concept emerged during the 1960's, when researchers first observed that the cell could destroy its own contents by enclosing it in membranes, forming sack-like vesicles that were transported to a recycling compartment, called the *lysosome,* for degradation. Difficulties in studying the phenomenon meant that little was known until, in a series of brilliant experiments in the early 1990's, Yoshinori Ohsumi used baker's yeast to identify genes essential for autophagy. He then went on to elucidate the underlying mechanisms for autophagy in yeast and showed that similar sophisticated machinery is used in our cells.

Ohsumi's discoveries led to a new paradigm in our understanding of how the cell recycles its content. His discoveries opened the path to understanding the fundamental importance of autophagy in many physiological processes, such as in the adaptation to starvation or response to infection. Mutations in autophagy genes can cause disease, and the autophagic process is involved in several conditions including cancer and neurological disease.

Degradation – a central function in all living cells

In the mid 1950's scientists observed a new specialized cellular compartment, called an *organelle,* containing enzymes that digest proteins, carbohydrates and lipids. This specialized compartment is referred to as a "*lysosome*" and functions as a workstation for degradation of cellular constituents. The Belgian scientist Christian de Duve was awarded the Nobel Prize in Physiology or Medicine in 1974 for the discovery of the lysosome. New observations during the 1960's showed that large amounts of cellular content, and even whole organelles, could sometimes be found inside lysosomes. The cell therefore appeared to have a strategy for delivering large cargo to the lysosome. Further biochemical and microscopic analysis revealed a new type of vesicle transporting cellular cargo to the lysosome for degradation (Figure 1). Christian de Duve, the scientist behind the discovery of the lysosome, coined the term autophagy, "self-eating", to describe this process. The new vesicles were named *autophagosomes*.

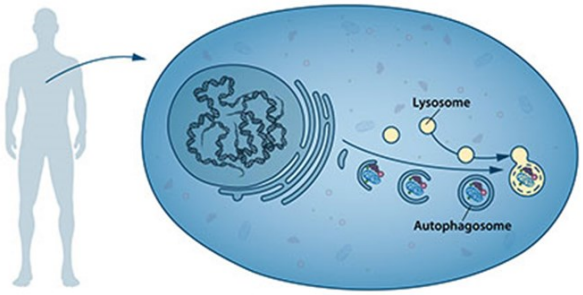

Figure 1: Our cells have different specialized compartments. Lysosomes constitute one such compartment and contain enzymes for digestion of cellular contents. A new type of vesicle called autophagosome was observed within the cell. As the autophagosome forms, it engulfs cellular contents, such as damaged proteins and organelles. Finally, it fuses with the lysosome, where the contents are degraded into smaller constituents. This process provides the cell with nutrients and building blocks for renewal.

During the 1970's and 1980's researchers focused on elucidating another system used to degrade proteins, namely the "proteasome". Within this research field Aaron Ciechanover, Avram Hershko and Irwin Rose were awarded the 2004 Nobel Prize in Chemistry for "the discovery of ubiquitin-mediated protein degradation". The proteasome efficiently degrades proteins one-by-one, but this mechanism did not explain how the cell got rid of larger protein complexes and worn-out organelles. Could the process of autophagy be the answer and, if so, what were the mechanisms?

A groundbreaking experiment

Yoshinori Ohsumi had been active in various research areas, but upon starting his own lab in 1988, he focused his efforts on protein degradation in the *vacuole*, an organelle that corresponds to the lysosome in human cells.

Yeast cells are relatively easy to study and consequently they are often used as a model for human cells. They are particularly useful for the identification of genes that are important in complex cellular pathways. But Ohsumi faced a major challenge; yeast cells are small and their inner structures are not easily distinguished under the microscope and thus he was uncertain whether autophagy even existed in this organism. Ohsumi reasoned that if he could disrupt the degradation process in the vacuole while the process of autophagy was active, then autophagosomes should accumulate within the vacuole and become visible under the microscope. He therefore cultured mutated yeast lacking vacuolar degradation enzymes and simultaneously stimulated autophagy by starving the cells. The results were striking! Within hours, the vacuoles were filled with small vesicles that had not been degraded (Figure 2). The vesicles were autophagosomes and Ohsumi's experiment proved that authophagy exists in yeast cells. But even more importantly, he now had a method to identify and characterize key genes involved this process. This was a major break-through and Ohsumi published the results in 1992.

Figure 2: In yeast (left panel) a large compartment called the *vacuole* corresponds to the lysosome in mammalian cells. Ohsumi generated yeast lacking vacuolar degradation enzymes. When these yeast cells were starved, autophagosomes rapidly accumulated in the vacuole (middle panel). His experiment demonstrated that autophagy exists in yeast. As a next step, Ohsumi studied thousands of yeast mutants (right panel) and identified 15 genes that are essential for autophagy.

Autophagy genes are discovered

Ohsumi now took advantage of his engineered yeast strains in which autophagosomes accumulated during starvation. This accumulation should not occur if genes important for autophagy were inactivated. Ohsumi exposed the yeast cells to a chemical that randomly introduced mutations in many genes, and then he induced autophagy. His strategy worked! Within a year of his discovery of autophagy in yeast, Ohsumi had identified the first genes essential for autophagy. In his subsequent series of elegant studies, the proteins encoded by these genes were functionally characterized. The results showed that autophagy is controlled by a cascade of proteins and protein complexes, each regulating a distinct stage of autophagosome initiation and formation (Figure 3).

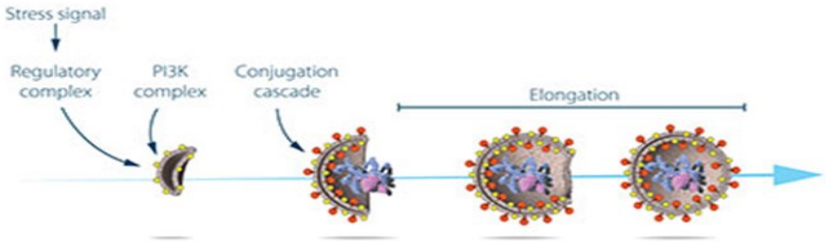

Figure 3: Ohsumi studied the function of the proteins encoded by key autophagy genes. He delineated how stress signals initiate autophagy and the mechanism by which proteins and protein complexes promote distinct stages of autophagosome formation.

Autophagy – an essential mechanism in our cells

After the identification of the machinery for autophagy in yeast, a key question remained. Was there a corresponding mechanism to control this process in other organisms? Soon it became clear that virtually identical mechanisms operate in our own cells. The research tools required to investigate the importance of autophagy in humans were now available.

Thanks to Ohsumi and others following in his footsteps, we now know that autophagy controls important physiological functions where cellular components need to be degraded and recycled. Autophagy can rapidly provide fuel for energy and building blocks for renewal of cellular components, and is therefore essential for the cellular response to starvation and other types of stress. After infection, autophagy can eliminate invading intracellular bacteria and viruses. Autophagy contributes to embryo development and cell differentiation. Cells also use autophagy to eliminate damaged proteins and organelles, a quality control mechanism that is critical for counteracting the negative consequences of aging.

Disrupted autophagy has been linked to Parkinson's disease, type 2 diabetes and other disorders that appear in the elderly. Mutations in autophagy genes can cause genetic disease. Disturbances in the autophagic machinery have also been linked to cancer. Intense research is now ongoing to develop drugs that can target autophagy in various diseases. Autophagy has been known for over 50 years but its fundamental importance in physiology and medicine was only recognized after Yoshinori Ohsumi's paradigm-shifting research in the 1990's. For his discoveries, he is awarded this year's Nobel Prize in physiology or medicine.

Overview of the Healthcare Sector in the United Arab Emirates

Prepared and written by: Dr. Nour Hisham

Introduction:

The United Arab Emirates is a federal state established in December 1971 and consisting of seven emirates with a total area of 83,600 km2. The UAE population at the end of 2013 reached approximately 9.3 million and it is estimated that it will exceed the 14.5 million by 2018. Nationals accounts for 11.5% while expatriates are 88.5% of the total population. Males (20-45 year age) constitute more than 75% of the total population in UAE. The major healthcare organization operating in the UAE is the Ministry of Health (MOH) delegates some of the duties to specialized health authorities for every emirate such as HAAD and DHA. The rapidly growing young population in UAE is one of the key factors driving demand for to supply healthcare sector that can keep speed with the expanding population.

How big is the healthcare sector in the United Arab Emirates?

Here I will mention some data that I found about the number of hospitals, the health workforce, and the health financing and expenditure in UAE. This will show how large is the healthcare sector in the country in these days, and it will give an idea about how much is still needed to have improvements in the future.

Hospitals and bed capacity:

In UAE, there are over 104 hospitals, both within the public (37%) and private (63%) sectors.

Abu Dhabi and Dubai combined account for over 68% of the hospitals 39 in Abu Dhabi and 38 in Dubai.

The majority of the hospitals in the UAE (88.6%) are General hospitals with a minor presence for specialized hospitals.

Bed capacity at hospitals in the UAE reveals that the total number of beds in the country as of the end of 2011 was at 9,176 beds (6,712 in public & 2,464 in private) with an average of 104 beds per hospital.

In UAE 2,600 new beds will be required in the private sector alone by 2020.

Shortage is prevalent across all GCC countries; the UAE has the lowest number of beds per 1,000 populations (1.1), which is lower than that in the GCC countries that have a ratio of (1.7 beds per 1000) population in 2012.

Health workforce:

Below is a table that shows Health workforce indicators in UAE in the period between 2007 & 2013:

Health workforce indicator (2007-2013)	UAE
Density of physicians per 10 000 population	25.3
Density of nursing and midwifery personnel per 10 000 population	31.6
Density of dentistry personnel per 10 000 population	4.3
Density of psychiatrists per 10 000 population (2014)	<0.05

- UAE holds one of the lowest ratios for physicians and nurses across GCC countries.
- In UAE the health care system depends mainly on professionals from outside the country, with expatriates (around 80% of doctors & 90% of nurses) comprising most of physicians and nurses. In addition, staff turnover is quite high, adding to the shortage.
- In UAE one of the World-Class Healthcare 2021 targets is reach 29 physicians per 10,000 population and 60 nursing personnel per 10,000 populations.

Health Financing and expenditure:

Below is a table that shows Health Financing and expenditure indicators in UAE in the period between 2007 & 2013:

Indicator	UAE
Total expenditure on health per capita (Intl $, 2013)	2,233
Total expenditure on health as % of GDP (2010)	2.7
Total expenditure on health as % of GDP (2013)	3.2
General government expenditure on health as a percentage of total expenditure on health (2012)	69.1
Private expenditure on health as a percentage of total expenditure on health (2012)	30.9
General government expenditure on health as a percentage of total government expenditure (2012)	9.4
Out-of-pocket expenditure as a percentage of private expenditure on health (2012)	63.2
Per capita total expenditure on health (PPP int. $) (2012)	1718
Per capita government expenditure on health (PPP int. $) (2012)	1188
Per capita total expenditure on health at average exchange rate (US$) (2012)	1235
Per capita government expenditure on health at average exchange rate (US$) (2012)	854

- The healthcare budget allocated by the UAE is obviously increasing. It has nearly doubled, from USD 6.5 billion in 2007, exceeding USD 12 billion in 2012 and 16.8 billion in 2013.
- The UAE's healthcare spending as a percentage of the GDP of 3.2% is one of the highest in the GCC, coming third to Bahrain and KSA.
- According to the WHO world statistics 2015, comparing the total health GDP% of UAE to that of global 8.6 GDP% in 2012, it is roughly one-fourth of other countries such as 9.3% in the UK and12.0% in Holland.
- Regarding health financing in UAE, it is mainly supplied by the government (69.1%).

Are health outcome measures comparable to other developed nations?

The quality of healthcare in UAE is generally high and equal to that in Western Europe and the USA, except for highly specialized treatment.

The UAE Vision 2021 states that the country will invest continually to build world-class healthcare infrastructure, expertise and services in order to fulfil citizens' growing needs and to establish itself as a destination of choice for high quality healthcare. The aim is to increase the Percentage of Accredited Health Facilities from 46.8% in 2014 to 100% by 2021. In terms of Healthcare Quality Index UAE ranked 34 in 2014 and aims to be 20 by 2021.

UAE has one of the highest numbers of accredited JCI healthcare facilities per population, with a total of 78 hospitals. Centers of excellence such as Harvard and Johns Hopkins universities have been commissioned to improve the services of hospitals and build capacities in accreditation.

High returns on healthcare investments in the UAE result in high healthcare quality (efficient private hospitals could achieve 15% – 20% net profit margins).

However, of total health care expenditure in 2010, 25% (US$2 billion) was spent sending patients for treatment abroad. This can be because absence of local expertise, expensive treatment and a general lack of confidence in medical facilities. This indicates that although health infrastructure, workforce and financing can be high this doesn't mean that high quality healthcare is achieved to an extent that convinces the population.

Below is a table that shows the healthcare quality indicators in UAE According to the WHO report 2015. These indicators shows great improvement compared many years ago, but they still need more improvements in order to accommodate the international developed nations.

To address the rapidly increasing demand for healthcare services in UAE, it has been recognized as a significant issue within the government and actively encourage new plans according to the UAE vision 2021.

Health quality indicators	UAE
Life expectancy: (2013)	
Life expectancy at birth (years)	77
Life expectancy at age 60 (years)	20
Healthy life expectancy at birth (years)	67
Mortality rate:	
Neonatal mortality rate (per 1000 live births)	4.8
Infant mortality rate (probability of dying by age 1 per 1000 live births)	7.0
Under-five mortality rate (probability of dying by age 5 per 1000 live births)	8.2
Adult mortality rate (probability of dying between 15 and 60 years of age per 1000 population)	M 84, F 59
Risk factors: (2014)	
Prevalence of anaemia among women aged 15–49 years (%)	4.3
Prevalence of raised fasting blood glucose among adults aged ≥ 18 years (%)	M 19.1, F 17.6
Prevalence of raised blood pressure among adults aged ≥ 18 years (%)	M 25.5 F 21.5
Adults aged ≥ 18 years who are obese (%)	M 33.8 F 45.1

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CTC News

Sharjah Ruler and President of Niger Visit the Clinical & Surgical Training Center

HRH Sheikh Dr. Sultan Bin Mohammad Al Qassimi with President of Niger, Mahamadou Issoufou during their visit to the University of Sharjah's Clinical & Surgical Training Center (CSTC) on Thursday 06th October 2016.

The CSTC was very honored to receive the highly esteemed guests, who came to view the state-of-the-art training complex for health care professionals. They inspected the cadaveric wet lab, animal wet lab, dry lab and virtual reality platforms.

The CSTC is regarded as one of the best training facilities in the region and is fully equipped with top quality laparoscopic and endoscopic surgery facilities.

SSI Sharjah Surgical Institute

Featured Staff (CTC):

Reham Rady is the Business Development Executive at the University of Sharjah Clinical and Surgical Training Centre. She is responsible for sales and marketing of existing courses, as well as the implementation of new programs and partnerships.

She has a Bachelor's degree in Pharmacy from Cairo University and got her MBA from Merrick School of Business University of Baltimore, Maryland, where she lived and worked as a pharmacist for eight years. Her experience in the Middle East, prior to joining the University of Sharjah, was in the fields of Corporate Communications and Business Development with multinationals ranging from pharmaceuticals and FMCGs.

She believes *"We cannot solve our problems with the same thinking we used when we created them" - Albert Einstein.*

Jocelyn Saltin-Pajutagana is a Life Support Training Program Coordinator at the University of Sharjah Clinical and Surgical Training Centre.

She graduated with a BSN and MAN major in Medical and Surgical Nursing. She also previously worked as a Clinical Instructor at University of San Agustin- Iloilo City, Philippines and Clinical Teacher at Armed Forces Hospital Program Southern Region- Khamis Mushayt, KSA.

Jocelyn joined working at the training center in June 2013. She is the representative of the Training Center (TC) and is the primary contact for the American Heart Association (AHA). She also facilitates and organizes Life Support Courses under AHA and coordinates with different clinical and education coordinators of other healthcare facilities.

She believes "*I shall pass this way but once; any good therefore that I can do, or any kindness that I can show- let me not defer nor neglect it, for I shall not pass this way again*".

Marwa Azzam is the Administrative Assistant at the University of Sharjah Clinical and Surgical Training Centre (CSTC).

She graduated with an MBA Degree from Abu Dhabi University in 2015 and she completed her Bachelor Degree in Management Information System from the United Arab Emirates University in 2012. Marwa joined the CSTC November 2015. Previously she used to work as an Executive Assistant to the Director of the Al-Ain Campus of Abu Dhabi University for four years.

Marwa oversees all the administrative & financial aspects as well as the staff work at the CSTC and reports that to the management. She is also responsible for Venue Booking at the Center, Calendar's Management, Providing Quotes to Clients/Partners, Coordinating with Internal Departments, Updating Contracts, Invoicing Clients, Preparing and Updating Financial Statements, Submitting Financial Reports to the Management with Data Analysis, Handling Payments, Preparing Cost Breakdowns for Courses, Handling Petty Cash, Marinating a High Standard Database, Proper Documentation, Preparing the Center's Bylaws and Standard Operating Procedures, Course Coordination, Writing and Publishing Articles & News about the Center's Events and Event Management and Organization.

She believes *"Nothing ever goes away until it teaches us what we need to know"* - Pema Chodron.

Lou Ann Tesado is a Training Course Coordinator at the University of Sharjah Clinical & Surgical Training Center (CSTC) .

She graduated with a Bachelor of Business Administration from the University of the Philippines.

Lou Ann joined CSTC last March 2016. Her main responsibilities is to coordinate and facilitate training courses run in the center for partners as well as organic courses. She also updates and posts recent and relevant information about the center through Social Media channels.

She believes *"A smile is happiness you'll find right under your nose"*

Anil Kumar is a Lab Technician at the University of Sharjah Clinical & Surgical Training Center (CSTC) .

He graduated with a Bachelor of Science from Shobhit University, India. He also has a Diploma in Operation Theater Technology & Laparoscopic Surgical Technology from IIMT Medical College & Hospital, India.

Anil joined CSTC in October 2009 since the establishment of the center. Prior to that, he worked at World Laparoscopy Hospitals and has three years' experience as a Laparoscopy and Endoscopy Surgical Technician, which he is currently enhancing and implementing at the CSTC.

His main responsibilities at the CSTC are:

- Cadavers' Arrangements: Cadaver order, Deliver, Providing Technical Support During the Courses and Burial Arrangement of the Cadavers
- Animals' Arrangements: Animal order, Delivery, Management of Anesthesia Team and the Lab Team, Assisting and Providing Technical Support During the Courses, Mange the Endoscopic and Laparoscopic Courses and Arrange the Disposal of the Animals
- Wet Lab Management: Manage Labs (Cadaveric and Animal) from Starting, Logistics, Assisting inside the Lab till the End of the Event
- Other Administrative Work: CSTC Web Page, Handling the Purchasing Requests, Proving Course Reports and CTC Activity Lists and Statistical Analysis, Inventory and Order of Consumables and Medicine, Attending Meetings with Clients and Partners to Understand the Courses' Logistics and Requirements and Provide them During the Course.

He believes *"Go forward in life with a twinkle in your eye and a smile on your face, but with great purpose in heart".*

Najna Shabbir is the Training Course Coordinator at the University of Sharjah Clinical & Surgical Training Center (CSTC).

She graduated with a Bachelor of Engineering in Information Technology from India in 2003. She worked as Assistant Professor in Information Technology at Kerala University in India and as Training Supervisor for the Dubai Government Software's Oqood and Ejari. Overall, she has 12 years of experience.

Najna joined the CSTC in February 2016. She is responsible for the facilitation and documentation of training activities at CSTC. Her major duties are to provide outstanding customer service to the participants and clients, ensure all the courses are running smoothly at the center, increase the number of the courses organized by the CSTC based on the medical demand in the market by direct and indirect marketing, prepare all the required materials to the courses, coordinate all logistics related to the course, take photos and record videos of the courses, maintain an updated databases to the courses and the participants, and provide reports to the management based on analyzing the data retrieved from the courses' surveys.

She believes "*Be yourself ! No matter what other people think. God made you the way you are for a reason. Besides ,an original is always worth more than a copy".*

Abderrahman Saidi is a Surgical Technician at the University Of Sharjah Clinical & Surgical Training Center (CSTC).

He graduated with Diploma of Nursing in 1999 from Tunisia Nursing School, Tunisia. He worked for 11 years at Al Qassimi Hospital in Operation Theater with multi surgical specialty as expert in Laparoscopy and Endoscopic surgery.

He joined CSTC in August 2016 and his major tasks are to provide all the required technical support in wet lab, dry Lab and in all education area, to enable the lab to function effectively, while adhering to correct procedures, to assist and orient the Faculty and Candidates, to work in Animal and Cadaver courses and preparing for procedures, to assist in Basic Surgical Skills and all other medical students courses, to coordinates, facilitates, and manages change within perioperative services.

He believes *"Respect is earned. Honesty is appreciated. Trust I gained and Loyalty is returned".*

Abdulkareem Safiullah is a Lab Assistant at the University Of Sharjah Clinical & Surgical Training Center (CSTC).

He graduated with a Bachelor in Art from the University of Madras, India. He has an experience for 17 years in Animal House at Abu Dhabi Ministry of Health and Al Ain University.

He joined the College of Medicine in 2011 and the CSTC in particular in 2015. His major tasks are to assist in animal and cadaver preparations (i.e., handle animals and prepare them for the procedure by preparing the animals tissues and organs – fixing the cadavers in the labs) and to prepare for the courses and operating rooms in the set-ups.

He believes *"Something is Better Than Nothing".*

Jamaldeen Raja Mohamed is an Office Attendant at the University Of Sharjah Clinical & Surgical Training Center (CSTC).

He graduated with a High School Diploma from India and started his career in the UAE by working as an Office Attendant in Abu Dhabi Blood Bank for eight years before joining the University of Sharjah with the same position in 1998. His overall experience in the UAE is 26 years.

Specifically, he joined the CSTC in 2014 and his major tasks are to assist in the courses, meetings and conferences running at the CSTC (set ups arrangements, assist the course coordinators upon the needed tasks), to assist in all the CSTC and COM internal communications with other departments and he is responsible for the kitchen requirements as well as refreshments.

He believes *"Family is not an important thing, It is everything".*

Faculty & Staff Achievements, Awards and Special Recognition

Publications:

Prof. Azzam Maghazachi recently had an article published:

- **Maghazachi AA**, Sand KL and Al-Jaderi Z (2016) Glatiramer Acetate, Dimethyl Fumarate, and Monomethyl Fumarate Upregulate the Expression of CCR10 on the Surface of Natural Killer Cells and Enhance Their Chemotaxis and Cytotoxicity. Front. Immunol. 7:437. doi: 10.3389/fimmu.2016.00437

Dr. Nihar Dash recently had the following publication:

- Mohammed Ghanim, **Nihar Dash**, Bashayer Abdullah, Hiba Issa, Rasha Albarazi, Zaid Al Saheli. (2016). Knowledge and Practice of Personal Hygiene among Primary School Students in Sharjah- UAE. Journal of Health Science 6(5): 67-73 DOI: 10.5923/j.health.20160605.01

Grants:

Dr. Samrein Ahmed has obtained a grant from the Al Jalila Foundation (http://www.aljalilafoundation.ae) along with **Dr. Wael Abdelrahman Hassan** and **Dr. Ahmed El-Serafy**. The grant title is "Studying the phosphorylation status of ShcD in melanoma upon oxidative stress: An evidence for new therapeutic target in melanoma".

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

Sports Achievements

Dr. Nihar Dash was awarded a medal and prize for “perfect/ideal sports champion-faculty” during the UOS sports day on 18th October 2016.

Student Corner- MSA Events

MSA Book Fair

This event took place between 2nd– 6th October. At the M27 foyer. Books were obtained from current and older students, then displayed in a book fair for other students to be able to purchase books at a cheaper cost. The money collected was then sent to the owners of the sold books, along with any unsold books.

MSA dinner with the Dean and faculty:

The Board Members and Committee Heads of the MSA went out for dinner on Monday 10th October 2016 with the Dean of the College of Medicine, **Professor Qutayba Hamid**; the Acting Head of Family and Community Medicine Department, **Professor Nabil Sulaiman**; the Acting Head of Basic Medical Sciences Department, **Dr. Maha Saber**; the Head of Student Affairs, **Dr. Nihar Dash**; and our beloved Microbiology Lecturer and Editor of the Newsletter, **Dr. Hiba Barqawi**.

The meeting was a chance for the MSA to establish relations with the faculty in preparation for this year, along with discussing goals and future prospects. It was also a night of casual talks and jokes as everyone enjoyed a delicious meal!

MSA General Assembly 2016-2017

The Board Members of MSA welcomed the new members for the academic year 2016-2017 and introduced them to the basic foundations and guidelines upon which the association runs. The events planned for this year were shown month-by-month to the members, with the possibility for members to provide input or ask questions. This event took place on Tuesday October 11th 2016.

EMSS (Emirates Medical Students' Society) – Stigma in Mental Health

In the observance of the World Mental Health Day, which falls in the month of October, the Emirates Medical Students' Society (EMSS) highlighted mental health issues on its 8th Annual National General Assembly held at Al -Razi Hall in the medical campus of the University of Sharjah on the 22nd October 2016.

With the theme "Dignity in Mental Health" which served as a reminder to all health care providers to incorporate dignity into their approach towards mental health care which is fundamental to free ourselves from the stigma and discrimination.

The Chancellor of the University of Sharjah, **Prof. Hamid Al Nuaimy**, as well as the Dean of the College of Medicine **Prof. Qutayba Hamid**, attended and started this conference. Medical students from all over the UAE united at this assembly; mainly from the University of Sharjah but also from Dubai Medical College for girls, RAK medical university and Gulf university. Over 300 participants attended.

The event included talks from external speakers among which were certified doctors, art exhibitions and performances, as well as training sessions on topics such as 'Emotional intelligence, Stigma in mental health, Perception and Reality, Neurolinguistic programming and Depression'. This was supervised by the International Federation of Medical Students' Association. The event was a true success and feedback from the attendees was excellent. It also attracted a lot of media attention. Below are some clippings from the local newspapers on this event.

بمشاركة نحو 300 طالب من مختلف الجامعات

«مؤتمر طلاب الطب» يستعرض آليات التعامل مع الاضطرابات النفسية

الشارقة (الاتحاد)

استعرض مشاركون في المؤتمر السنوي الثامن لجمعية طلاب الطب في الإمارات بمجمع الكليات الطبية في جامعة الشارقة، أبرز قضايا الاضطرابات النفسية ووسائل علاجها وآليات كشفها.

وأقيم المؤتمر تحت شعار «التحرّر من الأغلال لحفظ كرامة المتعايشين مع الاضطرابات النفسية»، بحضور الدكتور حميد مجول النعيمي مدير الجامعة، وتزامنا مع احتفال منظمة الصحة العالمية باليوم العالمي للصحة النفسية في شهر أكتوبر من كل عام.

وشارك الدكتور جستن توماس طبيب نفسي من أعضاء الهيئة التدريسية في جامعة زايد، بمحاضرة «التدريب على الإسعافات الأولية النفسية»، والدكتور طلعت مطر رئيس قسم الطب النفسي في مستشفى سيف بن غباش بمحاضرة «وصمة العار حول الأمراض النفسية وأهمية البحث عن علاج»، أما كريس كاليمبران، رسام وله معارض فنية عدة في الدولة وخارجها، قدم محاضرة عن دور الموسيقى وفن الرسم في علاج بعض حالات الأمراض النفسية، كما قام بعرض لوحاته في معرض فني على هامش المؤتمر، كذلك تخلل المؤتمر ورش تدريبية لتسليط الضوء على مواضيع مهمة، حيث أشرف عليها نخبة من أطباء معتمدين من الاتحاد الدولي لطلبة الطب.

وأكد الدكتور قتيبة حميد عميد كلية الطب في جامعة الشارقة أهمية التحدث إلى مستشار نفسي أو شخص من خارج العائلة عند الضرورة لتجنب العديد من الأمراض النفسية في المستقبل.

وأوضح أحمد مال الله رئيس جمعية طلاب الطب في الإمارات، أن الجمعية تعمل على تمكين الطلبة وتطويرهم من خلال تبادل الخبرات ومساعدتهم على صقل شخصياتهم ومهاراتهم لكي يصلوا إلى أقصى درجات التميز ليس في المجال الطبي فقط بل على المستوى الإنساني أيضاً، موضحا أن الطبيب لا يعالج مرضا وإنما يعالج إنسانا.

وأكدت نور علي محمود، رئيس اللجنة التنظيمية للمؤتمر، نائب رئيس جمعية طلاب الطب في الإمارات للشؤون الخارجية، ضرورة تثقيف مقدمي الرعاية الصحية واتخاذ خطوات إيجابية نحو التغيير للأفضل ودمج الجانب الإنساني في منهج الصحة النفسية.

وشارك في المؤتمر أكثر من 300 من طلبة كليات الطب من الجامعات الطبية المختلفة من جميع أنحاء دولة الإمارات العربية المتحدة، بجانب عمداء الكليات وأعضاء الهيئات التدريسية.

جامعة الشارقة تستضيف المؤتمر السنوي الثامن لجمعية طلاب الطب في الإمارات

•• الشارقة-الفجر:

تحت رعاية وحضور سعادة الأستاذ الدكتور حميد مجول النعيمي مدير جامعة الشارقة، استضافت جامعة الشارقة المؤتمر السنوي الثامن لجمعية طلاب الطب في الإمارات بمجمع الكليات الطبية في جامعة الشارقة، والذي أقيم تحت شعار التحرُر من الأغلال لحفظ كرامة المتعايشين مع الاضطرابات النفسية ، تزامنا مع احتفال منظمة الصحة العالمية باليوم العالمي للصحة النفسية في شهر أكتوبر من كل عام.

ناقش المؤتمر العديد من المحاور لطرح شعار المؤتمر ونشر التوعية بين طلبة كليات الطب، حيث شارك الدكتور جستن توماس طبيب نفسي من أعضاء الهيئة التدريسية في جامعة زايد في أبوظبي، بمحاضرة تحت عنوان التدريب على الإسعافات الأولية النفسية والتي هي موضوع منظمة الصحة العالمية لليوم العالمي للصحة النفسية لهذا العام، كما شارك الدكتور طلعت مطر رئيس قسم الطب النفسي في مستشفى سيف بن غباش في إمارة رأس الخيمة بمحاضرة تحت عنوان فكرة عامة حول الطب النفسي - وصمة العار حول الأمراض النفسية وأهمية البحث عن علاج، أما كريس كاليمبران ، رسام وله عدة معارض فنية في الدولة وخارجها، قدم محاضرة عن دور الموسيقى وفن الرسم في علاج بعض حالات الأمراض النفسية كما قام بعرض لوحاته في معرض فني على هامش أحداث المؤتمر، كذلك تخلل المؤتمر ورش تدريبية لتسليط الضوء على مواضيع هامة، حيث أشرف عليها نخبة من أطباء معتمدين من الاتحاد الدولي لطلبة الطب، ومن أهم ورش العمل خلال المؤتمر: الذكاء الوجداني، وصمة العار حول الأمراض النفسية، الاكتئاب، والبرمجة اللغوية العصبية.

رحب الأستاذ الدكتور قتيبة حميد عميد كلية الطب في جامعة الشارقة في كلمته ، بالحضور والضيوف من مختلف كليات الطب بالدولة، مباركا لهم هذا الانجاز الكبير من خلال هذا التجمع الضخم الذي يضم معظم طلبة كليات الطب بالدولة، كما أكد على أهمية موضوع المؤتمر في العصر الحالي وأهمية التحدث إلى مستشار نفسي أو شخص من خارج العائلة عند الضرورة لتجنب العديد من الأمراض النفسية في المستقبل، وفي نهاية حديثه نصح الطلبة بضرورة الشعور بالفخر تجاه جامعتهم التي كانت لها الفضل في تعليمهم وتثقيفهم، ثم نصح الطلبة الخريجين بضرورة العودة مرة أخرى لجامعتهم لتبادل العلم والخبرة مع زملائهم، ثم شكر اللجنة المنظمة على نجاح المؤتمر، متمنيا لجمعية الإمارات لطلبة الطب مزيدا من التقدم ومزيدا من الفعاليات الناجحة.

من جانبه قدم أحمد مال الله رئيس جمعية طلاب الطب في الإمارات، نبذه عن الجمعية، حيث أكد أن الجمعية تعمل على تمكين الطلبة وتطويرهم من خلال تبادل الخبرات ومساعدتهم على صقل شخصياتهم ومهاراتهم لكي يصلوا إلى أقصى درجات التميز ليس في المجال الطبي فقط بل على المستوى الإنساني أيضا، موضحا أن الطبيب لا يعالج مرض وانما يعالج إنسان، ثم أضاف أن على الطبيب أن يتحلى بالأخلاق المهنية، وأن يكون ملما بما ينقصه عازما على تطوير نفسه، وأن يحسن التعامل مع المرضى وذويهم من مختلف الشخصيات والثقافات والمستويات التعليمية، ولا يمكن لهذه المهارات أن تُدرّس في الجامعات، بل هي مهارات تكتسب.

EMSS (Emirates Medical Students' Society) – SCOPE

Standing Committee on Professional Exchange (SCOPE) was in the centre when International Federation of Medical Students' Associations was created in 1951. The exchange program started with 8 European countries and has since then expanded to include 90 countries. Through these 60 years, 232000 medical students have exchanged with SCOPE and with more than 8500 students exchanging per year, it is now the largest student-run exchange program in the world!

SCOPE offers medical students worldwide an opportunity to experience medicine in another culture and health system, ultimately making them more sensitive to the differences in healthcare across the globe.

The Standing Committee on Professional Exchange (SCOPE) of the UAE was successfully activated in the 2014-2015 term of EMSS and is now considered a fully functional part of the international SCOPE team of the IFMSA.

According to the IFMSA calendar, SCOPE of different countries from all around the world sign contracts during the August meeting of every year. Therefore, every year there is an updated list of countries that medical students of the UAE can go on exchanges to. Please refer to http://www.emss.ae/ifmsa.html for more details.

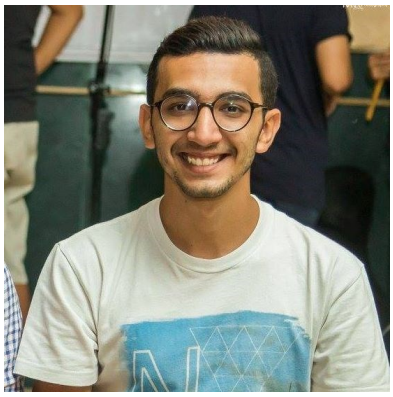
The local exchange officer of UOS, Year 4 student **Mahmoud Saleh** was very excited as he mentioned that the summer of 2016 was a really busy time for SCOPE- they had 7 exchange students from 5 countries. When he had heard of the exchange students' upcoming trip, he agreed to be the CP of four students and also planned their social events. 'Having many different cultures around was very fun and enriching' he said. Among the social activities organized was a visit to "At the top" of Burj Khalifa as well as a trip to Abu Dhabi.

Year 4 student and SCOPE member **Meena Al-Hadithi** added: 'This year was my first year as an active member of SCOPE. I must say SCOPE offers a variety of activities that allow students from all over the world to enjoy their stay. I was a part of some activities and outings with these exchange students and I found it refreshing as you meet new people from different cultures which is what encouraged me to join SCOPE! What I like about being a member of this society is that the fun never ends; there's always something happening and I urge all students to join this club as it will add so much to your character as well as your career.'

STUDENTS TESTIMONIALS:

Nour Abdellali: "This one month exchange experience gave me the opportunity to discover beautiful places, and I also learned so much in the hospital with other medical students"

Marco Francesconi: "After my arrival here with IFMSA, through the Scope program, I found a very pleasant and friendly environment. Spending some time abroad, meeting and understanding different cultures, is critical in order to accomplish a full professional and personal growth in my opinion."



Andrew Salama: "The people here are so nice and welcoming, and the places are just perfect! From being on top of the world at Burj Khalifa to being under the water with the scuba diving adventures."

Year 1 Visit to Sharjah Old People's Home

Sunday October 26th 2016 was the anticipated day for the exciting visit we were all looking forward to. It was the day of our visit to the Old People's Home in Sharjah. Ever since we were introduced to a PBL case related to the elderly, the thought immediately crossed my mind: 'Why not visit the elderly home where we would get to know them better, bring them gifts and draw smiles on their kind and welcoming faces?'. Another group was also trying to organize a visit to the center and so I suggested to my PBL group members we join them and all go together. Thankfully, they were all enthusiastic and supportive of the idea. Our motive was the desire to offer a humanitarian service and provide emotional support for the elderly. After contacting the center to set an appointment ,we were all set to go. Some members of the other PBL groups wanted to tag along, and we welcomed them and were glad that they were also excited to be part of this experience.

On Sunday, we were all ready to go; we brought some colorful flowers as gifts. When we reached the center, we started introducing ourselves to some of the elderly people and they introduced themselves to us in return. Most of them responded to our conversations really well and were very welcoming. Some recited verses and sang songs while others reminisced about the past telling us stories and adventures and some gave us valuable advice. But it was also heart-breaking to see others who were unfortunate and unresponsive. We just prayed for them to be happy and hopeful. It was an eye-opening experience from which we learned to be thankful and grateful for all that we are blessed with and to be considerate and compassionate with others because I am quite sure that every one of us imagined what it would be like to be in their shoes, which made us sympathize with them even more. The funny thing is, we thought we would go there to give them some hope when in fact they showed us the true meaning of hope and optimism. It was an enjoyable day with kind-hearted people. A very special thanks to everyone who was part of this amazing experience.

Hiba Riad Ramzi—1st Year Medical Student

Year 1 Visit to Early Intervention Center at Sharjah's City of Humanitarian Services

On the 4th of October 2016, my group (Group 6) and I went on a visit to the Early Intervention Center at Sharjah's City of Humanitarian Services in order to interact with Down's Syndrome patients since we had just finished a PBL case on Down's Syndrome.

The students who involved in this trip were: Murtadha Alshaye, Yousef Alabrash, Fatma Shwaylia, Rania Khalil, Sara Hamoodie, Ahmed Firas and Hareem Raza.

Murtadha Alshaye—1st Year Medical Student

Student Conference Participation:

Year 4 student and former MSA president, **Ali Ayman,** participated at the "International Sports Medicine and Nutrition Conference" which was held in Abu Dhabi on the 23rd and 24th of September. Ali gave an oral presentation in the conference where he shared his knowledge and experience from being in the medical field while taking part in the university's bodybuilding and powerlifting team. He has completed two courses in Personal training and Sports Nutrition and was also certified by the International Register of Exercise Professionals in the UAE.

Ali's talk was titled "**Bodybuilding & Nutrition Among University Students**".

Student Sport Participation

Several students from the College of Medicine participated in ''UOS new students festival" that took place on the 18th of October 2016 and came in 2nd place at the football championship. Those students are:

Abdelkader Harous, Fuad Wardan, Tarek AlZain, Ali Ayman, Alaa Eldin AlNaser and Qusai AlNaser

Events

- The **2nd Faculty and Staff Lunch Gathering** was held on Thursday the 6th of October 2016 in the M27 lobby.

Upcoming Events:

- **MSA Women's Health Day** on Tuesday 1st November 2016.
  - Cervical Cancer Awareness Seminar
- **Flag Day** will be held at 12pm pm on the 3rd of November 2016 outside M25.
- The '**4th Emirati - German Congress in Medicine**' will take place from 6th– 8th November 2016 at the Colleges of Medicine and Health Sciences, University of Sharjah, in association with University of Lübeck in Germany and Sharjah Health Authority .
- The '**6th Annual Conference "Child Health**"' will be held at the College of Medicine and Health Sciences, University of Sharjah on 15th- 16th November 2016. This conference will be under the patronage of Sheikha Jawaher bint Mohammed Al Qasimi, Wife of Ruler of Sharjah and Chairperson of Supreme Family Council.

The Cholesterol Myth

Submitted by: **Professor Mohamed Al-Hajjaj**

Br J Sports Med. 2016 Oct 3. pii: bjsports-2016-096550. doi: 10.1136/bjsports-2016-096550.

Evidence from prospective cohort studies does not support current dietary fat guidelines: a systematic review and meta-analysis.

Harcombe Z[1], Baker JS[1], Davies B[2].

Author information

[1]Institute of Clinical Exercise and Health Science, University of the West of Scotland, Hamilton, Lanarkshire, UK.

[2]University of South Wales, Pontypridd, Rhondda Cynon Taff, UK.

Abstract

OBJECTIVES:

National dietary guidelines were introduced in 1977 and 1983, by the US and UK governments to reduce coronary heart disease (CHD) mortality by reducing dietary fat intake. Our 2016 systematic review examined the epidemiological evidence available to the dietary committees at the time; we found no support for the recommendations to restrict dietary fat. The present investigation extends our work by re-examining the totality of epidemiological evidence currently available relating to dietary fat guidelines.

METHODS:

A systematic review and meta-analysis of prospective cohort studies currently available, which examined the relationship between dietary fat, serum cholesterol and the development of CHD, were undertaken.

RESULTS:

Across 7 studies, involving 89 801 participants (94% male), there were 2024 deaths from CHD during the mean follow-up of 11.9±5.6 years. The death rate from CHD was 2.25%. Eight data sets were suitable for inclusion in meta-analysis; all excluded participants with previous heart disease. Risk ratios (RRs) from meta-analysis were not statistically significant for CHD deaths and total or saturated fat consumption. The RR from meta-analysis for total fat intake and CHD deaths was 1.04 (95% CI 0.98 to 1.10). The RR from meta-analysis for saturated fat intake and CHD deaths was 1.08 (95% CI 0.94 to 1.25).

CONCLUSIONS:

Epidemiological evidence to date found no significant difference in CHD mortality and total fat or saturated fat intake and thus does not support the present dietary fat guidelines. The evidence per se lacks generalisability for population-wide guidelines.

UNIVERSITY OF SHARJAH
where civilizations meet
College of Medicine

University of Sharjah

For any comments regarding this newsletter or suggestions for improvement please contact the Editor
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Ext: 7268

Doctor's Orders

This Issue's "Doctor's orders" is submitted by **Professor Mohamed Al-Hajjaj**

Who should get the influenza vaccine?

The best time to get an influenza vaccine is **between September and December** in the northern hemisphere, including the Gulf States.

1. Adults ≥50 years of age.
2. Residents of nursing homes or other facilities for patients with chronic medical conditions.
3. Persons > 6 months of age with:
    a. Chronic heart or circulation problems or
    b. Lung disorders, including asthma.
4. Persons > 6 months of age with:
    a. Chronic metabolic diseases (including diabetes),
    b. Kidney disease,
    c. Hemoglobin disorders (such as sickle cell disease and thalassemia),
    d. Immunosuppressive or immunodeficiency disorders (such as AIDS).
5. Women who will be in their 2nd or 3rd trimester of pregnancy during the flu season.
6. Persons 6 months to 18 years of age receiving long-term aspirin therapy.
7. Groups, including household members and care givers, who can infect high risk persons.
8. Persons traveling to other countries, depending on the season and destination, should consider vaccination (at least 2 weeks in advance).
9. And anyone > 6 months of age who wishes to reduce their likelihood of becoming ill with influenza should be vaccinated.