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Editorial



*In the name of Allah,
the Most Beneficent,
the Most Merciful*

Women and Child Health!

Women form the integral pillars of our society as they figuratively represent the first school where our children begin learning. Healthy mothers nurture healthy children and thus, care of a future mother should start with the birth of a female baby. In some societies, women still continue to fight for their basic rights and hence, it is unlikely to expect healthy mothers to effectively groom healthy children in such societies.

Statistics of developed and developing countries with regard to maternal mortality ratio and infant mortality rate shows a distinct dichotomy, one that is expected to remain such for a long period of time. Based on results obtained from developing countries, the World Health Organization has identified two millennium development goals, one to reduce maternal mortality by seventy five per cent between 1990 and 2015, and the other to achieve universal access to reproductive health by 2015. So far, conditions are not entirely favorable and therefore further monitoring and management are required to attain these goals effectively.

On a comparative note, statistics in Saudi Arabia are very optimistic as government plays an important role towards development of maternal health by implementing an integrated management of pregnancy and childbirth (IMPAC) protocol. Thus, we strongly recommend having the IMPAC program implemented globally to further health among all women and children.

*Dr. Abdul Sattar Khan,
Editor in Chief,
FAMCONEWS*



Faculty Corner:

Symposium

Antibiotic Resistance

The biggest Medical Problem We Face Today

Recommended to:
Microbiologists,
Infection Control Physicians,
Infection Control Practitioners
Intensive care Physicians
Surgeons, Nurses,
Microbiologist technicians
Medical Students

For registration
www.KFUCON.com

5 CME Credits

8th November 2014
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Entrance 3 - Main Auditorium

Registration fees 50 SR, for enquiries +966547786133

Breast cancer can be easily prevented



Image taken from www.today.ucla.edu

PREVENTION	SCREENING
Breastfeed your babies	Awareness of early signs and symptoms
Avoid exposure to chemicals (carcinogens), radiations	Breast Self-Exam (BSE) Usually lump in axillary area
Appropriate physical activity	Clinical Breast Examination (CBE)
Control of Alcohol intake	Mammography Screening
Keep healthy weight	
Healthy diet	
Get enough sleep	

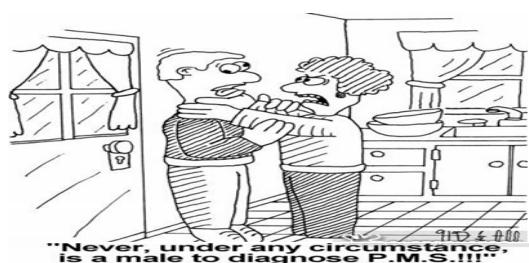
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Sankaranarayanan R, Ramadas K, Thara S et al. (2011). Clinical breast examination: preliminary results from a randomized controlled trial in India. Journal of the National Cancer Institute, 103:1476-1480

World Health Organization (WHO).(2014) Breast cancer: prevention and con-

College Corner: Premenstrual syndrome HOTLINE

*What the hell do you mean **THAT** time of the month?*



In the past, Premenstrual syndrome (PMS) was originally seen as an imagined disease and the women who reported its symptoms were told that it was "all in their head. In early 1980s Frank was first person to coin this name and narrate the premenstrual syndrome. In the year 2010, the World Health Organization estimated that 199 million women have premenstrual syndrome and this number is 5.8% of the female population but apart from this number 80% of menstruating women have experienced at least one symptom that could be attributed to PMS. More than 100 different symptoms of PMS have been recorded, but the most common that can be noticed in the female before the start of her menstruation are headaches, nausea, feeling bloated, fluid retention, weight gain (up to 1kg), changes to skin and hair, backache, muscle and joint pain, breast tenderness and insomnia. PMS also affect the behavior and mood of the women and they feel irritable, angry or depressed. Mood swings, loss of appetite or craving for sweet and salty food are some other symptoms that make the life of women more miserable during this time. In severe PMS woman withdraw from

social and professional activity and cannot function normally. Although at times popular press articles have been telling women how to "beat the Blues", "overcome the menstrual uglies" and negotiate interpersonal relations during these times of month but still the level of awareness is low in the community. Woman suffers because people around her do not understand her bodily changes which she experiences. Better understanding of the problem is needed to help the woman during this hard time. Lifestyle changes work well to curtail a mild or moderate episode of PMS. Regular aerobic exercise, regular sleep, stress reduction, smoking cessation dietary limitation of caffeine, alcohol, sugar and salt and increased intake of complex carbohydrate, fresh fruits and vegetables have been shown to reduce the symptoms. Mineral (magnesium, calcium) supplementation can reduce the emotional symptom. In several small randomized trials NSAIDS have also been shown to reduce the physical symp-

tom except breast tenderness. Yaz (combined oral contraceptive pill) recently. approved by FDA has been showing effectiveness in treating physical, mood and behavioral symptoms. SSRIs are the most effective pharmacological treatment for moderate to severe PMS. Oophorectomy is not generally recommended as it is irreversible & this option only be kept reserved for severely affected patient. Hence, the Premenstrual syndrome has a substantial social, occupational, academic, and psychological effect on the lives of millions of women and their families so it should be managed after accurate diagnosis with proper diet, exercise and lifestyle changes along with the services of health care providers. Support of family and spouse plays a pivotal role in relieving premenstrual symptoms, restoring body normal functions and optimizing the overall health of woman with premenstrual syndrome.

References:

1. Johns Hopkins Manual of gynecology & obstetrics IV edition.
2. Dewhurst text book of obstetrics and gynecology 7th edition.
3. Beckman & Ling: Obstetrics and Gynecology, 6th edition, (2010).

Dr Humaira Zareen,
Assistant Professor

STUDENTS CORNER: Scared, But

During one of my pathology lectures my doctor talked about inoperable lesions. The case he was explaining was about a patient who had to live all his life with benign tumors all over his body scarring it obviously affecting his life greatly. Students all over the class were desperately trying to suggest solutions to fix that situation. Would it be surgery or medications. But the answer was the same. It couldn't be helped. We wanted to believe that there was something that could help.

Even though he was a picture in a slide in one of our lectures he managed to touch a lot of us as we faced one of our fears earlier than we thought. I was afraid. We were afraid and still are. How could we

face such a thing? How could we tell our patients that we couldn't help? Everything we learned, every night we spent studying were useless to that patient? How could we face our patients and tell them that medicine which the field that we believed most, has nothing to help?

This was one in a long list of fears that every medical student thought about at least, once. The list starts with not being accepted in the specialty we chose, being responsible for others' lives, to not being able to fulfill our medical oath and it doesn't end with being scared of making a mistake that'd hurt our patients; be it intended or unintended. Being in

this field could never be scarier than we had ever thought before starting this journey. But it could be amazing too. And all these fears, all these worry, are worth it when you can help someone, relieve their pain and give them hope. So we will fight and we'll keep fighting till the end of the time to achieve our goals and be great doctors. Because it's okay to be scared, it's part of why we're humans; it's part of what make us what we are. So dears, embrace your fear and let it push you to be better in fact the best.

By:

Muneerah Khalid Al-Jadidi
Fifth Year Medical Student

Ethics and Etiquettes: Professional Behavior of a Doctor

In continuation from V2N1-

What constitutes good treatment of patient:

Referral

11) Referring the patient to specialized centers if the patient requires it.

12) While referring the patient, all necessary information should be provided.

13) Realization of the fact that the patient is entitled to the right of consulting a second physician, and facilitating the access to necessary Medical records describing the condition of the disease.

14) Continuing to provide appropriate medical care for those patients suffering from chronic, untreatable, incurable or even fatal (terminal) disease, until the last moments of their lives.

15) Making sure that the patient receives the necessary medical care during the absence of the physician.

16) Continuously providing emergency treatment until no longer needed, or until the patient is referred to the care of another specialized physician.

17) Relieving the patient's sufferings to the best of the physician's ability using all possible psychological and therapeutic

support, thereby extending his care and concern.

18) Educating the patient about his health condition in general and his disease in particular, and explaining the appropriate methods by which he could preserve his health and protect him against diseases. The most important way is through direct education of the patient, or by using other effective means as and when available.

By: Dr Imran Sabri

Assistant Professor, BMS

PHOTO-GALLERY



Professor [Dr] Abdulaziz Jamaluddin Alsaaty, President KFU with Dr Waleed Hamed Albuali, Dean College of Medicine with students at College of Medicine



Team of Faculty Members of College of Medicine Visited the Under construction Teaching Hospital


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Medical Education Tip

Reflection without transformation seems an empty utensil and effective reflection should answer the;

“Three Key Questions –

What? So what? Now what?”

[http://www.ryerson.ca/arts/downloads/
Student_Reflection_Tip_Sheet.pdf](http://www.ryerson.ca/arts/downloads/Student_Reflection_Tip_Sheet.pdf)

Quiz:V2N2



This is a logo of a famous organization that does a lot of work in the area of child and maternal health. A famous football club wears this logo on its jersey and this was the first time in history that a football club sponsored an organization (usually it is the other way around). Name the organization and the football club

By: Dr Firoze Kaliyadan

Upcoming Issue

Congratulations

**Dr Ibrahim Jabr for Vice
Dean of Post-Graduate
Studies and Research**

Theme:

***Recent Advances in
Medical Education***

Opinion, suggestions and
contribution are welcome

Answer of Quiz FAMCONEWS V1N2:

A- Franklin D Roosevelt, commonly known as FDR, was the 32nd president of the USA and one of the most famous victims of paralytic poliomyelitis (commonly called polio). Polio was a major public health problem in the first half of the 20th century, till the development of effective vaccination for the same. Poliomyelitis is caused by infection with a member of the genus Enterovirus known as poliovirus (PV).

B- Jonas Edward Salk - American virologist who developed the 'Salk vaccine' – the first successful inactivated vaccine for polio. The success of the vaccine was announced for the first time on April 12, 1955. The most interesting thing was that the sole focus of Salk had been to develop a safe and effective vaccine as rapidly as possible, with no interest in personal profit. He refused to apply for a patent for the vaccine, which would have made him a very rich person indeed!