

From The Chief Editor's Desk

Ejaz Ahmad Vohra

Director Postgraduate (Clinical)

Department of Medicine

Ziauddin University, Karachi.

How to cite: Vohra EA. From The Chief Editor's Desk. Pak J Med Dent. 2023;12(1): 1-2. doi: 10.36283/PJMD12-1/001

The COVID-19 pandemic has been an event that brought about great changes in the way we were living with increased morbidity and mortality. Socioeconomic conditions were also affected. The initial response to the pandemic was total isolation termed a lockdown and the population was confined to their homes. Later on, two models were adopted. The majority of countries adopted mass vaccination and gradually decreased restrictions on movement and return to work. The Chinese government adopted a zero COVID policy resulting in popular unrest and weakening the economy. While zero COVID policy resulted in decreasing morbidity and mortality at the cost of limitations and restriction of movement and declined in economic recovery. Recently popular unrest in China has forced the government to allow more free movement in economic activity and adopted measures to increase vaccinations. In the USA alone one million deaths occurred¹. In Pakistan, from 26 February 2020 to 4 December 2022 number of cases reported 1,575,329, with recovered 1,543,985 and deaths of 30,632². The policy was more realistic with less disturbance of the socioeconomic milieu. The cases of COVID have declined the world over with the normalcy of working conditions and in China, the resurgence of COVID-19 cases with the relaxation of lockdown and also comparatively less number of the population were vaccinated. The long COVID syndrome in patients who were hospitalized and discharged is still a lingering condition. The symptoms are unexplained on clinical evaluation and routine tests. They resemble more likely ME/CFS (myalgic encephalomyelitis/chronic fatigue syndrome). The People who experienced more severe COVID-19 illness, underline health conditions, unvaccinated people and people who suffered multisystem inflammatory syndrome (MIS). During the current winter season, we pray that there is no increase in COVID-19 or COVID variants which will test the efficacy of mass vaccination. There is a need for the implementation of a global pandemic prevention strategy. WHO and other organizations were slow to recognize the pandemic nature of COVID-19 illness. mRNA technique led to early acceptance of vaccines but people in low-income countries have at least a year delay to starting vaccination program³. Production of mRNA vaccines must be in many countries with the relaxation of proprietary rights. There is also a need to improve warning systems for a future pandemic. The quick spread of the virus is because of increased travel facilities.

According to the WHO fact sheet in 2013, there were 38.7m persons of age 18 and above with hypertension of which 36 m were not under control, only 11.7 m persons were aware of hypertension, 8.6m were under treatment and 2.7m were controlled. WHO non-communicable Diseases Progress Monitor 2022 Non-communicable diseases are now responsible for 60% of total deaths in Pakistan. The total number of NCD death 974400 of which 29% have a probability of premature mortality from NCDs. There is an increasing prevalence of diabetes mellitus. A national health survey shows 26% were diabetic. The overall weighted prevalence of diabetes was 26.3%, of which 19.2% had known diabetes, and 7.1% were newly diagnosed people with diabetes. The prevalence of diabetes in urban and rural areas was 28.3% and 25.3%, respectively. The prevalence of pre-diabetes was 14.4% (15.5% in urban areas and 13.9% in rural areas). Age greater than or equal to 43 years, family history of diabetes, hypertension, obesity and dyslipidemia were significant associated risk factors for diabetes.

There is an urgent need to control diabetes and hypertension by reducing modifiable risk factor which includes excessive use of salt consumption and saturated and Trans fatty acids. Restrictions of sugary drinks and breast milk substitute measures to reduce tobacco demands facilities for an increase in physical activity and public education and awareness campaigns. There is a need for the measurement of blood pressure and control of blood pressure. WHO's essential drug policy should be followed. Treatment of diabetes and hypertension should be available at the primary healthcare center.

Wishing readers a Happy New Year.

This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY) 4.0
<https://creativecommons.org/licenses/by/4.0/>

REFERENCES

1. Johns Hopkins University CSSE; Our World in Data December 23, 2022. Available from: <https://ourworldindata.org/covid-cases>
2. Ministry of National Health Services, Regulations and Coordination Government of Pakistan National Institute of Health, Islamabad, Pakistan 55th Issue October 2022 - February 2023. Available from: <https://www.nih.org.pk/wp-content/uploads/2022/12/SAAL-55-Issue-updated-final.pdf>
3. Rubenstein A, Wood SK, Jhumkhwala V, DiCorcia MJ, Maki DG, Hennekens CH. Newest guidance and evidence for health care providers: COVID-19 and other vaccines. *Am J Med.* 2022;3-5. doi: 10.1016/j.amjmed.2022.09.018

