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Editor: Hiba Jawdat Barqawi

Dean's message of the month

I would like to take this opportunity to welcome our new faculty members. We are still in the process of recruiting so watch this space. The exams went well and the process went by smoothly and I am pleased with that. I am looking forward to graduating a new batch of medical students and seeing them through to the next phase of their career. I am excited that the university clinic is now complete and will be ready for use in a few days. I have been following up with this since last year and I'm proud to say it will be fully functioning soon and I urge you all to make use of its facilities.

It appears that the next two months will be busy with upcoming student events and activities as well as the Research Seminar and Research Week. So with that, I wish you all a productive and fruitful month ahead.

Professor Qutayba Hamid MD, PhD, FRCP, FRS

Dean of the College of Medicine

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Our College in the News

الطاقة الاستيعابية لها تزيد على ضعف خريجي العام الحالي

«كلية طب» جامعة الشارقة تخرج 300 طبيب وطبيبة

الشارقة: أحمد راغب

أكد الأستاذ الدكتور قتيبة حميد، عميد كلية الطب في جامعة الشارقة، الدعم المستمر من قبل صاحب السمو الشيخ الدكتور سلطان بن محمد القاسمي، عضو المجلس الأعلى، حاكم الشارقة، رئيس جامعة الشارقة، ودعم مدير الجامعة الأستاذ الدكتور حميد مجول النعيمي لكلية الطب، وتوفير كل الإمكانات العلمية الحديثة، لدفع حركة التعلم والتدريب إلى أعلى المستويات العالمية.

توفير أحدث وسائل التعلم

تدريس علم التشريح بأحدث الوسائل

الكلية تحتوي على عيادتين ومختبر وصيدلية ووحدة تصوير شعاعية

تدريس علم التشريح وفق أحدث الوسائل واستحداث متحف الأمراض

تشجيع الابتكار لإيجاد جو علمي يساعد على إجراء البحوث

كشف الدكتور قتيبة حميد عن التوجه المستقبلي الجديد لكلية الطب، والعمل على تحقيق رؤية صاحب السمو حاكم الشارقة في النهوض بكليات جامعة الشارقة إلى العالمية.

وأوضح أن كلية الطب أنشئت في 2004 وأنها قطعت شوطاً كبيراً في مجال التعليم الطبي، وتخرج فيها أكثر من 300 طبيب وطبيبة يمارسون ويتدربون في مستشفيات محلية في دولة الإمارات، وعالمية في الولايات المتحدة وإنجلترا، ولهم سمعة ممتازة في هذه المستشفيات، واجتازوا الامتحانات المرتبطة بالتخصص بنجاح ملحوظ.

يساعد هذا الاتجاه على تمكين الطاقم الدراسي، للتفكير في حلول لمشكلات المجتمع الطبية، وتحويل هذه الطاقات إلى ابتكارات علمية، تجد طريقها إلى الحياة العملية، من أجل معرفة تضاف إلى المعرفة الحالية، وتحسين عملية تشخيص الأمراض، أو الوقاية منها، كما تعمل على إيجاد أدوية خاصة لأمراض مجتمعنا.

على تدريس الخبرات السريرية منذ المرحلة الأولى من الدراسة في مختبرات ومراكز التدريب السريري في الكلية، وينتقل الطلاب في المرحلتين ما قبل الأخيرة، والأخيرة إلى التدريب في المستشفيات المتعاقدة مع الكلية، وتضم هذه المستشفيات مستشفيات تابعة لوزارة الصحة في الشارقة ودبي، وهيئة شؤون الرئاسة في عجمان، وأم القيوين، كما يتدرب عدد من الأطباء في مستشفى الجامعة.

تتنقل في الإمارة خلال أسابيع وتخدم المواطنين في المناطق البعيدة، وتخدم فئات المسنين والمعاقين في مناطق سكنهم، أو إقامتهم، وسوف يبدأ العمل فيها خلال الشهر الحالي، أو الشهر القادم.

متحف الباثولوجي

أكد الأستاذ الدكتور قتيبة حميد أن علم الأمراض من العلوم الرئيسية في تدريس الطلاب، وهو أساس بقية العلوم السريرية، ولغرض تدريب الطلاب بشكل صحيح وإعطائهم

1st Medical School Alumni Event:

The 1st Medical School Alumni Gathering was held on Saturday 21st January 2017 outdoors at the College of Medicine M27.

The purpose of this event was to meet with our graduates, share memories and discuss their experience at the College and after graduation.

International Trauma Congress (ITC) Cadaveric Workshop held at the CSTC

Prepared by: **Lou Ann Tesado**

The International Trauma Congress (ITC) was held for the first time in Dubai between 20th- 22nd February 2017. The University of Sharjah Clinical and Surgical Training Center (UOS-CSTC), valued partners and clients participated at this prestigious event. DePuySynthes Companies of Johnson & Johnson, Medtronic, Arthrex, Amico, Smith & Nephew and Stryker conducted their Cadaveric Workshop at UOS-CSTC on the same dates.

Dr. Bilal El Yafawi, the Congress Chairman shared in his welcome message; "As Rashid Hospital is the largest hospital in the United Arab Emirates, and its Trauma Department the largest Trauma Centre in the region, we have organized the 1st International Trauma Congress to be the start of a regular Trauma congress to discuss the latest and most advanced techniques in Trauma Surgery, and have the chance to share experiences with the best trauma surgeons in the world aiming to develop trauma surgery in Dubai according to the most modern evidence base medicine practice." A total of 59 Surgeons specializing in Trauma participated the cadaveric workshop which covers the most up-to-date scientific and hands-on techniques. Different distinguished international and local faculties shared their expertise as well experience to the participants from the UAE and Gulf and Middle East.

UOS-CSTC is the accredited provider of Continuous Professional Development (CPD) by the UAE Health Authorities. All courses are awarded CPD points commensurate with the length and quality of courses. The UOS-CSTC has trained about 15,000 doctors and healthcare practitioners since 2010. The Dean of the College of Medicine, **Prof. Qutayba Hamid** and the Director of the Clinical and Surgical Training Center **Prof. Nabil Sulaiman** are delighted that UOS-CSTC is the venue of choice for the Cadaveric Workshop of this congress and look forward to hosting more international events.

Adjunct Faculty in our affiliated hospitals:

Every month we will highlight one of the seven hospitals affiliated to us in the College of Medicine at the University of Sharjah. The 7 hospitals where our Year 4 and 5 students train and whose faculty are critical in the teaching of our students are: **Al Qassimi**, **Al Baraha**, **Al Kuwaiti**, **University Hospital Sharjah** (UHS), **Al Dhaid**, **Um Al Quwain**, **Khalifa Hospital** (Ajman).

Al Baraha Hospital

Al Baraha is a 110 bed government hospital which was set up in 1997 and recently became affiliated with UOS College of Medicine. So much of its infrastructure is relatively modern and there are good resources available for cutting edge treatment. One of the older medical facilities in Dubai, this government hospital is commonly referred to as the Kuwaiti Hospital and is situated on the Deira side of the Shindagha Tunnel, on the right-hand side. Al Baraha is situated next to the New Dubai Hospital and also hosts a preventive medicine department, issues English Birth Certificates and provides residence visa blood tests. It falls under Ministry of Health (MOH).

	Adjunct Faculty Name	Hospital	Department	Designation
1	**Omar AlTayeb Abdalla ElTayeb**	Baraha	AE	GP
2	**Uzma Ashraf**	Baraha	AE	GP
3	**Ahmed Ibrahim Ali**	Baraha	AE	Consultant
4	**Qaisar Abbas Khakwani**	Baraha	AE	Specialist
5	**Ahmed Mohammed Al Amadi**	Baraha	ENT	Consultant
6	**Mohammed Ahmad Abdulla Alhammad**	Baraha	ENT	Consultant
7	**Sameh Mohamed Hafez el Medany**	Baraha	Radiology	Consultant
8	**Mahmoud Hussein Mohammad Hamouri**	Baraha	Medicine	Consultant
9	**Kusay A. Abdul Karim**	Baraha	Medicine	Specialist
10	**Najiba M Abdulrazzaq**	Baraha	Medicine	Consultant
11	**Mona Osman Abdoon Osman**	Baraha	Medicine	Specialist
12	**Vinod Choondal**	Baraha	Neurology	Consultant
13	**Mansoora Al Marzouqi**	Baraha	OBS/GYN	Specialist
14	**Munira Odinaeva**	Baraha	OBS/GYN	Specialist
15	**Nabila Keloua**	Baraha	OBS/GYN	Specialist
16	**Rehana Yasmen**	Baraha	OBS/GYN	Specialist
17	**Samia Darwish Hussein Ayyad**	Baraha	OBS/GYN	Specialist
18	**Samreen Wasif**	Baraha	OBS/GYN	Specialist
19	**Wafa Aboeleneen**	Baraha	OBS/GYN	Consultant
20	**Farah Ziyauddin**	Baraha	OBS/GYN	Specialist
21	**Abdullahi Farah Asseyr**	Baraha	Pediatric	Consultant
22	**Khaled Ahmed Mohammed El Hassnen**	Baraha	Pediatric	Specialist
23	**Mamdouh Ali Farag Ali Swilem**	Baraha	Pediatric	Consultant
24	**Mohamed Abdeen Sayed**	Baraha	Pediatric	Consultant
25	**Parvin Mohd Abdulla**	Baraha	Pediatric	Consultant
26	**Tawfik Gamal Tawfik Mohamed**	Baraha	Pediatric	Specialist
27	**Abdulsalam Mohammed Khamis Al Mujammaee**	Baraha	Surgery	Consultant
28	**Haitham Omer Ahmed Saeed**	Baraha	Surgery	Specialist
29	**Osama Ibrahim Mohamed Seif**	Baraha	Surgery	Consultant
30	**Shuaib Mohd Aqil Kazim**	Baraha	Surgery	Consultant
31	**Hazem Mohamed Abdel Ati Ahmed**	Baraha	Urology	Consultant
32	**Abdmouneim Mohamad Kabalan**	Baraha	Orthopedic	Consultant
33	**Mohamed EL Gafy**	Baraha	Anaesthesia	Consultant

Viral News

Scalp cooling for cancer patients

Prepared by: **Dr. Samrein Ahmed**

Scalp cooling is a method of minimizing hair loss from the scalp during chemotherapy treatment. Chemotherapy is the use of anti-cancer (cytotoxic) drugs to kill cancer cells. Hair follicles are supplied by small blood vessels in the scalp which supply the cells of these follicles with food and oxygen and carry away waste products. Any chemotherapy drugs in the bloodstream reach the hair follicles. When blood vessels in the scalp are exposed to low temperatures they constrict and hence less blood flow gets to the scalp. Cooling the scalp during chemotherapy reduces the availability of the chemotherapy drug in the scalp circulation. This adversely affects the hair loss due to chemotherapy. There are two widely available methods of scalp cooling. One method uses a hat known as a 'cold cap', which is filled with a gel that can be chilled. The hat must be fitted around the head to work properly. The other method uses a small, refrigerated cooling system to pump a liquid coolant through a cap that is attached to the cooling system. Despite this treatment modality being adapted by many oncology centres, it has proved to have few downsides.

Guidelines for using scalp cooling:

http://www.rcht.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/CancerServices/ScalpCooling.pdf

Reference:

http://www.nhs.uk/ipgmedia/National/Macmillan%20Cancer%20Support/assets/Scalpcooling.pdf

COPD Guidelines Update Treatment, Management Options

Submitted by: **Dr. Eman Abu Gharbieh**

Updated guidelines for chronic obstructive pulmonary disease (COPD) highlight changes in diagnosis, strategies for deescalation of therapy, options for nonpharmacologic therapies, and an emphasis on the importance of comorbidities for the management of patients with COPD. The Global Strategy for the Diagnosis, Management, and Prevention of COPD (GOLD) 2017 Report, published online January 27 in the American Journal of Respiratory and Critical Care Medicine and on the GOLD website, arose from a collaboration of 22 COPD experts who reviewed published research through October 2016.

As before, the guidelines recommend evaluation for COPD in individuals with a history of risk factors or with dyspnea, chronic cough, or sputum production, using a postbronchodilator FEV1/FVC < 0.70 cutoff for diagnosis. In addition to family history, risk factors from childhood include low birthweight and childhood respiratory infections. Other risk factors include exposure to tobacco smoke, home cooking or heating fuels smoke, and occupational dusts, vapors, fumes, gases, and other chemicals.

One of the key changes in the revision is the separation of symptom evaluation from spirometric assessment. Although spirometry remains necessary to make the diagnosis, assessment goals should focus on symptoms, risk for exacerbations, and determining the effect of the disease on the patient's overall health. That assessment can then be used to place individual patients in the A, B, C, and D groups that guide therapy. "The major change was peeling off spirometry and making spirometry a diagnostic and obstruction severity marker, but removing it from pharmacologic considerations in principle, with one exception," said report coauthor Fernando Martinez, MD, chief of the Division of Pulmonary and Critical Care Medicine at Weill Cornell Medical Center/NewYork-Presbyterian Hospital in New York City. "Spirometry remains a key diagnostic feature and an important modality in defining severity of airflow obstruction," Dr Martinez told Medscape Medical News. "Therapeutically, it has limited relevance for pharmacotherapeutic options except for roflumilast." Yet spirometric thresholds remain important for other treatments. "It does have relevance for nonpharmacologic therapies, including lung volume reduction and lung transplantation," Dr Martinez added. He also noted that the new recommendations include a slight change in the definition of exacerbation, which is simplified and more practical in clinical use, along with a better evidence-based description of its optimal management and prevention.

Another addition to the new GOLD report is an in-depth discussion of escalation and deescalation treatment strategies, whereas past reports primarily focused only on initial therapy recommendations. "We have extensively revised the pharmacotherapeutic recommendations to include step-up and step-down therapeutic algorithms," Dr Martinez told Medscape Medical News. "We have also modified the therapeutic considerations and have removed the first line in alternative therapies. What we now provide is additional rationale for initial recommended pharmacotherapies and possible alternative options for each of the patient categories (ABCD)." The guidelines also include greater emphasis on use of combined bronchodilators as first-line therapies.

The updated GOLD report further adds a thorough review of nonpharmacologic treatment options, in addition to receiving influenza and pneumococcal vaccinations to decrease the risk for lower respiratory tract infections. The most important aspect of any treatment plan remains smoking cessation, and pulmonary rehabilitation remains highly beneficial. "Pulmonary rehabilitation is a comprehensive intervention based on thorough patient assessment followed by patient-tailored therapies (e.g., exercise training, education, self-management interventions aimed at behavior changes to improve physical and psychological condition and promote adherence to health-enhancing behaviors in patients with COPD)," write lead author Claus F. Vogelmeier, MD, professor of medicine and head of the Department for Pulmonary Medicine at the University of Marburg, Germany, and colleagues. "Pulmonary rehabilitation can reduce readmissions and mortality in patients following a recent exacerbation." However, the authors note that initiation of pulmonary rehabilitation before hospital discharge may increase risk for death. Oxygen therapy can increase the survival of patients with severe resting hypoxemia, although long-term oxygen therapy in those with stable COPD with moderate or exertional hypoxemia does not lengthen lifetimes or reduce the risk for hospitalization. Evidence on the benefits of ventilatory support remain unclear, although patients with obstructive sleep apnea should use continuous positive airway pressure to improve survival and reduce hospitalization risk.

Comorbidity Management Is Key

"There remains strong emphasis on the understanding of diagnosing and managing comorbid conditions in the COPD patient," Dr Martinez said, referring to the expanded discussion on comorbidities in the report. In addition to treating obstructive sleep apnea, the GOLD report notes the importance of awareness and management of cardiovascular disease, osteoporosis, anxiety and depression, and gastroesophageal reflux.

Evidence-supported surgical options, to be considered in selected patients when indicated, include lung volume reduction surgery, bullectomy, lung transplant, and some bronchoscope interventions. Such options are discussed in greater detail in the revised report than in previous ones. "There's also a later emphasis and description on the role of palliative care and comprehensive disease management," Dr Martinez told Medscape Medical News. Discussion of end-of-life and hospice care are discussed, as well as symptom control and palliative care to address dyspnea, pain, anxiety, depression, fatigue, and poor nutrition.

According to Dr Martinez, the GOLD statement is annually updated as needed, but undergoes a major revision every few years as more evidence emerges and requires consideration in clinical practice changes. "This is the next due major revision, and we took the opportunity based on the feedback that we had received after the last major revision to make modifications that simplified the recommendations and added additional evidence base to make the therapeutic schema more practical and easy to apply in a broad range of clinical settings," he said.

Am J Respir Crit Care Med. Published online January 27, 2017

Source: Medscape

Research reveals surprising health benefits of chewing your food

Submitted by: **Dr. Nour Hisham**

Scientists have shown that chewing your food properly can boost your mouth's immune system to protect you against illness. The study led by teams at The University of Manchester and National Institutes of Health in the USA, revealed that a specific type of immune cell, the Th17 cell, can be stimulated when you chew. The immune cell is important in protecting against bacterial and fungal infections that are commonly found in the mouth.

Although it has long been known that the nutrients from food can support a healthy immune system the findings establish that the action of eating itself is important too. In other parts of the body, such as the gut and skin, Th17 cells are stimulated by the presence of friendly bacteria; it was previously assumed this was the case in the mouth. However, the team found that damage caused by the abrasion of chewing induced factors from the gums that could activate the same pathways as friendly bacteria and act upon Th17 cells. However, stimulation of Th17 cells for immune protection can be a double-edged sword: too many Th17 cells can contribute to periodontitis – a common gum disease that is linked to complications in lots of diseases including diabetes, rheumatoid arthritis, heart problems and pre-term birth.

Lead researcher and biologist Dr Joanne Konkel, from The University of Manchester, said: "The immune system performs a remarkable balancing act at barrier sites such as the skin, mouth and gut by fighting off harmful pathogens while tolerating the presence of normal friendly bacteria. "Our research shows that, unlike at other barriers, the mouth has a different way of stimulating Th17 cells: not by bacteria but by mastication. Therefore mastication can induce a protective immune response in our gums". In the journal *Immunity,* the team show that they were able to stimulate increases in Th17 cells in mice by merely changing the hardness of their food, proving that mastication was the critical factor. But these Th17 cells also had a bad side; "We were also able to show that increased damage from mastication could also exacerbate bone loss in periodontitis". She added: "Importantly, because inflammation in the mouth is linked to development of diseases all around the body understanding the tissue-specific factors that regulate immunity at the oral barrier could eventually lead to new ways to treat multiple inflammatory conditions".

Sleeping Shrinks the Brain

Submitted by: **Dr. Heba Walid Mohammed**

Written by: Christopher Wanjek, February 2017

Ah, to sleep, perchance … to shrink your neural connections? That's the conclusion of new research that examined subtle changes in the brain during sleep. The researchers found that sleep provides a time when the brain's synapses — the connections among neurons — shrink back by nearly 20 percent. During this time, the synapses rest and prepare for the next day, when they will grow stronger while receiving new input — that is, learning new things, the researchers said. Without this reset, known as "synaptic homeostasis," synapses could become overloaded and burned out, like an electrical outlet with too many appliances plugged in to it, the scientists said. "Sleep is the perfect time to allow the synaptic renormalization to occur … because when we are awake, we are 'slaves' of the here and now, always attending some stimuli and learning something," said study co-author Dr. Chiara Cirelli of the University of Wisconsin-Madison Center for Sleep and Consciousness. "During sleep, we are much less preoccupied by the external world … and the brain can sample [or assess] all our synapses, and renormalize them in a smart way," Cirelli told Live Science.

Cirelli and her colleague, Dr. Giulio Tononi, also of the University of Wisconsin-Madison, introduced this synaptic homeostasis hypothesis (SHY) in 2003. Now, Cirelli and Tononi have direct visual evidence of SHY after observing the shrinking of synapses in mice while the animals slept, an intricate experiment spanning four years. Sleep is the price people pay for brains that are able to keep learning new things, the researchers said. Russell Foster, who directs the Sleep and Circadian Neuroscience Institute at the University of Oxford in the United Kingdom, who was not associated with the study, called it a "very nice, clear piece of work." The findings support the notion that sleep is necessary for the consolidation of memories and thus learning, Foster said. For millennia, humans have probed the nature and purpose of sleep. Aristotle suggested that sleep was restorative, a time to replace or rebuild all that was burned up throughout the body during the day. Modern science supports this idea, with researchers identifying sets of genes associated with restoration and metabolic pathways that turn on only during sleep. Cirelli and Tononi focused on sleep's effect on the brain. In a paper published in 2003, they hypothesized about sleep's role in the growth of synapses, which serve as avenues to ferry information among neurons. Synapses are constantly strengthening, or widening, during the day to accommodate the flow of traffic as the brain soaks up new experiences. But that strengthening cannot go on indefinitely, or else the synapses will become saturated — think "information overload." The researchers suggested in their earlier paper that synapses get pruned back during sleep. This pruning doesn't necessarily cause the body to need sleep; rather, the body is taking advantage of the decreased brain traffic that occurs while an individual sleeps. To find evidence for this, the researchers used a new form of electron microscopy that can discern the miniscule changes in the shrinking and subsequent expansion of these microscopic synapses at the nanometer level in mice brains. They found that a few hours of sleep led to an 18 percent decrease in the size of the synapses on average. Cirelli said that one interesting finding was that this pruning occurred in about 80 percent of the synapses but spared the largest ones. These larger synapses may be associated with the most stable and important memories, connections the brain does not want to lose, the researchers speculated. Yet, the way in which the brain decides what synaptic connections to prune is another mystery to explore, Cirelli said.

"It is critical to have pruning back at night, so that the huge amount of information encoded by temporary synapses during the day won't overwhelm the brain," said Foster. "Pruning ensures that only the most important information is retained." Foster said he can envision follow-on experiments based upon the Cirelli-Tononi work that would use mouse models to explore the connections among circadian rhythms (the body's "internal clock"), sleep, synapse pruning and psychiatric disorders. Some of the key features of these disorders seem to be a disruption in neural circuitry, sleep disruption, and impaired cognition and memory, said Foster, who is also a co-author of the upcoming book "Circadian Rhythms: A Very Short Introduction," (Oxford University Press, 2017). Foster added that resetting synapses may be a core feature of sleep, particularly for humans, with their advanced cognitive abilities compared to other animals. However, pruning is likely to be just one of many essential functions that takes place during the sleep phase, a period during which the body takes advantage of physical inactivity to perform a range of essential housekeeping activities, he said. So Aristotle wasn't too far off.

Source: LiveScience

Why Acne Can Strike Women After the Teen Years

Submitted by: **Prof. Mohamed Al-Hajjaj**

Why does acne still plague some women into adulthood? A new study offers some hints. Researchers from Italy who looked at 500 women uncovered some factors related to the risk of acne after the age of 25 -- including a low intake of fruits and vegetables, high stress levels and a family history of adult acne. The findings do not prove that those things cause acne in some women, but it's plausible that they are involved, dermatologists said. "We see that people who have a diet of junk food tend to break out more," said Dr. Debra Jaliman, an assistant professor of dermatology at the Icahn School of Medicine at Mount Sinai in New York City. Specifically, Jaliman said, research has implicated foods with a high "glycemic index" -- which cause blood sugar to surge. Some high-GI foods include white bread and rice, chips and crackers, and sugary baked goods. Similarly, Jaliman said, chronic stress takes a toll on overall health, and that could show up on the skin.

Over 80 percent of teenagers have bouts of acne. The good news is, most see their skin clear up after age 20, according to a team led by Dr. Luigi Naldi, of the Study Center of the Italian Group for Epidemiologic Research in Dermatology in Bergamo, Italy. Still, anywhere from 20 percent to 40 percent of adults continue to have breakouts, the researchers added. "Women tend to get adult acne more often than men," Jaliman said. "It's often due to changes in hormone levels and or hormonal imbalances." Women may get acne before their menstrual period, for example, or when they start or stop birth control pills, Jaliman said. But it's not completely clear why some women continue to have acne, while others don't. To look into the question, Naldi's team surveyed women seen at dermatology clinics in 12 Italian cities. Overall, 248 were diagnosed with acne and 270 were diagnosed with other conditions to serve as the control group. The researchers found that certain lifestyle factors were tied to the risk of an acne diagnosis. Women who ate fruits and vegetables, or fresh fish, on fewer than four days out of the week were more than twice as likely to have acne, compared to women who ate those foods more often. The findings were published in the December issue of the Journal of the American Academy of Dermatology. It's not clear, though, whether fruits and veggies specifically ward off acne, according to another dermatologist who reviewed the study.

Women with diets low in those healthful foods may eat a lot of high-GI fare -- which could be the culprit, explained Dr. Bethanee Schlosser, an associate professor of dermatology at Northwestern University Feinberg School of Medicine in Chicago. She also noted that the study found no connection between dairy intake and acne, which conflicts with the researchers' own previous work. It's possible, Schlosser said, that the diet factors tied to acne might be different for different age groups. Along with diet, women's stress levels were linked to acne risk: Those who reported "high" or "very high" stress levels had a threefold greater risk of acne, compared with women who were less stressed. Acne risk was also higher among women whose parents or siblings had adult acne. The same was true of women who'd never been pregnant or had hirsutism -- male-pattern hair growth on the face or body. According to Jaliman, those latter findings may reflect the effects of polycystic ovary syndrome (PCOS) -- a hormonal disorder that causes fertility problems, hirsutism and acne. In fact, Schlosser pointed out, the study included women with a diagnosis of PCOS or other disorders that boost testosterone levels. And that limits the potential to extend the findings to the "general population of women" without hormonal disorders, she said. But even though this study does not prove fish, fruit or stress reduction will clear a woman's acne, it's always wise to be mindful of diet and lifestyle, Jaliman noted. "I recommend doing something that you find relaxing for yourself daily," she said, pointing to meditation as an example. Jaliman also advised eating plenty of fruits, vegetables and fish -- which are clearly good for overall health.

Source: WebMD.com

The Truth about Dandruff

Submitted by: **Prof. Mohamed Al-Hajjaj**

The Little White Flakes

You see the light yellow or white flakes on your shoulders or in your hair. Those are the telltale signs of dandruff. Dandruff flakes are actually dead skin cells that fall off your scalp. When you have dandruff, your scalp may look scaly or red and feel itchy or raw. Scratching or rubbing your head loosens the flakes. You may notice them more when you wear dark tops.

Is Your Hair Care to Blame?

Dandruff doesn't mean you have dirty hair, but the way you style your hair or the products you use might cause a flaky scalp. Some hair coloring and styling products can leave a flaky, dry residue or trigger a skin reaction that looks like dandruff. If you already have dandruff, not washing your hair enough can make your dandruff look worse because dead skin cells build up. You may want to try different hair products to see if they help your dandruff clear up.

Dandruff Can Show Up in Other Places

You can get dandruff on parts of your body other than your scalp, like your forehead, eyebrows, eyelashes, or ears. Flaky skin on your chest -- or anywhere you have body hair -- could be a sign of dandruff, which is a mild form of seborrheic dermatitis. If the skin on your body is oily or greasy or has a slight redness, that could also be a sign. Talk to your doctor about treatment.

Wash Away Dandruff

Special shampoos from the drugstore can treat dandruff. Common ingredients include:

- Ketoconazole fights dandruff-causing fungus.
- Salicylic acid gets rid of flaky skin but can be drying and can sometimes make the scalp more itchy.
- Selenium sulfide slows the buildup of dead skin cells and fights fungi.
- Tar slows dead skin cell buildup, but may discolor blonde, gray, or color-treated hair.
- Zinc pyrithione attacks the fungi that may cause dandruff.

Natural Dandruff Remedies:

Some research supports these natural dandruff treatments, but there's no proof they work consistently:

- Aloe. Using aloe on the scalp may help lessen itchiness and scaliness.
- Tea tree oil shampoo. Using a 5% tea tree oil shampoo may lessen dandruff and that itchy feeling.
- Lemongrass shampoo. Washing with a 2% lemongrass shampoo may help fight fungus that causes dandruff.

Smarter Shampooing

Follow the directions on the dandruff shampoo label. Using the pads of your fingers, gently rub the shampoo into your scalp. Leave the shampoo on your head for five minutes -- or as directed -- before you rinse. If you prefer the smell of your normal shampoo and conditioner, you can use those afterward. As your dandruff gets better, you may not need to use dandruff shampoo as often.

Get Some Safe Sun

Spend a little time in the sun to fight dandruff. Sunlight helps suppress the fungus that causes dandruff and seborrheic dermatitis. Just make sure to protect your skin, including any exposed scalp, by wearing a broad spectrum sunscreen that has an SPF of 30 or higher.

Time to See Your Doctor

If you've been using a dandruff shampoo for several weeks but still have dandruff, it may be time to see a doctor. You should also see a doctor if your scalp is swollen or red, if your hair is falling out, or if you have a red, scaly rash on other parts of your body. You may need prescription-strength dandruff shampoo, an antifungal product, or a steroid cream for your scalp or other parts of your body.

What Causes Dandruff?

No one is really sure what causes dandruff. It's probably caused by a fungus. Hair follicles and oil glands make an oil called sebum, which may be a breeding ground for yeast or fungus. This fungus usually lives on your skin, but too much fungus may lead to dandruff. Too much sebum also may cause dandruff. Being exposed to a lot of dry air can cause skin to dry out and flake, which can look like dandruff.

Dandruff Triggers

Dandruff tends to be worse during dry months. Cold, dry winter weather in particular can make dandruff worse. Stress or fatigue can trigger or aggravate it, too.

Conditions That Lead to Flaky Scalp

Skin problems like acne, eczema, and psoriasis can cause a buildup of dead skin cells on the scalp. People with serious medical problems such as epilepsy, Parkinson's disease, and HIV are prone to developing dandruff. And, for unclear reasons, people recovering from a stroke, heart attack, or head injury are also more likely to have dandruff.

Dandruff Impostors

Sometimes what seems like dandruff can be an entirely different condition. Head lice are itchy and lay eggs that look like dandruff, but they're harder to shake off or brush out. Or your scalp could be itching from ringworm, a fungus that causes dandruff-like flakes. With ringworm, you might also have round patches of hair loss and blistered, scaly areas on your scalp.

Babies and Cradle Cap

When babies have seborrheic dermatitis, it's called cradle cap. The brown or yellow scales may be itchy. You may find it on the skin of a baby's scalp, eyelids, nose, and groin area. Cradle cap normally clears up on its own by the time the baby is 8 to 12 months old. Try putting mineral or vegetable oil on the baby's scalp for 10 minutes, then washing with a mild baby shampoo. Talk to your health care provider if it doesn't go away.

Dandruff: Harmful or Just Annoying?

Although having dandruff can be embarrassing, it's harmless. It doesn't mean that you're not clean. It's not contagious: You can't catch it or pass it along to someone else. Dandruff doesn't directly cause hair loss, but scratching your scalp a lot could cause temporary hair loss.

Source: WebMD.com

Featured Faculty– Recruitment

We welcome the following new faculty to our college:

Mohammad Al Bataineh, M.D., Ph.D

Dr. Al Bataineh recently joined us at the College of Medicine in the Department of Clinical Sciences as Assistant Professor in Microbiology and Immunology.

Prior to this, he was serving as the Director of International Research Programs in the Office of International Academic Programs and Assistant Research Scientist at the Institute for Translational Research, Ochsner Health System. He was also Lecturer at Queensland School of Medicine- Ochsner Clinical School, University of Queensland.

As director, Dr. Al Bataineh manages the international educational programs such as the International Residency, Fellowship, Medical Research Fellowship and Observership Programs. He develops and implements monthly journal club and quarterly research forums to enhance fellows' presentation skills, critical thinking, and scientific analysis. Dr. Al Bataineh also administered a series of clinical research tutorials tailored to address fellows' specific educational needs. He also meets with foreign cultural attaché and institutions to discuss affiliations and new partnerships.

Dr. Al Bataineh received his Bachelor of Medicine, Bachelor of Surgery (MBBS) degree, an MD equivalent, from Jordan University of Science and Technology in Jordan. After he relocated to the United States, Dr. Al Bataineh completed his USMLE board exams and became ECFMG certified. Further, he earned a Doctor of Philosophy (PhD) degree in Microbiology & Immunology from University of Texas Health Science Center in San Antonio. Upon graduation, Dr. Al Bataineh joined the world-renowned Fungus Testing Laboratory, an international reference laboratory for clinical mycology, where he was the principal investigator for a project funded by grant from the National Institute of Health (NIH). Dr. Al Bataineh is proficient in a variety of advanced molecular, genetic and cell biology techniques which has enabled him to investigate pathogenesis of several medically important fungi and publish numerous articles in peer reviewed journals.

We welcome Dr. Al Bataineh and wish him the best of luck in all his endeavours.

Featured Faculty– Recruitment

We welcome the following new faculty to our college:

Prof. Salman Guraya has recently joined us at the College of Medicine in the Department of Clinical Sciences as Professor of Surgery.

Being a colorectal surgeon and a medical educator, at his previous workplace, the College of Medicine at Taibah University Saudi Arabia, Prof. Guraya was entrusted with roles of teaching and assessment, interventions in instructional strategies, incorporation of innovative tools in the PBL curriculum with emphasis on early clinical exposure. Prof. Guraya has played a lead role in supervising faculty development program and in conducting workshops about Endnote, iThenticate plagiarism software, and in developing a researcher program.

Prof. Guraya has been working as consultant academic promotions under Scientific Council to supervise review process of promotion dossiers from all faculties. This would engage national and international experts for evaluations, followed by his administrative decisions in concordance with the university by-laws. He has vast experience of editorship of several biomedical journals under Elsevier Ltd. and has helped in enhancing the research profile of the region by disseminating quality research. In particular, Prof. Guraya has been instrumental in publishing special issues about innovations in medical education, diabetes mellitus in the Arab world and interprofessional education and practice steered by guest editors of Int'l repute.

After receiving his MBBS from King Edward Medical University Pakistan, he did his FRCS from the UK and attained post-fellowship laparoscopic surgery training from Leicester Royal Infirmary UK. Being a consultant laparoscopic surgeon, he leads the surgical firm with special focus on colorectal cancer and bariatric surgery. Being a visiting faculty and research supervisor of the Academy of Int'l Minimally Invasive Surgery Italy, Prof Guraya has developed a structured mini-fellowship surgical training program that can be delivered as telementoring module for surgical trainees in remote areas. In addition, in collaboration with his Italian colleagues, he has conducted and published several research conventions about surgical educational tools and cutting-edge innovations for *in vivo* diagnosis of colorectal cancer.

In order to nurture his academics and educational profile, Prof. Guraya has done Masters in Medical Education from the University of Dundee in principles of polyprofessionalism and lapses of academic integrity. He has published research papers about professionalism, assessment, educational strands in PBL, and the publications related ethical issues.

We welcome Prof. Guraya, hope he is settling in well and wish him the best of luck.

Faculty & Staff Achievements, Awards and Special Recognition

Publications:

- **Prof. Salman Guraya** recently had the following articles published:
  - Khalid I. Khoshhal, Gamal A. Khairy, **Salman Y. Guraya**, Shaista S. Guraya. Exam anxiety in the undergraduate medical students of Taibah University; Medical Teacher 2017: http://dx.doi.org/10.1080/0142159X.2016.1254749.
  - **Salman Y. Guraya**. The Association of Vitamin D Deficiency with Colorectal Cancer: A Wake-up Call for Physicians and Health Authorities; Middle East J Cancer 2017; 8(2): 65-68. Editorial Article.

Conference Participation:

- **Dr. Bassam Mahboub** received two awards at "Bekom Naftakher" (You are our Pride) Award Ceremony held to honour a number of the DHA employees in recognition of their professional excellence, held under the patronage of **His Highness Sheikh Hamdan bin Rashid Al Maktoum,** the Deputy Ruler of Dubai and the Minister of Finance and Chairman of Dubai Health Authority. The awards Dr. Bassam received were for '**most innovative physician**' as well as for 'research and most publications' for two years running.

- **Prof. Nabil Suliman** gave a presentation at the **7th Emirates Diabetes and Endocrine Conference** in Dubai from the 16th to 18th February 2017. The talk was entitled '**Prevalence of Overweight and Obesity in the UAE**'.

- **Prof. Qutayba Hamid** was part of a panel discussion at the **1st UAE International Medical Education Conference** in Dubai from the 2nd– 3rd of March 2017.
- **Dr. Mohamed A Eladl, Anu Ranade** and **Mohamed Elhassan Abdalla** had a poster displayed at the **1st UAE International Medical Education Conference** in Dubai from the 2nd– 3rd of March 2017. The poster was entitled '**A mixed Method Validation of a Two-Way Feedback between Student and Faculty to Improve Learning of Anatomy**'.

Student Corner

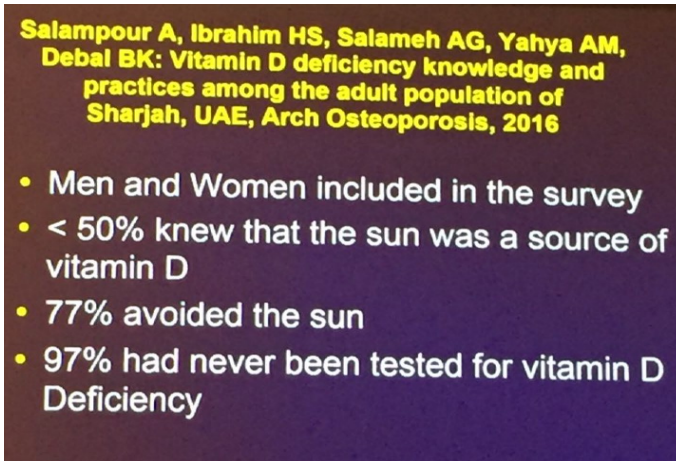
Student Research……DOES IT MATTER?

Prepared by: Dr. Bashair Mussa

A classic question that always tickles an educator's mind, especially when the resources are limited, the starts are fresh and the horizons are unforeseen. The valid answer to this question is YES but how convinced we are addresses another sequential and challenging question. Believing that a practical example is the best means to prove a concept, I will share an example with you:

Two weeks ago, during an international conference (7th Emirates Diabetes and Endocrine Conference) held in Dubai, one of the key note speakers, Prof of Medicine, John Bilesikian (College of Physicians & Surgeons, Colombia University, USA) gave an exceptional talk about the updates on osteoporosis treatment. Given the fact that literature is the always the holy source to judge the past, to evaluate the present and to propose the future, the speaker searched the literature to review the local outcomes with regards to osteoporosis research. He found and used a study as a reference in his evaluation of osteoporosis in the UAE and this study was conducted and published by a group of students from the College of Medicine at the University of Sharjah.

So students keep it up! Think big, create the unique and publish the best because your research really **MATTERS!**



Arch Osteoporos. 2016;11:15. doi: 10.1007/s11657-016-0269-0. Epub 2016 Mar 30.

Vitamin D deficiency: knowledge and practices among the adult population in Sharjah, United Arab Emirates.

Salmanpour VA1, Ibrahim HS2, Salameh AG2, Yahya AM2, Debal BK2.

Author information

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2College of Medicine, University of Sharjah (UOS), University City Road, Sharjah, United Arab Emirates.

Abstract

Research demonstrate that vitamin D deficiency is significantly associated with bone diseases (e.g., osteoporosis), muscle cramps, back pain, heart diseases, diabetes mellitus, etc. The lack of knowledge and poor practice of study subjects regarding vitamin D deficiency became evident in this study.

Summer Clinical Attachment

If you are wondering how or where to spend your summer, we have the right place for you: Rashid hospital is one of the best hospitals to do your clinical attachment.

We went there during the summer of 2016 after finishing Year 3 and it was such a nourishing experience, where we learned so much. All departments are outstanding and doctors are enthusiastic about teaching. We were there for 3 weeks in internal medicine, where we saw many different and interesting cases, one of which was agenesis of the corpus callosum. We had the opportunity to learn and practice techniques and skills such as inserting catheters, putting cannulas, full history taking and physical examination of the patient from the moment they step foot in the hospital.

We spent a lot of our time in the emergency department where they taught us many surgical skills such as suturing with the different knotting techniques, how to apply a cast and even how to reduce a fractured bone. Everyone there is very helpful and cooperative, from the heads of the departments to the nurses and you'll have such an unforgettable experience that you wouldn't want it to end.

Signing up is easy, just go to the DHA website and register:

http://www.meducation.ae/Services/Clinical%20Attachment.aspx

If you are applying for July or August, its best to apply from March to guarantee a place on this program. They do provide student dorms if needed.

University of Sharjah Model United Nations Society

The University of Sharjah Model United Nations Society (UOSMUN) participated in several Model United Nations conferences this academic year, including AUDMUN and NIMUN in Islamabad, Pakistan. UOSMUN also participated in the 10th AUSMUN at the American University of Sharjah held from the 9th to the 11th of February, 2017. The UOSMUN delegation consisted of 18 students from different colleges and majors who represented UOS in the conference and discussed multiple important international issues that impact our societies today. Several topics were on the table including the issue of weapons of mass destruction, dealing with the outbreak of the Zika Virus, the refugee crisis and women in peacekeeping, among others. The passion UOSMUN members have for debating, international relations and the will to make a change, even if minute, is what drives UOSMUN to participate in conferences, train the members and hopefully, host a conference in the future. The UOS delegation exceeded all expectations and won 9 awards.

The awards won by the UOSMUN delegation:

Outstanding Delegation Awards:

- **Yaman Hukan**, Year 4 Medicine
- **Abdullah Malek**, Year 2 Medicine
- **Esraa Elaraby**, Year 2 Medicine
- **Taqwa Atef**, Year 3 Medicine

Best Speakers Awards:

- **Rayyan Al-Hamdani**, Engineering
- **Takwa Dawdi** , Engineering
- **Tasnim Al-Zini**, Year 2 Medicine

Honourable Mention:

- **Beissan Al Zaghal**, Year 1 Dentistry
- **Hanadi Janjareh** , Year 2 Medicine

UOSMUN continues to participate in several MUN conferences in the UAE and abroad and hopes to host its own conference in 2018. Applications to join the UOSMUN society will be posted on social media soon so be sure to stay in touch and enrich your passion for debate.

Contact us:

Email: UOSMUN@hotmail.com

Facebook: UOS Model United Nations Society

Twitter: UOSModelUN

Instagram: UOSMUN

Student Conference Participation

Year 2 students **Abdullah Malek, Esraa Elaraby and Sara Adam** presented their research project at the **7th Emirates Diabetes and Endocrine Conference** in Dubai from the 16th to 18th February 2017. This group of students were supervised by **Dr. Jalal Taneera.** The other student involved in this project is: **Mohammed Bakri.** The presentation was entitled: **'Expression profiling of orphan genes in human pancreatic islets with and without type 2 diabetes'.** The students were awarded **2nd place** in the Student Oral Presentation category and were given certificates of recognition for their outstanding participation. Congratulations on this remarkable achievement!

Recent graduate **Noor Amer** also presented her research project at the **7th Emirates Diabetes and Endocrine Conference** in Dubai in the form of a poster presentation where she was awarded **2nd place** in this category and received a certificate of recognition for her outstanding performance. The project was entitled: '**Investigation of Resistant Hypertension in Emirati patients with type 2 diabetes'**. The other graduate involved in this project is **Hessa Qatami**. Both interns were supervised by **Dr. Bashair Mussa.**

Autism and Creativity

Submitted by: **Juman A. Babi** (Year 4 Medical Student)

Mental disorders exist in a continuum, like blood pressure and cholesterol levels. It is somewhat arbitrary as to where we make a cut off between health and disease. Through out the history of medicine, first the more severe forms of disorders have been recognized, then the milder forms. (Fitzgerald, 2004)

Autism Spectrum Disorder (ASD) is a condition that is associated with creativity, but more with lack of it. The U.S. National Library of Medicine defines autism as a *"developmental disorder that appears in the first 3 years of life, and affects the brain's normal development of social and communication skills",* it also states that children with autism typically have difficulties in pretend play, social interactions, communication, thinking abilities and success at school. Because of these difficulties, it is a widespread belief that autistic children, even on the higher end of the spectrum, are unable to possess and demonstrate creativity. The link between autism and creativity fluctuates and currently remains undefined. Researchers continue to investigate whether autism has a significant impact on creativity in children and create tests to compare the creativity of an autistic child to the creativity of a non-autistic child. (Smith, 2015)

New research studies:

New research has found that people with high levels of autistic traits are more likely to produce unusually creative ideas.

Psychologists from the University of East Anglia (UEA) and University of Stirling in England found that while people with high autistic traits produced fewer responses when generating alternative solutions to a problem (known as divergent thinking) the ideas they did come up with were more original and creative. "People with high autistic traits could be said to have less quantity, but greater quality of creative ideas," said Dr. Martin Doherty from UEA's School of Psychology. "They are typically considered to be more rigid in their thinking, so the fact that the ideas they have are more unusual or rare is surprising. This difference may have positive implications for creative problem solving". (Wood, 2015)

Savant syndrome:

Savant Syndrome is a unique and intriguing form of the autism spectrum disorder. The Encyclopedia of Children's Health defines savant syndrome as a *"condition that occurs when a person with below normal intelligence displays a special talent or ability in a specific area".* Autistic Savant Syndrome is the most common type of savant syndrome. Savants have shown to have this special talent within the specific area of creativity. Studying savants extensively, researchers discovered that differences in the make-up of the brain in autistic savants allow them to have this special talent or ability. There have even been many accounts of savants displaying greater creativity and imagination than a non-autistic individual. Biologically, an autistic savant's brain differs from the brain of a non-autistic person.

A study conducted at Colorado State University displayed these differences, researchers reported that, “scans showed that savant's brain is significantly larger than that of three matched neurotypical control subjects", the findings illustrate that brain size is an important factor in the realm of autism studies. Perhaps the extra brain tissue develops larger or more functional areas for creativity within the savant’s brain. Researchers still have yet to make such a discovery. Another medical finding in the study after researchers traced the white-matter connections in savant's brain using diffusion tensor imaging, finding what they dubbed ‘enhanced’ connections in the left precuneus, a region involved with episodic memory, visuospatial processing, reflections upon self, and aspects of consciousness. This study discovered that the brain of savants had enhanced connections that the average brain does not possess. Medically, the differences between a savant and non-savant autistic or a savant and a non-autistic can be drawn through medical tests and examinations. (Smith, 2015)

Nikola Tesla, Inventor

Temple Gradian, Proffesor in Animal science

Creative-Enhancing Therapies:

As highlighted by a number of studies and tests, the creative ability of children with autism is not necessarily at a standstill. Through these experiments, researchers find that creativity is not necessarily something that one is merely born with, but instead is something that can be built upon and enhanced. An autistic child’s creative progression relies on a number of factors. These can include the encouragement of teachers and parents to promote creativity, as well as the type of approach taken to make creative enhancement. The use of sand play, art therapy, and toy robot interaction proved to be successful methods of enhancing creativity.

Dan Aykroyd, Writer

Can you recognize it if you see it?

There are many examples of great autistic artists, musicians, actors, poets and writers in some cases this creativity seems to go hand-in-hand with the more traditional talents, leading to incredibly detailed and accurate drawings, or the ability to play a concerto after hearing it only once. So let’s stereotype less, and embrace individuality, encouraging and nurturing ability even in areas that might not come naturally. (Remington, 2017). At the side are some famous people were diagnosed with autism.

Mozart, Musician

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- Wood, J. (2015). *A Link Between Autism and Creativity.* Retrieved 1 30, 2017, from PsychCentral: https://psychcentral.com/news/2015/08/16/the-link-between-autism-and-creativity/90899.htmlJ

Susan Boyl,Singer

Events-

Journal Club:

With more international and renowned researchers, the College of Medicine held the first meeting in the COM Journal Club (JC) Presentations Series. The JC is a monthly activity for the faculty members of the COM who are all welcome to participate by giving a monthly oral presentation.

The first presentation for 2017 was held on Monday 20th February by **Dr. Maha Saber** who reviewed an interesting and important article titled "Liraglutide and Cardiovascular Outcomes in Type 2 Diabetes".

The activities of the COM JC is coordinated by **Dr. Bashair Mussa.**

The next journal club meeting will take place on the 20th March 2017 where **Prof. Azzam Magazachi** will review and discuss a paper.

جامعة الشارقة
UNIVERSITY OF SHARJAH

College of Medicine Research Seminar

Saturday, 18 March 2017
College of Medicine, Building M-27, Lecture Hall 029

Time	Topic	Speaker
Chairpersons: Prof. Nabil Sulaiman | Dr. Maha Saber		
9:00 - 9:25 5 min Q & A	Overview on Research and Medical Writing	Prof. Qutayba Hamid - UAE
9:30 - 9:55 5 min Q & A	Selecting Your Research Project	Prof. Marc Moss - USA
10:00 - 10:25 5 min Q & A	Study Design	Prof. Monica Kraft - USA
10:30 - 10:45	**Coffee Break**	
Chairpersons: Dr. Ahmed El-Serafy | Dr. Riyadh Bendardaf		
10:45 - 11:10 5 min Q & A	Writing the Proposal	Dr. Samrein Ahmed - UAE
11:15 - 11:40 5 min Q & A	Ethical Issues and IRB Requirements	Prof. Salman Guraya - UAE
11:45 - 12:10 5 min Q & A	Rules and Regulations for IRB in UOS	Dr. Suhail Al Amad - UAE
12:15 - 1:00	**Lunch Break**	
Chairpersons: Prof. Taleb Al Tal | Dr. Rifat Hamoudi		
1:00 - 1:25 5 min Q & A	Getting your Grant Request Accepted	Prof. Sehamuddin Galadari - UAE
1:30 - 1:55 5 min Q & A	Statistical Analysis	Ms. Amal Husain - UAE
2:00 - 2:25 5 min Q & A	Writing the Manuscript	Dr. Saleh Ibrahim - UAE
2:30 - 2:55 5 min Q & A	Choosing the Journal	Prof. Azzam Maghazachi - UAE

www.gulfthoracic.com

3rd Lunch Gathering Event

Prepared By: **Marwa Azzam**

For the 3rd continuous semesters, Prof. Qutayba Hamid, the Dean of the College of Medicine, had invited all the faculty and administrative staff to attend the 3rd Lunch Gathering. The gathering took place on Monday February 27th 2017.

Prof. Qutayba believes that this gathering is intended to share the various flavors of the multicultural as well as national home-cooked dishes to enjoy varied cultural tastes. The event started off by welcoming the newcomers to the college, followed by appreciating some selected staff members from the College of Medicine and the University of Sharjah Clinical and Surgical Training Centre.

What differentiated this event from the previous semesters, is the games which were presented by Prof. Qutayba, where more than 15 members where selected based on voting. The main idea was to have some sort of fun and to change the working environment at the college, and simply to draw a smile on everyone's face. This time the event took place outdoors and more people attended the event.

The majority of the faculty members and administrative staff attended the event and brought their home cooked dishes representing their countries. Thank you to all the nationalities which were represented at the event and participated including: Emirati Group, Iraqi Group, Palestinian/Jordanian Group, Egyptian Group, Syrian Group, Sudanese Group, Indian Group, Filipino Group.

We hope to have more successful events at the College of Medicine in the future with everyone's contributions and attendance.

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
Hiba Jawdat Barqawi
on hbarqawi@sharjah.ac.ae
Ext: 7268

Doctor's Orders

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

Be aware of sleepwalking and it's causes:

Sleepwalking has been described in medical literature dating before Hippocrates (460 BC-370 BC). In Shakespeare's tragic play, Macbeth, Lady Macbeth's famous sleepwalking scene ("out, damned spot") is ascribed to her guilt and resulting insanity as a consequence of her involvement in the murder of her father-in-law.

Sleepwalking is characterized by complex behavior (walking) accomplished while asleep. Occasionally nonsensical talking may occur while sleepwalking. The person's eyes are commonly open but have a characteristic glassy "look right through you" character. This activity most commonly occurs during middle childhood and young adolescence. Approximately 15% of children between 4-12 years of age will experience sleepwalking.

Generally sleepwalking behaviors are resolved by late adolescence; however, approximately 10% of all sleepwalkers begin their behavior as teens. A genetic tendency has been noted.

There are four stages of sleep. Stages 1, 2, and 3 are characterized as non-rapid eye movement (NREM) sleep. REM (rapid eye movement) sleep is the sleep cycle associated with dreaming as well as surges of important hormones essential for proper growth and metabolism. Each sleep cycle (stages 1,2,3, and REM) lasts about 90-100 minutes and repeats throughout the night. Thus the average person experiences 4-5 complete sleep cycles per night.

Sleepwalking characteristically occurs during the first or second sleep cycle during stage 3. Due to the short time frame involved, sleepwalking tends not to occur during naps. Upon waking, the sleepwalker has no memory of his/her behaviors.

Source: emedicinehealth.com