

Systematic Review

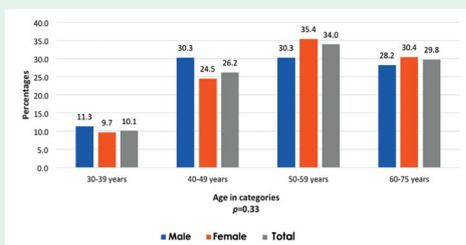
Effect of natural honey on lowering lipid profile

Alkhalifah et al conclude that total cholesterol was significantly reduced with the use of natural honey intake, as well as low-density lipoprotein (LDL), and triglycerides. High-density lipoprotein showed significant increment. Small quantity of honey can be recommended for patients with dyslipidemia. Seven trials with 370 participants fitted the inclusion criteria. Pooled analysis showed, honey was found to reduce total cholesterol levels with statistical significance (mean difference [MD]: -14.97 mg/dl, 95% CI: 19.61 to -10.32). Honey was associated with a statistically significant increase in high-density lipoprotein (HDL) levels (MD: 1.78 mg/dl, 95% CI: 0.68 to 2.88). There was a statistically significant LDL reduction level (MD: 18.99 mg/dl, 95% CI: -22.79 to -15.20). Finally, honey was found to lower triglyceride levels significantly (MD: 9.68 mg/dl, 95% CI: -15.56 to -3.80).

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Original Articles

Age and gender differences in the prevalence of chronic diseases and atherosclerotic cardiovascular disease risk scores in adults in Riyadh city, Saudi Arabia



Prevalence of diabetes mellitus in Saudi men and women by age categories in Riyadh city, Saudi Arabia

AlQuaiz et al conclude that women in the age group 50-59 years, with multiple risk factors are at a greater risk of developing cardiovascular diseases than men of same age. Young adults were at more risk for lifetime atherosclerotic cardiovascular disease (ASCVD), whereas the 10-year ASCVD risk increased with increasing age. Serum glycosylated hemoglobin and lipid levels were measured by ion-exchange high-performance liquid chromatography and fully automated analyzer using enzymatic methods, respectively. The 10-year and lifetime ASCVD risk scores were calculated using an online calculator. The mean age of men was 43.1 (± 11.7) and women was 43.8 (± 10.9) years. Prevalence rates of diabetes mellitus, hypertension, hypercholesterolemia, and obesity in men versus women were 20.3% versus 24.8% ($p=0.006$), 15% versus 19.5% ($p=0.003$), 50.7% versus 53.4% ($p=0.16$), and 41.2% versus 56.7% ($p<0.001$), respectively.

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Assessment of disaster preparedness at general hospitals in Al-Madinah Al-Munawarah Province, Western Region of Saudi Arabia. A study of pre intervention and post intervention test scores from 2017 to 2019

Khan et al evaluate the Ministry of Health (MoH) hospitals preparedness for potential disasters and crisis events using the World Health Organization (WHO) hospital emergency response checklist. The overall level of hospital preparedness was categorized as unacceptable if the rating is between 0-64, insufficient if it is between 65-129 and effective preparedness if the score is between 130-184. The study conducted in 3 phases. First phase, the preintervention assessment was conducted from August 23 to 27, 2017. Second phase, intervention strategies were implemented between 2018 and 2019 to enhance the hospitals preparedness for any potential disaster situation. Third phase, the postintervention assessment was conducted from September 5 to 7, 2019, using with the same checklist. Authors conclude that the participated hospitals showed insufficient levels of preparedness for potential disasters and crisis events.

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Case Report

Kaposi's sarcoma associated with adult dermatomyositis



Appearance of violaceous round macules on the patient's upper limbs

Alghanim et al presented a 73-year-old man without a significant medical history, who presented to our emergency department with complaints of difficulty in standing up from a sitting position and difficulty in raising his arms when brushing his teeth or combing his hair for a duration of 7 days. These symptoms were also associated with greater difficulties in swallowing fluids than in swallowing solid foods. His son noticed skin rashes on his hands, face, upper back, upper chest, and thighs. There was no history of blood transfusion, drug abuse, or high-risk sexual behavior. Results of the laboratory tests showed elevated C-reactive protein, creatinine kinase (CK), and muscle enzyme levels as well as positivity for antinuclear antibody (1:320 homogeneous) and negativity for myositis antibodies, anti-Mi-2, and anti-Jo-1. Magnetic resonance imaging of the bilateral thighs showed findings consistent with inflammatory myopathy.

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