



# NEWSLETTER

VOLUME 2 | ISSUE 4



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# IN THIS ISSUE

3	.....	<b>Meet Our Board</b>
7	.....	<b>Under the Spotlight:</b> One challenge can pave the way for countless accomplishments
9	.....	<b>Under the Spotlight:</b> Physiotherapy
11	.....	<b>Medical Research:</b> Spina Bifida
13	.....	<b>Pharmacological Research:</b> Epilepsy
15	.....	<b>My Journey with Dyslexia</b>
16	.....	<b>Fun Facts:</b> ADHD
17	.....	<b>Myth Vs. Fact:</b> Dyslexia
18	.....	<b>The Arcade:</b> Crosswords
19	.....	<b>Creative Corner</b>
		Visual Impairment: A Caricature
		“The Never Ending Eclipse” – Visual Impairment: A Poem
24	.....	Appendix

# Meet Our BOARD

By: Malak Bouali

## MEET OUR MEDICAL CHAIRMAN

Dr. Mohamad Monif Asker

### Q: HOW DO YOU SEE YOUR ROLE AS A MEDICAL CHAIRMAN SUPPORTING THE MISSION OF AADMD?

“Responsibility” is the word I would use to describe the way I envision this role, and this responsibility is fueled by my desire to serve the brave souls of people of determination. Primarily, I worked to ensure that AADMD's mission aligns with the latest medical developments and best practices in the field of developmental medicine. Through collaborative work with my fellow board members, healthcare professionals, and advocacy groups, we managed to integrate medical expertise into the organization's initiatives. By fostering collaborations between various disciplines, promoting evidence-based approaches, and employing the AADMD's newsletter, I sought to enhance the quality of care and support provided to individuals with developmental and intellectual disabilities.”



*Mohamad Monif Asker*  
— MEDICAL CHAIRMAN —

### Q: WHAT KEEPS YOU MOTIVATED TO FOCUS ON YOUR GOALS AS THE MEDICAL CHAIRMAN?

“My motivation stems from a deep commitment to improving the lives of individuals with developmental and intellectual disabilities. Witnessing the positive impact of our initiatives on patients, families, and communities feeds my dedication further. Additionally, the opportunity to work alongside passionate professionals within the AADMD community and contribute to meaningful advancements in the field serves as a constant source of inspiration, while making lifelong friends along the way.”

**Q: HOW DO YOU KEEP YOURSELF UPDATED ON THE LATEST ADVANCEMENTS RELATED TO PEOPLE OF DETERMINATION?**

“I find it a necessity to stay current with the latest advancements to provide effective leadership. Achieving that requires me to regularly engage in continuous medical education events, attend relevant conferences across the UAE, and collaborate with experts in this field during volunteering opportunities. I also try my best to foster connections with research institutions and stay informed through reputable medical journals and publications, by peer reviewing for them as well as publishing relevant work in them. Thereby ensuring that anything going through the beacon of AADMD remains at the forefront of emerging trends and innovations in developmental medicine and dentistry.”

**Q: WHAT MOTIVATED YOU TO RUN FOR THIS POSITION?**

“My motivation to run for Medical Chairman stems from a desire to contribute my knowledge, efforts, and experience to an organization dedicated to improving the health and well-being of people of determination, aiding them, and working with them hand in hand to conquer their disabilities. Recognizing the unique challenges faced by this population, I felt compelled to use the skills and knowledge that God blessed me with to advocate for inclusive and comprehensive healthcare practices that are accessible to all.”

**Q: WHAT IS YOUR LONG-TERM VISION FOR AADMD?**

“My long-term vision for AADMD involves furthering its impact on a regional scale. I aspire to see the organization at the forefront of advocacy, education, and research, influencing healthcare policies and practices to better meet the needs of individuals with developmental and intellectual disabilities across the Gulf region, and even the Arab world. I envision strengthened collaborations with international partners, expanded outreach programs, and the establishment of best-practice standards that elevate the quality of care for people of determination.”

**Q: WHAT ADVICE WOULD YOU GIVE PEOPLE WHO ARE INTERESTED IN BECOMING BOARD MEMBERS OF AADMD?**

“To those interested in becoming board members of AADMD, I would advise you to nurture a genuine passion for the organization's mission. Demonstrate a commitment to advocacy, inclusivity, and the improvement of healthcare outcomes for individuals with developmental and intellectual disabilities. Actively engage with the AADMD community, stay informed about relevant issues, and seek opportunities to contribute your unique skills and perspectives. Being a board member requires dedication, collaboration, and a willingness to work towards positive change, so approach the role with enthusiasm and a collaborative spirit.”



## MEET OUR EDITOR

Dr. Balkis Zaitoun



*Balkis Zaitoun*  
EDITOR

**Q: HOW WOULD YOU DESCRIBE YOUR POSITION IN AADMD?**

“The creative side of the association :)”

**Q: HOW WILL YOUR MEMBERSHIP IN AADMD HAVE AN IMPACT ON YOUR CAREER GROWTH?**

“It taught me how to be a leader, a team member, and majorly flourished and revived my artistic skills.”

**Q: WHAT IDEAS DO YOU HAVE TO ENCOURAGE PEOPLE TO SHARE THEIR STORIES AND INSIGHTS TO AADMD’S CONTENT?**

“PODs are all around us and within our communities and are closer than we think they are. Keep an eye for them, listen to them and their stories, and learn from them.”

**Q: WHAT SKILLS DO YOU THINK ARE IMPORTANT TO PERFORM YOUR ROLE EFFICIENTLY?**

“Problem-solving and innovative skills.”

**Q: SHARE WITH US YOUR VISION FOR AADMD’S FUTURE. WHERE DO YOU SEE IT HEADING?**

“I think it will slowly be more and more integrated and make more connections with POD-focused associations and centers all around the UAE. I hope we can continue to have an impactful footprint into the world of accessibility.”

**Q: WHAT ADVICE WOULD YOU PROVIDE TO OUR READERS?**

“To innovate. Always look for innovative ideas to implement and improve the lives of PODs all around us. Always keep an open mind to all types of PODs -- especially those that are invisible. We still have so much to go.”



*Amal Mohammed AlSousi*  
PUBLIC RELATIONS OFFICER

## MEET OUR PUBLIC RELATIONS OFFICER

**Dr. Amal AlSousi**

**Q: IN WHAT WAYS HAS TAKING ON A LEADERSHIP ROLE IN THE ASSOCIATION IMPACTED OR INFLUENCED YOUR PERSONALITY?**

“Assuming a leadership role in the AADMD has significantly honed my communication skills, fostering empathy, patience, and a deeper understanding of diverse perspectives within the community. It has enhanced my ability to lead with compassion while emphasizing the importance of inclusive healthcare practices.”

**Q: WHAT DO YOU PREDICT WILL BE THE FUTURE DIRECTION OF AADMD DEVELOPMENT IN THE COMING YEARS?**

“The AADMD's evolution will likely focus on greater interdisciplinary collaboration, advancements in adaptive technology, and policy advocacy to ensure equitable access to healthcare for individuals with determination. Additionally, fostering global partnerships and innovative care models could be pivotal in expanding our impact.”

**Q: WHAT ADVICE WOULD YOU OFFER TO INDIVIDUALS CONSIDERING JOINING THE AADMD?**

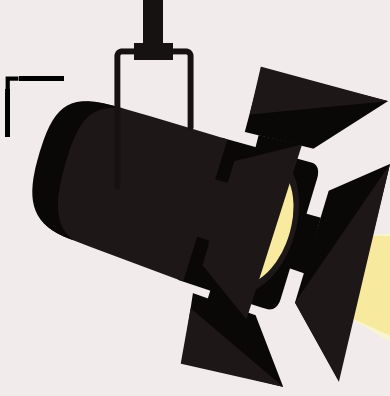
“Embrace a commitment to inclusivity and advocacy for individuals with determination. Engage actively in interdisciplinary learning, contribute ideas, and participate in initiatives that promote accessible healthcare.”

**Q: HOW DO YOU INTEND TO OVERCOME IMPENDING CHALLENGES?**

“Proactive problem-solving, collaborative initiatives, and leveraging technology will aid in addressing upcoming challenges. Maintaining adaptability and resilience in the face of evolving healthcare landscapes is crucial.”

**Q: HOW HAS YOUR ATTITUDE ABOUT INDIVIDUALS WITH DETERMINATION CHANGED SINCE JOINING THE ORGANIZATION?**

“My perception has evolved positively, emphasizing the need for tailored care, increased advocacy, and societal inclusivity for individuals with determination.”



# *under the* SPOTLIGHT

ONE CHALLENGE CAN PAVE THE WAY FOR COUNTLESS ACCOMPLISHMENTS

By: Menatalla Abdelmonem

**Q: CAN YOU INTRODUCE YOURSELF AND TELL US A LITTLE ABOUT YOUR CONDITION?**

“I am Mrs. Najwa Al Shamsi, residing in Sharjah, United Arab Emirates. I had a conventional upbringing until the age of 14, at which point I experienced a visual impairment. Prior to that point, I was leading a moderately satisfactory life in both academic and personal aspects. During that stage, I typically achieved average to below average rankings as a student. Following the onset of my visual impairment, my family expressed their sadness and concern, yet they wholeheartedly accepted and supported me during this challenging time. Over the course of the subsequent decade, I made the decision to discontinue my education and remained at home, experiencing a lack of motivation and direction in my life. However, my life underwent a significant change at the age of 24 when I made the decision to become a member of the Emirates Association for Visually Impaired. During the training, I received guidance on how to effectively manage and adapt to my new circumstances. I received education in braille literacy and more importantly, acquired the ability to embrace and appreciate my own self. Subsequently, I have made the decision to pursue further education.”



**Q: MRS. NAJWA, CAN YOU PLEASE TELL ME MORE ABOUT YOUR PROFESSIONAL ACHIEVEMENTS?**

“Upon making the decision to further my education, I embarked on a journey to return to school at the age of 24 to successfully complete my 10th grade examinations. It was unexpected that following finals season, my test scores showed significantly above-average marks despite my vision impairment. I followed a similar approach and achieved outstanding academic performance during my high school education. Subsequently, I applied to the University of Sharjah, pursuing a Mass Communications degree. I was resolute in my commitment to excel in university, replicating the dedication I exhibited during my high school years. I am pleased to report that I successfully upheld this resolve. After dedicating years of diligent effort and unwavering commitment, I successfully graduated with honors, achieving the distinction of being the top-ranked student in my class. This accomplishment was made possible through the invaluable support and understanding extended to me by both the esteemed faculty members and my fellow students. I am currently employed at the Ministry of Culture and Youth in the United Arab Emirates. In addition to my professional role, I also contribute my time and expertise as a Member of the Board of Directors and a public relations manager for the Emirates Association for Visually Impaired.”





**Q: MRS.NAJWA, CAN YOU PLEASE TELL ME MORE ABOUT YOUR SOCIAL/PERSONAL LIFE?**

“During the first ten years after experiencing vision impairment, I adopted a self-isolating behavior, engaging in minimal social interactions outside of my immediate family circle. Subsequently, following my resolution to reassume control over my life, I am currently enjoying a highly gratifying and socially active lifestyle. In general, I maintain positive relationships with my colleagues, family, and friends. After graduating from high school, I married my now husband, who is also visually challenged as well. He has been nothing short of supportive and encouraging, particularly throughout my university years. We particularly enjoy going to the cinema and traveling abroad. Furthermore, we were fortunate to welcome a son into our lives seven years ago, and I derive great satisfaction from my role as his mother.”

**Q: HOW WOULD YOU DESCRIBE YOURSELF?**

“Strong, Independent, Kind, and loves a challenge.”

**Q: IF SOMEONE IS RAISING A CHILD WHO IS VISUALLY IMPAIRED, WHAT ADVICE WOULD YOU GIVE THEM?**

“Parents should never feel ashamed or embarrassed about their child's disability, as the child derives their sense of empowerment from their parents. When parents exhibit acceptance, love, and belief in their child, it fosters an environment conducive to the child's potential for achieving great accomplishments in life. However, if parents primarily concentrate on their child's limitations, it is likely that the child will experience diminished self-esteem and encounter significant challenges that may prove insurmountable in the future.”

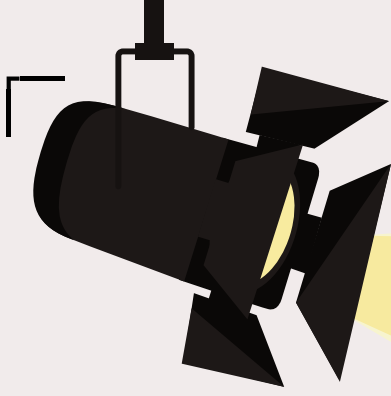


**Q: WHAT IS ONE MYTH ABOUT VISUAL IMPAIRMENT THAT YOU WOULD LIKE TO DEBUNK?**



“There is a common belief held by many people that individuals with visual impairment require constant accompaniment by someone without visual impairment to carry out their daily activities. During our travel, my spouse and I were approached by individuals who expressed concern about our ability to travel independently given our circumstances. They questioned whether our families had granted permission for us to go on this trip alone. Although this has never occurred in the UAE, it is still a common misconception in other countries. Driving is the single activity that I consider impossible for those who are visually impaired. Aside from that, everything else is possible.”





# under the SPOTLIGHT

## PHYSIOTHERAPY

By: Khadijah Zaidan -&- Hajir Saeed

In this issue's interview, we had the privilege of speaking with Mr. Muhammad Shahada, a highly skilled and experienced physiotherapist with a background in pediatric and neurological physiotherapy, bringing a wealth of knowledge and a passion for promoting optimal physical health.

### **Q: COULD YOU BRIEFLY EXPLAIN WHAT PHYSIOTHERAPY IS, FOR PEOPLE WHO MIGHT NOT BE FAMILIAR WITH IT?**

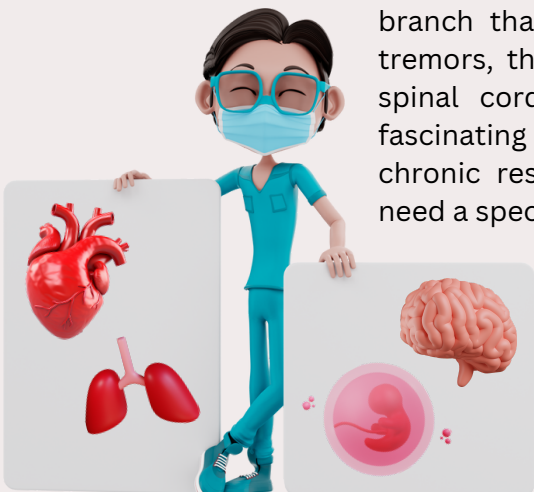
“Physiotherapy is a science-based healthcare profession that focuses on restoring movements, alleviating pain, and increasing the patient's independence. We help the patient achieve these goals by various ways, it could be manual maneuvers, such as massage or joint manipulation. Another way is to use electrotherapy and ultrasound. And of course, we give the patient some exercises that they can do at home.”



### **Q: WHO NEEDS PHYSIOTHERAPY? WHAT ARE THE BRANCHES OF PHYSIOTHERAPY?**

“Most people think that physiotherapists deal with only musculoskeletal injuries, which is false. Physiotherapy is way more than that. So it is true that we work with MSK injuries and people with physical disabilities, such as cerebral palsy, quadriplegia, amputations. In the surgical ward we deal with post operative patients, who had major surgery. medically, we manage cancer survivors and fighters, because patients after chemotherapy feel very weak and might suffer from muscle atrophy and fibrosis. Neurological physiotherapy is another branch that mainly focuses on mobility, balance and dealing with tremors, they work with individuals who have suffered from stroke, spinal cord injuries, multiple sclerosis, Parkinson's disease. Very fascinating branch of physiotherapy is cardiorespiratory, patients with chronic respiratory conditions such as cystic fibrosis and asthma, need a specialist who would help to improve their breathing pattern.

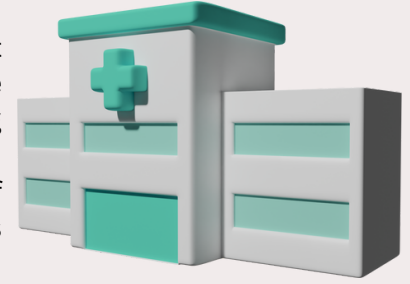
Another forgotten subspecialty is women's health physiotherapy that usually addresses pregnancy related conditions and postpartum rehabilitation. More than half of the people in the hospital admissions need a physiotherapist at some point of their admission or post discharge.”





**Q: CAN YOU EXPLAIN THE ROLE OF A PHYSIOTHERAPIST IN A MULTI-DISCIPLINARY TEAM (MDT)?**

“A physiotherapist rarely works alone, we always work in teams. Most importantly is that we need a diagnosis to start working with the patient. A diagnosis which is made by a physician and some imaging modalities to prove and monitor the prognosis. Next step is to sit with the patient and set our goals and what we want to achieve by the end of the sessions. Some of these goals might be out of the physiotherapist's hand, in which we would refer the patient. Most commonly, a stroke patient would be referred to an occupational therapist, or in case of pediatrics, we work with the speech therapist.”



**Q: WHAT HELPS PATIENTS STAY DETERMINED AND NOT GIVE IN DURING THEIR REHABILITATION JOURNEY?**



“This is a very interesting question, as I believe what differentiates a good and a bad physiotherapist is their ability to communicate and motivate their patient. There are multiple ways to provide encouragement but it is most crucial to understand why patients lose their motivation, and start working on that. Most of them lose their motivation due to a core belief that there is a lack of improvement in their condition, and that they would never become independent again. Additionally, most of our sessions are interrupted because of pain which prevents the patients from continuing their

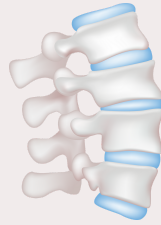
rehabilitation sessions. Thus it is important to communicate and relay this issue to their treating physician to start the patient on pain management medications, which will help the patients to stay relaxed and not in debilitating pain during the sessions. It is also helpful to start with warm ups and build up the exercise intensity little by little to avoid extreme patient discomfort. Another helpful thing I do with my patients is to record their progress at the start of their rehabilitation sessions, midway and by the end of their journey which will help boost their morale and allow them to compare themselves from when they first started till the end. And lastly, having a good relationship with your patients is key as not only will it impact their sessions at the center, but will also aid their compliance to continue with following the doctor's instructions to adhere to the treatments and at home exercises, whether it is for an adult or a pediatric patient.”

**Q: WHAT'S YOUR PROUDEST ACHIEVEMENT IN YOUR CAREER SO FAR?**

“Every patient that I have worked with has impacted me in a different way. But if I had to choose I loved working with children the most especially cerebral palsy patients. Seeing how they improve from their wheelchairs to taking their first few steps and then walking with the help of an aid brings me pure joy and hope in life and humanity. Moreover, I remember this one 14-year-old patient which has impacted my life a lot. She has just survived a very aggressive leukemia by taking chemotherapy which left her arms weak and edematous. She was able to lift 10 kilograms by the end of her sessions compared to only around 0.5 to 1 kilogram maximum when she first started. I recall working with her for over a year, witnessing her journey and resolve to regain her upper limb strength. She had also struggled with her mental health in which I had to refer her for psychotherapy and that has helped her to stay motivated and to live her life to the fullest.”

As we bring this conversation to a close, I'd like to express our gratitude to Dr. Mohammed for sharing his expertise and valuable insights with us today.





## MEDICAL RESEARCH: SPINA BIFIDA

By: Nada Nadima

### Introduction

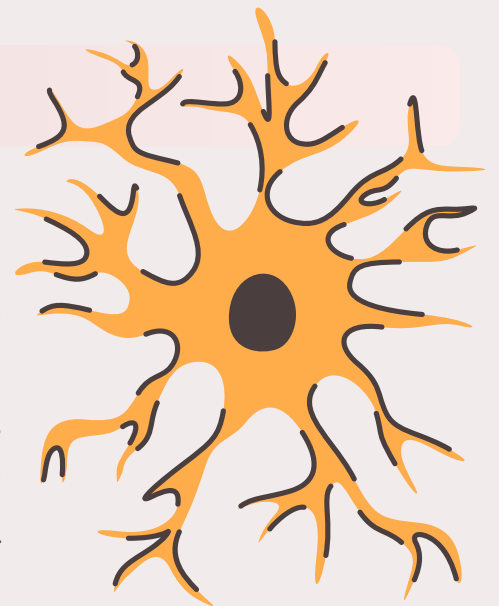
A congenital neural tube defect that affects the spinal cord and associated components during embryonic development is referred to as spina bifida. The incomplete closure of the spinal neural tube, which is an essential structure that develops into the brain and spinal cord, is the root cause of this disorder. Affected individuals and their families face substantial obstacles due to the diverse manifestations of spina bifida, which can range in severity from moderate to severe.

### Etiology

Although the exact etiology of spina bifida is still unknown, environmental and genetic factors are thought to play a role in the condition's development. According to research, the risk may be raised by a confluence of environmental factors, including maternal nutrition and drug exposure, and genetic predisposition. It is crucial to have proper prenatal care and nutritional support because folic acid deficiency during the early stages of pregnancy has been found to be a significant risk factor.

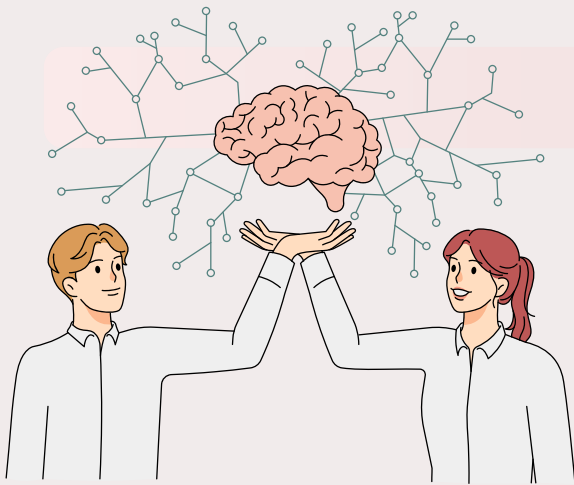
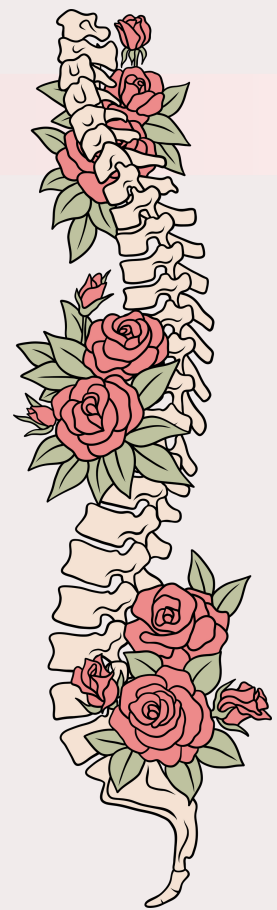
### Symptoms

Common symptoms include hydrocephalus, which is an accumulation of cerebrospinal fluid in the brain, motor and sensory deficits, orthopedic problems, and bladder and bowel dysfunction. Paralysis and other severe symptoms, such as trouble moving, can be experienced by people with myelomeningocele. Spina bifida can be diagnosed prenatally through various screening tests, such as maternal serum alpha-fetoprotein (AFP) screening, ultrasound, and amniocentesis. These tests can help identify the presence of neural tube defects, allowing for early intervention and counseling.



## Classification

Spina bifida is classified into three primary types: meningocele, myelomeningocele, and spina bifida occulta. The least severe type is occulta, which is frequently overlooked. In such cases, there is little to no meningeal or spinal cord protrusion, and the spinal cord and nerves are usually unharmed. Many people with occulta may go their entire lives without exhibiting any noticeable symptoms. Meningocele is another type characterized by the protrusion of the meninges, which are the protective coverings surrounding the spinal cord, through a spinal orifice. Usually, the spinal cord remains hidden. Despite being less severe than myelomeningocele, this variety typically requires surgery to correct the protrusion and avoid complications. The most severe kind of spina bifida is called myelomeningocele, and it is characterized by the spinal cord and meninges protruding through a spinal hole. To reduce complications, this illness necessitates early surgical intervention. It frequently results in neurological abnormalities below the affected area.



## Management

A multidisciplinary approach involving experts in neurosurgery, orthopedics, urology, and rehabilitation is necessary for the management of spina bifida. Often, surgery is required to correct the spinal defect and avoid complications. Physical therapy, occupational therapy, and assistive devices are employed to enhance mobility and independence.

## Conclusion

A complicated congenital condition, spina bifida presents special difficulties for those who have it and their families. It is essential to understand spina bifida's causes, types, symptoms, diagnosis, and management for early intervention and all-encompassing care. The prognosis and quality of life for people with spina bifida are constantly improving due to technological and scientific advancements in medicine, emphasizing the significance of continued advocacy, support, and education for those impacted by this condition.

# SCIENCE SPEAKS

## PHARMACOLOGICAL RESEARCH: UPDATES IN THE TREATMENT PLAN OF EPILEPSY: A COMPREHENSIVE REVIEW

By: Habiba Mohamed

### Introduction

Epilepsy is a chronic neurological disorder that manifests as undiagnosed recurrent epilepsy and affects more than 70 million people worldwide. Over the years, great strides have been made in understanding and treating of epilepsy. In this article, we will review recent innovations in tumor therapy design and highlight key findings from known sources (1, 2, 3, 4).

### Alternative Treatments for Drug-resistant Tumors

Treatment of epilepsy is promising, as well as new medications for the resistant type of the disease. However, researchers have developed the latest AEDS that increases effectiveness and helps avoid side effects, as shown in an article on the brain and life. Owing to these drugs, patients previously thought to be incurable now have a renewed sense of hope (2).



### Potential Winner: Cannabidiol (CBD)



The ability of cannabidiol (CBD) to treat allergies has been recognised, particularly in cases in which the allergy is resistant to medication. According to Johns Hopkins Medicine (4), using CBD as an adjuvant therapy may be successful. The non-psychoactive ingredient in marijuana plants, CBD, has demonstrated promise in lowering the frequency and duration of seizures, providing a viable treatment option for individuals undergoing other therapies.

## Personalized Medicine in Epilepsy Treatment



Frontiers in neurology's presentation of epilepsy as a medical illness sequel. This makes it possible to customize the regions for a person's genes and clinical specificity. Neuroimaging and advanced genetic tests aid fitness vehicle providers in locating an individualized treatment plan most suited to a patient notwithstanding other patients with the same condition. The recollection could also be catastrophic because it went into more intensive personalized medicine (3).

### Surgical Interventions

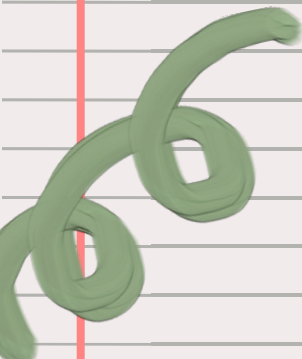
Surgical intervention for advanced drug-resistant seizure cases is becoming increasingly common. A Hopkins Medicine publication (4) posited that surgical excision, LITT, and RNS are effective methods for treating epilepsy without inciting drug-resistant seizures. Controlled elimination of these seizures is more focused and usually results in improved seizure control compared to the standard methods used for this purpose.



### Conclusion

Over the past several years, remarkable developments have been witnessed in how poor people live with tuberculosis. The development of the latest antiepileptic pills, exploration of cannabidiol as a medicine, implementation of simple means of birth control, and improvements in surgery have enabled the development of individual treatment programs for the patients with previous tumors. These recent developments have provided good choices for those suffering from epilepsy and show how important continuous research is between scientists. Currently, investigating new ways of treating epilepsy by first putting patients' need has never been more important. Finally, epilepsy therapy is moving at a fast pace, with the most recent discoveries signaling hope for people struggling with difficult neurologic disorders.

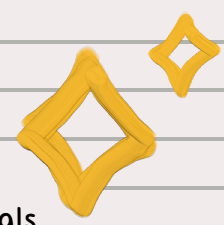




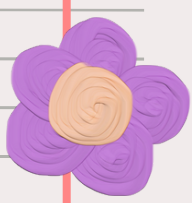
# My Journey With

# DYSLEXIA

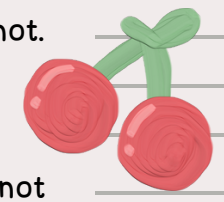
Maha Almarzouqi - Grade 9  
Supervised by Maya Jamil



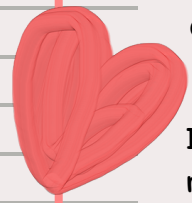
I am just a girl in the ninth grade, and like any other girl, I have goals, ambitions, and passions alongside fears and some minor disadvantages. I have always been confident and sometimes competitive, but being diagnosed with dyslexia at a young age took a toll on that confidence. I would always run to my mother as a kid, and ask "why can't I do this like my other classmates can, or how come I need extra help while they don't?" Now, I realize that it is not necessarily a bad thing or something to be ashamed of, thanks to the amazing people in the support system at school.



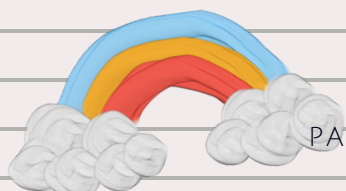
The confidence I lost slowly started to return as the years went by, because I was taught to change my mindset; before, dyslexia used to be a reason I can not do certain things, like reading and writing, but now, I challenge myself into doing it because I do not look at my dyslexia as a disadvantage or disability, I view it as a challenge, because if others can do it, there's no reason I can not. Ironically, now, two of my favorite hobbies are reading and writing.



All people in this world have passions and talent, but naturally, one can not master everything because at the end of the day, we are all the same, regardless of what we can and can not do. Of course, being grateful to what Allah ta'ala has granted you, plays a huge part, and I will forever be grateful that I was blessed with so many other talents, even though I was not blessed with the skills of an excellent reader/writer.



I recognize that each student has unique strengths and areas for growth, regardless of their disabilities. I always encourage myself to pursue passions and ambitions that I may have beyond the classroom regardless of my dyslexia. The guidance and belief I receive in my abilities has motivated me to set high goals and strive for excellence in all aspects of my life. "Dyslexia is just a minor disadvantage." I hear a voice in my head saying. "Don't give up any passions you may have for the sake of it."



# FUN FACTS

## "ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)"

By: Lubaina Ali

**ADHD** is a neurodevelopmental disorder affecting both children and adults. It is characterized by persistent patterns of inattention, hyperactivity, and impulsivity. Globally, it is estimated to affect approximately 5% of children and 2.5% of adults. However, the prevalence rates can vary across different populations and regions.

**Medical Term:** ADHD was referred to as attention deficit disorder (ADD) until its name was changed in the 1990s.



**Hereditary Component:** ADHD tends to run in families, suggesting a genetic component. If a parent has ADHD, there is an increased likelihood that their child may also have the disorder.

**ADHD and Creativity:** Some studies have suggested a link between ADHD and creativity. While ADHD poses challenges, individuals may exhibit creative thinking and problem-solving skills.



**ADHD Types:** There are three types of ADHD namely predominantly inattentive, predominantly hyperactive-impulsive, and combined.

**Gender Differences in Presentation:** Boys are more commonly diagnosed with hyperactive-impulsive ADHD, while girls may exhibit predominantly inattentive symptoms, leading to underdiagnosis.

**Dopamine Dysregulation:** ADHD is associated with dysregulation of neurotransmitters, particularly dopamine. Medications used to treat ADHD often modulate dopamine levels in the brain.

**Brain Size Differences:** Brain imaging studies have shown that individuals with ADHD may have slightly smaller brain volumes in certain regions than those without the disorder. However, the clinical significance of these differences remains under investigation.

**ADHD and Comorbidities:** ADHD often coexists with other mental health conditions, such as anxiety, depression, and learning disabilities, making diagnosis and treatment more complex. Sleep disorders are also two-three times more common in patients with this condition.

# MYTH VS FACT

"DYSLEXIA"

By: Tehreem Iman



**MYTH: DYSLEXIA INDICATES LOW INTELLECTUAL CAPACITY.**

**FACT:** Intelligence has nothing to do with dyslexia. Intelligence may be above average or ordinary in people with dyslexia. Reading, spelling, and writing skills are affected by dyslexia, a neurological disorder that does not represent their general cognitive capacity.

**MYTH: ONLY READING IS AFFECTED BY DYSLEXIA.**

**FACT:** Although dyslexia is frequently linked to reading issues, it can also affect writing, spelling, mathematics, and other subjects. Dyslexia is a complex disorder that affects different facets of daily living and learning.

**MYTH: DYSLEXIA IS CURABLE OR OUTGROWABLE.**

**FACT:** Although dyslexia is a lifelong illness, people with it can improve their reading and writing skills with appropriate support and interventions. Even if some obstacles might always exist, people with dyslexia can learn coping mechanisms to overcome their struggles and achieve in all facets of life.

**MYTH: BEING LAZY OR NOT PUTTING FORTH ENOUGH EFFORT CAUSES DYSLEXIA.**

**FACT:** Dyslexia is a hereditary neurological disorder. It is unrelated to being lazy or not trying hard. To help them overcome difficulties in reading and writing, people with dyslexia may require alternative instructional strategies and accommodations.

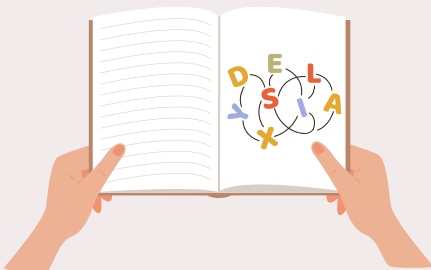
**MYTH: BOYS ARE MORE LIKELY TO HAVE DYSLEXIA THAN GIRLS.**

**FACT:** Both boys and girls can have dyslexia; however, boys may receive a diagnosis more commonly because of the more pronounced behavioral problems associated with reading difficulties that they tend to display. Girls who struggle with dyslexia might not act out as much and their reading issues might go unnoticed.



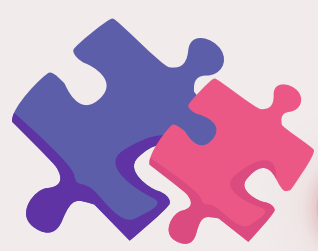
**MYTH: INADEQUATE PARENTING OR POOR INSTRUCTION CAUSES DYSLEXIA.**

**FACT:** Inadequate parenting or instruction does not cause dyslexia; instead, it is a neurological disorder. Although good teaching strategies and assistance can have a big impact on dyslexics, the disorder is not brought on by external influences.

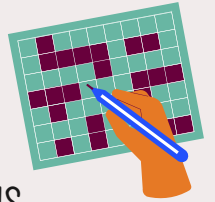


**MYTH: WORDS SEEM BACKWARD TO DYSLEXICS.**

**FACT:** Word or letter inversion is not a sign of dyslexia. Linguistic processing is a feature of dyslexia that can make it difficult to recognize and decode words. However, it is untrue to say that people with dyslexia see words backward.

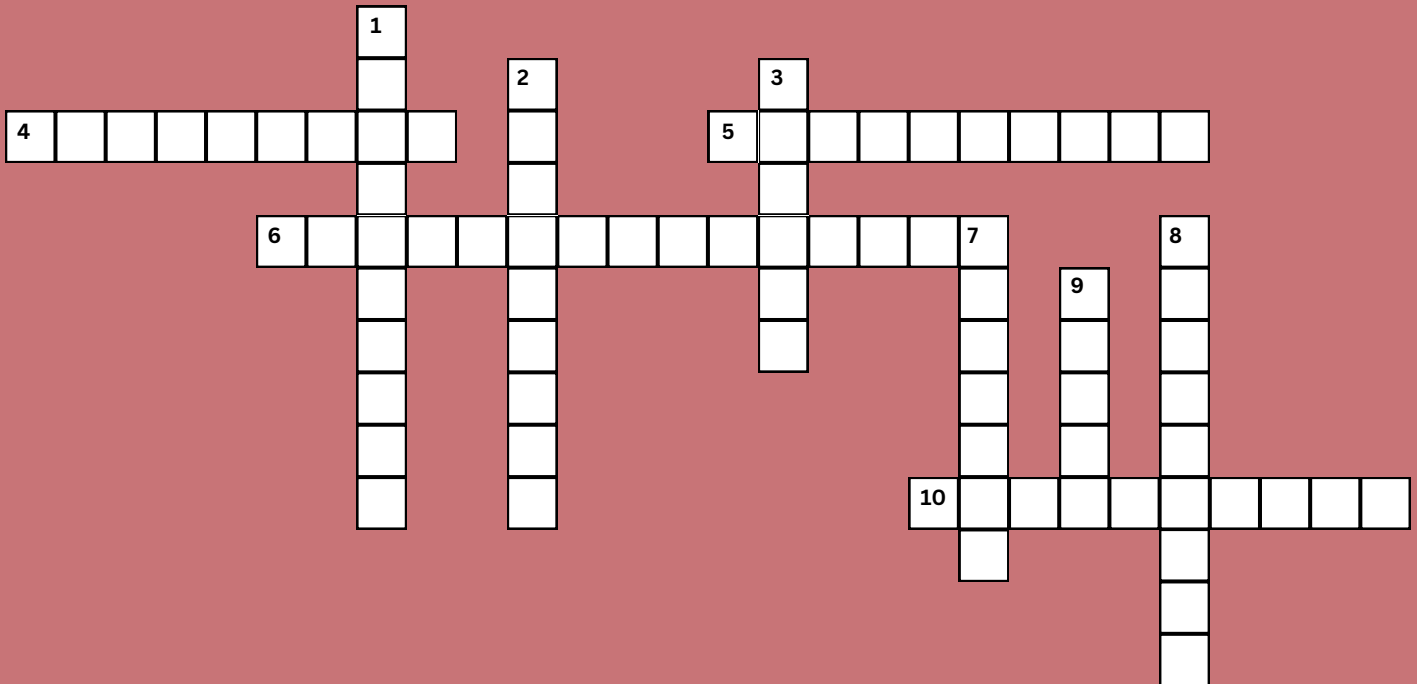


# THE ARCADE: CROSSWORDS



## CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND IT'S EXACERBATIONS

By: Afrah Hajmydeen



Try this online by clicking the start button!

START

### ACROSS

- 4. A medical emergency that can occur during severe COPD exacerbations
- 5. An inflammatory condition often associated with COPD.
- 6. A medication class that helps to relax the airway muscles.
- 10. A common cause for COPD exacerbation.

### DOWN

- 1. A measurement used to assess lung function.
- 2. A progressive lung disease associated with COPD, involves the destruction of air sacs
- 3. A common symptom of COPD - shortness of \_.
- 7. A primary cause of COPD.
- 8. A major environmental factor contributing to COPD is air \_.
- 9. A common term for COPD exacerbations.





## CARICATURE— VISUAL IMPAIRMENT

By: Jana Elshafei



*empathy extends beyond  
what the eye can see*



# CREATIVE CORNER

"THE NEVER ENDING ECLIPSE" — VISUAL IMPAIRMENT

By: Hajir Saeed





# CREATIVE CORNER

"THE NEVER ENDING ECLIPSE" — VISUAL IMPAIRMENT: A PROLOGUE

By: Mohamad Assker



Behind the closed door, silence reigns,  
In a world of darkness, a mind seeks gains.  
Voices echo, a tempest of storms,  
Rain on her face, shadows in myriad forms.

In this unseen realm, seeking reliance,  
Fingers trace, searching for guidance.  
A tale unfolds, a journey of the blind,  
Doors unopened, in shadows they're entwined.

Colors remain a mystery, emotions paint the sky,  
Humanity's flaws, hidden from the eye.  
Behind the closed door, a tale to explore,  
A canvas for strength, a world to restore.



# CREATIVE CORNER

## "THE NEVER ENDING ECLIPSE" — VISUAL IMPAIRMENT: A POEM

By: Hind Al Khalaf

My door has closed, and I was left in silence,  
A place so dark, a world of stark defiance.  
Filled with violence, yet a mind searching for guidance,  
I run my fingertips, seeking solace, seeking reliance.

But all I can hear is voices filled with storms,  
The tempest of life, in myriad forms.  
I can feel the rain running down my face,  
Eyes filled with shadows, the feeling of no escape.

Do I wish to see the world in its current shape?  
Through fingerprints, touch, fragrance, and taste,  
Though I cannot see colors or humanity's venomous stare,  
In a world so starless, spotless, filled with despair.

Yet, I flip my chapters, searching for a light to repair,  
Hoping my world can shine, under curtains of the dark,  
With a light from within, an internal spark.  
A story I long to fix, a tale I want to share,

Of doors that never opened but are still there,  
Searching for luminescence, a new embrace,  
In the depths of the night, in this hidden place,  
My world of blindness, finding its grace.

Colors remain a mystery, but emotions paint the sky,  
And humanity's flaws, hidden from the eye,  
Invisible battles fought, with courage and might,  
The blindness becomes a canvas for strength and light.

My closed door becomes a threshold to explore,  
A journey of the senses, of yearning for more,  
In the tapestry of darkness, a story unfurls,  
A world transformed, where strength and beauty swirls.





# President's Farewell



*Dear AADMD Community,*

As we bid farewell to another year, it's with a profound sense of accomplishment that we reflect on the journey we've shared through the pages of the AADMD newsletter. This fourth issue, a testament to our collective dedication, encapsulates the essence of our mission.

Throughout the year, our newsletter delved into diverse and crucial topics surrounding the incredible individuals we serve—those with unwavering determination. In our spartan approach, we aimed to spotlight the core issues without unnecessary embellishments.

Our team, a beacon of diligence, worked tirelessly to bring you content that mattered. Together, we navigated the variegated landscapes of creativity, ensuring each corner of the newsletter resonated with purpose.

As I pen down these words, gratitude fills my heart for the concerted efforts that have brought us to this point. It's not merely the end of a newsletter issue; it's the conclusion of a chapter marked by collaboration, sincerity, and a commitment to our community.

Here's to the triumphs and challenges, the stories shared and the lessons learned. Thank you for being a part of this journey. Let's look forward to a new year filled with continued purpose and impact.

*With heartfelt appreciation,*

*Dr. Alaa Mardini  
President of the AADMD 2022/2023*



# APPENDIX

## **The Arcade - Answer key**

- |               |                    |
|---------------|--------------------|
| 1. Spirometry | 6. Bronchodilators |
| 2. Emphysema  | 7. Smoking         |
| 3. Breath     | 8. Pollution       |
| 4. Hypoxemia  | 9. Flare           |
| 5. Bronchitis | 10. Infections     |

## **Pharmacological Research**

1. Perucca, E. (2021). The pharmacological treatment of epilepsy: recent advances and future perspectives. *Acta Epileptologica*, 3(1). doi:<https://doi.org/10.1186/s42494-021-00055-z>.
2. [www.brainandlife.org](http://www.brainandlife.org). (n.d.). New Epilepsy Drugs Offer More Solutions. [online] Available at: <https://www.brainandlife.org/articles/new-epilepsy-drugs-more-solutions> [Accessed 8 Nov. 2023].
3. Riva, A., Golda, A., Balagura, G., Amadori, E., Vari, M.S., Piccolo, G., Iacomino, M., Lattanzi, S., Salpietro, V., Minetti, C. and Striano, P. (2021). New Trends and Most Promising Therapeutic Strategies for Epilepsy Treatment. *Frontiers in Neurology*, 12. doi:<https://doi.org/10.3389/fneur.2021.753753>.
4. [www.hopkinsmedicine.org](http://www.hopkinsmedicine.org). (n.d.). A Potential Breakthrough for Patients with Drug-Resistant Epilepsy. [online] Available at: <https://www.hopkinsmedicine.org/news/articles/2020/03/a-potential-breakthrough-for-patients-with-drug-resistant-epilepsy> [Accessed 8 Nov. 2023].