تحت رعاية معالي وزير الصحة الأكرم الأستاذ الدكتور فراس الهواري

Under the Patronage of His Excellency the Minister of Health Prof. Dr. Firas Al-Hawari

المؤتمر العاشر للجمعية الاردنية لاختصاصيي الغدد الصم والسكري وأمراض الاستقلاب

المؤتمر الأردني الفلسطيني الثالث المشترك لأمراض الغدد الصم والسكري

المؤتمر المشترك الأ ول للجمعية الأردنية لاختصاصيي الغدد الصم والسكري وأمراض الاستقلاب وجمعية الأطباء الأردنيون لهشاشة العظام

المؤتمر الأول للأكاديمية الدولية لأبحاث الغدد الصم والسكري في الشرق الأوسط وشمال إفريقيا

The 10th International Congress of the Jordanian Society of Endocrinology, Diabetes & Metabolism (JSED)

The 3rd Joint Jordanian Palestinian Conference for Endocrinology & Diabetes

The 1st Joint Congress of the Jordanian Society of Endocrinology, Diabetes & Metabolism (JSED), The Jordanian Physicians Osteoporosis Society (JPOS)

The 1st MENA Regional Endocrinology & Metabolic Diseases Research Conference

9-11 November 2023

Le Royal Hotel
Amman-Jordan

SCIENTIFIC PROGRAM

CONGRESS TOPICS

- Diabetes
- Thyroid Diseases
- Pituitary Disorders
- Obesity
- Adrenal Disorders
- Osteoporosis & Metabolic Bone Diseases
- Gonadal Dysfunction
- Hot Issues

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DAY 1
THURSDAY
9 NOVEMBER, 2023

16:00-16:30	**OPENING CEREMONY**	
	National Anthem	
	Recitals from the Holy Quran	
	Chairman of the Scientific Committee Speech **Dr. Munther Momani**	
	President of Jordanian Society of Endocrinology, Diabetes & Metabolism (JSED) Speech **Dr.Abdelkarim Khawaldeh**	
	President of the Jordan Medical Association (JMA) Speech **Dr. Ziad Alzoubi**	
	Congress Patron Speech **Minister of Health, Prof. Dr. Firas Al-Hawari**	
	Master of Ceremony **Dr. Muwafag Hiari**	
16:30-17:15	PLENARY LECTURE	GENETICS IN ENDOCRINOLOGY: UPDATE **Speaker: Prof. Constantine Stratakis (GREECE)** **Moderator: Abdelkarim Khawaldeh, MD**
17:15-17:45		**Coffee Break and Exhibition**

Scientific Program

Session 1 Endocrine

Moderators: Fawzi Alhammouri,MD - Abdallah El Eyadeh, MD

17:45-18:10 P1 Neurological Manifestations of Thyroid Disease During Childhood
Amal Abu Libdeh, MD (JOR)

18:10-18:35 P2 Diagnosing Endocrine Tumor Syndromes from their Skin Manifestations
Konstantina Kimpouri, MD (GREECE)

18:35-18:40 Q&A

Pharma Session 1

Moderators: Sami Haddad, MD - Nadim Jarrah, MD

18:40-19:00 S_1 Precision medicine in the new era of T2DM: Prioritizing Cardiorenal risk management
Nadim Jarrah, MD (JOR) Boehringer Ingelheim

19:00-19:20 S_2 Treatment of Obesity
Sami Haddad, MD (JOR) novo nordisk®

19:20-19:30 Q&A

Pharma Session 2

Moderators: Nidal Al Khatib, MD - Dana Hyassat, MD - Hazem Bilbeisi, MD

19:30-19:50	S_3	SGLT-2-Inhibitors: A Revolution in CKD Management **Nidal Al Khatib, MD (JOR)** AstraZeneca
19:50-20:10	S_4	Insulin IDegASP: Translating clinical outcome into real world evidence **Hazem Bilbeisi, MD (JOR)** novo nordisk®
20:10-20:30	S_5	Renal component of the CRM Benefits of Empagliflozin: Insights from EMPA KIDNEY **Dana Hyassat, MD (JOR)** Boehringer Ingelheim
20:30-20:40		Q&A
20:40		**Dinner**

Session 2 — Osteoporosis / Calcium metabolism

Moderators: Mohamed El-Zaheri, MD - Rashad Nasr, MD - Bassam Taher, MD - Nahla Khawaja, MD

08:30-08:55	P3	New results on Lebanese Vitamin D status and consequences **Ghada El-Hajj Fuleihan, MD, MPH, FRCP (LEB)** Virtual
08:55-09:20	P4	Osteoporosis in children: update in management **AbdelSalam Abu libdeh, MD (PAL)** Virtual
09:20-09:45	P5	Osteoporosis management: clinical cases **Ghada El-Hajj Fuleihan, MD, MPH, FRCP (LEB)** Virtual
09:45-10:10	P6	Glucocorticoid Induced Osteoporosis **Nadim Jarrah, MD (JOR)**
10:10-10:20		Q&A
10:20-10:30		**Coffee Break**

Session 3 Pediatrics

Moderators: Omar Malkawi, MD - Enas Younis,MD - Rasha Odeh, MD - Hala Oweineh, MD

10:30-10:55	P7	Subclinical hypothyroidism in childhood, to treat or not to treat. **Rasha Tarif, MD (EGY)**
10:55-11:20	P8	Use of technology in type 1 DM : management update **Nancy El Barbary, MD (EGY)** Virtual
11:20-11:45	P9	Delayed Puberty: Update **Rasha Tarif, MD (EGY)**
11:45-12:05	S6	The Diabetes continuum: from prevention to treatment **Rami Salameh, MD (JOR)** MERCK
12:05-12:15		Q&A
12:30-14:00		**Friday prayer and lunch**

Pharma Session 3

Moderators: Ahmad Kheir, MD - Omar Abu Hijleh, MD - Fares Haddad, MD - Sima Kalaldeh, MD

14:00-14:20 S_7 Intensification with SGLT2-I: A Paradigm shift to Comprehensive T2D Management
Fares Haddad, MD (JOR)
AstraZeneca

14:20-14:40 S_8 Teen Obesity Treatment
Sima Kalaldeh, MD (JOR)
novo nordisk®

14:40-15:00 S_9 Implementation of T2DM guidelines to overcome inertia of early use of SGLT2 inhibitors
Omar Abu Hijleh, MD (JOR)
Boehringer Ingelheim

15:00-15:20 S_{10} Management of Diabetic Dyslipidemia
Ahmad Kheir, MD (JOR)
AstraZeneca

15:20-15:30 Q&A

Session 4 — Endocrine Tumors

Moderators: Fawaz Ammari, MD - Mohammad Juma, MD - Susan Eteiwi, MD - Zeina Maani, MD

15:30-15:55	P10	Updates on Neuroendocrine Tumors **Ashley Grossman, MD (UK)** Virtual
15:55-16:20	P11	CV manifestations of Pheochromocytoma **Kais Al Balbissi, MD (JOR)**
16:20-16:45	P12	Resistant Pituitary Tumors **Ashley Grossman, MD (UK)** Virtual
16:45-16:55		Q&A
16:55-17:05		**Coffee Break**

Session 5 IDERA Research

Moderators: Charles SAAB, MD - Amal Madanat, MD - Khaldoun Alsarihin, MD - Monzer Saleh, MD
Samy Azar, MD

17:05-17:20	P13	Questionnaire results: are patients receiving SGLT2I and GLP1 RA when indicated in MENA regoin **Martine Abi Khalil, MBA,MHM,MSC (LEB)** Virtual
17:20-17:35	P14	Thyroid and pregnancy: place for research **Ali Bernard Khalil, MD (LEB)** Virtual
17:35-17:50	P15	Small fiber neuropathy and autonomic dysfunction detected by noninvasive method **Delman Al Attar, MD (IRAQ)** Virtual
17:50-18:10	P16	New guidelines for Cardiometabolic management for MENA patient assessment **Mohamad Hassanein, MD (EGY)** Virtual
18:10-18:20		Q&A
19:00		**Dinner**

Pharma Session 4

Moderators: Nadima Shegem, MD - Yahya Azzam, MD - Musa Abu-Jbara, MD - Firas Annabi, MD

08:30-08:50	S_{11}	Degludec insulin across diverse patients populations **Musa Abu-Jbara, MD (JOR)** novo nordisk®
08:50-09:10	S_{12}	Role of DPP4i in defining simplicity in managing type 2 DM Focus on linagliptin **Firas Annabi, MD (JOR)** Boehringer Ingelheim
09:10-09:30	S_{13}	Glycemic control: A Major pillar in the treatment of type 2 DM **Nadima Shegem, MD (JOR)** SERVIER moved by you
09:30-09:50	S_{14}	Resistant Hypertension from Diagnosis to Management **Ramzi Tabbalat, MD (JOR)** Jordan Drugstore
09:50-10:00		Q&A
10:00-10:10		**Coffee Break**

Session 6 DM / METABOLIC

Moderators: Ahmad Al Omari, MD - Hisham Jarbou, MD - Jamal Darawsheh, MD
Subhi Abu Sunbol, MD

10:10-10:35	P17	Decoding immune suppression in people with diabetes **Joud Jarrah, MD (JOR)**
10:35-11:00	P18	Diabetic kidney disease: results from a sample of Jordanian patients **Randa Farah, MD (JOR)**
11:00-11:25	P19	Bariatric surgery in adolescence: What is the evidence **Osama Hamid, MD (JOR)**
11:25-11:35		Q&A

Session 7 Research Oral Presentations

Moderators: Mureis Barham, MD - Nisreen Saadeh, MD - Rania Al-Asad, MD - Hiba Abbasi, MD
Dina Zaqqa, MD - Lama Shahin, MD

11:35:11:50	P20	PACT MEA Study **Firas Annabi, MD (JOR)**
11:50-12:05	P21	The First Jordanian Dyslipidemia Management Guidelines **Eyas Almousa, MD (JOR)**
12:05-12:20	P22	Genetic mutations predicting thyroxine dosage requirements in a sample of hypothyroid patients **Luay Abu-Qatouseh, PhD (JOR)**
12:20-12:35	P23	Use of point of care ketone measurement and SC insulin use for prevention and management of DKA **Khubaib Ayoub, MD (PAL)** Virtual
12:35-12:50	P24	Cushing's Syndrome: In depth Analysis of a Factitious Presentation **Ala Attawneh, MD (PAL)** Virtual
12:50-13:00		Q&A
13:00-13:10		**Coffee Break**

Pharma Session 5

Moderators: Jihad Haddad, MD - Rula Goussous, MD - Amjad Shdeifat, MD
Mohammad Ghannam, MD - Musadaq Hamza, MD

13:10-13:30 S15 Role of Finrenone in Managing Patients with CKD and T2D
Hiba Barghouthi, MD (JOR) BAYER

13:30-13:50 S16 The role of DPP4I in management of type 2 diabetes
Amjad Shdeifat, MD (JOR) hikma.

13:50-14:10 S17 Act Now For Your Dyslipidemia Patients
Osama Okkeh, MD (JOR) ULFA PHARMA CO.

14:10-14:30 S18 GLP-1 in type 2 diabetes
Rula Goussous, MD (JOR) novo nordisk®

14:30-14:50	S_{19}	DPP-4 Inhibitors: The Power to Control & Protect **Jihad Haddad, MD (JOR)** AstraZeneca
14:50-15:10	S_{20}	Leqvio: Transforming Atherosclerotic cardiovascular diseases (ASCVD) patients' lives **Ayman Hammoudeh, MD (JOR)** NOVARTIS
15:10-15:20		Q&A and Closing Remarks
15:20-16:30		**Lunch**

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Abbreviated prescribing information
Saxenda® 6 mg/ml solution for injection in pre-filled pen
Qualitative and quantitative composition 1 ml of solution contains 6 mg of liraglutide. One pre-filled pen contains 18 mg liraglutide in 3 ml. **Therapeutic indications** Saxenda® is indicated as an adjunct to a reduced-calorie diet and increased physical activity for weight management in adult patients with an initial Body Mass Index (BMI) of ≥ 30 kg/m2 (obese), or ≥ 27 kg/m2 to < 30 kg/m2 (overweight) in the presence of at least one weight-related comorbidity such as dysglycaemia (prediabetes or type 2 diabetes mellitus), hypertension, dyslipidaemia or obstructive sleep apnoea. Treatment with Saxenda® should be discontinued after 12 weeks on the 3.0 mg/day dose if patients have not lost at least 5% of their initial body weight. Adolescents (≥12 years) Saxenda® can be used as an adjunct to a healthy nutrition and increased physical activity for weight management in adolescent patients from the age of 12 years and above with: obesity (BMI corresponding to ≥30 kg/m2 for adults by international cut-off points) and body weight above 60 kg. Treatment with Saxenda® should be discontinued and re-evaluated if patients have not lost at least 4% of their BMI or BMI z score after 12 weeks on the 3.0 mg/day or maximum tolerated dose. **Posology** The starting dose is 0.6 mg once daily. The dose should be increased to 3.0 mg once daily in increments of 0.6 mg with at least one-week intervals to improve gastro-intestinal tolerability. If escalation to the next dose step is not tolerated for two consecutive weeks, consider discontinuing treatment. Daily doses higher than 3.0 mg are not recommended. **For adolescents** from the age of 12 to below 18 years old a similar dose escalation schedule as for adults should be applied. The dose should be increased until 3.0 mg (maintenance dose) or maximum tolerated dose has been reached. Daily doses higher than 3.0 mg are not recommended. **Patients with type 2 diabetes mellitus** Saxenda® should not be used in combination with another GLP-1 receptor agonist. When initiating Saxenda®, consider reducing the dose of concomitantly administered insulin or insulin secretagogues (such as sulfonylureas) to reduce the risk of hypoglycaemia. Blood glucose self-monitoring is necessary to adjust the dose of insulin or insulin-secretagogues. **Special populations** Elderly (≥65 years old) No dose adjustment is required based on age. Therapeutic experience in patients ≥75 years of age is limited and use in these patients is not recommended. No dose adjustment is required for patients with mild or moderate renal impairment (creatinine clearance ≥30 ml/min). Saxenda® is not recommended for use in patients with severe renal impairment (creatinine clearance <30 ml/min) including patients with end stage renal disease. No dose adjustment is recommended for patients with mild or moderate hepatic impairment. Saxenda® is not recommended for use in patients with severe hepatic impairment and should be used cautiously in patients with mild or moderate hepatic impairment. No dose adjustment is required for adolescents from the age of 12 years and above. The safety and efficacy of Saxenda® in children below 12 years of age has not been established. **Method of administration** Saxenda® is for subcutaneous use only. It must not be administered intravenously or intramuscularly. Saxenda® is administered once daily at any time, independent of meals. It should be injected in the abdomen, thigh or upper arm. The injection site and timing can be changed without dose adjustment. However, it is preferable that Saxenda® is injected around the same time of the day, when the most convenient time of the day has been chosen. If a dose is missed within 12 hours from when it is usually taken, the patient should take the dose as soon as possible. If more than 12 hours have passed since you should have used Saxenda®, skip the missed dose and inject your next dose the following day at the usual time. Don't use a double dose or increase the dose on the following day to make up for the missed dose., the patient should not take the missed dose and resume the once-daily regimen with the next scheduled dose. An extra dose or increase in dose should not be taken to make up for the missed dose. **Contraindications** Hypersensitivity to liraglutide or to any of the excipients. **Special warnings and precautions for use** In patients with diabetes mellitus Saxenda® must not be used as a substitute for insulin. Diabetic ketoacidosis has been reported in insulin-dependent patients after rapid discontinuation or dose reduction of insulin. There is no clinical experience in patients with congestive heart failure New York Heart Association (NYHA) class IV and liraglutide is therefore not recommended for use in these patients. The safety and efficacy of liraglutide for weight management have not been established in patients aged 75 years or more, treated with other products for weight management, with obesity secondary to endocrinological or eating disorders or to treatment with medicinal products that may cause weight gain, with severe renal impairment, with severe hepatic impairment. Use in these patients is not recommended. As liraglutide for weight management was not investigated in subjects with mild or moderate hepatic impairment, it should be used with caution in these patients. There is limited experience in patients with inflammatory bowel disease and diabetic gastroparesis. Use of liraglutide is not recommended in these patients since it is associated with transient gastrointestinal adverse reactions, including nausea, vomiting and diarrhoea. Pancreatitis: Acute pancreatitis has been observed with the use of GLP-1 receptor agonists. Patients should be informed of the characteristic symptoms of acute pancreatitis. If pancreatitis is suspected, liraglutide should be discontinued; if acute pancreatitis is confirmed, liraglutide should not be restarted. Cholelithiasis and cholecystitis in clinical trials for weight management, a higher rate of cholelithiasis and cholecystitis was observed in patients treated with liraglutide than in patients on placebo. The fact that substantial weight loss can increase the risk of cholelithiasis and thereby cholecystitis only partially explained the higher rate with liraglutide. Cholelithiasis and cholecystitis may lead to hospitalisation and cholecystectomy. Patients should be informed of the characteristic symptoms of cholelithiasis and cholecystitis. Thyroid disease In clinical trials in type 2 diabetes, thyroid adverse events, such as goitre have been reported in particular in patients with pre-existing thyroid disease. Liraglutide should therefore be used with caution in patients with thyroid disease. Heart rate an increase in heart rate was observed with liraglutide in clinical trials. Heart rate should be monitored at regular intervals consistent with usual clinical practice. Patients should be informed of the symptoms of increased heart rate (palpitations or feelings of a racing heartbeat while at rest). For patients who experience a clinically relevant sustained increase in resting heart rate, treatment with liraglutide should be discontinued. Dehydration Signs and symptoms of dehydration, including renal impairment and acute renal failure, have been reported in patients treated with GLP-1 receptor agonists. Patients treated with liraglutide should be advised of the potential risk of dehydration in relation to gastrointestinal side effects and take precautions to avoid fluid depletion. Patients with type 2 diabetes mellitus receiving liraglutide in combination with insulin and/or sulfonylurea may have an increased risk of hypoglycaemia. The risk of hypoglycaemia may be lowered by a reduction in the dose of insulin and/or sulfonylurea. Episodes of clinically significant hypoglycaemia have been reported in adolescents (≥12 years) treated with liraglutide. Patients should be informed about the characteristic symptoms of hypoglycaemia and the appropriate actions. In patients with diabetes mellitus Saxenda must not be used as a substitute for insulin. Diabetic ketoacidosis has been reported in insulin-dependent patients after rapid discontinuation or dose reduction of insulin. **Interaction with other medicinal products and other forms of interaction** In vitro, liraglutide has shown very low potential to be involved in pharmacokinetic interactions with other active substances related to cytochrome P450 (CYP) and plasma protein binding. The small delay of gastric emptying with liraglutide may influence absorption of concomitantly administered oral medicinal products. Interaction studies did not show any clinically relevant delay of absorption and therefore no dose adjustment is required. Interaction studies have been performed with 1.8 mg liraglutide. The effect on rate of gastric emptying was equivalent between liraglutide 1.8 mg and 3.0 mg, (paracetamol AUC0-300 min). Few patients treated with liraglutide reported at least one episode of severe diarrhoea. Diarrhoea may affect the absorption of concomitant oral medicinal products. **Warfarin** and other coumarin derivatives No interaction study has been performed. A clinically relevant interaction with active substances with poor solubility or narrow therapeutic index such as warfarin cannot be excluded. Upon initiation of liraglutide treatment in patients on warfarin or other coumarin derivatives more frequent monitoring of International Normalised Ratio (INR) is recommended. **Pregnancy** There are limited data from the use of liraglutide in pregnant women. Studies in animals have shown reproductive toxicity. The potential risk for humans is unknown. Liraglutide should not be used during pregnancy. If a patient wishes to become pregnant, or pregnancy occurs, treatment with liraglutide should be discontinued. **Breast-feeding** It is not known whether liraglutide is excreted in human milk. Animal studies have shown that the transfer of liraglutide and metabolites of close structural relationship into milk is low. Because of lack of experience, Saxenda® should not be used during breastfeeding. **Fertility** apart from a slight decrease in the number of live implants, animal studies did not indicate harmful effects with respect to fertility. **Effects on ability to drive and use machines** Saxenda® has no or negligible influence on the ability to drive and use machines However, dizziness can be experienced mainly during the first 3 months of treatment with Saxenda. Driving or use of machines should be exercised with caution if dizziness occurs **Undesirable effects** Adverse reactions are listed respectively by frequency. Frequency categories are defined as: very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥ 1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness. **Very common:** Headache, Nausea, vomiting, diarrhea, constipation. **Common:** Hypoglycaemia, insomnia, dizziness, dysgeusia, dry mouth, dyspepsia, gastritis, gastro-oesophageal reflux disease, abdominal pain upper, flatulence, eructation, abdominal distension, cholelithiasis, injection site reactions, asthenia, fatigue, increased lipase, increased amylase. **Uncommon:** Dehydration, tachycardia, pancreatitis, delayed gastric emptying, cholecystitis, urticaria, malaise. **Rare:** Anaphylactic reaction, acute renal failure, renal impairment. **For more details on selected adverse reactions please refer to the full SmPc. Overdose** From clinical trials and post-marketing use of liraglutide overdoses have been reported up to 72 mg (24 times the recommended dose for weight management). Events reported included severe nausea, severe vomiting and severe hypoglycaemia. In the event of overdose, appropriate supportive treatment should be initiated according to the patient's clinical signs and symptoms. The patient should be observed for clinical signs of dehydration and blood glucose should be monitored. **List of excipients** Disodium phosphate dihydrate, propylene glycol, phenol, hydrochloric acid (for pH-adjustment), sodium hydroxide (for pH adjustment), water for injections. **Incompatibilities** Substances added to Saxenda® may cause degradation of liraglutide. In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products. **Special precautions for storage** Store in a refrigerator (2°C - 8°C). Do not freeze. Store away from the freezer. After first use: Store below 30°C or store in a refrigerator (2°C - 8°C). **Shelf life** 30 months. After first use: 1 month The product should be discarded 1 month after first use. Keep the cap on the pen in order to protect from light. **Special precautions for disposal and other handling** The solution should not be used if it does not appear clear, colourless or almost colourless. Saxenda® should not be used if it has been frozen. The pen is designed to be used with NovoFine® or NovoTwist® disposable needles up to a length of 8 mm and as thin as 32G. Needles are not included in the pack. The patient should be advised to discard the injection needle after each injection and store the pen without an injection needle attached. This prevents contamination, infection and leakage. It also ensures that the dosing is accurate. Any unused medicinal product or waste material should be disposed in accordance with local requirements. **Marketing authorisation holder:** Novo Nordisk A/S, Novo Alle, DK-2880 Bagsvard, Denmark. Refer to the Summary of Product Characteristics before prescribing. Based on PIL/SMPC dated Sep 2021. Code: JO23SX000004

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For reporting side effects, please note the below
JFDA's side effects reporting methods:
E-mail: ipv@jfda.jo
Electronic reporting on JFDA's website www.jfda.com
https://primaryreporting.who-umc.org/IO
Telephone number: +962 6 5632000

Saxenda®
liraglutide injection

JO23SX000019

References:
1. Saxenda® SMPC dated September 2021. **2**. Lifshitz F. Obesity in children. J Clin Res Ped Endo. 2008;1(2):53-60.

Abbreviated prescribing information

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Diabetic ketoacidosis has been reported in insulin-dependent patients after rapid discontinuation or dose reduction of insulin. There is no clinical experience in patients with congestive heart failure New York Heart Association (NYHA) class IV and liraglutide is therefore not recommended for use in these patients. The safety and efficacy of liraglutide for weight management have not been established in patients aged 75 years or more, treated with other products for weight management, with obesity secondary to endocrinological or eating disorders or to treatment with medicinal products that may cause weight gain, with severe renal impairment, with severe hepatic impairment. Use in these patients is not recommended. As liraglutide for weight management was not investigated in subjects with mild or moderate hepatic impairment, it should be used with caution in these patients. There is limited experience in patients with inflammatory bowel disease and diabetic gastroparesis. Use of liraglutide is not recommended in these patients since it is associated with transient gastrointestinal adverse reactions, including nausea, vomiting and diarrhoea. Pancreatitis: Acute pancreatitis has been observed with the use of GLP-1 receptor agonists. Patients should be informed of the characteristic symptoms of acute pancreatitis. If pancreatitis is suspected, liraglutide should be discontinued; if acute pancreatitis is confirmed, liraglutide should not be restarted. Cholelithiasis and cholecystitis in clinical trials for weight management, a higher rate of cholelithiasis and cholecystitis was observed in patients treated with liraglutide than in patients on placebo. The fact that substantial weight loss can increase the risk of cholelithiasis and thereby cholecystitis only partially explained the higher rate with liraglutide. Cholelithiasis and cholecystitis may lead to hospitalisation and cholecystectomy. Patients should be informed of the characteristic symptoms of cholelithiasis and cholecystitis. Thyroid disease In clinical trials in type 2 diabetes, thyroid adverse events, such as goitre have been reported in particular in patients with pre-existing thyroid disease. Liraglutide should therefore be used with caution in patients with thyroid disease. Heart rate an increase in heart rate was observed with liraglutide in clinical trials. Heart rate should be monitored at regular intervals consistent with usual clinical practice. Patients should be informed of the symptoms of increased heart rate (palpitations or feelings of a racing heartbeat while at rest). For patients who experience a clinically relevant sustained increase in resting heart rate, treatment with liraglutide should be discontinued. Dehydration Signs and symptoms of dehydration, including renal impairment and acute renal failure, have been reported in patients treated with GLP-1 receptor agonists. Patients treated with liraglutide should be advised of the potential risk of dehydration in relation to gastrointestinal side effects and take precautions to avoid fluid depletion. Patients with type 2 diabetes mellitus receiving liraglutide in combination with insulin and/or sulfonylurea may have an increased risk of hypoglycaemia. The risk of hypoglycaemia may be lowered by a reduction in the dose of insulin and/or sulfonylurea. Episodes of clinically significant hypoglycaemia have been reported in adolescents (≥12 years) treated with liraglutide. Patients should be informed about the characteristic symptoms of hypoglycaemia and the appropriate actions. In patients with diabetes mellitus Saxenda must not be used as a substitute for insulin. Diabetic ketoacidosis has been reported in insulin-dependent patients after rapid discontinuation or dose reduction of insulin. **Interaction with other medicinal products and other forms of interaction** In vitro, liraglutide has shown very low potential to be involved in pharmacokinetic interactions with other active substances related to cytochrome P450 (CYP) and plasma protein binding. The small delay of gastric emptying with liraglutide may influence absorption of concomitantly administered oral medicinal products. Interaction studies did not show any clinically relevant delay of absorption and therefore no dose adjustment is required. Interaction studies have been performed with 1.8 mg liraglutide. The effect on rate of gastric emptying was equivalent between liraglutide 1.8 mg and 3.0 mg, (paracetamol AUC0-300 min). Few patients treated with liraglutide reported at least one episode of severe diarrhoea. Diarrhoea may affect the absorption of concomitant oral medicinal products. **Warfarin** and other coumarin derivatives No interaction study has been performed. A clinically relevant interaction with active substances with poor solubility or narrow therapeutic index such as warfarin cannot be excluded. Upon initiation of liraglutide treatment in patients on warfarin or other coumarin derivatives more frequent monitoring of International Normalised Ratio (INR) is recommended. **Pregnancy** There are limited data from the use of liraglutide in pregnant women. Studies in animals have shown reproductive toxicity. The potential risk for humans is unknown. Liraglutide should not be used during pregnancy. If a patient wishes to become pregnant, or pregnancy occurs, treatment with liraglutide should be discontinued. **Breast-feeding** It is not known whether liraglutide is excreted in human milk. Animal studies have shown that the transfer of liraglutide and metabolites of close structural relationship into milk is low. Because of lack of experience, Saxenda® should not be used during breastfeeding. **Fertility** apart from a slight decrease in the number of live implants, animal studies did not indicate harmful effects with respect to fertility. **Effects on ability to drive and use machines** Saxenda® has no or negligible influence on the ability to drive and use machines However, dizziness can be experienced mainly during the first 3 months of treatment with Saxenda. Driving or use of machines should be exercised with caution if dizziness occurs **Undesirable effects** Adverse reactions are listed respectively by frequency. Frequency categories are defined as: very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥ 1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness. **Very common:** Headache, Nausea, vomiting, diarrhea, constipation. **Common:** Hypoglycaemia, insomnia, dizziness, dysgeusia, dry mouth, dyspepsia, gastritis, gastro-oesophageal reflux disease, abdominal pain upper, flatulence, eructation, abdominal distension, cholelithiasis, injection site reactions, asthenia, fatigue, increased lipase, increased amylase. **Uncommon:** Dehydration, tachycardia, pancreatitis, delayed gastric emptying, cholecystitis, urticaria, malaise. **Rare:** Anaphylactic reaction, acute renal failure, renal impairment. **For more details on selected adverse reactions please refer to the full SmPc. Overdose** From clinical trials and post-marketing use of liraglutide overdoses have been reported up to 72 mg (24 times the recommended dose for weight management). Events reported included severe nausea, severe vomiting and severe hypoglycaemia. In the event of overdose, appropriate supportive treatment should be initiated according to the patient's clinical signs and symptoms. The patient should be observed for clinical signs of dehydration and blood glucose should be monitored. **List of excipients** Disodium phosphate dihydrate, propylene glycol, phenol, hydrochloric acid (for pH-adjustment), sodium hydroxide (for pH adjustment), water for injections. **Incompatibilities** Substances added to Saxenda® may cause degradation of liraglutide. In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products. **Special precautions for storage** Store in a refrigerator (2°C - 8°C). Do not freeze. Store away from the freezer. After first use: Store below 30°C or store in a refrigerator (2°C - 8°C). **Shelf life** 30 months. After first use: 1 month The product should be discarded 1 month after first use. Keep the cap on the pen in order to protect from light. **Special precautions for disposal and other handling** The solution should not be used if it does not appear clear, colourless or almost colourless. Saxenda® should not be used if it has been frozen. The pen is designed to be used with NovoFine® or NovoTwist® disposable needles up to a length of 8 mm and as thin as 32G. Needles are not included in the pack. The patient should be advised to discard the injection needle after each injection and store the pen without an injection needle attached. This prevents contamination, infection and leakage. It also ensures that the dosing is accurate. Any unused medicinal product or waste material should be disposed in accordance with local requirements. **Marketing authorisation holder:** Novo Nordisk A/S, Novo Alle, DK-2880 Bagsvard, Denmark. Refer to the Summary of Product Characteristics before prescribing. Based on PIL/SMPC dated Sep 2021. Code: JO23SX000004

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المؤتمر العاشر للجمعية الأردنية لاختصاصيي الغدد الصم والسكري وأمراض الاستقلاب

المؤتمر الأردني الفلسطيني الثالث المشترك لأمراض الغدد الصم والسكري

المؤتمر المشترك الأول للجمعية الأردنية لاختصاصيي الغدد الصم والسكري وأمراض الاستقلاب وجمعية الأطباء الأردنيون لهشاشة العظام

المؤتمر الأول للأكاديمية الدولية لأبحاث الغدد الصم والسكري في الشرق الأوسط وشمال إفريقيا

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The 3rd Joint Jordanian Palestinian Conference for Endocrinology & Diabetes

The 1st Joint Congress of the Jordanian Society of Endocrinology, Diabetes & Metabolism (JSED), The Jordanian Physicians Osteoporosis Society (JPOS)

The 1st MENA Regional Endocrinology & Metabolic Diseases Research Conference

The 10th International Congress of the Jordanian Society of Endocrinology, Diabetes & Metabolism (JSED)

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