TRISAKTI ANNUAL MEDICAL PRACTITIONER MEETING 2025

"The Invisible Burden : Mental Health Challenges in Medical Practice"

CERTIFICATE OF APPRECIATION

This certificate is presented to :

Dr. dr. Patricia Budihartanti Liman, M. Gizi, Sp. GK

as :

Speaker

In recognition of oustanding contribution as Participant at the Annual Medical Practitioner Meeting On November 1st, 2025

Dean of Faculty of Medicine
Universitas Trisakti
Dr .dr. Yenny, Sp.FK

Chairperson of AMPM 2025 committee
dr. Nany Hairunisa, MCHSc

Chairperson of Student Executive Board
Cephas Lee Nafaro

RUNDOWN SEMINAR AMPM

The Invisible Burden: Mental Health Challenges in Medical Practice

1 November 2025

WAKTU	DURASI	AGENDA
08.00 – 08.05	5'	Opening by MC
08.05 – 08.20	15'	Antheme Song: Indonesia Raya, Trisakti Anthem, Safety Briefing Video, and Profile Video of FK USAKTI
08.20 – 08.30	10'	Opening Speech by USAKTI Chancellor Prof. Dr. Ir. Kadarsah Suryadi, DEA
08.30 – 08.40	10'	Opening Speech by Dean of Medicine USAKTI Dr. dr. Yenny, Sp.FK
08.40 – 08.50	10'	Opening Speech by Chairman of CME / AMPM dr. Nany Hairunisa MCHSc
08.50 – 09.00	10'	Dance from Senapati Aracana
09.00 – 09.25	25'	Keynote Speech I : "Enhancing Mental Health and Employee Assistance Programs: Thrive Forward with a Sustainable Workforce" Kenji Saito, MD, JD, FACOEM
09.25 – 09.50	25'	Keynote Speech II : "Mental Health in Healthcare Workers – A Global Crisis and Evidence-Based Framework for Action" Dr. Ahmed Al Tayyar
09.50 – 10.15	25'	Keynote Speech III : "From the Past to the Future of Mental Health in Indonesia" Dr. dr. Nova Riyanti Yusuf, SpKJ
10.15 – 10.40	25'	Keynote Speech IV : "Ethical in Daily Practice" Dr. dr. Enrico Adhitya Rinaldi, MARS., MH., M.M.,CHRM.,CPM(Asia).,FISQu

Session 1

WAKTU	DURASI	AGENDA
10.40 – 11.00	20'	Topic I : "Psychosomatic Approach to Functional Dyspepsia" dr. Mizanul Adli, Sp.PD, K-PPM
11.00 – 11.20	20'	Topic II : "The Invisible Burden: Mental Health Issues in Reproductive Health" Dr. dr. Raditya Wratsangka, Sp.OG, Subsp. ObgynSos
11.20 – 11.40	20'	Topic III : "The Role of Family in Behavior Disorder" Dr. dr. Fitri Hartanto, Sp. A (K)
11.40 - 12.00	20'	Topic IV: "Dietary Pattern for Healthy Well-being: From Mediterranean Diet to Ultra-processed Foods" Dr.dr. Patricia B. Sp. GK, M.Gizi
12.00 - 12.10	10'	Q&A

Session 2

WAKTU	DURASI	AGENDA
13.00 – 13.20	20'	Topic I : "Supporting Patients Holistically: Integrating Dermatology & Mental Health" Dr. dr .Hj. Ratna Komala Dewi, Sp. DVE, M. Kes, FINSDV, FAADV
13.20 – 13.40	20'	Topic II : "The Emotional Journey of an oncology patient. From diagnosis to therapy" dr. Abdul Rachman, Sp.B(K)Onk
13.40 – 14.00	20'	Topic III : "Burnout Syndrome in Doctors: From Hidden Symptoms to Its Impact on Quality of Care" Dr. dr. Agnes Tineke W. R, Sp.KJ
14.00 - 14.20	20'	Topic IV : "Integrating Physical and Psychological Recovery: Mental Health Challenges in Medical Practice from the Perspective of a Physical and "Rehabilitation Medicine" Dr. Med. Sc. dr. Irma Ruslina Defi, Sp.KFR(K)
14.20 - 14.40	20'	Q&A
14.40 - 15.00	80'	Winners Announcement, Doorprize and Closing

DIETARY PATTERN FOR HEALTHY WELL-BEING: FROM MEDITERRANEAN DIET TO ULTRA-PROCESSED FOODS

Dr.dr.Patricia Budihartanti Liman, M.Gizi, SpGK

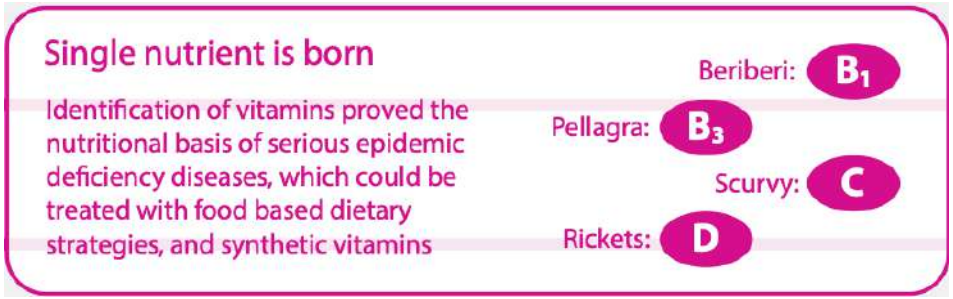
HISTORY OF NUTRITION SCIENCE

1910 -1950 : vitamin discovery

Casimir Funk in 1913 came up with idea of a "vital amine" in food

Vitamins were used for treating deficiencies such as beriberi (vitamin B1), pellagra (vitamin B3), scurvy (vitamin C), pernicious anemia (vitamin B12), rickets (vitamin D)

Fortification depending on the composition of local staple foods



Dariush Mozaffarian et al. History of modern nutrition science—implications for current research, dietary guidelines, and food policy. BMJ 2018;361:k2392

HISTORY OF NUTRITION SCIENCE

Second world war : widespread fear of food shortages

Focus on single nutrients linked to specific disease states

1941: First recommended dietary allowances (RDAs) providing new guidelines for total calories and selected nutrients including protein, calcium, phosphorus, iron, and specific vitamins.

Nutrition policy and agricultural technology focused on increasing staple calories and selected micronutrients

Dariush Mozaffarian et al. History of modern nutrition science—implications for current research, dietary guidelines, and food policy. BMJ 2018;361:k2392

HISTORY OF NUTRITION SCIENCE

1950 – 1970: Fat v sugar (fat was a major contributor to heart disease and excess sugar to coronary disease)

Ultimately, the emphasis on fat won scientific and policy acceptance

↓

1977: US Senate committee report on Dietary Goals for the United States recommended low fat, low cholesterol diets

↓

1980: Academy of Sciences Food and Nutrition Board : insufficient evidence existed to limit total fat, saturated fat, and dietary cholesterol across the population.

↓

Single nutrition → dietary pattern

Dariush Mozaffarian et al. History of modern nutrition science—implications for current research, dietary guidelines, and food policy. BMJ 2018;361:k2392

DEVELOPING COUNTRIES

Protein vs calories

Scientists disagreed on the relevance of the calorie protein component of infant and child malnutrition. Industry created and promoted protein enriched formulas and baby foods in developing countries.

Action on hunger: Global community coalesced around elimination of hunger and micronutrient deficiency in lower income nations, including widespread micronutrient supplementation and fortification.

The double burden

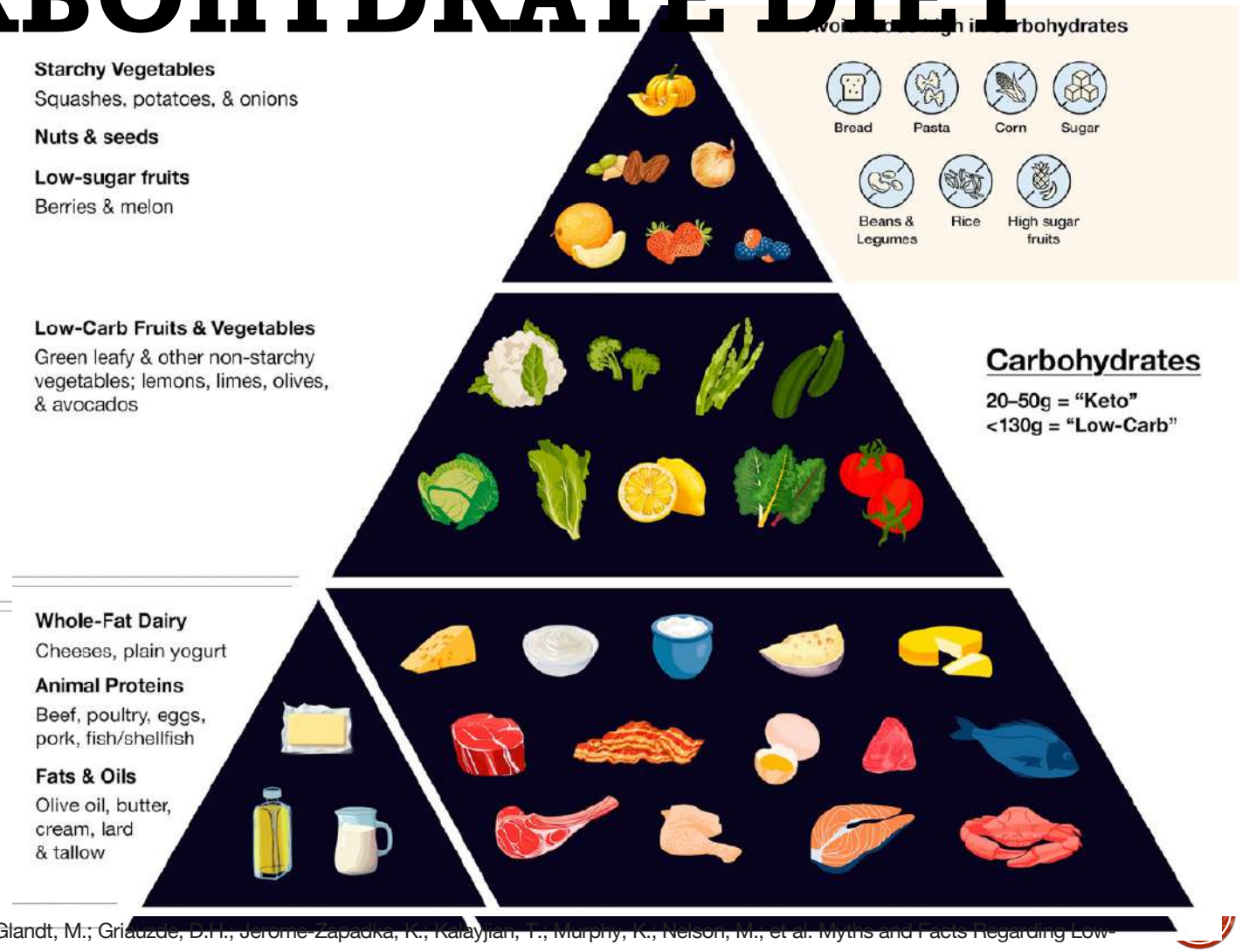
The rapid rise in non-communicable diseases led to emerging recognition of the "double burden": the joint presence of conventionally conceived malnutrition (calorie and micronutrient deficiency) with modern diseases of "mal"-nutrition such as obesity, type 2 diabetes, cardiovascular diseases, and cancer

Dariush Mozaffarian et al. History of modern nutrition science—implications for current research, dietary guidelines, and food policy. BMJ 2018;361:k2392

DIETARY PATTERN

LOW CARBOHYDRATE DIET

- Carbohydrates to 25–26% of calories, other journals allowed for up to 37%
- Effect : ↓body weight, ↓ TG and ↑HDL-C levels, ↓A1c
- Carbohydrate replaced by unsaturated vegetable fat



Teicholz, N.; Croft, S.M.; Cuaranta, I.; Cucuzzella, M.; Glandt, M.; Griauzde, D.H.; Jerome-Zapadka, K.; Kalayjian, T.; Murphy, K.; Nelson, M., et al. Myths and Facts Regarding Low-Carbohydrate Diets. *Nutrients***2025**, *17*, 1047.

MEDITERRANEAN DIET

- Fat intake 40%–50% of total calories (SFA comprises ≤8% and MUFA 15%–25%).
- High omega-3 fatty acid intake from fish (tuna, salmon, sardines) and plants (chia seeds, walnut, flaxseeds)
- Fresh vegetables, fruits, whole bread and grains, legumes, nuts, and olive oil.
- Moderate intake of dairy products (low-fat), as well as eggs, fish, and chicken is allowed, while red meat is avoided.
- Small to moderate quantities of wine are encouraged with meals

THE DIETARY APPROACH TO STOP HYPERTENSION (DASH DIET)

- The main target : ↓blood pressure → ↓ CVD incidence
- Eat vegetables and fruits, low-fat dairy products, whole grains, chicken, fish, and nuts.
- Low intake: fat, meat, sweets, sodas.

Nutrient	Daily quantity
Total fat	27% of total calories
SFA	6% of total calories
Carbohydrates	55% of total calories
Protein	18% of total calories
Cholesterol	150 mg
Fiber	31 g
Potassium	4700 mg
Magnesium	500 mg
Calcium	1240 mg

Challa HJ et al. DASH Diet To Stop Hypertension. [Updated 2023 Jan 23]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025; https://www.nhlbi.nih.gov/education/dash-eating-plan; https://www.heart.org/en/health-topics/high-blood-pressure/changes-you-can-make-to-manage-high-blood-pressure/managing-blood-pressure-with-a-heart-healthy-diet;

STUDY OF MEDITERANNEAN DIET

Mediterranean diet and health outcomes: a systematic meta-review

Roberto Martinez-Lacoba[1,2], Isabel Pardo-Garcia[1,2], Elisa Amo-Saus[1], Francisco Escribano-Sotos[1,2]

1 School of Economics and Business Administration, Castilla-La Mancha University (UCLM), Albacete, Spain
2 Sociosanitary Research Centre, Castilla-La Mancha University (UCLM), Albacete, Spain

Correspondence: Roberto Martinez-Lacoba, Facultad de Ciencias Económicas y Empresariales, Universidad de Castilla-La Mancha, Plaza de la Universidad, 1, C.P.: 02.071 Albacete, Spain, Tel: +34 902 204 100, Fax: +34 902 204 130, e-mail: roberto.mlacoba@uclm.es

Background: The Mediterranean diet (MeDi) is considered a healthy dietary pattern, and greater adherence to this diet may improve health status. It also may reduce the social and economic costs of diet-related illnesses. This meta-review aims to summarize, synthesize and organize the effects of MeDi pattern on different health outcomes. **Methods:** This meta-review was performed following the PRISMA guidelines. A systematic search was conducted in the electronic databases PubMed, Web of Science and Scopus. Two researchers screened all the records to eliminate any duplicate, and they selected the articles to be fully reviewed. A third researcher was consulted to resolve discrepancies and so reach a consensus agreement. **Results:** Thirty-three articles were included, nine were systematic reviews and twenty-four were meta-analyses. Most of the diseases analysed are catalogued as non-communicable diseases (NCD), and the impact of these in populations may have major financial consequences for healthcare spending and national income. The results showed that the MeDi may improve health status, and it also may reduce total lifetime costs. **Conclusion:** MeDi has been shown to be a healthy dietary pattern that may reduce risk related to NCD. The effect is larger if the pattern is combined with physical activity, and tobacco and excessive alcohol consumption are avoided. Promoting the MeDi as a healthy dietary pattern presents challenges which need the collaboration of all levels of society.

Roberto Martinez-Lacoba, Isabel Pardo-Garcia, Elisa Amo-Saus, Francisco Escribano-Sotos, Mediterranean diet and health outcomes: a systematic meta-review, *European Journal of Public Health*, Volume 28, Issue 5, October 2018, Pages 955–961

Comparison of weight loss effects among overweight/obese adults: A network meta-analysis of mediterranean, low carbohydrate, and low-fat diets

Maryam Akbari [1], Mohebat Vali [2], Shahla Rezaei [3], Sina Bazmi [4], Reza Tabrizi [5], Kamran B Lankarani [6]

Results: Initial literature searches yielded 1574 citations. Ultimately, 1004 participants from 7 RCTs (or 9 trials) met inclusion criteria. All diets resulted in weight loss. Comparatively, the low-carbohydrate diet exhibited a significant decrease in weight loss compared to the Mediterranean diet (MD = -2.70 kg, 95% CI: -4.65, -0.75). Indirect evidence revealed that both the low-carbohydrate diet (MD = -6.31 kg, 95% CI: -11.23, -1.39) and the low-fat diet (MD = -5.61 kg, 95% CI: -10.61, -0.61) significantly reduced weight among overweight/obese adults compared to the standard hypolipemic diet. Rankings indicated the low-carbohydrate diet as the most effective dietary intervention for enhancing weight loss (P-score = 0.8994) and reducing body fat (P-score = 0.7060).

Conclusions: Overall, a low-carb diet appears to be among the most effective approaches for weight loss and body fat reduction. However, it's essential to consider that its efficacy may vary based on factors such as age, gender, genetics, and lifestyle habits.

Akbari M, Vali M, Rezaei S, Bazmi S, Tabrizi R, Lankarani KB. Comparison of weight loss effects among overweight/obese adults: A network meta-analysis of mediterranean, low carbohydrate, and low-fat diets. Clin Nutr ESPEN. 2024 Dec;64:7-15.

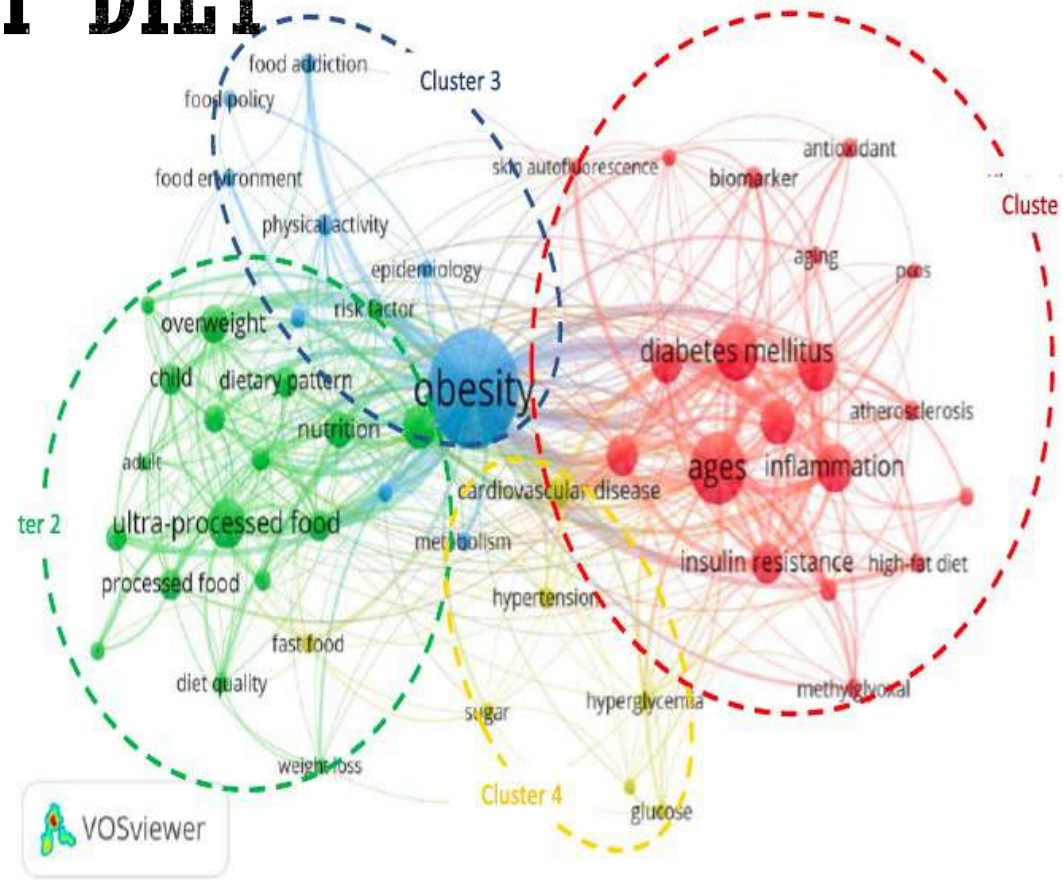
Comparison of dietary macronutrient patterns of 14 popular named dietary programmes for weight and cardiovascular risk factor reduction in adults: systematic review and network meta-analysis of randomised trials

Long Ge,[1,2,3] Behnam Sadeghirad,[3,4] Geoff D C Ball,[5] Bruno R da Costa,[6,7,8] Christine L Hitchcock,[5,9] Anton Svendrovski,[9] Ruhi Kiflen,[3] Kalimullah Quadri,[10] Henry Y Kwon,[11] Mohammad Karamouzian,[12,13] Thomasin Adams-Webber,[14] Waleed Ahmed,[15] Samah Damanhoury,[16] Dena Zeraatkar,[3] Adriani Nikolakopoulou,[17] Ross T Tsuyuki,[18] Jinhui Tian,[19] Kehu Yang,[1,19] Gordon H Guyatt,[3] Bradley C Johnston[3,9,20]

121 eligible trials with 21 942 patients were included and reported on 14 named diets and three control diets. Compared with usual diet, low carbohydrate and low fat diets had a similar effect at six months on weight loss (4.63 *v* 4.37 kg, both moderate certainty) and reduction in systolic blood pressure (5.14 mm Hg, moderate certainty *v* 5.05 mm Hg, low certainty) and diastolic blood pressure (3.21 *v* 2.85 mm Hg, both low certainty). Moderate macronutrient diets resulted in slightly less weight loss and blood pressure reductions. Low carbohydrate diets had less effect than low fat diets and moderate macronutrient diets on reduction in LDL cholesterol (1.01 mg/dL, low certainty *v* 7.08 mg/dL, moderate certainty *v* 5.22 mg/dL, moderate certainty, respectively) but an increase in HDL cholesterol (2.31 mg/dL, low certainty), whereas low fat (−1.88 mg/dL, moderate certainty) and moderate macronutrient (−0.89 mg/dL, moderate certainty) did not. Among popular named diets, those with the largest effect on weight reduction and blood pressure in comparison with usual diet were Atkins (weight 5.5 kg, systolic blood pressure 5.1 mm Hg, diastolic blood pressure 3.3 mm Hg), DASH (3.6 kg, 4.7 mm Hg, 2.9 mm Hg, respectively), and Zone (4.1 kg, 3.5 mm Hg, 2.3 mm Hg, respectively) at six months (all moderate certainty). No diets significantly improved levels of HDL cholesterol or C reactive protein at six months. Overall, weight loss diminished at 12 months among all macronutrient patterns and popular named diets, while the benefits for cardiovascular risk factors of all interventions, except the Mediterranean diet, essentially disappeared.

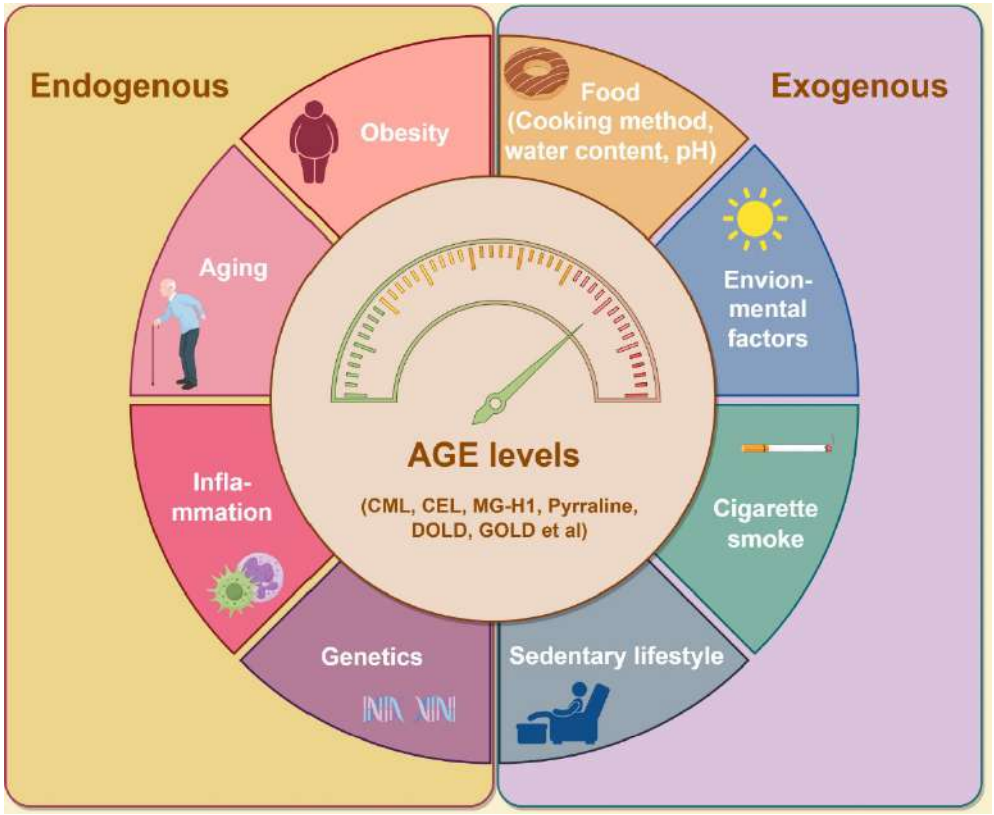
PRO-INFLAMMATORY DIET

- Advanced glycation end products (AGEs)
- Ultra-processed food



Liman, P.B.; Anastasya, K.S.; Salma, N.M.; Yenny, Y.; Faradilla, M.A. Research Trends in Advanced Glycation End Products and Obesity: Bibliometric Analysis. *Nutrients* **2022**, *14*, 5255

FACTORS INFLUENCING AGES FORMATION

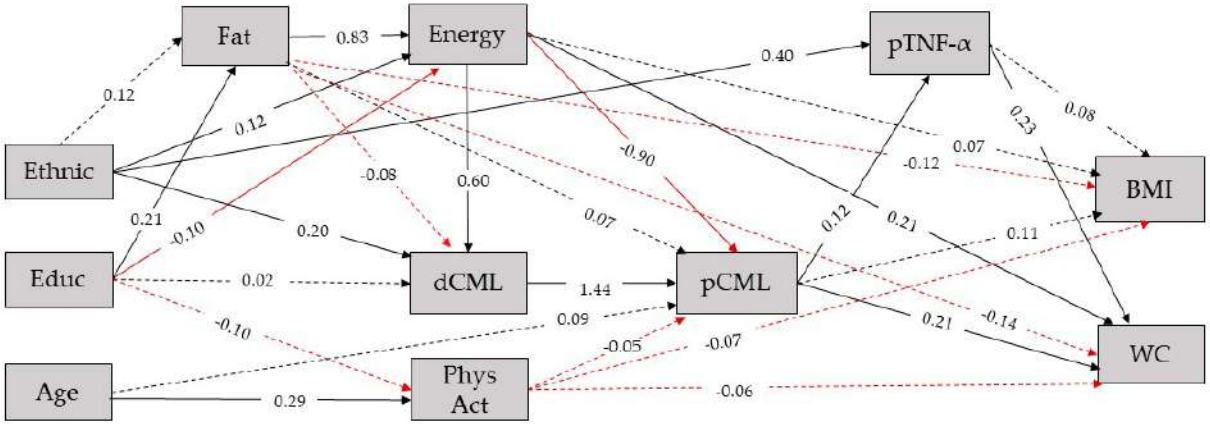


Zhang, Y.; Zhang, Z.; Tu, C.; Chen, X.; He, R. Advanced Glycation End Products in Disease Development and Potential Interventions. *Antioxidants* **2025**, *14*, 492

Article

Dietary and Plasma Carboxymethyl Lysine and Tumor Necrosis Factor-α as Mediators of Body Mass Index and Waist Circumference among Women in Indonesia

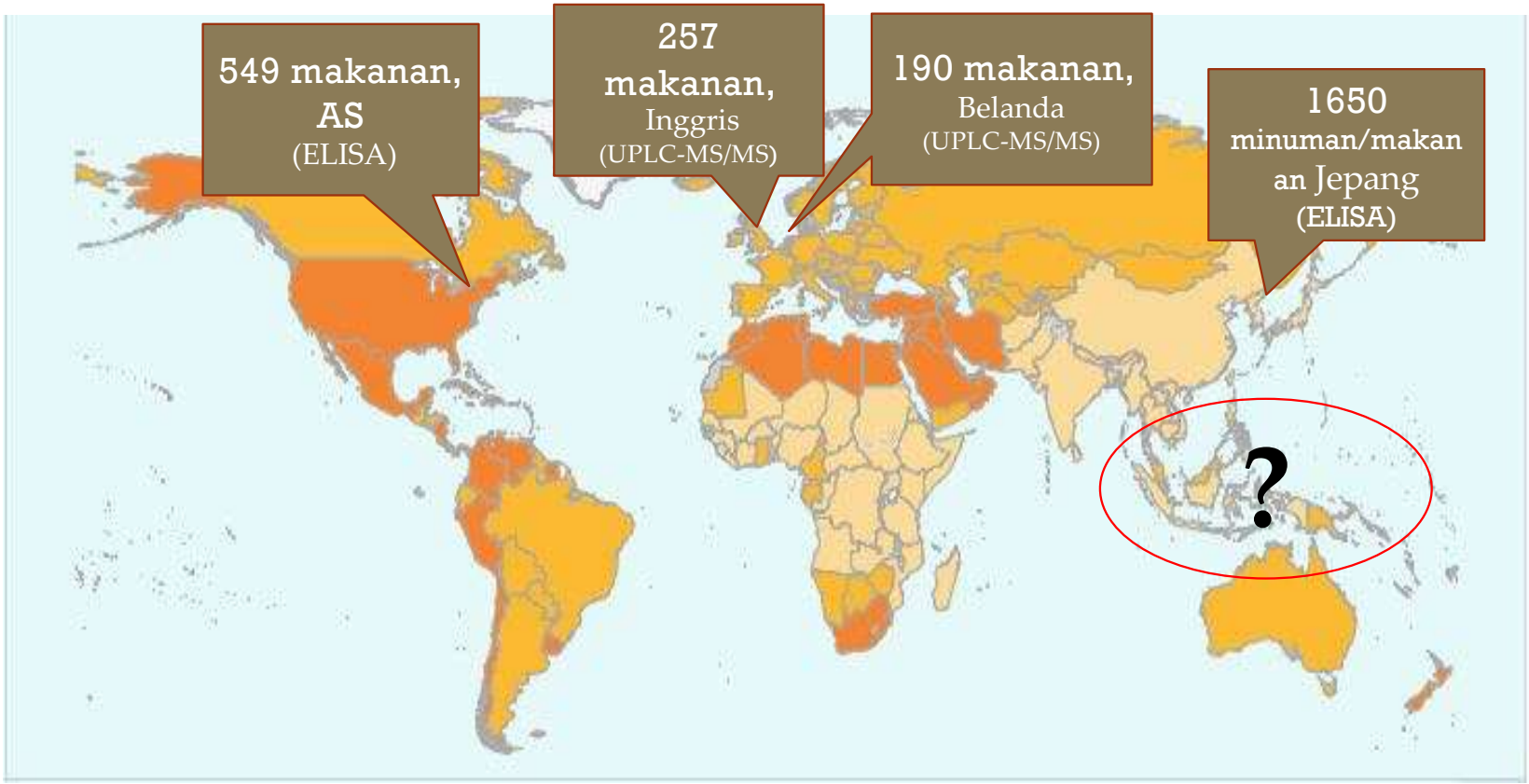
Patricia Budihartanti Liman [1,2,3], Rina Agustina [1,3,4,*], Ratna Djuwita [3,5], Jahja Umar [6], Inge Permadhi [1], Helmizar [7], Adi Hidayat [8], Edith J.M. Feskens [9] and Murdani Abdullah [3,10]



Abbreviations: ethnic: ethnicity, 0: Minangkabau ethnic group and 1: Sundanese ethnic group; educ: level of education; fat: fat intake per day; energy: intake of energy per day; dCML: dietary carboxymethyl lysine; phys act: physical activity; pCML: plasma carboxymethyl lysine; pTNF-α : plasma tumor necrosis factor-α; BMI: body mass index; WC: waist circumference; ⟶ : positive significant effect; ⟶ : negative significant effect; ⇢ : positive effect but not significant; ⇢ : negative effect but not significant.

Liman, P.B.; Agustina, R.; Djuwita, R.; Umar, J.; Permadhi, I.; Helmizar; Hidayat, A.; Feskens, E.J.M.; Abdullah, M. Dietary and Plasma Carboxymethyl Lysine and Tumor Necrosis Factor-α as Mediators of Body Mass Index and Waist Circumference among Women in Indonesia. *Nutrients* **2019**, *11*, 3057.

PENELITIAN *DATABASE* CML DALAM MAKANAN



Article

Liquid Chromatography with Tandem Mass Spectrometry Analysis of Carboxymethyl Lysine in Indonesian Foods †

Patricia Budihartanti Liman [1,2,*], Mulyana [3], Yenny [4] and Ratna Djuwita [5]

Examined 210 food samples

Top three highest CML content
1. fried starch dough (cimol),
2. fried fish crackers (kerupuk rakik ikan, goreng), and
3. chicken gulai.

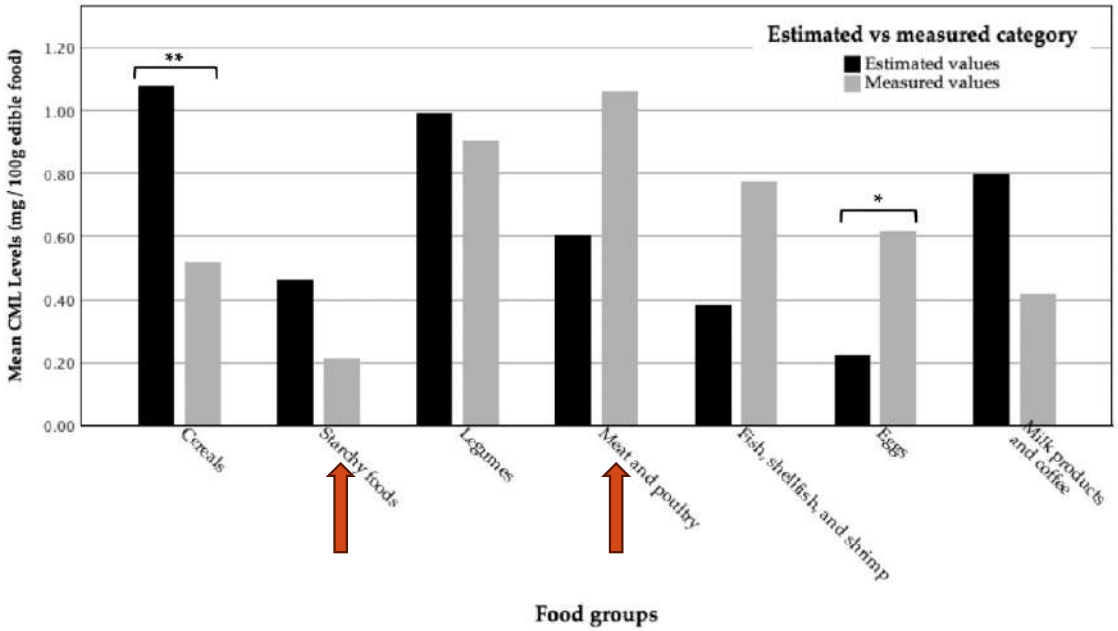


Figure 3. Mean differences between estimated and measured CML content. Wilcoxon test was used to compare continuous data between estimated and measured values of CML content between food groups. * Results were considered statistically significant at $p < 0.05$; and ** at $p < 0.001$.

Liman, P.B.; Mulyana; Yenny; Djuwita, R. Liquid Chromatography with Tandem Mass Spectrometry Analysis of Carboxymethyl Lysine in Indonesian Foods. *Molecules* **2024**, *29*, 1304.

Article

Liquid Chromatography with Tandem Mass Spectrometry Analysis of Carboxymethyl Lysine in Indonesian Foods †

Patricia Budihartanti Liman [1,2,*], Mulyana [3], Yenny [4] and Ratna Djuwita [5]

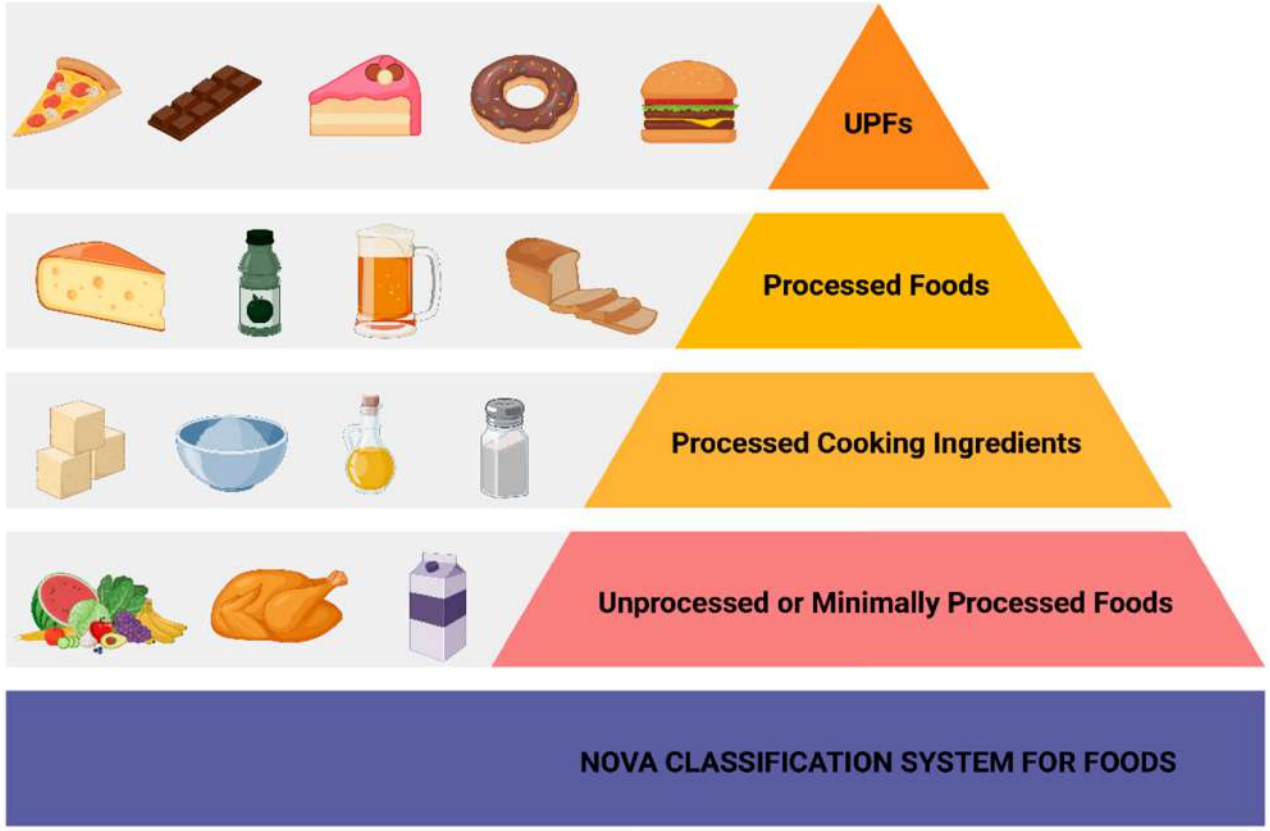
Table 4. Comparison of CML content of foods from two provinces.

Food Name, English	Food Name, Indonesian	West Java (mg CML/100 g Edible Food)	West Sumatra (mg CML/100 g Edible Food)
Chicken, meat, breast, boiled	Ayam, dada, rebus	0.11	0.18
Chicken, meat, breast, fried	Ayam, dada, goreng	0.37	2.25
Chicken, meat, breast, grilled	Ayam, dada, bakar	0.7	1.33
Chips, cassava, home made	Keripik singkong, produk rumahan	0.02	0.09
Meat balls, boiled	Bakso polos, daging sapi, rebus	1.05	1.94
Noodle, boiled	Mi basah	4.15	0.37
Omelet	Telur ayam, dadar	0.5	0.52
Peanut sauce	Bumbu kacang	0.17	0.19
Rice cake boiled in a rhombus-shaped packet of plaited young coconut leaves	Ketupat	0.13	0.28
Tapioca crackers, grilled	Opak bakar	0.05	0.11
Tempeh, fried	Tempe goreng	0.56	0.79
Vegetable fritters	Bala-bala/bakwan	0.04	0.1
White rice, cooked	Nasi putih	0.24	0.73
Noodle, yellow, boiled	Mi kuning rebus	0.17	0.28

Mean CML value from West Sumatra was 0.59 mg/100 g edible food and from West Java 0.65 mg/100 g edible food, (p-value 0.290)

Liman, P.B.; Mulyana; Yenny; Djuwita, R. Liquid Chromatography with Tandem Mass Spectrometry Analysis of Carboxymethyl Lysine in Indonesian Foods. *Molecules* **2024**, *29*, 1304.

ULTRA-PROCESSED FOODS



Vallianou, N.G.; Evangelopoulos, A.; Tzivaki, I.; Daskalopoulou, S.; Adamou, A.; Michalaki Zafeiri, G.C.; Karampela, I.; Dalamaga, M.; Kounatidis, D. Ultra-Processed Foods and Type 2 Diabetes Mellitus: What Is the Evidence So Far? *Biomolecules* **2025**, *15*, 307

FUTURE ON NUTRITION SCIENCE

- New dietary complexities

Diet-microbiome-host interactions; specific fatty acids, flavonoids, and fermented foods; personalized nutrition; carbohydrate quality; brain health; powerful influences of place and social status.

- Quality over quantity

For long-term weight control, quality and types of foods have different effects and are a more relevant focus than calorie counting.

- Processing and additives

Need for rigorous study of possible long-term health effects of many modern shifts in crop breeding, agriculture, livestock, food processing, and additives

Teicholz, N.; Croft, S.M.; Cuaranta, I.; Cucuzzella, M.; Glandt, M.; Griauzde, D.H.; Jerome-Zapadka, K.; Kalayjian, T.; Murphy, K.; Nelson, M.; et al. Myths and Facts Regarding Low-Carbohydrate Diets. *Nutrients***2025**, *17*, 1047.

CONCLUSION

1. There is no single "best" diet for health well-being
2. Other factors should be considered, such as genetics, physical activity, environmental factors, and smoking