HIGHLIGHT OF THIS ISSUE

CurrentTobacco-use Prevalence, Socio-economic Correlates,andPolicy Perceptions in Nepal: An Analytical Cross-sectional Survey

Introduction:
This nationwide survey maps current tobacco use across Nepal, examining who uses tobacco, why, and how much confidence the public has in existing smoke-free policy enforcement.

Key Message:
More than one in three Nepalis (34.1%) currently use tobacco, driven overwhelmingly by smokeless products and men (55.8% vs. 11.2% in women). Use was concentrated among older, less-educated, lower-income, and unpaid workers, while most respondents saw smoke-free policy enforcement as weak, pointing to a clear gap between policy on paper and practice on the ground.

Methodology:
An analytical cross-sectional survey of 1,587 respondents aged 15–69 across seven provinces used multistage sampling and multivariable modeling to identify socio-economic correlates of current tobacco use.

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VOLUME: VII | ISSUE: VIII

Online Access at: https://nepalhealthfrontiers.org/ncd-watch-nepal

Suggested Citation:

NCD Watch Nepal: Non-communicable Diseases in Nepal-Research Roundup August 2026. Adhikari TB, Paudel K, Bhusal S, Thapa M, Poudel M, Sharma N. vol. VII, issue VIII, Kathmandu Nepal: 2026: 9.16.

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Roundup Summary

In August 2026, our search on non-communicable diseases and mental health-related literature in Nepal yielded twenty two published articles. Most of the studies covered non-communicable diseases and mental health.

Pattern of Arrhythmias in Acute Coronary Syndrome Patients Presenting at B. P. Koirala Institute of Health Sciences, Nepal

DOI: https://doi.org/10.3126/nmmj.v7i1.98023

Context: Acute Coronary Syndrome (ACS) is a leading cause of death and disability worldwide. Arrhythmias (especially early ventricular tachycardia/fibrillation) are a major driver of morbidity, mortality, and sudden cardiac death in ACS patients, with late arrhythmias also occurring in those with larger infarcts or heart failure. Arrhythmias signal more severe myocardial injury and worse prognosis.

Methodology: Prospective cross-sectional observational study of 70 consecutive ACS patients at B.P. Koirala Institute of Health Sciences, Dharan, Nepal (3-month period). Data collected included clinical profiles, ECG changes, echocardiography, cardiac biomarkers, and continuous CCU monitoring for arrhythmias. Analysis used SPSS 2020.

Key message: Arrhythmias complicated 75.7% of ACS cases (most commonly ventricular premature contractions), contributing to in-hospital complications and mortality (2.85% deaths from refractory VT). High prevalence of diabetes, dyslipidemia, and smoking highlights the need for better risk stratification and continuous monitoring in resource-limited settings.

Targeted Undergraduate Student Support (TrUSt): An Early Intervention Program for Struggling Medical Students.

DOI: 10.31729/jnma.v64i300.9611

Context: The transition to medical school creates significant academic and emotional challenges; 10–15% of students struggle with exams, risking psychological distress and dropout. Early, personalized support is needed.

Methodology: Description of the TrUSt program at Patan Academy of Health Sciences, which pairs struggling students with volunteer faculty mentors for personal/academic counselling and educational coaching. Outcome reported for 20 recruited struggling learners (12 successfully promoted to clinical years). Authors note the need for formal prospective evaluation.

Key message: TrUSt is a promising institutional model for supporting at-risk medical students, with early success in promoting 12 of 20 participants, but requires rigorous prospective evaluation of academic and well-being outcomes before wider adoption.

MCL-1233: Clinical Outcomes Following Ibrutinib Withdrawal in Mantle Cell Lymphoma: A TriNetX Analysis

DOI: https://doi.org/10.1016/S2152-2650(26)02769-2

Context: Ibrutinib (first-in-class BTK inhibitor) had its accelerated approval for mantle cell lymphoma (MCL) withdrawn in April 2023 after confirmatory trials failed to show sufficient benefit. The real-world effect of this change on BTK inhibitor use and MCL outcomes is unclear.

Methodology: Retrospective cohort study using the TriNetX network (112 organizations). Compared adults with MCL started on any BTKi before (Jan 2020–Apr 2023; n=952) vs after (Apr 2023–Dec 2025; n=1107) withdrawal. Propensity-score matched hospitalization analyses (906 per cohort). Primary outcomes: 1-year all-cause mortality and hospitalization-free survival.

Key message: Post-withdrawal, 1-year overall survival improved (75.3% → 84.7%) and hospitalization-free survival improved (49.3% → 55.7%), coinciding with a sharp drop in ibrutinib use and stable/predominant use of acalabrutinib. Findings support evaluation of optimal BTKi sequencing in MCL..

Current Tobacco-use Prevalence, Socio-economic Correlates, and Policy Perceptions in Nepal: An Analytical Cross-sectional Survey.

DOI: 10.31729/jnma.v64i300.9621

Context: Tobacco use remains a major public health problem in Nepal. Understanding current prevalence, associated socio-demographic/socio-economic factors, and public perceptions of control policies is needed to guide interventions.

Methodology: Analytical cross-sectional survey of 1,587 respondents aged 15–69 years across seven provinces using multistage sampling. Unweighted primary analyses (with design-adjusted inference for clustering); census-calibrated estimates as sensitivity analyses. Multivariable modelling identified factors associated with current tobacco use.

Key message: Current tobacco use prevalence was 34.1% overall (55.8% in males, 11.2% in females), dominated by smokeless tobacco. Strong associations with male sex, older age, illiteracy, non-paid work, and lower socio-economic status were found. Most respondents perceived poor enforcement of smoke-free policies, underscoring the need for stronger comprehensive control of both smoked and

smokeless products plus targeted prevention/cessation efforts.

CLL-1118: Early Outcomes of a Multistakeholder Treatment Access Program for Chronic Lymphocytic Leukemia in Armenia, Ethiopia, and Nepal

DOI: https://doi.org/10.1016/S2152-2650(26)02087-2

Context: Targeted therapies have improved outcomes in chronic lymphocytic leukemia (CLL), but access remains limited in many low- and middle-income countries (LMICs). The Max Foundation established a multistakeholder program providing no-cost zanubrutinib (a second-generation BTK inhibitor) to eligible patients in Armenia, Ethiopia, and Nepal, alongside health-system strengthening and holistic patient support.

Methodology: Retrospective descriptive analysis of routinely collected program data (December 2023–May 2026) from The Max Foundation's Patient Access Tracking System. Included patients with confirmed CLL approved for support at partner institutions (Yeolyan Hematology and Oncology Center, Armenia; Black Lion Hospital, Ethiopia; Patan Hospital, Nepal). Outcomes covered enrollment, demographics, treatment status, time on treatment, discontinuations, and reasons for closure.

Key message: The program enrolled 299 CLL patients (64.2% treatment-naïve; median age 63 years), with 83.6% remaining on treatment at a median of 17.8 months. Early results demonstrate the feasibility of delivering targeted therapy in LMICs, highlight substantial unmet need, and support scaling similar coordinated access models to improve equity in cancer care.

Prevalence of undiagnosed type 2 diabetes in South Asia: A systematic review and meta-analysis

DOI: https://link.springer.com/article/10.1007/s12020-026-04711-7

Context: South Asia carries a substantial burden of type 2 diabetes mellitus (T2DM), yet the regional prevalence of undiagnosed cases among adults remains poorly characterized, limiting effective public-health responses.

Methodology: Systematic review and meta-analysis of observational studies (1994–2022) reporting undiagnosed T2DM prevalence in adults aged 20–79 years across South Asia. Searched PubMed, Scopus, Cochrane Library, ScienceDirect, and Web of Science. Random-effects meta-analysis (logit transformation) estimated pooled prevalence; heterogeneity (I^2), publication bias, and country-level subgroup analyses were assessed. Included 28 studies (104,019 participants; 5,719 undiagnosed cases).

Key message: Pooled prevalence of undiagnosed T2DM was 6.67% (95% CI 4.99–8.58%), with extreme

heterogeneity and wide variation by country (highest in Sri Lanka at 30.54%). Findings underscore a significant hidden burden and the need for strengthened surveillance, validated screening, and improved access to care, especially in high-risk and underserved populations.

Screening and Management of Perinatal Depression in Nepal: The Need for Urgent Action

DOI: https://doi.org/10.33314/jnhrc.v24i01.4725

Context: Perinatal depression is a common yet neglected mental-health issue among reproductive-age women in resource-limited settings such as Nepal. Barriers include absence of standardized screening/treatment protocols, inadequate provider training, stigma, and limited community resources, which delay identification and care and adversely affect maternal and infant outcomes.

Methodology: Narrative/position paper highlighting gaps in current practice and advocating for system-level improvements. No primary data collection; focuses on the need for routine screening with validated instruments, standardized management guidelines, provider capacity-building, and community resources.

Key message: Routine screening for perinatal depression throughout pregnancy and the first postpartum year, combined with standardized guidelines, trained providers, and culturally sensitive community supports, is essential. Collaborative action by healthcare workers and policymakers can reduce the burden of perinatal depression and improve outcomes for women and families in Nepal.

Knowledge regarding Hypertension and its associated Risk Factors among Residents of a Sub-metropolitan City, Nepal

DOI: https://doi.org/10.3126/jmcjms.v14i02.98139

Context: Hypertension is a major, often asymptomatic, public-health problem that markedly elevates risk of cardiovascular disease, stroke, and kidney disease. Limited community awareness contributes to under-detection and inadequate prevention.

Methodology: Descriptive cross-sectional study of 280 adults (aged 30–60 years) in Ward No. 4 of Janakpurdham Sub-metropolitan City, Nepal, selected by convenient sampling. Face-to-face interviews used a modified structured questionnaire; blood pressure was measured with a validated automated digital sphygmomanometer. Data analyzed in SPSS v26 ($p < 0.05$ significant).

Key message: Knowledge of hypertension was only satisfactory, with notable misconceptions (e.g., limited recognition of key risk factors and protective dietary measures). Hypertension prevalence was

22.9%; no significant associations were found with gender or education. Community-based health education programs are needed to strengthen awareness, prevention, and early detection.

Knowledge of Cancer Warning Signs among Outpatient Visitors at Koshi Hospital, Morang, Nepal

DOI: https://doi.org/10.3126/jmcjms.v14i02.98093

Context: Cancer is a major global burden that disproportionately affects low- and middle-income countries such as Nepal, where weak health systems and limited awareness often lead to late-stage diagnosis. Assessing public knowledge of warning signs is essential for improving early detection.

Methodology: Descriptive cross-sectional study of 385 adult outpatient visitors at Koshi Hospital, Morang (March–June 2025), using convenience sampling. Face-to-face interviews with a pretested questionnaire covering sociodemographics and knowledge of nine cancer warning signs. Data analyzed in SPSS 28 with independent t-tests, one-way ANOVA, and Welch's ANOVA.

Key message: Visible signs (breast lump 78.7%, non-healing sore 76.6%) were well recognized, but less than half identified unexplained weight loss, swallowing difficulty, or bowel/bladder changes. Knowledge was significantly higher among females, those with higher education, students, higher-income groups, and those with family history of cancer. Targeted education is needed for men, less-educated, and lower-income individuals to promote earlier recognition.

Pattern of Etiologies of Chronic Kidney Disease in Patients Attending a TertiaryCare Center: A Cross-sectional Study

DOI: https://academianspublishers.org/wp-content/uploads/2026/06/HMRA2026.pdf

Context: Chronic kidney disease (CKD) is a growing global health problem associated with high morbidity and mortality. Understanding local causes and staging patterns is critical for prevention and resource allocation in tertiary care settings.

Methodology: Hospital-based descriptive cross-sectional study of 202 adult CKD patients (≥18 years) at the Department of Nephrology, Bir Hospital, Kathmandu (June 2025–May 2026), using convenience sampling. Data on demographics, medical history, and staging collected via structured proforma, interviews, and electronic records.

Key message: Diabetic nephropathy (50%) and hypertensive nephropathy (20%) were the leading causes, reflecting a shift toward non-communicable metabolic diseases. Half of patients presented in Stage 5, and 75% had CKD for more than five years. Findings underscore the need for strengthened

primary-care screening, early management of diabetes and hypertension, and public-health interventions to prevent progression to advanced disease.

What works in schools? Stakeholder perspectives on mental health intervention for adolescents in Nepal

DOI: https://doi.org/10.1016/j.mhp.2026.200548

Context: Access to child and adolescent mental health (CAMH) services in Nepal is extremely limited. Most efforts focus on resource-intensive treatment rather than scalable prevention. School-based mental health promotion offers a promising approach, but local evidence remains scarce.

Methodology: Formative qualitative study in six community schools in Kanepokhari Rural Municipality. Semi-structured interviews with teachers (n=6) and parents (n=4), plus seven focus-group discussions with adolescents (n=47) and parents (n=19). Framework analysis was used.

Key message: Stakeholders prioritized content on bullying, menstruation-related stigma, sexual/reproductive health, substance use, and parent–child communication. They favored interactive methods delivered during school hours with parental involvement, often preferring trained external facilitators. Perceived benefits included improved emotional expression, family relationships, and psychosocial wellbeing. Contextually tailored, school-based prevention programs with meaningful parental engagement are needed.

Factors Associated with Medication Adherence Among Chronic Obstructive Pulmonary Disease Patients

DOI: https://doi.org/10.3126/jaim.v15i1.98475

Context: Poor medication adherence among patients with chronic obstructive pulmonary disease (COPD) increases costs and worsens outcomes. Understanding adherence patterns and influencing factors is important for improving care.

Methodology: Descriptive cross-sectional study of 175 adult COPD patients (≥18 years) attending the outpatient department of Universal College of Medical Sciences, Bhairahawa (25 Feb–24 Aug 2023), using purposive sampling. Validated structured questionnaire; analysis with descriptive statistics and chi-square tests in SPSS 20.

Key message: Most patients (53.7%) had medium adherence, 30.9% high, and 15.4% low. Adherence was significantly associated with age, education, number of medications, medication cost, and information provided about medicines. Forgetfulness was the main reason for missed doses; symptomatic relief

was a common reason for discontinuation. Patient education and strategies addressing cost and polypharmacy are needed to improve adherence.

Heat Stress and Chronic Kidney Disease Among Nepali Migrant Workers: A Global Health and Climate Change Perspective

DOI: https://wmjonline.org/125n03/thapa/

Context: Climate change-driven heat exposure is an emerging global health crisis, particularly for outdoor and manual laborers. Chronic kidney disease of non-traditional origin (CKDnt) is increasingly linked to extreme occupational heat. Nepali migrant workers in Gulf Cooperation Council countries face severe heat exposure with limited labor protections.

Methodology: Perspective/synthesis paper drawing on pathophysiologic mechanisms, epidemiologic trends, qualitative evidence on working conditions, comparative findings from global CKDnt hotspots, and analysis of policy gaps at national and international levels.

Key message: CKDnt among Nepali migrant workers reflects the convergence of climate change, labor exploitation, and global inequity. Urgent priorities include WBGT-based heat-protection protocols, comprehensive renal screening in migration systems, reformed bilateral labor agreements, and international recognition of CKDnt as a climate-sensitive occupational disease to advance climate justice and protect migrant health.

Financial toxicity, psychological distress and quality of life among cancer patients: a cross-sectional study

DOI: https://doi.org/10.1186/s12885-026-16774-w

Context: Cancer imposes substantial financial and emotional burdens that reduce quality of life (QoL). Financial toxicity (FT)—the economic strain of treatment—can worsen psychological distress, especially in private healthcare systems such as Nepal's.

Methodology: Quantitative cross-sectional study of 216 cancer patients at Kathmandu Cancer Center (private hospital) using convenience sampling. Validated tools: Comprehensive Score for Financial Toxicity (COST), Hospital Anxiety and Depression Scale (HADS), and EORTC QLQ-C30. Descriptive statistics, bivariate analyses, Pearson correlations, and multivariable linear regression identified independent correlates of FT and its associations with distress and QoL.

Key message: Severe FT was common (51.9%; mean COST score 13.87). Independent predictors included debt, affected income, selling assets, out-of-pocket payments, and frequent treatment schedules.

Greater FT was strongly associated with higher psychological distress and lower QoL. Financial support mechanisms should prioritize economically vulnerable patients to reduce inequalities in care and outcomes.

Prevalence of Suicidal Ideation Among Undergraduate Students of Medical Colleges of Nepal: A Nationwide Multicentric Cross-sectional Study

DOI: https://doi.org/10.21203/rs.3.rs-10704796/v1

Context: Medical students form a vulnerable population due to intense academic pressure, personal stressors, and the demanding nature of medical training. Globally, suicidal ideation affects approximately one in nine medical students, yet data specific to Nepal remain scarce. Understanding the local prevalence and associated factors is essential for designing targeted prevention and support systems.

Methodology: Cross-sectional study involving 162 undergraduate medical students in Nepal. The study assessed lifetime and past-year suicidal ideation, planning, and attempts, and examined associations with academic, familial, behavioral, and demographic factors using odds ratios with 95% confidence intervals.

Key message: Nearly one in three students (31.6%) reported lifetime suicidal thoughts, and 27.6% had experienced them within the past year. Approximately 8.6% had made a suicide plan and 6.3% had attempted suicide. The strongest associations were dissatisfaction with academic performance (OR 4.13), feeling neglected by parents (OR 3.40), current alcohol use (OR 2.74), and male sex (protective, OR 0.45). These findings underscore an urgent need for accessible mental-health support services, preventive interventions, and further research into contributing factors within Nepali medical schools.

Factors Associated With Common Mental Disorder (CMD) Symptoms and Lived Experiences Among Adults With Hypertension in Nepal: A Mixed-Methods Study

DOI:https://www.frontiersin.org/journals/epidemiology/articles/10.3389/fepid.2026.1769884/abstract

Context: In hypertension care, symptoms of common mental disorders (CMD)—particularly depression and anxiety—influence medication adherence, self-management, and clinical outcomes. Evidence from low- and middle-income countries on the factors associated with CMD symptom severity, as well as patients' lived experiences, remains limited, especially in community settings in Nepal.

Methodology: Community-based explanatory sequential mixed-methods study conducted in Budhanilkantha Municipality, Kathmandu. The quantitative component included 327 adults with

hypertension selected by systematic random sampling; depressive and anxiety symptom severity were measured with PHQ-9 and GAD-7 and analyzed via linear regression in hierarchical blocks and a fully adjusted model. The qualitative component comprised 16 in-depth interviews with purposively selected participants (with and without symptoms), analyzed thematically within a biopsychosocial framework. Findings were integrated across related domains.

Key message: Longer sleep duration (≥6 hours/day), higher fruit and vegetable intake, older age, and higher household income were associated with lower symptom scores, while non-high-caste status was linked to higher depressive scores. Qualitative findings highlighted persistent insomnia, medication side-effects, activity restriction, loneliness and stigma, financial strain, and low self-efficacy among those with symptoms, contrasted with adaptation, family support, and greater confidence among those without. Integration showed strong convergence on sleep and complementary insights on financial and treatment-related burdens, emphasizing the need to address sleep, social support, treatment experiences, and socioeconomic factors within hypertension care.

Barriers and facilitators of hypertension control among older adults living with hypertension: A mixed-methods study

DOI: https://doi.org/10.1371/journal.pgph.0007015

Context: Hypertension is a major public-health challenge in Nepal, affecting nearly half of older adults, many of whom remain unaware of their condition or have uncontrolled blood pressure. Understanding both quantitative patterns of control and the lived barriers and facilitators experienced by older adults and their caregivers is essential for designing effective interventions.

Methodology: Parallel mixed-methods study conducted in Dhulikhel Municipality (September 2024–March 2025). The quantitative arm enrolled 197 older adults (≥60 years) with hypertension; blood pressure, BMI, and medication adherence (Hill-Bone scale) were measured, and multivariable logistic regression examined factors associated with blood-pressure control. The qualitative arm used the COM-B (Capability, Opportunity, Motivation–Behavior) model and included seven in-depth interviews with older adults and two focus-group discussions with caregivers; data were analyzed with a framework approach combining inductive and deductive coding.

Key message: Nearly 60% of participants had uncontrolled blood pressure, yet no significant associations were found with demographic, clinical, or adherence variables. Qualitative findings identified barriers across all COM-B domains—fatigue and forgetfulness (capability), limited social interaction, poor information access, time constraints, and low family support (opportunity), and low motivation, stress, and anger (motivation). Facilitators included greater awareness, use of pill boxes, regular monitoring, nearby health facilities, community programs, support from Female Community Health Volunteers and family, fear of complications, and the desire to remain healthy for family. Results

support behavior-centered, patient-focused strategies that integrate pharmacological and lifestyle approaches and are tailored to the COM-B framework.

Social isolation and loneliness in older adults: A growing public health challenge with evidence from Nepal

DOI: https://doi.org/10.46439/aging.6.026

Context: Social isolation and loneliness are increasingly recognized as major public-health concerns in ageing populations, with clear links to poorer physical and mental health outcomes. These issues remain under-addressed in low- and middle-income countries. Nepal faces a dual challenge: a rapidly growing older population (exceeding 10% of the national total in 2021) and large-scale youth labor migration that has eroded the traditional family-based support systems on which older adults have long relied.

Methodology: Narrative review and synthesis of definitions, epidemiology, health consequences, and evidence-based responses related to social isolation and loneliness among older adults, with focused attention to the Nepali context and the mediating role of social support.

Key message: Social support is consistently the most powerful buffer against loneliness and its downstream health effects. Recent evidence from Nepal shows that perceived social support mediates the relationship between loneliness and depression among community-dwelling older adults. Despite this, loneliness screening is largely absent from primary care, and the policy response remains fragmented. The article calls for validated screening tools, stronger community-based programming through Older People's Associations (OPAs), and targeted national policy reforms to address isolation and loneliness in Nepal's ageing population.

Understanding the Impact of Mental Health Stigma on Nepali College Students at U.S. Universities: A Basic Qualitative Study

DOI: https://www.proquest.com/openview/20dfae9d149379f3c55ac62c576b729f/1?pq-origsite=gscholar&cbl=18750&diss=y

Context: International student mental health has received growing attention, yet the unique cultural and psychosocial experiences of Nepali students studying in the United States remain underrepresented. Stigma operating at individual, family, and peer levels may significantly limit willingness to seek mental-health support.

Methodology: Basic qualitative study guided by stigma theory and acculturation theory. Twenty Nepali students enrolled at multiple U.S. universities were recruited through purposive social-media outreach.

Data were collected via open-ended questionnaires and written focus-group responses and analyzed using Braun and Clarke's six-phase thematic analysis, supplemented by descriptive demographic statistics.

Key message: Internalized stigma, fear of judgment, cultural and family expectations, and peer norms substantially limited help-seeking. Participants recommended culturally grounded awareness initiatives, peer-led support networks, confidential and easily accessible counseling services, and structured mentoring programs. The study concludes that multifaceted, culturally responsive interventions are necessary to reduce stigma and improve engagement with mental-health services among Nepali students at U.S. universities.

Psychological Distress among Primary Caregivers of Cancer Patients in Eastern Nepal

DOI: https://doi.org/10.62065/bjhs872

Context: Prolonged caregiving for cancer patients can intensify psychological distress, adversely affecting caregivers' quality of life and increasing their own risk of health problems. Despite the growing cancer burden, the mental-health needs of primary caregivers in tertiary care settings in Nepal are under-documented.

Methodology: Hospital-based cross-sectional study of 165 primary caregivers attending a tertiary care hospital, selected by convenience sampling. Psychological distress was assessed using the standardized Hospital Anxiety and Depression Scale (HADS). Data were analyzed with descriptive statistics and chi-square tests to examine associations with sociodemographic and relational factors.

Key message: Anxiety was present in 49.1% of caregivers (21.2% borderline, 27.9% abnormal) and depression in 53.9% (21.2% borderline, 32.7% abnormal). Anxiety was significantly associated with educational status and relationship to the patient; depression was associated with age group, educational status, and relationship to the patient. The high burden of distress highlights the need for routine psychological screening and targeted supportive interventions for caregivers within oncology care settings.

Assessment of Modifiable Risk Factors for NonCommunicable Disease Among Medical Students of Birat Medical College Teaching Hospital

DOI: https://doi.org/10.62065/bjhs771

Context: Non-communicable diseases (NCDs) account for a large and rising share of mortality in low- and middle-income countries, including Nepal. Modifiable risk factors—tobacco use, physical

inactivity, unhealthy diet, and harmful alcohol consumption—play a critical role. Medical students are future health professionals and potential role models; assessing their exposure to these risk factors is therefore important for both personal health and professional formation.

Methodology: Cross-sectional study of 235 MBBS students (years 1–3) registered between 2021 and 2024 at Birat Medical College Teaching Hospital. Data were collected with a pretested WHO STEPS-based questionnaire, supplemented by physical measurements of BMI and blood pressure. Analyses used descriptive statistics in SPSS 21.

Key message: More than one-third of students (36.2%) reported low physical activity (<600 MET-min/week), and 25.5% were overweight or obese (mean BMI 23.4 kg/m²). These findings indicate early exposure to modifiable NCD risk factors among future physicians and support the integration of targeted lifestyle interventions into medical education to promote long-term personal health and professional responsibility.

Depressive symptoms and suicide attempts among sexual and gender minority and heterosexual cisgender people in Kathmandu, Nepal: An explanatory sequential mixed-methods study

DOI: https://doi.org/10.21203/rs.3.rs-10253845/v1

Context: The Sustainable Development Goals emphasize leaving no one behind, including on the basis of sex or "other status." Sexual and gender minority (SGM) individuals are often marginalized, yet data on their mental wellbeing in Nepal remain scarce. Comparing depressive symptoms and suicide-attempt experiences between SGM and non-SGM populations can help address this knowledge gap.

Methodology: Explanatory sequential mixed-methods study. The quantitative phase used the PHQ-9 to assess depressive symptoms and collected information on lifetime or recent suicide attempts and experiences of bullying. The qualitative phase involved interviews with a subsample of participants who reported recent depressive symptoms or suicide attempts, aiming to explain and contextualize the quantitative findings.

Key message: Transgender participants and sexual minorities had significantly higher mean depressive symptom scores than cisgender and heterosexual counterparts; victims of bullying also showed elevated scores. Individuals with PHQ-9 scores ≥10 were 7.41 times more likely to have attempted suicide. Qualitative themes identified financial difficulties, academic stress, relationship problems, and lack of support from family and friends as key contributors. Although limited by non-probability sampling and sample size, the findings indicate elevated mental-health risks among SGM people in Nepal and call for larger, representative studies and supportive interventions.

We thank you all for joining our initiative to promote evidence-informed policymaking and promote public awareness of the non-communicable disease (NCDs) and related issues in Nepal- we are committed to staying up to date with the latest NCD research in Nepal.

This issue covers a summary of scientific publications on NCDs in Nepal for the month of August 2026.

Should you have colleagues who'd like to receive these updates via email (**ncdwatchnepal@gmail.com**)

Individual summary of the round-up is also available on our social media outlets:

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