EXIOMM 2016

SOUTH

28th May 2016 at Kodai, Tamilnadu

"EXIOMM - South":

"EXIOMM 2016- South" was held at Kodai, Tamilnadu, India under the banner of Asian Society of Continuing Medical Education.

The sole objective of the CME was to update the knowledge of Cardiologist, Diabetologist and General Practitioner on Management and complication of Hypertension and Anti Diabetic treatment with cardiology perspective.

The Introductory speech was given by Asian Society. He emphasized the main role played by Asian Society of Continuing Medical Education and how important it is to spread the knowledge known to select few to the practicing Doctors at large.

The CME was attended by 19 Doctors all round India.

Date: 28th May 2016.

Places and Venues:

- Kodai, Tamilnadu

Total Participants: 19

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Moderator:

- **Dr. V Mukhesh Rao**

Chairperson:

- **Dr. Prabhavathi**

Speaker's Name (s):

- **Dr. Bijay Kumar Mahala**
- **Dr. Manisha Sahay**
- **Dr. Vijaya Sarthi H A**

TOPICS –

1) Rosuvastatin in intermediate risk patients - Lessons from HOPE 3

2) Challenges of Controlling Hypertension in CKD patients-case based discussion

3) Antidiabetic Treatment and CV Associations

4) Panel Discussion on: BP Target to get maximum protection? ACEi or ARB as a treatment choice?

Summary of talk:

Rosuvastatin is the most effective statin at lowering LDL – C and produces significant increased in HDL – C, Treatment with rosuvastatin at a dose of 10 mg per day resulted in a significantly lower risk of cardiovascular events.

Antihypertensive agents may have a role in the treatment of CKD and HTN. Agents that target the renin-angiotensinaldosterone system (RAAS), such as angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor

blockers (ARBs), are generally considered first-line antihypertensive therapy for this patient population.

Control of hypertension in CKD requires a collaborative network among patients, primary care providers, endocrinologists, and nephrolgists. Careful blood pressure measurement, a multiple risk factor modification strategy, and persistent and judicious RAAS blockade in combination with diuretics and add-ons should result in good blood pressure control in a majority of patients. Engaging patients and their families through HBP, lifestyle modification, and collaboration with clinic nurses, advanced practice nurses, and clinical pharmacists will facilitate success, thereby reducing the extraordinarily high CVD risk burden of DKD and retarding progression to kidney failure.

Mechanisms by which Diabetes Mellitus leads to CHD, Metabolic Syndrome: CHD Prevalence, Risk of Death, Risk of Developing DM, Risk of CVD Events, Risk of Myocardial Infarction, Chronic hyperglycemia vs. Frequent acute glycemic variability, Oxidative stress secondary to hyperglycemia leads to vascular complications, Drugs used in the management –Biguinides, Sulfonylureas, Glitazones, Alpha Glucosidase inhibitors, Combined Antihyperglycemic treatment.

Feedback from participant:

- Highlights genetic, congenital analysis in hypertensive among children 2 adolescences
- Young Hypertension & Endocrine Hypertension
- Topics on patient empowering of disease in clinics , Topics on Life style modification
- Cardiac Rehabilitation
- Management of various types of arrhythmias
- PIH & Hypertension management in young
- Rheumatic Heart Disease & Cardiomyopathies
- Management of DM should be added
- Rheumatic valvular Disease , Polypill concept
- Heart Failure , Atrial Fibrillation , Current aspect & relevance to India
- Hypertension Variability

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SNAPSHOT