EXIOMM 2016

WEST

10th June 2016 at Udaipur, Rajasthan

"EXIOMM 2016":

"EXIOMM 2016" was held at Udaipur, Rajasthan, 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 31 Doctors all round India.

Date: 10th June 2016.

Places and Venues:

- Udaipur, Rajasthan

Total Participants: 31

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Moderator:

- **Dr Jagdish Hiremath**

Speaker's Name (s):

- **Dr Darshan Jhala**
- **Dr Rajesh Badani**
- **Dr. Umesh Khanna**

TOPICS –

1) Have ARBs overtaken ACEI?
2) Rosuvastatin: Hope three times?
3) Cardio-Renal Associations
4) Antidiabetic Treatment and CV Associations

Summary of talk:

The use of ACE inhibitors and ARBs in HTN, HF, and other special populations. Overall, it has been noted that ACE inhibitors and ARBs appear to have an additional benefit beyond just the blood pressure-lowering effect. When compared to each other in head-to-head, ACE inhibitors and ARBs generally appear to demonstrate no difference in primary outcomes. With regard to side effect profiles, ARBs do tend to be better tolerated than ACE inhibitors. While ACE inhibitors and ARBs may increase initial medical costs, over time they may prove to be very cost-effective. Generally, either ACE inhibitors or ARBs may be selected in the treatment of HTN or HF, and the deciding factor may be largely patient-specific.

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.

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SNAPSHOTS