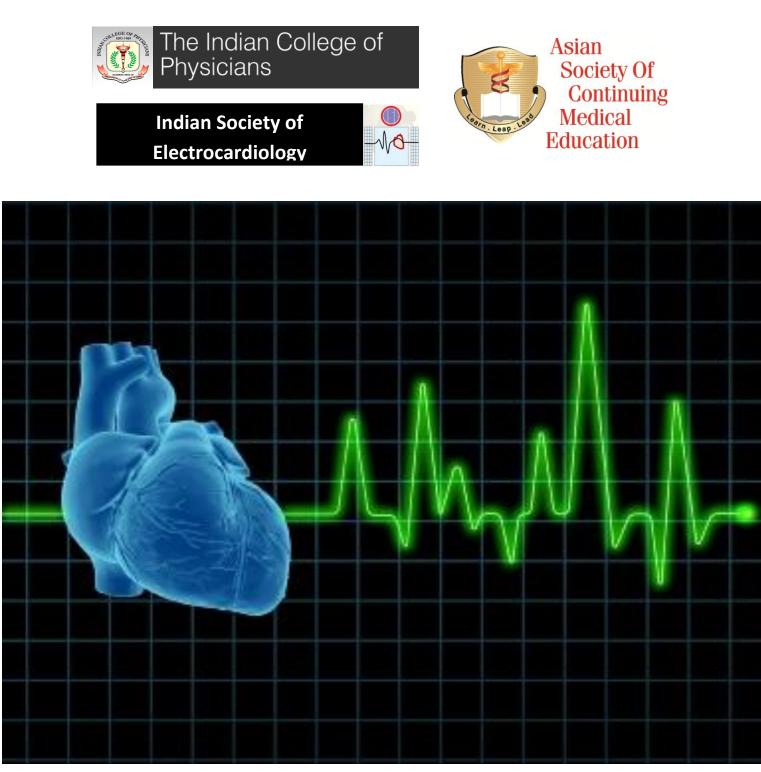


## Under the Auspices of



September 12<sup>th</sup> – 13<sup>th</sup>, 2015, ITC Maratha, Andheri, Mumbai, India



## "LEAD – Physician Update Course"

**Date:** September 12<sup>th</sup> – 13<sup>th</sup>, 2015

Venue: ITC Maratha, Andheri, Mumbai, India

Total No. Of Delegates: 352

"LEAD – Physician Update Course" was conducted by Asian Society of Continuing Medical Education in collaboration with Indian College of Physicians and Indian Society of Electrocardiology.

The sole objective of the CME was to update the Cardiologists, internists and family physicians about new techniques and guidelines in management of the following aspects of Cardiology – Heart Failure, Lipids, Hypertension, Improving Cardiovascular outcomes in diabetes and Obesity and Rhythm Management-ECG and ECHO under the auspices of the Indian College of Physicians and Indian Society of Electrocardiology.

The CME was of two days divided under different headings such as

## Day 1 -

- Preventive Cardiology Update 2015
- Lipids
- Hypertension Updates
- Improving Cardiovascular Outcomes in Diabetes & Obesity
- Heart Failure



#### Day 2 –

- CAD
- Case Studies in Syncope
- Rhythm Management
- ECG and ECHO

Faculties: (Both Day 1 and Day 2)

#### **Course Director:**

- Dr. Anil Dhall
- Dr. C. Narasimhan

#### **Course Coordinator:**

• Dr. Udhay Jadhav

## Faculty:

- 1. Dr. J. S. Hiremat DNB (Cardiologist) (Cardiologist – Heart Specialist)
- **2. Dr. Sanjay Mittal** Heart Institute- Division of Cardiology
- 3. Dr. Rajveek Karnik MD (Med), DM (Cardiology), FCSAI (USA)
- **4. Dr. Rajeev Gupta** MBBS, MD - General Medicine
- 5. Dr. Anjanlal Dutta MD (Medicine), DM (Cardiology), FACC (USA), FCSI



- 6. Dr. Nitin Patki MBBS, MD (MED), DM (CARDIOLOGY)
- 7. Dr. Sandeep Bansal DM (CARDIOLOGY), DNB (CARDIOLOGY)
- 8. Dr. Aditya Kapoor MBBS, MD (MED), DM (CARDIOLOGY)
- 9. Dr. M .K. Shah MD, FACC
- **10. Dr. Bhavesh Vajifdar** MD (Med), DNB (Cardio), FACC, FSCAI, FCSI
- 11. Dr. S. K. Dwivedi MD, DM (Cardio), FSCAI
- **12. Dr. Anil Dhall** MD, DM, FACC, FESC, FSCAI, FHRS, FCSI, Cardiologist
- **13. Dr. Harsh Agarwal** MBBS, MD (MED), DM (CARDIOLOGY)
- 14. Dr. Neeraj Bhalla

MBBS, MD (MED), DM (CARDIOLOGY)

15. Dr. Akshay Mehta

Interventional Cardiologist, Affiliated to Dr B Nanavati Hospital, Asian Heart Institute and Breach Candy Hospital

#### 16. Dr. Brian Pinto

MBBS, MD (MED), DM (CARDIOLOGY)

#### 17. Dr. Ajit Bhagwat

MD., DM. (Card.), FACC, FSCAI, FISE, FCSI



#### 18. Dr. Yash Lokandwala

MBBS, MD - General Medicine, DM – Cardiology

#### 19. Dr. Satish Roplekar

MD (Med), DM (Card), DNB (Card), FICC, FESC, PGDHAM

20. Dr. Raman Chawla MBBS, MD, DM, DNB

21. Dr. S. Ramakrishnan MBBS, MD, DM, DNB

**Topics:** 

- Recommendations for treating hypertension: what are the right goals and purposes?
- Clinical Guidelines and Clinical Reasoning-Limitations of Evidence Based Evidence
- A Perspective in 2013 US Guidelines from a European Perspective
- Coffee Break
- 2013 ACC/AHA Cholesterol Treatment Guidelines
- Current Guidelines for Treatment of Type II Diabetes: Are We Pushing the Limits of the Evidence Base?
- How Does the Clinician Integrate Guidelines into Practice: A Case Based Approach in Hypertension, Lipids Type II Diabetes
- Epidemiology of Hypertension in India: Insights from PURE
- My patient presents with "uncontrolled hypertension": how to rule out pseudo-resistant hypertension causes. A (Case Based Discussion)
- Approach to the True Resistant Hypertensive and Treatment Approaches
- Renal Denervation Trials: Should we be "Sympathetic" to SYMPLICITY 3 and Looking
- Coffee Break
- Community Based Intervention for Blood Pressure: What Works and what does no



- Assessing Total CV Risk in the Complicated Hypertensive
- Discussion and Question and Answers
- What should be our target for LDL lowering therapy and why?
- Newer Treatment Strategies: Mipomersen, Lomitapide and PCSK9
- Break
- Approach and Management of Triglyceride Based Disorders
- Discussion and Question and Answers



# FEEDBACKS FROM DELEGATES:

- Highlights genetic, congenital analysis in hypertensive among children 2 adolescences
- 2. Young Hypertension & Endocrine Hypertension
- 3. Topics on patient empowering of disease in clinics , Topics on Life style modification
- 4. Cardiac Rehabilitation
- 5. Management of various types of arrhythmias
- 6. PIH & Hypertension management in young
- 7. Rheumatic Heart Disease & Cardiomyopathies
- 8. Management of DM should be added
- 9. Rheumatic valvular Disease , Polypill concept
- 10. Heart Failure , Atrial Fibrillation , Current aspect & relevance to India
- 11. Hypertension Variability
- 12. Stress on Pharmacotherapy , Complication profiles & Management
- 13. Acute Coronary syndrome & Hear Failure
- 14. Management of arrhythmia
- 15. Adverse Cardiac events in poorly controlled Diabetes Mellitus & hence its primary prevention & management
- 16. Heart Failure , Arrhythmia with conduction disturbance
- 17. Absorbable stents and their future usage in interventional cardiology
- 18. Arrhythmias and their effective management
- 19. 2D Echo & Recent advances in Echocardiography to rule out cardiac disease at earliest

# **LEAD** Physicians Update Course

- 20. More Clinical Topics
- 21. Slides of Dr. Peterson were entertaining & impressive
- 22. Role of primary PCI DM type 2
- 23. There should be more clinical discussion , Less epidemiological talks
- 24. Surgical intervention if any case of dilated cardiomyopathy (DCM)
- 25. New OHAs & CV Risk
- 26. Condense Course
- 27. Compensated Hypertension by some patient without symptoms
- 28. Endothelial dysfunction in post-myocardial infarction tissue
- 29. ECG Interpretation, Thyroid dysfunction
- 30. Role of Alcohol & Tobacco in HT & DM
- 31. Rheumatic Heart Disease
- 32. Relationship of arrhythmia with hypertension and management
- 33. Hyponatremia with heart, CAD, Cirrhosis of liver with Hepatorenal syndrome , CAD,SVT with COPD & CLD
- 34. Management of CHF with Hepatorenal syndrome
- 35. Heart Failure, Arrhythmias
- 36. Methodology of research How to proceed in our clinical practice India scenario

## **Comments/Suggestions from Delegates:**

- At least 25% of time for entertainment and City visit
- Keep it Brief
- The schedule should be arranged in extended period



- More concentration on current scenario rather than too many studies
- Require more of similar programmes
- Keep it continue further
- The duration on day 1 was too much, The sequence was not coherent, The session could have been interactive after each session or theme ,e.g.
  Disease based, Association based, End organ based & Need to follow Adult learning principles
- Keep it up
- Should have been more on clinical content
- Good keep it up
- It is wonderful events and highly informative
- Over all it's a nice informative programme, Hope to see more such programme
- Good Conference
- CME should be in morning , Afternoon and Evening should be for rest & entertainment
- Keep it up
- Invite clinical cases from physicians of India , give them to present and then discussion by International faculties
- Recent advances topic should be included
- General education on how to read a paper, understand the numbers and evaluate the evidence by myself instead of relying in Expert explaining
- Good one ,Excellent
- Not so many lectures So tightly packed
- Very useful and concepts are clearly discussed



- CME/Annual Membership
- Question & answer session with buzzer and bell
- Continue with full passion
- Too Lengthy
- This type of CME at least twice yearly , would be more beneficial for me
- We need regular update program time to time
- Thanks m Very good education
- Session could be more interactive, Practical aspects need more emphasis
- Tea should be provided continuously as after travelling in night, post lunch session, most of audience were sleeping, answers to case studies by audience