

## IR Summit

# IR SUMMIT

19 MAR 2016, BODHGAYA, BIHAR



# IR Summit

IR Summit was held at Bodhgaya, Bihar, India under the banner of Asian Society of Continuing Medical Education.

The sole objective of the CME was to update the knowledge of consulting physicians and General Practitioners on diabetes Management.

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

**Date** : 19<sup>th</sup> March 2016.

## **Place and Venues:**

Bodhgaya, Bihar.

## **Total Participants:** 39

**1. TOPIC** – Insulin Resistance-The Changing Landscape of Diabetes: It's In our Genes.

### **Chairpersons:**

1. Dr. H. K. Singh .MBBS, MD (Med & Therapeutics), PGDMLE,
2. Dr. R. N. Bahadur
3. Dr. R. K. Mishra. MBBS, MD (Med)

**Speaker** : Dr. A.K.Bishwas. MBBS, MD (Med), MD (Pharmacology)

**2. TOPIC** – T2DM and CV Outcome Trials: A Deep Dive

### **Chairpersons:**

1. Dr. A. K. Paul
2. Dr. A. K. Guga

**Speaker:** Dr. R. K. Mishra. MBBS, MD (Med)

**3. TOPIC**– Intensifying Therapy in Type 2 Diabetes in patient with truncal obesity: Indian Perspective

### **Chairpersons:**

# IR Summit

1. Dr. N. Kinjalk. MBBS, MD (Med)
2. Dr. H. K. Singh. MBBS, MD (Med & Therapeutics), PGDMLE

**Speaker:** Dr. Ankit Shrivastav. MBBS, MD (Med),  
DM (Endocrinology)

**4. TOPIC – Diabetes & Infections/Insulin Resistance and Erectile Dysfunction**

**Chairpersons:**

1. Dr. R. K. Mishra. MBBS, MD (Med)
2. Dr. D. Murmu.

**Speaker:** Dr. H. K. Singh. MBBS, MD (Med & Therapeutics),  
PGDMLE

**5. TOPIC – Significance of Glitazones : An Indian Perspective**

**Chairpersons:**

1. Dr. Bhim Ram.
2. Dr. R. K. Bahadur.

**Speaker:** Dr. R. K. Mishra. MBBS, MD (Med)

**6. TOPIC – Debate - Targeting the Insulin resistance helps in the treatment of DM**

**Chairpersons:**

1. Dr. R. K. Mishra. MBBS, MD (Med)
2. Dr. A. K. Paul.

**Speaker :**

YES to IR (Insulin Resistant) – Dr. H. K. Singh .  
NO to IR (Insulin Resistant) – Dr. N. Kinjalk

## 7. TOPIC– Open Forum and Closing Session

### Chairpersons:

1. Dr. N. Kinjalk.
2. Dr .R. K. Mishra.
3. Dr. A. K. Guga.

### Speaker: Dr. H. K. Singh.

1. **Dr. A. K. Bishwas** Talked About –

### **Insulin Resistance-The Changing Landscape of Diabetes- Its In our Genes.**

Insulin resistance arises from the inability of insulin to act normally in regulating nutrient metabolism in peripheral tissues. Increasing evidence from human population studies and animal research has established correlative as well as causative links between chronic inflammation and insulin resistance. However, the underlying molecular pathways are largely unknown .Insulin resistance – is a state which initiates much before diabetes starts. Insulin resistance is in our genes , Higher prevalence ;More visceral fat, Modernized society ,Poor nutrition in pregnancy , IRS-1 and CAP-10 aberrations are fairly established.Molecules like Metformin and Pioglitazone are likely to hold more significance for management of T2DM in the Indian context.

2. **Dr. R. K. Mishra** talked about:

### **Type 2 DM and CV Outcome Trials:**

The insulin insensitivity is usually evidenced by excess body weight or obesity, and exacerbated by overeating and inactivity. It is commonly associated with raised blood pressure, a disturbance of blood lipid levels, and a tendency to thrombosis. This combination is often recognised as the ‘metabolic syndrome’, and is associated with fatty liver and abdominal adiposity. CV outcome data plays a critical role in the current practice Most of the drugs has good glycemic reduction but CV data is important for long term effect on patients.

3. **Dr.Ankit Shrivastav** Talked About The topic:

### **Intensifying Therapy in Type 2 Diabetes in patient with truncal obesity: Indian Perspective**

Obesity-associated insulin resistance is a complex disorder with involvement of various endocrine, inflammatory and neural pathways; Diabetes with obesity is a challenging condition due to rising incidence and increasing propensity for complications; If anti-diabetic glucose-lowering drugs are required, those with the least weight gain potential such as metformin should be selected; Clinical studies have demonstrated the benefits of pioglitazone and combination therapy in diabetes patients with truncal obesity and insulin resistance.

4. **Dr. H. K. Singh** Talked on:-

### **Diabetes & Infections:**

Unclear if infections are more common in diabetes; Some infections occur more commonly in diabetes patients; Mortality due to these infections higher; Mixed flora may be frequently seen; Antibiotics + aggressive local surgery is required.

5. **Dr. Bhim Ram** Talked about:-

### **Insulin Resistant and Erectile Dysfunction:**

ED is a common problem that affects millions of men. ED can be easily evaluated by the PCP. ED can be treated with oral medications by the PCP. Patients that do not respond to medical therapy should be referred to a urologist. Penile prosthesis is an effective means of treating ED

6. **Dr. R. K. Mishra** Talked On :-

### **Significance of Glitazones : An Indian Perspective:**

Prescribe Pioglitazone, with prudence. Use Pioglitazone and its combination where indicated when indicated as per guidelines. Watch for conditions which predispose to urolithiasis, such as high urinary solids (including proteinuria). Watch for other conditions which predispose to bladder cancer e.g., smoking, be alert for the symptoms, signs and laboratory markers that lead one to suspect bladder cancer. Use low dose pioglitazone (7.5–15 mg/day) which has been tested for efficacy in many countries across the world. Focus on stringent glycaemic control, as diabetes itself predisposes to cancer. Individualize therapy, choosing what is right for each patient.

7. **Dr. H. K. Singh. And Dr. N. Kinjalk** Were Debating on:-

**Debate - Targeting the Insulin resistance helps in the treatment of DM:**

## **YES TO IR-**

- Exercise-Brilliant, but unpopular.
- Diet-Low calorie, low saturated fat, low GI, Great, but unpopular
- Insulin-To combat the insulin resistance, Danger of hypoglycemia,
- Anabolic – so increases weight, Popular Method.

## **NO TO IR-**

- None of the guidelines support the therapy for IR....they all focus on Glycemic parameters/Goals,
- Insulin resistance is a continuous phenomenon in diabetes, which runs in every other Diabetes.

## **Open Forum and Closing Session:**

- Pioglitazone still remains a valuable treatment option in patients with type 2 diabetes
- Recommended by the Guidelines
- Benefits outweigh the risks in those patients responding well to Pioglitazone
- Careful selection of patients and monitoring their response will help in optimizing treatment to patients.
- Benefits of pioglitazone in terms of reducing macrovascular complications seems possible, but remain uncertain; the risks of fractures, weight gain, fluid retention and heart failure with pioglitazone use are certain.
- The risk of bladder cancer also appears to be real, albeit small. The challenge for busy clinicians is to balance the totality of available evidence and inform their patients as treatment decisions are agreed upon.



# IR Summit

## PHOTOS

