# **Diabeto Summit**

#### 21 - 22<sup>nd</sup> May 2016 - SALCETTE, GOA.

Diabeto Summit was held at Radison Blue, Salcette, Goa. It was organized by of Asian Society of Continuing Medical Education.

The sole objective of the CME was to update the General Practitioners about Diabetes mellitus, level of morbidity and mortality due to diabetes and its associated spectrum of complications and diabetes management as the disease is now highly visible across all societies within India.

The session was open with an introductory session by Asian Society of continuing Medical Education and followed by the scientific agenda.

Date : 21-22<sup>nd</sup> May 2016.

**Venue** : Radison Blu, Salcette, Goa,

Total Participants : 45

**Chairperson** : Dr. Mala Dharmalingam

MBBS, MD (Med), DM (Endocrinology)

#### **TOPICS**:

- 1. Indian Diet and AGI where does the evidence stand?
- 2. Hyperglycaemia in Impact of post prandial hyperglycaemia in cardiovascular diseases?
- 3. Post Prandial Hyperglycaemia & Indian Diabetic patients?



- 4. Glycaemic Excursion & oxidative stress: Strategies for curtailing the damage?
- 5. Management of glycaemia in Renal Impairment? Fuel Metabolism in Chronic renal failure.
- 6. Panel Discussion: Theme: Guideline Which guideline is apt for Indians in managing PPG?

#### CHAIRPERSON AND SPEAKERS



Dr. Mala Dharmalingam
MBBS, MD (Medicine), DM (AIIMS)

Sr. Professor of Endocrinology at MS Ramaiah (MSR) Medical College (Bangalore).



Dr. Somashekara Reddy KS MBBS, MD, DM (Endocrinology)

Consultant Endocrinologist & Diabetologist in FORTIS Hospital, Bengaluru.



Dr. Sanjay Reddy A. C. MBBS, MD (Med)

Consultant Diabetologist & Endocrinologist at Fortis Hospital, Bangalore.





Dr. Balaji Jaganmohan MD, PG Dip Diab (Cardiff, UK), F. Diab.

Consultant Diabetologist at Apollo Sugar Clinic, Sagar clinic, Sagar centre for diabetes, Chennai.

Dr. M. A. Shekhar M.B.B.S, M.D (Medicine)

Head (I/C), Department of Endocrinology, Mysore Medical College & Research Institute.

- 1. Dr. M. A. Shekhar talked about Indian Diet and AGI where does the evidence stand? The scientific session highlighted following: -
  - Selection of Carbohydrates.
  - Classification of dietary carbohydrates.
  - Plasma Glucose Response to Different Carbohydrate Sources.
  - Glycemic Index.
  - Indian meal Options –Breakfast, Lunch, Dinner.
  - Recommendation for Protein Intake
  - Role of Fats, Sources of Fats.
  - Meal Patterns-Breakfast, Lunch, Dinner.
  - The "Plate Method"
- 2. Dr. Balaji Jaganmohan talked about Impact of post prandial hyperglycaemia in cardiovascular diseases? The informative session was highlighted upon: -
  - 2-3 fold cv risk in T2DM
  - Risk of CHD in patients with NIDDM
  - Blood glucose and cardiovascular events: Meta-regression.
  - Post load blood glucose and degree of coronary disease in non-diabetes patients.
  - Incidence of Myocardial Infarction and Mortality in Patients with Type 2 Diabetes by Blood Glucose Levels.
  - Baseline fasting glucose (quartiles)
  - Postprandial blood glucose and cardiovascular risk in diabetes.



- Qualifications for a Risk factor.
- NHANES III DATA.
- HEART 2 D Trial.
- Modifiable cardiovascular disease risk factors in diabetes.

# 3. **Dr. Somashekhara Reddy** discussed about **Post Prandial Hyperglycaemia & Indian Diabetic patients?** The scientific session was deliberated on:

- Indians and Caucasians are genetically different
- The pathophysiology of diabetes also differ Indians have IR & PPG as the predominant factor for T2DM
- PPG is the real culprit for aggravation of CVD
- Voglibose ± Metformin ± Glimepiride is a preferred option for Indian T2DM patients

# 4. **Dr. Sanjay Reddy A. C** discussed about **Glycaemic Excursion & oxidative stress: Strategies for curtailing the damage?** The scientific session was based on: -

- Glycaemic excursions predict oxidative stress
- Duration of daily metabolic conditions
- Correlation between plasma glucose levels after OGTT and standard mixed meal
- Relationship between FPG and first-phase insulin release
- Post-load hyperglycaemia and the metabolic syndrome
- Postprandial glucose metabolism mechanism
- The glycaemic index
- Postprandial glycaemia plays a clinically important role in complications of diabetes
- Postprandial glycaemia is a major contributor to overall glycaemic control ESPECIALLY in moderately-well to well-controlled patients
- 1,5-AG appears to be a more robust indicator of glycaemic excursions than either HbA1c or Fructosamine
- It is currently FDA-approved and clinically available; might a home kit be of clinical utility !!??
- 1,5-AG responds more rapidly and sensitively than either HbA1c or Fructosamine
- 1,5-AG may be a useful clinical adjunct and indicator for monitoring moderately well-controlled patients with diabetes
- More clinical trials are necessary and underway to explore how effective this tool can be and to define other areas in which it may be limited or most helpful

# 5. **Dr. Mala Dharmalingam** discussed about **Management of glycaemia in Renal Impairment?** The session deliberated upon:

- Theoretical Hemodynamic Role of Angiotensin II in Diabetic Glomerular Injury.
- Pathology of Diabetes- Hyperglycemia, Hyperfiltration Phase, Diabetic Nephropathy, Nephropathy Risk Factors.
- Which features are typical of diabetic CKD at presentation?
- Diabetes and ESKD.
- DM and Renal Outcomes.



- DM Treatment in CKD.
- Strict BSL Control in DM CKD
- DM and Hemodialysis.
- DM and Transplants.
- 6. Panel Discussion between all faculties and the delegates on the the below topics, Theme: Guideline Which guideline is apt for Indians in managing PPG? All faculties cleared the doubts and explained various aspects of the disease with answers to relevant questions. They have also emphasised on suggested guidelines towards Management of PPG.

### 7. Suggestions or Interests from delegates for next CME:

- Diabetes, Cardiology, Gastroenterology.
- Hypertension.
- Peripheral Neuropathy.
- Clinical Cardiology, clinical Diabetology.
- Newer antihyperglycemis agents.
- Diabetic dysautonomia.
- Insulin therapy and optimisation

### 8. Feedback of delegates:-

- Low cost management of Diabetes.
- Good CME
- Interactive Sessions.

## **PHOTOS**



























