



# RSSDI News

The Official Bulletin of  
Research Society for the Study of Diabetes in India (RSSDI)

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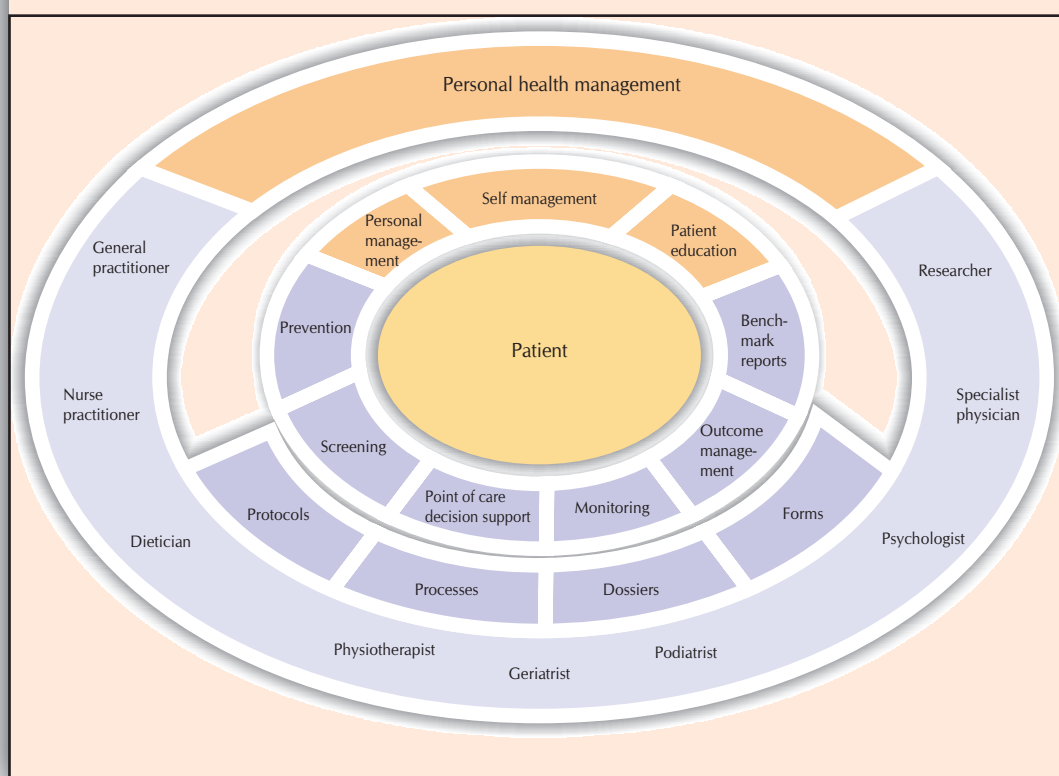
## RSSDI 2011-Need to inculcate records and research culture in our clinics

As we move in the second decade of the century, we need to equip diabetes care programs in our clinics to maintain records either manually or electronically. This will allow us to generate a wealth of information both from baseline data and prospectively on the practice management patterns in our country. India currently harbors one of the largest pools of diabetes on planet earth. Thankfully, we lost our top rank to China, but I am sure that currently at least 70 million Indians are diabetic and 120 million Indians are prediabetic. Between them, Middle-East, South Asia, and East Asia have more than 70% of world's diabetic population.



Prof. Shashank R Joshi  
President RSSDI

It is imperative therefore, to build our practice setup hubs of clinical data records and centers of excellence for management and education. It is vital for diabetics to have a disease management model which is center specific. We need either physical or web based Integrated Care Delivery Network solution which provides optimal support to both the medical professionals and the patient through protocol based treatment of this chronic disease. The solution should enable the creation of a complete and up-to-date electronic diabetes record through quick and efficient structured data input. All disciplines involved in the diabetes care process should be supported. The patient can also participate in the care process through a web based patient portal or have a health card which can be like a swipe card. It must be based on published guidelines and





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## Message from the RSSDI Secretary

Dear Colleagues,

Greetings from New Delhi.

In this edition of RSSDI newsletter we bring for you as always, news about various activities of RSSDI and its fast growing chapters as well as a round up of scientific developments in the field of diabetes in our section–Diabetes Despatch.

I will take this opportunity to once again request all you to send your email IDs as soon as possible to the secretariat at [rssdihq@gmail.com](mailto:rssdihq@gmail.com). You may also log in at our website [www.rssdi.in](http://www.rssdi.in) and update your profile with your email. Apart from receiving the e-newsletter regularly in your inbox and facilitating communication, your email is also required urgently to make available to you the content of our journal – IJDDC.

Looking forward to hearing from you all.

With Regards

Dr. SV Madhu

Secretary, RSSDI



**Dr. SV Madhu**  
Secretary RSSDI

## Research Grant Announcement

For providing research grants, RSSDI is inviting proposals from Indian scientists, who are interested in conducting original research in the field of diabetes mellitus. Furthermore, limited grants are also available for the students of medical colleges for smaller projects.

There is no deadline for submission of the proposals, and can be sent throughout the year.

Starting this year, RSSDI funding for minor projects has been increased up to Rs. 1.5 lakhs and for major (multicentric) projects up to Rs. 10 lakhs.

For more details please visit our website [www.rssdi.in](http://www.rssdi.in)

## Election of the RSSDI President for the year 2012

The tenure of the President shall be one RSSDI year (2.5.2 item i), and (2.5.3) to get elected as the President, a candidate should have held an elected position in the EC for three years (3.1). Nominations are invited from among the eligible members for the post of the President duly proposed by a valid member and seconded by a valid member accompanied by candidate's consent and bio-data to reach the Honorary Secretary on or before July 31, 2011 at the address of the conference secretariat.

*Contd. from page 1*

treatment protocols, global and Indian and also include online patient access through a self-management portal. Patients should have the ability to record their daily nutrition, view their latest test results, submit results from home measuring devices, & communicate with their care provider.

The care provider model must be patient oriented as well. Patient focused disease management is most effective when the patient is actively involved in his or her own care. To that effect,

we need to develop an RSSDI software which provide patients with online access to their personal health records through a self-management portal. Patients can actively participate in their treatment plans, e.g., by recording their eating and lifestyle habits, or home measurements of blood pressure, glucose, weight, and other relevant data. Apart from that, a self-management portal can contain rich text and media for self-education. These capabilities are a powerful motivator for patients and they give care providers a more complete picture of a patient's condition, enabling the patient to be actively monitored by the system. Currently, several softwares like Vital are available for disease management. Such diabetes management software with rich functionality is available now. Vital for diabetes was designed to support all disciplines involved in the diabetes care process. The solution offers functionality specific to diabetes care, and covers the entire care process:-

- Role specific access for all disciplines in the care network
- Extensive support for thorough intake process
- Quarterly and annual checkpoints
- Intelligent decision support
- Foot exam and ankle-arm index
- Cardiovascular risk analysis
- Reporting
  - o Patient management
  - o Practice level indicators for quality of care
  - o Mirror and benchmark information
- Electronic referrals to network participants
- Patient self management

## **Integrated care delivery networks**

Optimal care for patients with chronic diseases requires that all relevant participants in the entire care delivery network can cooperate, with access to shared information while providing functionality specific to each discipline. To that extent, we need to develop soft solutions to provide role based views on patient data. For instance, a family physician will see a different cross section of information compared to e.g. a specialist. The solution provides each role with its own set of functions, views, tasks, and recommendations.

## **Proactive support**

The primary goal of such software solutions is to actively support the treatment process of chronic diseases. It provides an embedded rules-based system for generating alerts and treatment recommendations based on established treatment protocols. For instance, the solutions will actively alert the care provider when registered lab results or vitals deviate from goal values or exceed thresholds.

## **Integration**

E-health solutions provide a new spin on integration with existing information systems. It turns, e.g., static hospital information system data into actionable, intelligent information. Data is recorded once and patients will not be asked the same question twice. Extensive integrations with existing systems are possible, which is an absolute must in the current IT environment of the healthcare industry.

## **Flexibility**

The healthcare space has become a dynamic workplace. Family physicians in group practices are starting to focus on multidisciplinary cooperation. Insurers are establishing quality measures for care and require outcome reporting for result based payments. Treatment guidelines are continuously infused and updated with new clinical insight and expertise, increasing quality standards, and intensive research. Solutions like VitalHealth or e-health, etc., are based on the latest generation of software development concepts, using highly flexible modeling techniques that can easily adapt to the dynamically changing

healthcare environment. Examples are, changing treatment guidelines and protocols, task delegations and workflows, and reporting needs. The behavior and functionality of these solutions can be adjusted using modeling techniques by expert users and do not require the expertise of traditional software programmers, avoiding long and costly modification and customization projects.

## Web-based

Some softwares are entirely web-based and can be accessed from anywhere using a web browser. The application design is such that it behaves like any typical web-based application, achieving instant recognition by users concerning navigation and usability.

## Benefits

When deploying our solutions, you will benefit from measurable advantages, some of which are further detailed below.

Patient	Care Provider	Medical Expert	Insurance Provider
<ul style="list-style-type: none"><li>• Gets personal access using the web</li><li>• Gets better quality of care</li><li>• Is well-informed</li><li>• Doesn't need to provide same data over and over again</li><li>• Enables remote care from distance</li></ul>	<ul style="list-style-type: none"><li>• Measurably improves the practice</li><li>• Enforces protocol compliance</li><li>• Provides benchmark information</li><li>• Allows fast sharing of best practice standards</li><li>• Enables seamless information sharing between roles</li><li>• Removes geographic limitations</li><li>• Enables task delegation</li></ul>	<ul style="list-style-type: none"><li>• Is in self-control (e.g. decision rules, alerts)</li><li>• Access to data anywhere, anytime</li><li>• Uses best practice</li><li>• Satisfied empowered patients</li></ul>	<ul style="list-style-type: none"><li>• Enables consistent procurement of care</li><li>• Able to provide more value to clients</li></ul>

## Improved medical outcomes

It is generally known that the disciplined and consistent application of protocols leads to greater improvements in treatment results. The solutions provided by the software enables practitioners to achieve greatly improved treatment results without sacrificing efficiency.

## Improved economic outcomes

Disease management programs, when implemented correctly, have the potential to improve medical outcomes and economic outcomes at the same time. Often the increase in primary care visits and medication costs is more than compensated by reduced prevalence of complications, and by a reduction in the need for the physician's time, since most of the activities can be handled by nurse practitioners.

## Improved collaboration within care delivery teams

The solutions provided by the software greatly improve the efficiency of collaboration within teams of medical professionals. Task delegation is supported, physicians are supplied proactively with all the relevant patient information at consultations, and the number of consultations required per patient is reduced. This applies not only to individual treatment teams, but also to chains of practitioners.

## Increased patient satisfaction

Patients are more satisfied, not only because they receive better treatment, but also because they see that the practitioner is taking a proactive approach and does not ignore any relevant aspects. In addition, the patient will find that the practitioner makes use of up-to-date information and utilizes the latest medical insights. Fewer visits are needed to the physician and other practitioners, and the patient will feel more informed with having direct and personal access to all the relevant information. Additionally, patient will feel more empowered with the help of self-management tools, giving them a sense of control over their treatment.

## Benefits for solo physician

- Treatment based on global (UKPDS, EASD) protocols resulting in improved quality of care for the patient
- Improvement in physician's productivity via clinical decision support system
- Increased revenue with quality of care
- Point of care summary assists in improved clinical decisions
- Better patient follow up with reminder services supported by different communication media
- Electronic prescription assists in elimination of prescription errors

So its time to inculcate the e-habit and record habits in our practice either via software or paper tools. These will allow us to have data bases of the largest number of diabetes providers in the world. This can then allow us to do research and fulfill the aims of RSSDI and its founding fathers. We need to develop India specific guidelines for Indians based on Indian databases and not on global, ADA, or EASD protocols. Time to do some good quality science from your clinics beyond patient care and clinical trials. Also send your original work to RSSDI Mumbai in November.

Prof. Shashank R Joshi



## 39<sup>TH</sup> ANNUAL MEETING OF RSSDI

RESEARCH SOCIETY FOR THE STUDY OF DIABETES IN INDIA

04 - 06, NOVEMBER 2011, HOTEL RENNAISSANCE, MUMBAI

Welcome to Mumbai, the financial and business hub of India, for RSSDI 2011, the "39<sup>th</sup> RSSDI Annual Conference". This mega event is scheduled to be held on 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> of November 2011. RSSDI 2011 is an ideal platform for all practicing physicians, diabetologists, and endocrinologists to interact with each other. The whole programme has been planned meticulously to cover a wide range of scientific knowledge in various topics on diabetes mellitus and allied topics. It is both innovative and practice oriented. The venue has been specially chosen keeping in mind the comfort and facilities of the participants. Mumbai, the power house of India and a favourite destination for tourists is an amazing blend of throb and spice. Mumbai is a city of dreams and is the commercial capital of India which needs no introduction. Note the dates of the conference in your appointment diary well in advance and make your registration and accommodation arrangements early to avoid last minute inconvenience.

Register now on our website  
[www.rssdi2011.org](http://www.rssdi2011.org)



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RSSDI 2011 - MUMBAI

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Treasurer

*You are requested to collect data on the following two themes:*

**MMS Ahuja Symposium—Depression in Diabetes**

**Nutrition Symposium—Iron Status and Diabetes**

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# DIABETES Despatch

News from the JOURNALS

## The nutty way to a healthy heart

Worldwide, cardiovascular disease is the leading cause of morbidity and mortality. Modern lifestyle characterized by the change of dietary habits and the reduced physical activity leads to metabolic disturbances such as obesity and diabetes. These disorders, especially diabetes are contributors to further increments in the cardiovascular morbidity and mortality.

Dietary intervention towards a healthy diet is the first step along with increased physical activity for tackling the cardiovascular morbidity and mortality. Nuts, as a component of healthy diet, have been recommended, because of their beneficial cardiovascular properties. Unsaturated fats, omega-3 fatty acids, fibre, vitamin E, and plant sterols are some of the components which have been found to directly or indirectly benefit the cardiovascular health.

A plethora of data from various trials has concluded that nuts can play an important role as part of a healthy diet in order to minimize cardiovascular risk and obtain multiple health benefits.



Source: Alexiadou K, Katsilambros N. *Eur J Intern Med.* 2011Apr;22(2):141-6.8.

## Sleep duration and quality effect glucose metabolism in diabetics

Researchers from a recent study done at the University of Chicago, Chicago, Illinois, have reported an association between poor sleep quality and higher glucose and insulin levels, and higher estimated insulin resistance among subjects with diabetes. The data is obtained from an ancillary study to the Coronary Artery Risk Development in Young Adults (CARDIA) Study.

Habitual sleep disturbance and fragmentation were estimated from 6 days of wrist actigraphy and fasting blood samples were obtained to measure glucose and insulin levels after the sleep.

In 40 subjects with diabetes, a 10% higher sleep fragmentation was associated with a 9% higher fasting glucose level, a 30% higher fasting insulin level, and a 43% higher Homeostasis Model Assessment (HOMA) level. Insomnia was associated with a 23% higher fasting glucose level, a 48% higher fasting insulin level, and an 82% higher HOMA level.

Interestingly, no association between sleep measures and fasting glucose, insulin, or HOMA was seen in 115 non-diabetic subjects.

Source: Knutson KL, Van Cauter E, Zee P, Liu K, Lauderdale DS. *Diabetes Care.* 2011 Mar 16.

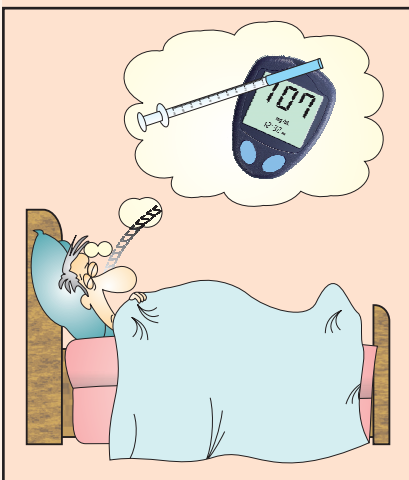
## Diabetes mellitus and the increased risk of biliary tract cancer

Diabetes is a public health issue of global importance with an ever-increasing patient population. Many long-term complications have been identified and linked directly to diabetes. These include cardiovascular disease, retinopathy, neuropathy, and nephropathy. Over the years data has also been accumulating on the association between diabetes and an increased risk of several cancers.

A recently reported meta-analysis of 21 case-control and cohort studies has found that diabetes was associated with an increased risk of biliary tract cancer. A positive association was found between diabetes and risk of gallbladder cancer or extrahepatic cholangiocarcinoma, but not cancer of ampulla of Vater.

This information improves our knowledge of the many complications associated with insulin resistance and should modify our approach to these patients. The primary care physicians gain importance as the first point-of-contact to identify abnormalities which indicate the possibility of microvascular and macrovascular complications, as well as the less common but identifiable possibility of a fatal malignancies in their diabetic patients.

Source: Ren HB, Yu T, Liu C, Li YQ. *Cancer Causes Control.* 2011 Mar 19.



## Alarm bells: Obesity fuelling the incidence of type 2 diabetes in the pediatric population

In the last two decades, physicians have been seeing sporadic cases of type 2 diabetes in children which has gradually been identified as a rapidly growing problem. In the United States prevalence in subjects less than 20 years of age has increased to tens of thousands, with thousands of cases being identified annually. The epidemic of obesity along with other factors such as family history, ethnicity, genetics, and gestational diabetes have been blamed as a major contributor to this situation which was exclusively seen in the adult population till the 1990s.

Even more worrisome is the knowledge that type 2 diabetes is associated with a huge burden of microvascular and macrovascular complications, and these concerns are greater in this subset of the population as these subjects are exposed to the adverse effects of hyperglycemia for much longer durations than the adult population. The physician will over the next decade face the challenge of managing these patients in whom there is little knowledge of the disease-course and time-gap for the occurrence of complications. Tomorrow one could be facing an epidemic of complications such as coronary artery disease, chronic kidney disease or stroke in these subjects when they are in their late 20s or 30s.

The need is to be aware of the occurrence of this entity and be prepared to face the challenges associated with its management. Of higher importance to the physician is to seize the moment and utilize every opportunity to educate parents and children of the risks and problems associated with the disease.

## Walk the talk to lower your diabetes risk

We all know that exercise is good for health. Recently a study from Australia has reported that walkers not only burns calories, but can also lower the risk for diabetes. It is recommended by experts that one should walk 10,000 steps a day, the equivalent of about eight kilometres. The researchers in this study, provided pedometers to nearly 600 adults to measure the number of steps they took over two consecutive days in the year 2000 and again in 2005.

It was observed that those who walked more, not only had a lower body-mass index (BMI) but also had better insulin sensitivity. It was estimated that if a sedentary person increased their daily steps to reach 10,000 steps a day, he or she could lower his or her BMI by almost one point and improve insulin sensitivity by three times.

These findings once again highlight what we all know but tend to forget often. Walking those few extra steps in activities of daily life and avoiding the use of vehicles can go along way in cutting the risk of life-style disorders.

## Fatty Liver: An independent risk factor for type 2 diabetes

According to the findings of a new study done by Korean researchers, fatty liver diagnosed on ultrasonographic examination may increase the risk for type 2 diabetes mellitus. This is independent of the association between occurrence of fatty liver and insulin resistance.

Individuals with fatty liver also have several other risk factors for type 2 diabetes, including excess weight, hypertension, and metabolic abnormalities and the objective in the present study was to establish whether fatty liver may represent a surrogate marker of insulin resistance or whether fatty liver is an independent predictor of type 2 diabetes.

The five-year risk for type 2 diabetes was examined in more than 11,000 individuals diagnosed with fatty liver on ultrasound testing. Subjects who had a fatty liver on abdominal ultrasound were stratified by insulin sensitivity with the use of quartiles of fasting insulin concentration and followed up after five years. At baseline, 27% of subjects had fatty liver and 47% of those had baseline insulin concentration in the highest quartile, compared to only 17% in those without fatty liver.

Individuals with fatty liver had significantly more clinical and metabolic abnormalities at baseline, such as higher glucose and triglycerides and lower HDL cholesterol. Those with fatty liver had a significantly higher risk of type 2 diabetes compared to those without the condition.

## AHA nods for weight-loss surgery in severely obese people

Severely obese people benefit from weight-loss surgery, the American Heart Association said after researchers assessed the risks and benefits of bariatric procedures. In a report published in the journal *Circulation*, the American Heart Association said that gastric bypass and gastric-banding surgeries may lead to weight loss and improvements in diabetes, cholesterol levels, and blood pressure and that the beneficial effects could probably outweigh the hazards of surgery.

The AHA has recommended that these procedures should currently be reserved for patients who can undergo surgery safely, have severe obesity, and have failed attempts at medical therapy. The report also talks about the benefits of these surgeries in other condition and that they reversed diabetes, reduced blood pressure, sleep apnea and liver disease. In a review of eight studies in the same report it was observed that those who underwent weight-loss surgeries had a lower risk of dying compared with those who didn't have the procedures. Another study showed the risk of dying was 9% in those who underwent the surgical procedure compared with 28% in those who didn't. This is the first time that the AHA has directly addressed the issue, and has recommended bariatric surgery a "treatment of choice" for people with a BMI of 40 or higher.

American Association of Clinical Endocrinologists  
Annual Meeting and Clinical Congress  
April 13-17, 2011, San Diego, California

Do our subcutaneous insulin injections have too long needles?

Hirsch LJ, Gibney M, Byron RNK.

A study presented at the AACE 2011 conference found that a 4 mm pen needle was as safe and effective as two longer pen needles with sizes of 5 mm and 8 mm. The researchers concluded that the skin thickness at insulin injection sites is thinner and much less variable than what is commonly perceived and a 4 mm pen needle penetrates the skin and consistently delivers insulin into subcutaneous tissue with minimal risk of intramuscular injection.

These results were derived from two studies which used different methods including measurement of skin thickness and subcutaneous tissue using ultrasound in type 1 and 2 diabetics with varying body mass indices and other parameters.

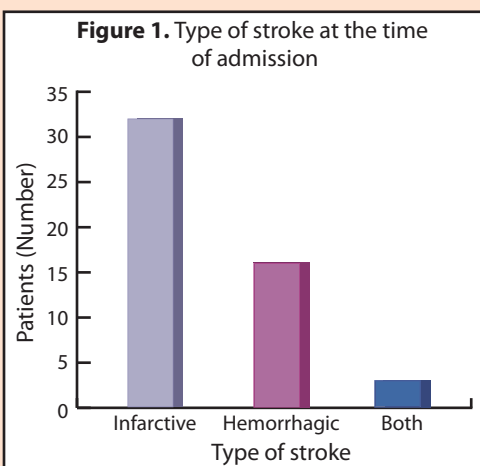
It was observed that despite varying body size, gender, body mass indices, and race there was a small effect clinically. Fewer subjects reported skin leakage with the 4 mm than the 5 and 8 mm pen needles. The 4 mm pen needle was rated easier to use and preferred by the patients.

Blood glucose values at admission may help in predicting the type of stroke

Akinlade AT, Ogbera AO.

Akinlade et al, in this study reported that there is a possible correlation between admission blood glucose levels and the type of stroke. A patient with an admission blood glucose value of more than 200mg/dl is more likely to suffer from infarctive stroke.

The researchers studied 51 consecutive subjects admitted for acute stroke, confirmed with brain computerized tomography scan over a 1-year period. Subjects' clinical history and blood glucose were recorded at admission and analyzed. Nine subjects had prior history of diabetes mellitus and a majority (33) had prior history of systemic hypertension with an average duration of 8 years. The mean admission blood glucose was 134 mg/dl, ranging between 37 and 320mg/dl. Infarctive stroke was the most frequent type, followed by had hemorrhagic stroke and both infarctive and hemorrhagic types (Figure 1). All the subjects with admission blood glucose > 200mg/dl had an infarctive stroke. On the other hand amongst those with admission blood glucose less than 200mg/dl, 36% had hemorrhagic stroke, 58% had



infarctive stroke while 7% had both. The relationship between the admission blood glucose and stroke types was not statistically significant. The mean admission blood glucose was higher in infarctive than in hemorrhagic stroke (138 vs 130mg/dl) but the difference again was not statistically significant.

Adequate glycemic control and use of insulin sensitizers may reduce the risk of colon polyps

Bulchandani D, Rao G, Nachnani J, et al.

In the present study the researches observed that an adequate glycemic control and the use of insulin sensitizers may decrease the risk of colon polyps among diabetic subjects. Patients with diabetes mellitus have an increased risk for the development of colon cancer and colon polyps. Since majority of colon cancers originate from colon polyps, this could have important implications in terms of a possibility to reduce the risk of colon cancers in this cohort of population.

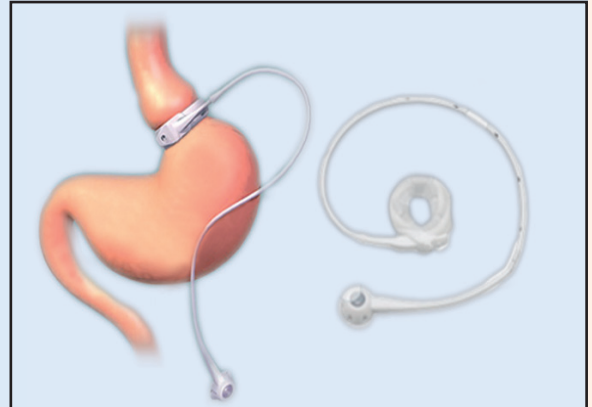
The researchers conducted a retrospective analysis on all outpatient colonoscopies performed at ten centers between 2002 to 2008. A total of 132,354 patients, comprising one of the largest cohorts of patients with diabetes undergoing a colonoscopy were evaluated. Of these, 54,741 (41.4%) had polypectomy. It was observed that use of insulin sensitizers (metformin and thiazolidinediones) and  $HbA1c \leq 6.5$  vs.  $> 6.5$  to be significantly associated with decreased occurrence of colon polyps. These independent predictors were in addition to previously established significant predictors of polyps such as age, obesity, aspirin use, and non-steroidal anti-inflammatory agents. African American race, female sex, and Hispanic ethnicity were also found to be associated with a decreased risk of colon polyps while tobacco abuse increased the risk of colon polyps. Insulin and statin use was not found to related to the occurrence of colon polyps.



## Gastric banding system expands indications

A company from California, USA, has received US Food and Drug Administration approval for the expanded use of a gastric banding system, for adults with obesity who have failed more conservative weight reduction alternatives, such as diet and exercise and pharmacotherapy, and have a BMI of 30–40 and at least one obesity related comorbid condition. Earlier, the system was approved for use in severely obese adults, individuals with a BMI of 35 with at least one severe comorbid condition or a BMI of 40, or those who are at least 100 pounds or more overweight.

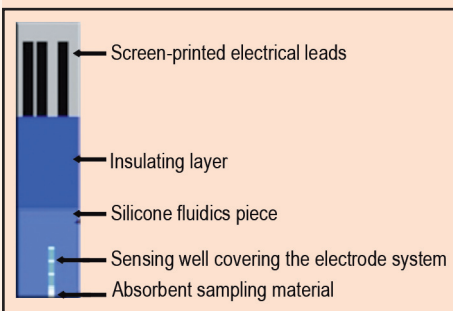
The system is an adjustable gastric band placed around the stomach and filled with saline, reducing food intake by forming a small gastric pouch and stoma. The band is placed using a laparoscopic procedure, designed to minimize the potential for complications. The procedure is minimally invasive with no stapling or dividing of native tissue. The band is attached through silicone tubing to the access port place below the skin which is used to make adjustments by adding or removing saline. An interesting observation that has been made is the fact that the system does not reduce patients' sensitivity to insulin in contrast to gastric bypass which has been shown to reduce insulin sensitivity.



## New test using tear fluid to determine sugar levels

The prick of a needle has been the bane of diabetes management with the pain that comes with pricking one's finger and other uncommon problems like infection. This will probably change in the future as a new sensor is being designed that uses tear-fluid to provide a blood glucose value.

This news will bring tears of joy to millions of young and old diabetics alike, as well as their care-givers, as the sensor being devised by the Arizona State University and Mayo Clinic will measure the amount of glucose in a tear sample, obtained simply by dabbing the corner of the eye. The device is based on the fact that the amount of glucose in the tear sample correlates closely with the amount of glucose in the blood. Yet, in the development stage, the device is made of three, screen-printed electrical leads, a sensing well covering the 3 electrode system, an insulating layer, a silicone fluidics piece, and an absorbent sampling material.



While the device has many challenges ahead, the proof-of-concept has been demonstrated and the project has been considered viable. The future will probably bring such non-

invasive devices for the millions of diabetics across the globe.

### How the system works?



## Antimicrobial microneedle technology to reduce pain and skin infections

Microneedles were developed with the idea of reducing pain, tissue damage and skin inflammation associated with needle-pricks for sampling or drug-delivery. They have the potential to form an essential component of portable medical devices for patients with chronic conditions, such as diabetes. However, concerns regarding the possibility of microneedle-associated infection have till now, limited their widespread use.

A new technique—"Two photon polymerization of microneedles for transdermal drug delivery," has been developed by researchers from the North Carolina, and from North Dakota State University. Two approaches were used using the same technology. The first one has been used for permanent or semi-permanent medical devices like glucometers for diabetics. The researchers modified the surface of a microneedle by adding an antimicrobial coating to prevent microbial growth. The coating was applied using a laser-based vapor deposition process that created a thin film of silver, which possesses antimicrobial properties, on the surface of a microneedle.

The second approach was used in degradable microneedles, which are designed to dissolve on the skin surface and can be used for single-use drug delivery. In this approach the antimicrobial agent was incorporated in to the material used to make the microneedle. As the degradable microneedle dissolves, it releases the antimicrobial agent, guarding against infection. Apart from these benefits, it was also observed that these needles did not adversely affect skin cell growth.

Development of new technologies should help in promoting widespread use of microneedles in outpatient treatments as they offer a relatively pain-free and user-friendly alternative to conventional needles in the management of diabetes.

## Chapter News

State chapters of RSSDI have conducted several activities in this year so far, both academic as well as those related to functioning of the society. The details are given below:

### Karnataka Chapter

One day CME "Bangalore Congress on Diabetes and Endocrinology (BCDE)" in association with RSSDI-Karnataka Chapter was organized on 26<sup>th</sup> February 2011 at Bangalore. Dr.Sathish Babu was the organizing Secretary of the this CME. The Scientific Content was of high Standard with participation of eminent International Faculty like Dr. Simon Aylwin from Kings College, London; Dr. Sheshadrinath Pramod from Bristol University Hospital, UK and Dr. Ranganath from NIH, Bethesda, Washington DC and National Faculty Dr. Krishna Sheshadhri and Dr. Arpandev Bhattacharya. This programme was well attended and benefited. Fifth CME was organised at Mangalore on 24<sup>th</sup> March 2011 in association with API and with the help of Dr. Venugopal as the organizing Secretary. Faculty were Dr. V. Shankar, Dr. Somashekara Reddy K S, and Dr. Ganapathy Bantwal. The topics were Basal Insulin Therapy in Type 2 Diabetes and Diabetic Dyslipidemia.

Fifth Diabetes camp was conducted at JSS College, Gokak, Belgaum on 05<sup>th</sup> February 2011. Dr. KM Prasanna Kumar and Team from Bangalore Diabetes Hospital participated in the camp. About 100 Diabetic attended and were benefited by the camp.



### Andhra Pradesh Chapter

AP-RSSDI. 2011 annual conference on 23<sup>rd</sup> January which was attended by 250 doctors. Faculty from AP as well as other parts of India deliberated on various issues in Diabetes Management. Dr. Shashank Joshi delivered the 2<sup>nd</sup> Annual oration of AP chapter and the chapter's website was also launched by the President of RSSDI. A separate scientific program for the nutritionists was organised during the conference which was attended by 50 delegates.

In First clinical meeting on 20<sup>th</sup> March a case discussion was done by Dr. Rakesh Sahay.





## Chapter News

### Gujarat Chapter

RSSDI Gujarat Chapter organized Diabetica 2010 in April 2010 at Rajkot. It had covered the topics of Recent Advance in Diabetes, Research Methodology, Complications and Debates, etc. The program was attended by more than 200 Family Physicians, Physicians and Diabetologist across the Gujarat. Eminent faculties of country in diabetes had given out their best knowledge to the delegates. RSSDI Gujarat Chapter is now aiming to organize CME on regular basis in Rural area for training the family physicians in field of diabetes.

### Delhi Chapter

Bimonthly scientific meetings are regular part of RSSDI Delhi Chapter activities. Two bimonthly meetings were held in the current year-one on 6<sup>th</sup> February and the second one on 3<sup>rd</sup> April 2011. In the scientific meeting held on 12<sup>th</sup> February main attraction was the talk on "Safety Issues in Management of Diabetes" by Kenneth Strauss, Director of Safety in Medicine at European Medical Association.

The second meeting had two guest speakers. Dr. Shashank Joshi gave a talk on "Diabetes in Special Situations–Pregnancy, Renal Disease, Liver Disease, Infections" and Dr. Jitendra Singh from Jammu gave a talk on "Management of Diabetes in Pregnancy–Current Guidelines." Both the meetings were attended by large number of members and well appreciated.

RSSDI Delhi chapter has also approved a multicentric research project titled "Study of Prevalence of Diabetes, Perdiabetes, gestational diabetes mellitus and diabetes risk factors in urban Delhi." This collaborative study will be conducted at five centres across the city of Delhi.

RSSDI Delhi chapter also publishes eNews every month which is very well received by membership and the readership is increasing day by day.

### Uttar Pradesh Chapter

A meeting of core committee was called on 30<sup>th</sup> January for establishing RSSDI-UP chapter and it decided unanimously to nominate Dr. Kamlakar Tripathi from Varanasi as chairman, Dr. Anuj Maheshwari from Lucknow as chapter secretary, and Dr. N. S. Verma as treasurer of state chapter.

First CME of newly formed chapter was organized on 5<sup>th</sup> March 2011 with Dr. Peter Gaede an esteemed faculty from Copenhagen, Chief physician at the Department of Endocrinology, Copenhagen University Hospital Slagelse, Denmark



## Chapter News

delivered a talk on "Cost-effectiveness of intensified versus conventional multifactorial intervention in type 2 diabetes: results and projections from the steno-2 study".

Another important CME planned for RSSDI-UP chapter was concluded on 23<sup>rd</sup> of April 2011 which was a case discussion conference on autonomic neuropathy. Guest faculty included Dr. (Col.) M. K. Garg who delivered a talk and Dr. N. S.Verma presented a case. Expert panel comprised of Dr. Kamlakar Tripathi, Dr. A. R. Sircar, and Dr. Brij Mohan.

Annual conference of this newly formed chapter was held on 14<sup>th</sup> and 15<sup>th</sup> May at Allahabad. Dr. Sarita Bajaj was the organizing secretary of this conference. This was the first annual conference of the Uttar Pradesh state chapter and was graced by very eminent national faculty. About 250 delegates from all over the state of Uttar Pradesh attended the conference.

## Medical Societies Across the World Respond to FDA's Pioglitazone Safety Announcement

Diabetes leaders have responded to an announcement made by the US Food and Drug Administration (FDA) that the use of pioglitazone for more than 1 year may be associated with an increased risk of bladder cancer.

According to the FDA Safety Announcement, the 5-year interim analysis of an on going 10-year study showed that although there was no overall increased risk of bladder cancer with pioglitazone use, an increased risk of bladder cancer was noted among patients who had been on pioglitazone the longest and had been on higher doses over time. Information about this risk will be added to the Warnings and Precautions section of the label for pioglitazone-containing preparations. The Patient Medication Guide for these medicines will also be revised to include information on the risk of bladder cancer.

**In response to this important safety announcement from the FDA, The Endocrine Society, the American Association of Clinical Endocrinologists, and the American Diabetes Association urge patients who are currently taking pioglitazone to continue taking all currently prescribed medications unless instructed otherwise by their healthcare providers.**

Stopping diabetes medications can result in higher levels of blood glucose that may cause serious short term health problems and could increase the risk of diabetes-related complications in the long term.

The Endocrine Society, the American Association of Clinical Endocrinologists, and the American Diabetes Association reiterated that they continue to support the FDA in its role as the regulatory agency that makes decisions regarding drug safety and efficacy.

**Source:** The Endocrine Society

## Conference Calender

<b>ADA 71<sup>st</sup> Scientific Session</b> June 24-28, 2011 San Diego, California	<b>47<sup>th</sup> EASD Annual Meeting</b> September 12-16, 2011 Lisbon, Portugal
<b>RSSDI Delhi Chapter Annual Conference</b> September 18, 2011 New Delhi, India	<b>10<sup>th</sup> Annual Conference of Diabetic Foot Society of India</b> October 07-09, 2011 Ahmedabad, India
<b>RSSDI Annual Conference</b> November 04-06, 2011 Mumbai, India	

Please note that the International Journal of Diabetes in Developing Countries (IJDDC) now has a new weblink.  
<http://www.springer.com>

### RSSDI Secretariat

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