



RSSDI News

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

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Message from the RSSDI President

My Dear Friends

It is a very proud moment for us to have achievement from two of our committee members Dr Jitendra Singh and Dr Shashank R Joshi. Dr Singh has not only won the MP election from Udampur but has been posted as a very important minister of Science & Technology. Dr Singh is very gentle, soft spoken, and active. Hope Dr Singh will establish the role and capacity of RSSDI at the government level which will uplift the demand of an ideal care of diabetes treatment in India. Dr Joshi has received the honour of Padma Shri award of this year. It is more interesting that Dr Joshi could achieve this award at a very young age. I wish both a long active life and more achievement in future and its reflections on the diabetes care in India.



Professor Samar Banerjee
President, RSSDI

I had the opportunity to attend the annual scientific conference of Rajasthan, Andhra Pradesh, West Bengal, and Maharashtra chapters. All the conferences were very successful, vibrant, and thought provoking. I feel the decision to allow the formation of state chapters of RSSDI, though taken late has proved to be very fruitful and need based. Formation of more chapters and inclusion of more members all over the India will not only raise the awareness about the diabetes action plans amongst the doctors but also amongst the people at large to whom we are committed.

Our certification course on diabetes is running very successfully. We are planning to have this course accredited by any reputed university. We are also planning to open a research hub for research and training of doctors, educators, and paramedics.

We have started to help young doctors who are presenting papers in the national and international levels with monetary grant. Our next annual conference is due on 21st to 23rd November 2014, which we are expecting it to be a novel one and I request you all to join the same and send your suggestions.

For improving the diabetes care in India, sky is our limit but only strength is your active involvement. I request you all, to actively participate in the activities, comment and criticise, and improve our RSSDI. My inbox will remain open for your response.

Long live RSSDI.

10th June 2014

Professor Samar Banerjee
President, RSSDI
Email: drsamarbanerjee@gmail.com



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Message from the RSSDI Secretary

It gives me immense pleasure to congratulate and greet two eminent, towering personalities fortunately both of whom are RSSDI national office bearers and have made "RSSDI Pariwar" proud of them by achieving something extra ordinary and have laurels to all of us.

Dr Jitendra Singh (National EC Member of RSSDI) has been sworn in by President Shri Pranab Mukerjee as union MoS (Independent Charge) Science & Technology and MoS at Prime Minister Office on 26th May, 2014. I am sure RSSDI shall achieve greater heights in the coming years through their perusal.

Dr Shashank R Joshi has been conferred with the prestigious Padma Shri from the Government of India in Medicine-Endocrinology from President Shri Pranab Mukherjee at a Civil Investiture Ceremony, at Rashtrapati Bhavan, in New Delhi on March 31, 2014.

I once again extend an invitation for RSSDI 2014 being organized at Bangalore from 21st-23rd November at KTPO Bangalore, which is the best weather to be in Bangalore. The scientific committee under the chairmanship of Dr Joshi is working hard to offer you the best scientific feast.

I also invite you to submit your original data to be presented for theme symposium entitled—

- Professor MMS Ahuja Symposium—*Sexual health in diabetes*
- Professor BB Tripathy Nutrition Symposium—*Strategies for ensuring dietary compliance, including behavioral modification.*

RSSDI also invites applications from young scientists/clinician for providing travel grant for RSSDI conference if they are presenting oral paper/poster of their original research work for which last date for abstract submission is 31st August. Guidelines for abstract submission are also printed in this Newsletter.

We look forward to welcome you at RSSDI 2014.



Dr Rajeev Chawla
MD, FRCP Edin (UK)

Dr Rajeev Chawla
Secretary, RSSDI

Invitation to the RSSDI, 2014 Conference

Bangalore—the Multifaceted Metro of South India



Bangalore is also known as the Garden city, the silicon valley, and fifth largest city of India is the capital of the state of Karnataka. It was founded in the year 1537 AD by Shri Kempe Gowda, a chieftain of the Vijayanagar empire. Bangalore is a cosmopolitan city where people from all over the country feel at home. Kannada being the native language, English, Hindi, Tamil, Telugu, and Malayalam are also widely spoken.

Bangalore also boasts of rich flora and fauna in Lalbagh and Cubbon park. On the tourism front, Bangalore is the perfect basecamp from where one can organize a lot of tours ranging from a day to a week. The city has grown tremendously over the past decade and one can witness many shopping malls, IT hubs, twin-towers, and the flyovers spread over the city. The Metro train network is the latest addition to the infrastructure. The city has multi-cuisine and international cuisine restaurants, pubs, star hotels, clubs, and the so-commonly found "darshinis". Several multiplexes are also spread across the city.

Bangalore is well connected nationally and internationally by road, rail, and air. The Bangalore (Kempe Gowda) International Airport is located in Devanahalli, 30 km from the city centre. Prepaid taxis and volvo buses offer excellent connectivity to different parts of the city. Weather is generally very pleasant in November. Temperatures will range between 22°C and 28°C. Some light woollens might come in handy.

DIABETES Despatch

News from the JOURNALS

Moderate physical activity is of prognostic significance in diabetic adults

A recently published study in *Diabetes Care* assessed the association between specific types of physical activity and all-cause and cardiovascular disease (CVD) mortality in diabetics. The study showed that moderate physical activity levels were associated with better prognosis in diabetic adults.

A total of 3,038 participants (675 deaths) with diabetes in the Health Survey for England and the Scottish Health Surveys conducted between 1997 and 2008 were recruited for the study. Participants aged ≥ 50 years at baseline were followed up for an average of 75.2 months for all-cause and CVD mortality. Data were collected on self-reported frequency, duration, and intensity of participation in sports and exercise, walking, and domestic physical activity.

The researchers observed inverse associations with all-cause and CVD mortality for overall physical activity in a dose-response manner after adjusting for covariates. Compared with those individuals who were inactive, participants who reported some activity, but below the recommended amount, or who met the physical activity recommendations had a 26% [95% confidence interval (CI) 39–11] and 35% (95% CI 47–21) lower all-cause mortality, respectively. Similar results were also noted for below/above median physical activity levels. Sports and exercise participation was inversely associated with all-cause (but not CVD) mortality, as were above average levels of walking. An important finding was that domestic physical activity was not associated with mortality.

Summarizing the above results, it can be firmly concluded that moderate physical activity levels are associated with better prognosis in diabetic adults.

Source: Sadarangani KP, Hamer M, Mindell JS, Coombs NA, Stamatakis E. Physical activity and risk of all-cause and cardiovascular disease mortality in diabetic adults from Great Britain: pooled analysis of 10 population-based cohorts. *Diabetes Care*. 2014;37:1016-23.

Effects of insulin resistance on white matter microstructure in middle-aged and older adults

The objective of this study was to investigate the potential relationship between insulin resistance (IR) and white matter (WM) microstructure using diffusion tensor imaging in cognitively healthy middle-aged and older adults.

The researchers recruited 127 individuals (age range 41-86 years) and diffusion tensor imaging was acquired from the subjects. IR was evaluated by the homeostasis model assessment of IR (HOMA-IR). Participants were divided into 2 groups based on HOMA-IR values: "high HOMA-IR" (≥ 2.5 , $n = 27$) and "low HOMA-IR" (< 2.5 , $n = 100$). Cross-sectional voxel-based comparisons were performed using Tract-Based Spatial Statistics and anatomically defined regions of interest analysis.

The high HOMA-IR group demonstrated decreased axial diffusivity broadly throughout the cerebral WM in areas such as the corpus callosum, corona radiata, cerebral peduncle, posterior thalamic radiation, and right superior longitudinal fasciculus, and WM underlying the frontal, parietal, and temporal lobes, as well as decreased fractional anisotropy in the body and genu of corpus callosum and parts of the superior and anterior corona radiata, compared with the low HOMA-IR group, independent of age, WM signal abnormality volume, and antihypertensive medication status. These regions additionally demonstrated linear associations between diffusion measures and HOMA-IR across all subjects, with higher HOMA-IR values being correlated with lower axial diffusivity.

In conclusion, in generally healthy adults, greater IR is associated with alterations in WM tissue integrity. The above cross-sectional findings suggest that IR contributes to WM microstructural alterations in middle-aged and older adults.

Source: Ryu SY, Coutu JP, Rosas HD, Salat DH. Effects of insulin resistance on white matter microstructure in middle-aged and older adults. *Neurology*. 2014;82(21):1862-70.

Short-term intensive insulin therapy can reduce glycemic variability early in the course of diabetes

Change in β -cell function with intensive therapy may be linked to reduction in glucose variability. According to a new study published in the *Diabetes Care*, short-term intensive insulin therapy can improve β -cell function in diabetic subjects in association with decreased glycemic variability.

The objective was to study whether β -cell functional recovery induced by short-term intensive insulin therapy correlated with glycemic variability. Sixty-one type 2 diabetic subjects with a mean duration of 3 years of diabetes underwent four weeks of intensive insulin therapy. The Insulin Secretion-Sensitivity Index-2 (ISSI-2) was used to assess β -cell function before and after intensive insulin therapy. Glucose variability was measured in the first and last week.

The researchers reported that intensive insulin therapy led to a reduction in glucose variability in 55.7 percent of patients between the first and last week of the study. There was a negative correlation between change in glucose variability and the change in β -cell function. The only factor independently associated with the change in glucose variability was percentage change in ISSI-2 ($P = 0.03$). Patients with a 25 percent or higher increase in ISSI-2 had a reduction in glucose variability, compared with their peers who had almost no change (-0.041 versus -0.0002 ; $P = 0.006$).

The researchers concluded glucose variability is a modifiable parameter early in the course of type 2 diabetes for which intervention may reduce or mitigate future risk of adverse outcomes.

Eat fresh fruits and vegetables to lower the risk of death from all causes

A recent study published in the *Journal of Epidemiology and Community Health* reported that consuming seven or more portions of fruit and vegetables could help you live longer.

The study examined data on the dietary habits of adults for over seven years and found that eating seven or more servings of fruit and vegetables each day was associated with a lower risk of overall death rates as well as death due to heart disease, stroke, and cancer. Another interesting finding that was reported was that vegetables probably afforded more protection in comparison to fruits.

Data from the 2001 to 2008 health surveys, which are annual surveys on health and health-related behaviors from England were used in the study. In all, 65,226 participants above the age of 35 years were included in the study and the average age of the participant was 56 years. Participants were followed-up for an average duration of 7.7 years. They were asked about consumption of all fresh, canned, and frozen fruits and vegetables, including salads, smoothies, and juices.

During the duration of the trial; 4,399 (6.7%) participants died and amongst these 1,398 died of cancer and 1,554 died of heart disease.

On an average, the participants consumed 3.8 portions of fruit and 1.5 portions of vegetables every day. There was a 42% risk reduction in death from all causes in those who consumed seven or more daily portions of fruit and vegetables. Similarly, these subjects also had a 25% lower risk of dying from cancer and a 31% lower risk of dying from heart disease and stroke.

It is to be highlighted that frozen and canned fruit seemed to be associated with an increased risk of death to the tune of 17%; the researchers attributes the observation to the presence of added sugars. Also, the reason cited for more benefits with vegetables compared to fruits was the finding that that two to three daily portions were associated with a 19% risk reduction of death, while same portions of fruit led to only a 10% risk reduction in death.

This study concluded that consumption of fresh fruit and vegetable was strongly associated with overall reductions in mortality. A higher consumption of fruits and vegetables has always been recommended, and as per the World Health Organization recommendations, a daily intake of 400 grams of fruits and vegetables may provide protection from cardiovascular disease and certain cancers.

16th European Congress of Endocrinology

May 3–5, 2014, Wroclaw, Poland

The gut: A key organ coordinating the brain control of energy homeostasis

Gilles Mithieux.

In this new study presented at the European Congress of Endocrinology, the researchers observed that the extrinsic gastrointestinal nervous system plays an important role in the sensing of nutrients and hormones which is translated in terms of the control of food intake by the central nervous system.

Major macronutrients such as glucose and proteins are sensed by the gastrointestinal neural system and transmission of the signals to the brain promotes the satiety phenomena. Glucose is also sensed in the portal vein by neurons expressing the glucose receptor SGLT3 and activates the main regions of the brain involved in the control of food intake. Furthermore, proteins indirectly act on food intake by inducing intestinal gluconeogenesis and the sensing of released glucose by the portal glucose sensor. Soluble fibers and their products (short-chain fatty acids) too mediate their anti-obesity and anti-diabetic benefits via a reflex arc with the brain inducing intestinal gluconeogenesis. The researchers also postulated that the gut gluconeogenesis and gastrointestinal nerves may have a role in the rapid metabolic benefits of gastric bypass surgeries for obesity.

This new knowledge provides novel mechanisms of control of body weight, which might be useful in the future for creation of newer metabolism control pathways for prevention or treatment of obesity and diabetes.

Neuropeptide Y may be an important predictor of advanced diabetic nephropathy independent of presence of microalbuminuria in type 2 diabetic subjects

Asli Dogruk Unal, Ozlem Tarcin, et al.

Neuropeptide Y may be an important predictor of advanced diabetic nephropathy, independent of the presence of microalbuminuria, according to new study presented at the European Congress of Endocrinology. Moreover, increased neuropeptide Y level in moderate to severe renal dysfunction may be the underlying pathogenetic factor in type 2 diabetes.

Neuropeptide Y cause decrease glomerular filtration rate, aldosterone concentration, and plasma renin activity by stimulating neuropeptide Y receptors in the kidney. Previous studies have suggested that neuropeptide Y polymorphism is related to development of advanced diabetic nephropathy. The objective of this study was to evaluate the relationship between the serum neuropeptide Y levels and different stages of diabetic neuropathy in patients with type 2 diabetes mellitus.

Seventy-five diabetic subjects were divided into two groups according to estimated glomerular filtration rate. Sixteen cases with moderate and severe renal dysfunction (creatinine clearance < 60 mL/min/1.73 m²) were included in group A and 59 cases with mild to normal renal function (creatinine clearance > 60 mL/min/1.73 m²) in group B. Serum fasting glucose, glycosylated hemoglobin levels, high-sensitivity C-reactive protein, lipid profile, urinary microalbumin excretion, serum neuropeptide Y, and estimated glomerular filtration rate were determined and body mass index was also calculated. Fasting serum neuropeptide Y levels were measured.

Neuropeptide Y level was significantly higher in group A than group B. Neuropeptide Y levels were 19.08 (5.7–58.02) and 15.14 pg/mL (1.32–32.01) in group A and B, respectively. Urinary microalbuminuria levels were 21.6 (9.5–172.5) and 22.1 mg/day (8–150.4) in both groups, respectively, and was not significantly different.

Neuropeptide Y was inversely associated with the estimated glomerular filtration rate and positively correlated with diabetes duration and high-density lipoprotein levels. There was no correlation between neuropeptide Y and urinary microalbumin excretion.

The researchers concluded that there was a negative correlation between neuropeptide Y levels and estimated glomerular filtration rate.

The Pengueeni: A penguin-shaped device for diabetic children to monitor blood sugar

The Pengueeni, a penguin-shaped blood glucose lancing device supplement that's small enough to fit in the palm of a hand could change how children with diabetes monitor their blood sugar levels.

The device is made of plastic and is to be used with standard lancing equipment and blood test strips. It could fill a void as children are usually afraid of needle pricks every day, the motivation to monitor their blood sugar. A device shaped like a penguin may be just the right motivation for a child and moreover, the device is designed to vibrate in a way that could reduce the pain of pricking the skin to draw blood. In effect the device distracts the kids from the pain giving them a more positive outlook to monitor their blood glucose level on their own and also helps them take control of their health. This in return could also lead to a lower level of anxiety for parents. It can also be used on the palm which has lesser nerve endings compared to finger tips leading to less pain.

Pengueeni has been designed by Casey Schneider and Lily daMota, students in UC's College of Design, Architecture, Art and Planning (DAAP). The prototype is about 3 inches tall and can easily fit in the palm of a hand and is convenient to carry.

There is preliminary data to show that the device may reduce pain and increase comfort and ease of use in comparison to using a lancing device alone; however, further research would be required to confirm the findings.

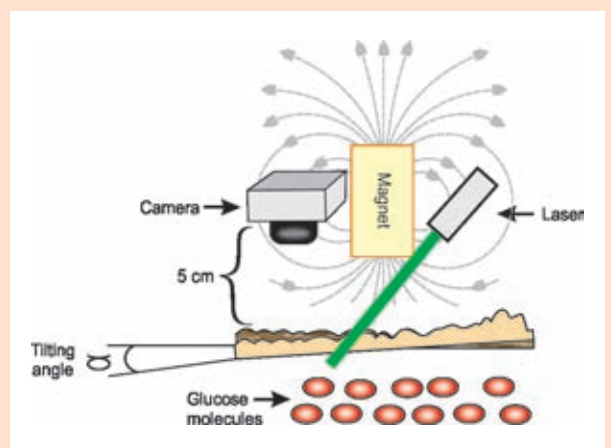


New-age wrist watchers allows noninvasive monitoring of blood glucose, dehydration, and pulse

Monitoring of vital signs and other physiological parameters is an integral component of medical care, however in recent times, the focus has somewhat shifted to self monitoring. Researchers from the Netherlands and Israel have developed two new wearable devices that use the changing patterns of scattered light to monitor biometrics. One of these devices can help keep a track of blood glucose concentration and dehydration levels, while the other monitors pulse.

Both these devices use changing patterns of scattered light for noninvasive monitoring of biological parameters. The analysis of changing patterns provides a direct measurement of the glucose concentration. The same device can also be used to indicate the relative dehydration level of the wearer as one of the main signs of mild to moderate dehydration is muscle weakness, which will alter the strength of the signals.

The commercial version is expected to be available within two to three years. The news can bring cheer to the million of diabetic subjects as it could help reduce the pain associated with repeated blood glucose tests. The figure shows how the device can be measure blood glucose levels non-invasively.



Credit: Biomedical Optics Express. Available from: http://www.novuslight.com/biometric-watches-use-light-to-monitor-vital-signs_N2731.html#sthash.YYuwFXVw.dpuf

Greetings from RSSDI Bangalore 2014—Scientific Council

RSSDI Bangalore 2014 Abstract Submission Guidelines

The last date for abstract submission is 31st August 2014

The participants are requested to go through the below guidelines in detail carefully before you do the submission. Registration for the conference is a must for presenting author for abstract submission.

- As a proof, the copy of registration confirmation receipt must be enclosed while you do the submission
- Notification of abstract acceptance/refusal will be communicated before 15th of September 2014
- Abstract must be written and presented in English
- Request you to proofread the abstract for spelling and grammar before submitting abstracts
- Abstract sent by Fax will NOT be accepted
- The abstract material submitted must not have been presented at any conclave before this one
- If similar abstract paper submitted more than once, the first will be accepted for review
- Confirmation e-mail will be sent to the e-mail address provided by you for the registration
- If the authors of accepted paper remain absent without prior intimation to the Chairperson of the Scientific Council of RSSDI Bangalore 2014, the authors will not be considered for next two subsequent conferences of RSSDI
- The Scientific Council reserves the right to change the topic and the form of presentation (oral/poster) of the abstract or to reject it
- For further details, please get in touch with scientific council at sci.rssdi2014@gmail.com.

Theme Symposia RSSDI–2014

Professor MMS Ahuja Symposium—Sexual Health in Diabetes

Professor BB Tripathy Nutrition Symposium—Strategies for ensuring dietary compliance, including behavioral modification.

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People We Are Proud Of

KUDOS

Heartiest Congratulations from RSSDI Pariwar

Dr Jitendra Singh (National EC Member of RSSDI) being sworn in by President Shri Pranab Mukerjee as union MoS (Independent Charge) Science & Technology and MoS at Prime Minister Office on 26th May 2014.



Prof (Dr) Shashank R Joshi has been conferred with the prestigious Padma Shri from the Government of India in Medicine-Endocrinology from President Shri Pranab Mukherjee at a Civil Investiture Ceremony, at Rashtrapati Bhavan, in New Delhi on 31st March, 2014.



Invitation for Certificate Course in Diabetology from RSSDI accredited centres

RSSDI invites applications for 2 year (MBBS)/1 year (Post-MD/DNB) Certificate Course in Diabetology from RSSDI accredited centers.

Interested candidates can apply at one of the center given below.

RSSDI List of Accredited Centres		
S.N.	Institute Name	Institute Location
1.	Diacon Hospital	Bengaluru, Karnataka
2.	North Delhi Diabetes Center	New Delhi, Delhi
3.	Prithvi Hospital	Tumkur, Karnataka
4.	Banglore Hospital	Bengaluru, Karnataka
5.	Aditya Diagnostics and Hospitals	Dibrugarh, Assam
6.	Total Diabetes Hormone Institute	Indore, Madhya Pradesh
7.	Dia Care A Complete Diabetes Care Center	Ahmedabad, Gujarat
8.	Sonal Diabetes Hospital	Surat, Gujarat
9.	Jothydev's Diabetes and Research Center	Trivandrum, Kerala
10.	Advanced Endocrine & Diabetes Hospital	Hyderabad, Andhra Pradesh
11.	G D Hospitals and Diabetes Institute	Kolkata

Announcements for Research Grant

- For providing research grants, RSSDI invites proposals from Indian scientists, 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, which can be sent throughout the year. These proposals may fall into one of the following two categories:- Projects involving funding up to Rs 40,000 per project (preference will be given to young scientists < 40 years)
- Projects involving funding up to Rs 3-4 lakhs (preferably multicentric)
- The detailed proposals should include the following:-
 - ◇ Title, names of principal and co-investigators, summary, introduction/background, review of literature, aims, methodology, study design, and detailed plan of work and bibliography. Brief biodata of principal investigator and other co-investigators
 - ◇ Importance of work in the context of national priorities. Detailed budget sought along with full justification/proposed utilization, of funding sought from RSSDI
 - ◇ Whether the project is being partly funded from any other source? If yes, please mention the source and the amount received
 - ◇ Ethical committee clearance of the institution or other bonafide body.

Chapter News

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

Andhra Pradesh Chapter

The Annual scientific meetings of Andhra Pradesh (AP) state chapter of RSSDI was conducted at Novotel Airport Hotel, Hyderabad on 12th and 13th April and about 300 doctors from different parts of AP state have attended the meeting. The conference was inaugurated by Dr Samar Banerjee, President RSSDI and Dr SM Sadikot, President Elect IDF on 12th April.

About 18 important topics of clinical relevance were covered during the conference.



Punjab & Chandigarh Chapter

Department of Endocrinology, PGIMER, Chandigarh organized a picnic on 19th April 2014 to Chatbir Zoo for young diabetic children, to motivate, so that they can interact with each other and learn from individual's experience.



West Bengal Chapter

Third Annual State Conference was held at Hotel Hyatt Regency on 8th March and half-day workshop on GCP was conducted by Dr Aakash Ganju and Mrs Aditi Hazra Ganju on 8th March; more than 75 doctors and related HCP participated; certificates were awarded to the attendees at the end of the workshop.

The daylong annual conference on 9th March had an attendance exceeding 400. Professor Sarita Bajaj, National Vice President delivered the annual oration. Dr SR Aravind another Vice President, Dr Santosh Kumar Singh and Dr Deep Dutta were the other guest speakers from outside the state. Professor Samar Banerjee, National President, attended the program as an honored faculty.

Research grants were awarded to 9 young researchers from 4 different institutions totaling Rs 800,000/- only.

Chapter News



Uttar Pradesh Chapter

RSSDI Uttar Pradesh Chapter organized a unique scientific program titled "Point and Counterpoint" on 30th March at scientific convention center KGMU Lucknow. In this program, the debate was organized on 5 topics. The program was attended by about 100 physicians, gynecologists, and diabetologists. The program was inaugurated by chapter chairman Professor Kamlakar Tripathi and conducted by chapter secretary Professor Anuj Maheshwari with active support of chapter treasurer Professor NS Verma.



Delhi Chapter

RSSDI Delhi Chapter organised three bimonthly scientific meetings. First meeting was on 9th February, 2014. 'American Diabetes Association 2014 Clinical Practice Recommendations' was reviewed by Dr Vinod Mittal, Sr. Diabetologist, Fortis Jessa Ram Hospital and 'Recent Guidelines for the Management of Hypertension and their Clinical Implications for Diabetic patients' was reviewed by Dr Balbir Singh, Sr. Interventional Cardiologist, Chairman EP & Pacing, Medanta Hospital. It was attended by 80 doctors. It was a highly interactive session.

Second bimonthly scientific meeting was on 6th April, 2014. Dr Dinesh Dhanwal, Director Professor Internal Medicine & Endocrinologist, LN Hospital delivered a talk on 'Vitamin D Status and Bone Health in Diabetes'. Dr BM Makkar, Shri Balaji Action Hospital discussed 'Metformin Induced Vitamin B₁₂ Deficiency'. The meeting was attended by 60 doctors and was appreciated by all.

The last meeting was a programme on Continuous Professional Development "Unleashing Full Potential" by Prof. Srinivasan Ranganathan, a transformation mentor and visiting Professor at Indian Business of School, Hyderabad. It was a highly inspirational program and was attended by more than 100 doctor.

Chapter News



Tamil Nadu Chapter

The elections of Tamil Nadu State Chapter was held at Trichy on 19th October, 2013.
Congratulations to newly elected team.



Dr Anand Moses
Chairman



Dr Vijay Viswnathan
Secretary



Dr G. Vijayakumar
Treasure

Conference Calender

16th International Congress of Endocrinology and The Endocrine Society's 96th Annual Meeting

June 21–24, 2014
Chicago, United States

Practical Ways to Achieve Targets in Diabetes Care

July 17–20, 2014
Keystone, Colorado, United States

6th ISLET Society Meeting

July 20–21, 2014
Stellenbosch, South Africa

Australian Diabetes Society and Australian Diabetes Educators Association ASM

August 27–29, 2014
Melbourne, Australia

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

RSSDI Secretariat

North Delhi Diabetes Centre

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