



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,

As this goes to press, preparations for the 44th Annual Conference of RSSDI are going on at a fast pace. This year's conference is being organized by the national body with members of the executive committee helping out.

RSSDI's therapeutic wheel introduced last year as part of our guidelines has become popular among doctors across the country. However, our guidelines last year did not cover inpatient management, an area where a lot of work needs to be done.

Glycemic management of patients admitted to the hospital has always posed problems to doctors. Patients with both type 1 and type 2 diabetes do get admitted for various reasons. Most often we see patients getting admitted for foot infection, surgery-planned or emergency or only for glycemic control.

Much of what was formerly done in the hospital is being done as outpatient to minimize costs but still once admitted, the length of stay is often more in the diabetic population.

Coming specifically to the issue of management of hyperglycemia, the main goals in patients with diabetes needing hospitalization are to:

1. Minimize disruption of the metabolic state
2. Prevent an untoward result
3. Return the patient to a stable glycemic balance as quickly as possible.

These goals are not always easy to achieve. On one hand, the stress of the acute illness tends to raise blood glucose concentrations. On the other hand, the anorexia that often accompanies illness or the need for fasting before a procedure tends to do the opposite. As the net effect of these countervailing forces is not easily predictable in a given patient, the target blood glucose concentration is usually higher than when the patient is stable.

I am happy to say that RSSDI has taken up the task of making guidelines for inpatient management of diabetes that can be followed easily across our country. All efforts have gone into making this "guidelines" world class. These guidelines will be released during the annual conference at Hyderabad, which will be held from 18th–20th November. A mobile friendly application to aid practitioners in intravenous insulin management will also be released.

Talking of mobile applications, technology using artificial intelligence is slowly coming up to help doctors better interact with patients in their day-to-day problems. Things that a doctor always wanted to do in terms of interaction and education with patients but could not do because of lack of time is now going to be available through mobile application using artificial intelligence. RSSDI has plans to endorse one such application to be made available "free of cost" to all our members during the upcoming annual conference.

Without waiting, start planning to attend the annual conference at Hyderabad from 18th–20th November.

Long live RSSDI!



Dr SR Aravind
President, RSSDI

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Message from the RSSDI Secretary

Dear Friends,

As this newsletter goes to print, we are amidst an important RSSDI executive election for the year 2017–19, which I am sure is the most democratic process for the largest body of diabetologists and physicians in Asia, having a strength of more than 6,600 members.

The very fact that even for EC member there are more than three times candidates, speaks of growing popularity of RSSDI and enthusiasm amongst our professional members to serve the profession through this prestigious organization. Voting is the most democratic way of getting the right mandate for any good and willful change yet unfortunately most underutilized amongst us.

Hence, I request every member to vote with his conscience judiciously and must return the ballot by posting the prestamped envelope sent to you.

We now have 15 centers in the country accredited by RSSDI for certificate courses in diabetology and to make this certificate more authentic we are in process of finalizing dual certification under Jaipur National University, and hopefully we shall announce this in the forthcoming RSSDI annual conference at Hyderabad.

We have developed for the first time the RSSDI clinical practice guidelines for management of type 2 diabetes mellitus, which were formally published in the October issue of IJDDC 2015 and released in RSSDI 2015 at Lucknow. Mr JP Nadda, Minister of Health, Government of India formally released these guidelines in presence of Dr Jitender Singh Minister of State, AYUSH Minister Mr Naik, Directorate General of Health Services, Director Indian Council of Medical Research, and Head of World Health Organization in India on 7th April.

RSSDI guidelines have been widely disseminated as therapeutic treatment wheel of RSSDI through website and mass emails.

Recently in-hospital guidelines management have been framed which have been sent to key opinion leaders in India and even uploaded on RSSDI website rssdi.in for everyone's input. These will be released in annual conference and we are organizing RSSDI guidelines workshops on all three days morning and evening for wider dissemination amongst all the delegates.

We are moving further into patient care through our recently launched free insulin scheme for young type 1 diabetes patients and the mobile van scheme for state chapters for diabetes outreach activities.

While writing for the last time through this column as honorary secretary, I wish to compliment all of you for playing your own part in transforming RSSDI, which has contributed immensely in this transformation, by ensuring smooth and efficient implementation of the decisions of the leadership of RSSDI.

Long Live RSSDI!



Dr Rajeev Chawla
MD, FRCP Edin (UK)

Yours Sincerely
Dr Rajeev Chawla
Honorary Secretary, RSSDI

Invitation to the RSSDI, 2016 Conference



Dear Members and Guests,

Welcome to RSSDI-2016

On behalf of the organizing committee of RSSDI 2016, we have great pleasure in welcoming you to the 44th Annual Scientific Meeting of the Research Society of Study of

Diabetes in India to be held in Hyderabad from 18th–20th November, 2016. The RSSDI as you all know has grown to become the largest scientific body of professionals involved in managing diabetes in India and its annual meeting is the major event that all the members of RSSDI and doctors managing diabetes in India look up to. We are privileged to host this event in Hyderabad. The scientific program for RSSDI 2016 being crafted by Professor SV Madhu, Chairman Scientific Committee, will be designed to update our knowledge on various aspects of diabetes. The program will not only have Plenary lectures, guest lectures and symposia, but also workshops designed to provide hands-on training in several important practical areas of diabetes management. There would also be ample opportunities for young researchers to present their research work in the form of free papers. The venue for the conference will be the Hyderabad International Convention Centre, which has state-of-the-art facilities for a conference of this magnitude. Hyderabad the City of Pearls is known for its rich history, food, and its multilingual culture. It is known for its monuments like the Charminar, Golconda Fort, Falaknuma Palace, and artificially created lakes like the Hussain Sagar, Osman Sagar, and the Himayat Sagar. It is also home to the top research institutions like National Institute of Nutrition and Center for Cellular and Molecular Biology and business school like Indian School of Business, Indian Institute of Technology, Indian Institute of Information Technology, and Birla Institute of Technology and Science. Hyderabad is well connected by air/train with different parts of the country. We look forward to welcoming you for the RSSDI 2016. The organizing committee is working hard to ensure that RSSDI 2016 will be an academically and culturally enriching event for all of you.



Dr Ch. Vasanth Kumar
Chairman, RSSDI, 2016



Dr Rakesh Sahay
Organizing Secretary, RSSDI, 2016

Announcements

Please enroll more and more RSSDI life members in your professional circle as RSSDI Life Membership fee will increase to ₹5,000/- from the current fee of ₹2,500/- with effect from January 1st, 2017.

IMPORTANT

Dear Member

Please update your membership details like complete postal address, email ID, PAN number, and mobile number by logging in to your membership area on our website www.rssdi.in under subheading Membership corner, so that we can send you RSSDI Newsletter and Journals.

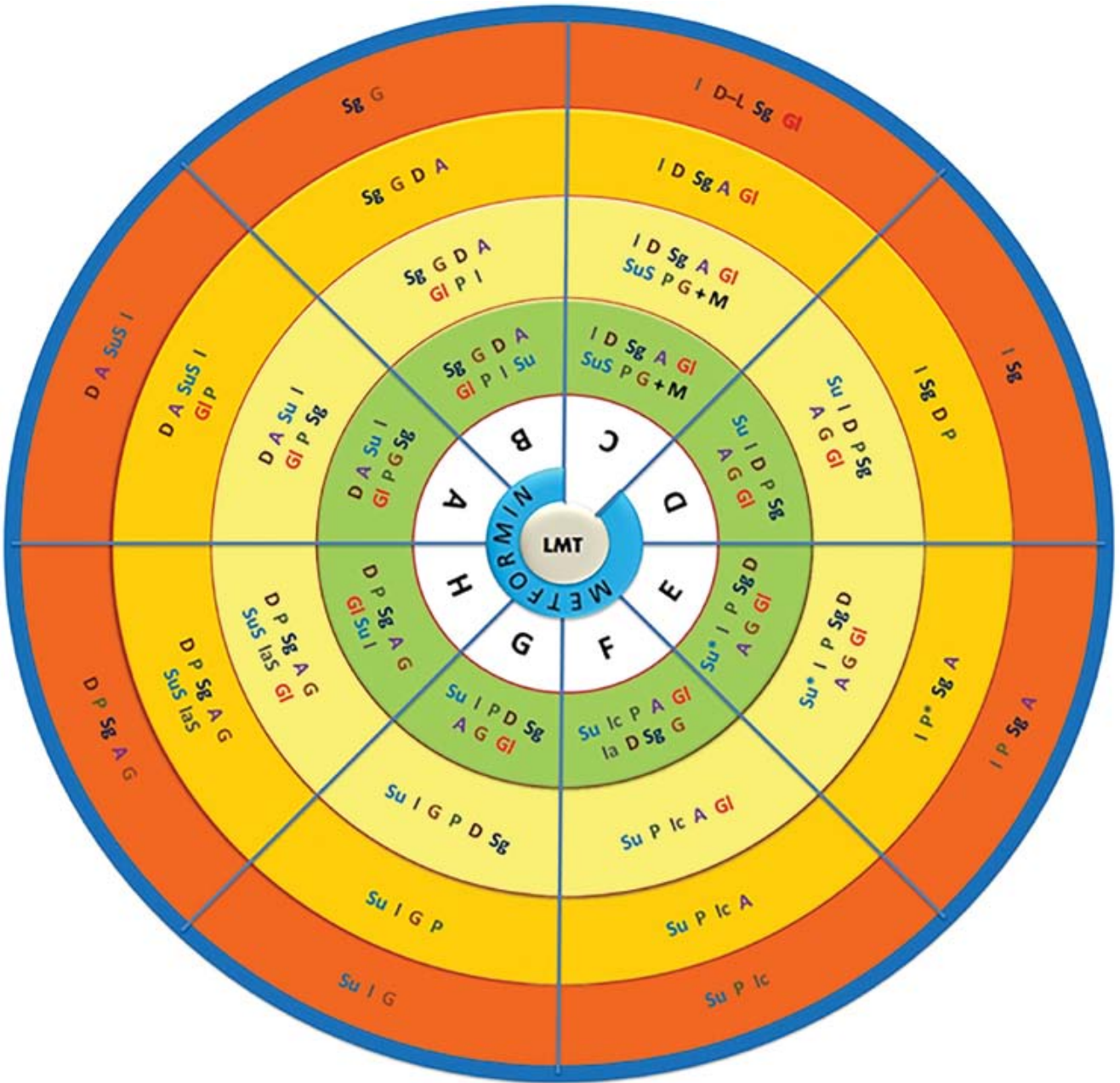
Travel Grants for Young Diabetes Researchers to Attend International Conferences

Criteria for the travel grant are as follows:

- Applicant should apply 2 months in advance
- Travel grant is open only to RSSDI members
- Applicant should submit oral paper/poster acceptance document to RSSDI secretariat
- Applicant should submit declaration that he/she is not receiving grant from any other agency/organization. In case of receiving grant from any other organization, RSSDI shall pay only the exceeding amount not covered by that agency.



RSSDI Diabetes Therapeutic Wheel



Su – Sulfonylurea

Su* – Preferably glimiperide or gliclazide

SuS – Short-acting sulfonylureas

I – Insulin

Ic – Conventional insulins

Ia – Insulin analogs

IaS – Short-acting insulin analogs

D – DPP-4 inhibitors

D-L – Linagliptin

P – Pioglitazone

P* – Pioglitazone if EF >40%

Sg – SGLT-2 inhibitors

A – Alpha-glucosidase inhibitors

G – GLP analogs

GI – Glinides

From innermost to outermost: A: Age = Advancing Age; B: BMI = Increasing BMI; C: CKD = Advancing CKD; D: Duration of diabetes = Increasing duration; E: Established CVD = Low CVD risk to established CVD risk; F: Finance = Adequate-to-limited; G: Glycemic status = Worsening glycemic control; H: Hypoglycemia = Hypoglycemia concern.

Lesser options available

Wider options available

Pharmacotherapy in Type 2 Diabetes Mellitus

RSSDI 2015 Recommendations - ABCD (EFGH) Approach for Diabetes Management

Choice of any antidiabetic agent should take into account the patient's general health status and associated medical disorders. This patient centric approach may be referred to as the ABCD (EFGH) approach for diabetes management. As shown in the figure, for any type 2 diabetes mellitus patient first line of therapy should be metformin unless not tolerated or contraindicated.

Individualized treatment

- For a patient who has been diagnosed with diabetes, consider a combination of metformin and one of these treatment options based on patients age, body mass index (BMI), chronic kidney disease (CKD), duration of diabetes, established cardiovascular disease (CVD), financial condition, glycemic status, and hypoglycemia concern
- Drug choice should be based on patient preferences as well as presence of various comorbidities and complications, and drug characteristics, with the goal of reducing blood glucose levels while minimizing side effects, especially hypoglycemia and weight gain
- A comparative effectiveness meta-analysis suggests that overall each new class of noninsulin agents added to initial therapy lowers HbA1C around 0.9–1.1%.

Age

- The estimated glomerular filtration rate (eGFR)-adjusted doses of gliptins may be a suitable addition to metformin for elderly patients in whom one will like to avoid hypoglycemia and weight gain
- Agents belonging to AGI could also be important choice in elderly patient. These agents have moderate efficacy but minimal side effects
- In elderly males, glitazones may be a safer alternate in patients with preserved cardiac function. However, post-menopausal females must be spared for its use because of high predisposition to osteoporosis
- While SUs, GLP-1 receptor agonists, SGLT-2 inhibitors, or glinides should emerge as last choice since there are adverse effects as well as premium price associated with these agents. Risk benefits ratio must be properly evaluated before using them.

Body mass index

- Glucagon-like peptide-1 receptor agonists seem to be the best add-on therapy for those having high BMI. This group of medications have highest weight reducing property in addition to the excellent efficacy
- Sodium/glucose cotransporter-2 inhibitors also have a weight reduction property albeit less than that of GLP-1 receptor agonists. The medicines in this group have an additional advantage of excellent tolerance and can be given orally compared to GLP-1 receptor agonists. However their glycemic efficacy seems to be less than that of GLP-1 receptor agonists. The experience with this group of agents is less than that with GLP-1 receptor agonists
- Alpha-glucosidase inhibitors and gliptins are weight neutral and so can be used as third line of agents
- The last option for such kind of patients should be SUs, insulin, or glitazones, since they have weight gain properties.

Chronic kidney disease

- In the same manner if, we focus on complications (renal impairment), preference of therapy would be gliptins as add-on therapy with metformin. Few of the gliptins need dose adjustment as per eGFR, while vildagliptin needs dose adjustment in hepatic insufficiency. Linagliptin does not require any dose adjustment in renal disease
- Repaglinide is another agent which may be used across all stages of renal insufficiency. Similarly, glitazones may be used in CKD, however, one has to be careful about fluid retention
- Short-acting SUs and AGIs may also be used across renal insufficiency, however, hypoglycemia is a huge limiting factor
- Insulin may be used at any stage of renal insufficiency and is the best agent for this purpose.

Duration of diabetes

- As results of recent trials have suggested to utilize an aggressive approach in cases where duration of diabetes is less than 5 years, SU or glinide, as an add-on therapy to metformin, will be the best choices, being very potent agents. Addition of glitazones may be useful at this stage.
- Glucagon-like peptide-1 receptor agonist may score over gliptins for this indication as they are more efficacious than gliptins.
- Sodium/glucose cotransporter 2 inhibitors may also be useful as second add-on agent due to their insulin independent action which is pathophysiologically different.
- Gliptins and AGIs are last choices due to their moderate efficacy, however, they may be used as add-on agents at any stage after triple drug fails.

Established cardiovascular disease

- In patients with established CVD, dipeptidyl peptidase-4 inhibitors may be preferred agents after pioglitazone, SGLT inhibitors, and AGIs because of low-risk of hypoglycemia. Glucagon-like peptide-1 analogs may be a suitable alternative for patients who are overweight or obese. Alpha-glucosidase inhibitors may be preferred in patients with postprandial hyperglycemia.
- Ploglitazone has also been shown in different studies to reduce CVD risk.
- Recent data from EMPA-REG study has shown that SGLT inhibitors reduce CV risk and CV mortality and may be preferred.

Financial condition

- Cost of therapy also plays an essential role considering the treatment remains continued lifelong.
- Sulfonylureas should be the first choice with metformin by considering its cost, then AGIs or glitazone should be used at next therapy level, in the next level the therapeutic option should be glinides or insulin.
- High cost will prevent the use of insulin analogs, gliptins, SGLT-2 inhibitors, and GLP-1 receptor agonists in most of the patients.

Glycemic status

- Good glycemic control of patients is directly correlated with efficacy of any antidiabetic agent.
- Insulin followed by GLP-1 receptor agonists, SUs, and have highest efficacy in terms of reducing HbA1C.
- Gliptins, SGLT2 inhibitors, or AGIs should be considered as add-on therapy. If these agents are not able to achieve glycemic targets.
- It is always to be understood that good efficacy in most cases, come with a price written on it in the form of increased incidence of hypoglycemia or prohibitive cost.

Hypoglycemia concern

- Hypoglycemia is the biggest hurdle that any medical fraternity is facing during treatment course of diabetes.
- In patients with history of hypoglycemia or for those at high risk of hypoglycemia, GLP-1 receptor agonists or gliptins should be considered as first choice with other options such as SGLT-2 inhibitors, glitazones, and AGIs.
- Last option for such patterns should be either glinides, SUs, or insulin since there are high chances of hypoglycemia with these agents.

Group of patients where one will require avoiding hypoglycemia include

- Those with established CV disease
- Elderly patients
- Those suffering from retinopathy and cannot perform self-monitoring of blood glucose without help of others
- Those who stay alone, especially in remote areas
- Those who are having poor longevity
- Those who are having documented hypoglycemia unawareness
- Those who met with severe symptomatic hypoglycemia requiring hospitalization.

Announcements for Research Grants

- 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 three categories:
 1. Projects involving funding up to ₹40,000 per project (preference will be given to young scientists < 40 years)
 2. Projects involving funding up to ₹10 lakhs
 3. We also invite proposals for more than 10 lakhs as major projects but these have to be preferably multicentric
- The detailed proposals should include the following:
 - ◇ Title, names of principal and coinvestigators, summary, introduction/background, review of literature, aims, methodology, study design, and detailed plan of work and bibliography. Brief biodata of the principal investigator and other coinvestigators
 - ◇ 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.

Invitation for Certificate Course in Diabetology from RSSDI Accredited Centers

RSSDI invites applications for 2 year (MBBS) and 1 year (Post-MD/DNB) certificate course in diabetology from RSSDI accredited centers.

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

RSSDI List of Accredited Centers

S.N.	Institute Name	Institute Location
1.	Diacon Hospital	Bengaluru, Karnataka
2.	North Delhi Diabetes Centre	New Delhi
3.	Prithvi Hospital	Tumkur, Karnataka
4.	Bangalore Hospital	Bengaluru, Karnataka
5.	TOTALL Diabetes Hormone Institute	Indore, Madhya Pradesh
6.	Dia Care - A Complete Diabetes Care Centre	Ahmedabad, Gujarat
7.	Sonal Diabetes Hospital	Surat, Gujarat
8.	Jothydev's Diabetes and Research Centre	Trivandrum, Kerala
9.	Advanced Endocrine and Diabetes Hospital	Hyderabad, Telangana
10.	GD Hospitals and Diabetes Institute	Kolkata, West Bengal
11.	Aditya Diagnostics and Hospital	Dibrugarh, Assam
12.	Sunil's Diabetes Care n' Research Centre Pvt Ltd.	Nagpur, Maharashtra
13.	Marwari Hospital and Research Centre	Guwahati, Assam
14.	Down Town Hospital	Guwahati, Assam
15.	St. Theresa's Hospital	Hyderabad, Telangana

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:

Assam Chapter

RSSDI, Assam Chapter organized various CMEs and Health Checkup Camp under the banner of RSSDI, Assam Chapter. RSSDI Assam Chapter organized a CME on Dulaglutide on 15th March, 2016 at Hotel Kiranshree Portico, Guwahati, from 8:00 PM onwards. The CME was a grand success and was participated by 70 doctors from Assam. On 2nd April, a free health checkup camp was organized in Guwahati where more than 100 people were examined. On 15th May, another free blood sugar and neuropathy camp was organized in Sualkuchi, 45 km away from Guwahati, Assam where more than 80 patients were examined. RSSDI Assam Chapter also organized a CME cum Good Clinical Practice (GCP) Workshop on 26th June, 2016, at Hotel Gateway Grandeur. The CME was a grand success where 70 doctors from Assam were present. Scientific topics discussed were: (1) GCP Workshop by Dr Deven V Parmar; (2) Diabetes, Hypertension, and Role of Chlorthalidone in Management of Hypertension by Dr Rituparna Baruah; and (3) Overview and Metabolic Effect of OSA by Dr Rakesh Periwal.



CME organized by RSSDI, Assam Chapter



Free blood sugar and neuropathy camp



Health checkup camp

Bihar Chapter

The first General Body Meeting of RSSDI Bihar Chapter was held on 8th May, 2016, under the chairmanship of Professor HK Singh, to select the office bearers.

Chapter News



Office bearers of RSSDI Bihar Chapter and other members

Tamil Nadu Chapter

Diabetes screening camp was organized by RSSDI Tamil Nadu Chapter at Jeevarathinam Nagar Kasimedu (fishermen community) on 6th July, 2016. Total 23 subjects were examined, blood pressure, blood sugar (glucose tolerance test and glycosylated hemoglobin), body mass index, height and weight, diet counseling, diabetes prevention, and awareness were examined in the camp.



Diabetes screening camp

West Bengal Chapter

RSSDI, West Bengal Chapter in association with Endocrine Society of Bengal organized a two days long conference on diabetes and endocrinology on 12th and 13th March, 2016. The meeting was attended by more than 500 physicians from across the whole state of West Bengal. The conference was recognized by the West Bengal Medical Council for CME accreditation as well. For the first time, a topic of medicolegal issues was also included in the program as was demanded by the local audience for a long time, which was applauded by the delegates for the presumable benefits for the participants in future. Dr SR Aravind, the President of the RSSDI was gracious enough to deliver the prestigious RSSDI oration.



Conference on diabetes and endocrinology

Chapter News

Kerala Chapter

International Diabetes Update 2016 was held on 23rd and 24th July, 2016. Over 320 delegates from all over the state attended the conference. The scientific program was well appreciated by all. Two foreign faculties from United Kingdom, Professor Philip Homes and Professor Roy Taylor, along with eminent national faculties attended the conference as speakers. Inaugural ceremony was followed by entertainment and gala dinner.



Inaugural and lamp lighting ceremony



Dr Sreenivasa Kamath, Honorary Secretary, RSSDI Kerala Chapter delivering his keynote address

Second quarterly meeting of RSSDI Kerala Chapter was held at Palakkad on 15th of May at Hotel Fort palace. A number of 87 doctors registered and attended the meeting. Inaugural function was presided by the state RSSDI chairman and he spoke on various activities of RSSDI. Dr Sreenivasa Kamath, Honorary Secretary, read out the reports. Chief guest of the function was municipal chairperson Prameela Sasidharan; she inaugurated the function by lighting the lamp. Welcome speech was delivered by the organizing chairman Dr Muralidharan and vote of thanks by Dr Radhakrishnan organizing secretary.



Inaugural and lamp lighting ceremony



RSSDI provided grant to RSSDI Kerala Chapter for diabetes screening mobile van

Chapter News

Rajasthan Chapter

RSSDI Rajasthan Chapter organized 2 activities, On 1st July, 2016, Doctor's Day and 3rd July, 2016, Sunday a GDM CME—A grant feast. On 1st July, Doctors Day was celebrated. Rajasthan Chapter organized a Free Diabetes and Cardiology camp. Dr Anil Jain from Ahmedabad (cardiac surgeon) was specially invited for the camp. A diabetes detection, education, awareness program along with an exhibition was organized at the same garden from 6 to 9 AM. A total of 480 free blood sugar tests by glucometer were done on the spot. Local MLA, MP, and Chairman RSSDI Rajasthan Chapter Dr KK Pareek, Honorary Secretary RSSDI Rajasthan Chapter Dr GD Ramchandani were also there to provide their services in the free camp. In the second round, a blood donation camp was organized along with IMA-Kota at IMA Hall. A total of 50 units were collected on the spot. Then in the evening, there was a talk by Dr Anil Jain (cardiac surgeon) from Ahmedabad on cardiology. The evening session was again a joint venture with IMA. In this program, 25 doctors from Kota were felicitated for their exemplary work and contribution to the society.

The second program was held on 3rd July, Sunday. It was a one day free certificate course on "gestational diabetes management" at Kota. It was organized under the leadership of Dr SK Sharma from Jaipur and Dr DC Sharma from Udaipur, who were also the course directors. More than 165 physicians, gynecologists and general practitioners attended the program. The CME started from 11.00 AM and went on till 6:00 PM. It included 13 lectures, which covered all aspects from pathophysiology to management of diabetes during labour. The chief guest was Dr Girish Verma, Principal and Controller Government Medical College Kota and Founder Secretary of RSSDI Rajasthan Chapter. The guest of honor was Dr KK Pareek Chairman—RSSDI- Rajasthan Chapter, and organizing secretary of CME was Dr GD Ramchandani, Secretary RSSDI, Rajasthan Chapter.



Inaugural and lamp lighting ceremony

Chapter News



Free diabetes and cardiology camp



One-day free certificate course on "gestational diabetes management" at Kota



Conference Calendar

14th International Conference and Exhibition on Targeting Diabetes and Novel Therapeutics
October 17–18, 2016
Kuala Lumpur, Malaysia

**Endocrine Society of India
46th Annual Conference 2016**
October 21–23, 2016
New Delhi, India

International Conference on Metabolic Syndromes
October 17–18, 2016
Rome, Italy

6th International Conference on Diabetes and Endocrinology
December 5–7, 2016
Dallas, USA

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

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