



# 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

Since the last time I reached out to you all 4 months ago in January 2015, I have had the opportunity of interacting with many of you during my visits to several states to attend state chapter annual conferences. What has struck me most is the enthusiasm of both the leadership as well as the members of all state chapters. It was also heartening to note the high academic quality of the CMEs besides the conscious effort to also keep the focus on diabetes research intact. Another novel feature worth mentioning was the joining of hands of 2 adjoining state chapters – Gujarat and Rajasthan to hold a joint annual scientific meeting by pooling resources and efforts. State chapter meetings are becoming more and more creative and innovative to keep the flag of RSSDI flying high.

In this letter, I also wish to apprise you of the several new initiatives that have been decided in the executive committee meeting held in April. We hope to be able to take many of these to a reasonable level of execution by the end of this year. Some of these initiatives include consensus statement for management of diabetes, free insulin scheme for young insulin requiring children below the age of 15 years and mobile van scheme for diabetes screening by state chapters. We hope that with these initiatives RSSDI will make a difference to diabetes care in our country.

The journal of RSSDI, IJDDC is also being further streamlined and efforts are on to upgrade this and ensure that all members receive the same regularly. The directory of RSSDI is also being updated and I appeal to all members to update their contact details online or with the RSSDI secretariat.

I also look forward to feedback from all of you regarding any activity that you believe can strengthen diabetes research and care in our country. Your feedback may be sent to my email given below or to RSSDI, Secretariat.

Long live RSSDI!



Dr SV Madhu  
President, RSSDI

Dr SV Madhu  
President, RSSDI  
Email: svmadhu@gmail.com

## Theme Symposia RSSDI–2015

All the RSSDI members are invited to collect original clinical data as per the following themes which can be presented at RSSDI, 2015

- Professor MMS Ahuja Symposium—Cardiovascular outcomes in Diabetes Mellitus
- Professor BB Tripathy Nutrition Symposium—Artificial Sweeteners.

Kindly mail the abstracts by 30<sup>th</sup> June, 2015 to:

Dr Sarita Bajaj  
Scientific Chair, RSSDI, 2015  
drsarita.bajaj@gmail.com  
rssdihq@gmail.com  
rssdi2015@gmail.com



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Dr Anuj Maheshwari

## Message from the RSSDI Secretary

Dear Friends,

At the onset, I congratulate the members of Uttarakhand on formation of a new chapter of RSSDI and welcome them to the folds of RSSDI National body and "RSSDI Pariwar". It is yet another effort in our endeavor to have every state its own chapter of RSSDI so that we could reach to every physician or practicing diabetologist in this country.

We took certain major decisions in this EC meeting held on 4<sup>th</sup> and 5<sup>th</sup> April: to start mobile diabetes screening initiative by providing mobile vans to every state chapter. We are looking forward to have sustainable and viable projects from the state chapters to be submitted to national RSSDI. We have also decided to update the RSSDI directory to have better communication and networking amongst all members. Hence, we are enclosing a separate RSSDI directory form along with this newsletter. I request all the members to update their contact details by either directly logging on to our website, [www.rssdi.in](http://www.rssdi.in), using their id and passwords already circulated to them or by sending direct information to RSSDI secretariat through email or by sending a freshly filled form. Please treat it urgent, failing which we shall have to print your old contact details.

It is my great privilege to invite you to the 43<sup>rd</sup> RSSDI annual meeting from 30<sup>th</sup> October to 1<sup>st</sup> November, 2015 in the resplendent city of Lucknow, not only famous for its traditional hospitality but also with an outstanding scientific program. We also invite abstracts from your original clinical research. The last date for abstracts submission is 31<sup>st</sup> July, 2015.

Looking forward for your valuable suggestions.



Dr Rajeev Chawla  
MD, FRCP Edin (UK)

Yours Sincerely

**Dr Rajeev Chawla**

Honorary Secretary, RSSDI

## Invitation to the RSSDI, 2015 Conference



43<sup>rd</sup> Annual Conference of  
**RESEARCH SOCIETY FOR  
THE STUDY OF DIABETES IN INDIA**  
30<sup>th</sup> Oct - 1<sup>st</sup> Nov, 2015, Indira Gandhi Pratishthan, Lucknow (UP)

*Bring back "sugar" in your life.....smile as you are in Lucknow"*



Dear Members and Guests,

It is my great privilege to invite you to the 43<sup>rd</sup> RSSDI Annual Meeting. The resplendent city of Lucknow will host the largest national scientific meeting on diabetes, with an outstanding scientific program.

The program will comprise several parallel tracks which will include stimulating symposia, masterly orations, thought provoking debates and keynote lectures covering basic and clinical science discussed by national and international luminaries, targeting health care professional involved in diabetes care. The latest cutting edge Indian research on diabetes will be presented maintaining the long-standing tradition of presenting science of the highest caliber.

The themes for the Professor MMS Ahuja symposium and Professor BB Tripathi nutrition symposium are burning topics: "CV outcomes in Diabetes Mellitus" and "Artificial sweeteners" respectively.

This meeting will have CME credit points for which, we have applied to the Uttar Pradesh medical council for accreditation, which is pending approval. Each participant must fill a valid evaluation form and attend the full conference to be eligible for credits.

I wish all participants an informative and inspiring meeting in the most hospitable atmosphere. I hope you have a great stay and take back new insights and fond memories.

**Dr Sarita Bajaj**

Scientific Chair, RSSDI, 2015

# DIABETES Despatch

News from the JOURNALS

## Maternal risk of diabetes increased with a baby boy

A new study published in the Journal of Clinical Endocrinology and Metabolism has reported that a male fetus leads to greater pregnancy-associated metabolic changes than a female fetus. The authors further explained that carrying a male fetus is associated with poorer maternal  $\beta$ -cell function in pregnancy and thus an increased risk of gestational diabetes mellitus (GDM).  $\beta$ -cell dysfunction is the central pathophysiologic defect underlying both GDM and subsequent postpartum progression to type 2 diabetes mellitus (T2DM).

The researchers conducted a retrospective cohort study that aimed to determine whether fetal sex influences the natural history of maternal risk of diabetes after delivery and in a subsequent pregnancy. The study was conducted using population-based administrative databases in Ontario, Canada. All women with a singleton live-birth first pregnancy between April 2000 and March 2010 were included; in all 6,42,987 women were included.

The cohort was followed for a median of 3.8 years. It was observed that carrying a boy yielded a higher risk of GDM in both the first pregnancy (odds ratio [OR] = 1.03) and second pregnancy (OR = 1.04). For women with GDM in the first pregnancy, the likelihood of developing T2DM before a second pregnancy was higher if they delivered a girl. Recurrence of GDM was not affected by fetal sex. However, among women with a non-GDM first pregnancy while carrying a girl, having a boy in their second pregnancy predicted an increased risk of GDM (OR = 1.07).

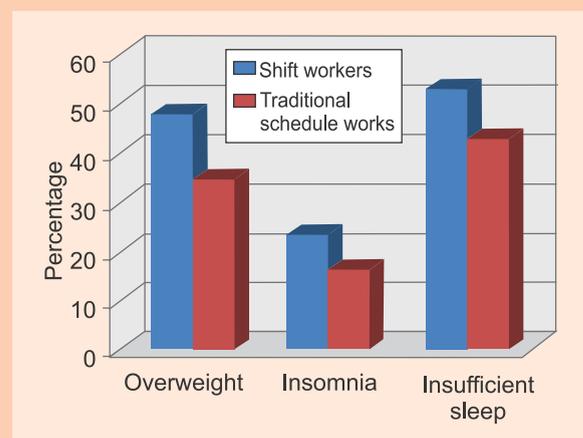
The researchers noted that the findings mean that fetal sex emerges as a previously unrecognized factor associated with the natural history of maternal diabetic risk both after delivery and in a subsequent pregnancy and suggested that the baby can help us better understand the health of the mother, and can help us predict her risks for future disease.

Source: Retnakaran R, Shah BR. Fetal Sex and the Natural History of Maternal Risk of Diabetes During and After Pregnancy. *J Clin Endocrinol Metab.* 2015, May 20.

## Working in shifts linked to sleep problems, poor metabolic health

According to new report in Sleep Health, workers with nontraditional schedules are burdened by sleep-related health problems and poor metabolic health and may raise their risk of metabolic disorders such as obesity and diabetes.

Shiftwork is probably an occupational health risk of growing significance because it is becoming more common and because of its potential influence on health outcomes, possibly increasing health differences between workers of higher vs. lower socioeconomic status. The study found that employees who work in shifts outside of a 9 to 5 schedule are more likely to be overweight and experience sleep problems, and possibly more likely to develop metabolic disorders, such as diabetes, compared to workers following traditional work schedules. The researchers also observed that those working in shifts are particularly vulnerable for experiencing sleep problems as their jobs require them to work during night, flex, extended, or rotating shifts. Shiftworkers were more commonly men, minorities, and individuals with lower educational attainment.



The researchers found that experiencing sleep problems was positively associated with being overweight/obese or diabetic. Moreover, even though sleep problems did not fully explain the relation between shiftwork and overweight or diabetes, these association appear to be stronger among shift workers who did not get sufficient sleep (<7 hours/day).

This study adds to a growing body of literature calling attention to the metabolic health burden commonly experienced by shiftworkers and also suggests that sufficient sleep could help reduce the burden.

Source: Givens ML, Malecki KC, Peppard PE. Shiftwork, sleep habits, and metabolic disparities: results from the Survey of the Health of Wisconsin. *Sleep Health.* 2015;1(2):115-20.

# 17<sup>th</sup> European Congress of Endocrinology

May 16–20, 2015, Dublin, Ireland

### Increased risk of fractures linked to metabolic disruptions from impaired glucose metabolism in diabetics

Vestergaard P.

A new study presented at the recently held European Congress of Endocrinology elaborated upon the increased risk of fractures – in particular hip fractures, which may be associated with significant excess mortality and morbidity both in type 1 and type 2 diabetics. The researchers further emphasized that the increased risk may be linked to skeletal frailty resulting from metabolic disruptions stemming from impaired glucose metabolism rather than from falls related to hypoglycemia or say reduced eye sight.

Diabetes and osteoporosis are both frequent conditions and thus a substantial number of patients are at risk of fragility fractures and the consequences of these such as pain, disability, and increased mortality. Skeletal fragility and osteoporosis may represent a hitherto overlooked complication of diabetes in line with say diabetic eye disease, diabetic nephropathy, and other complications.

The researchers reported an increased risk of fractures in both type 1 and type 2 diabetics. They also mentioned that a decreased bone density is observed in type 1 diabetics, while in type 2 diabetics, bone density may actually be increased.

The increase in fracture risk was observed at the hip, spine, and forearm as well as for overall risk of fractures. The risk of hip fractures was increased in type 1 diabetics in particular, whereas the increase was less pronounced in type 2 diabetics. Interestingly, the researchers observed that hypoglycemia seemed to play a minor role in the occurrence of fractures. Instead, they highlighted that the increased fracture risk was seemingly related to diabetes per se and less so due to complications such as falls related to diabetic eye disease.

### Regular physical activity is associated with lower prevalence of insulin resistance in women with polycystic ovary syndrome

Mario F, Graff S, Spritzer PM.

Data from a recent study presented at the European Congress of Endocrinology suggests that even a slight to moderate non-structured daily physical activity might bring health benefits in polycystic ovary syndrome (PCOS) before metabolic comorbidities become evident.

Polycystic ovary syndrome is a common endocrine disorder affecting 7–18% of women of reproductive age. Metabolic disturbances related to PCOS include dyslipidemia, obesity, and insulin resistance (IR) and women with PCOS have higher prevalence of impaired glucose tolerance and type 2 diabetes mellitus in comparison with weight-matched women without the syndrome. Regular practice of physical activity has been shown to improve insulin resistance in the general population. Habitual physical activity is defined as any form of body movement with energy expenditure above resting levels, including work, leisure activities, and household chores.

The researchers in this study aimed to evaluate whether habitual physical activity was associated with less insulin resistance in women with PCOS. One hundred and four participants, 61 with PCOS and 43 control women were stratified according to physical activity status: inactive (<7500 steps/day) or active (≥7500 steps/day). Habitual physical activity was assessed by counting the number of daily steps, using a digital pedometer. Anthropometric, clinical, and laboratory examination were also determined.

Although the body mass index was higher in women with PCOS compared to controls, it was similar between active and inactive participants of each group. Androgen levels and HOMA-IR were higher and sex hormone-binding globulin was lower in PCOS compared to controls. Abnormal fasting insulin (≥20 mIU/mL) was found to be less frequent in active than in inactive PCOS (21.7 and 52.2%, respectively) as well as HOMA-IR ≥2.7 (34.0 and 44.7%, respectively) and lipid accumulation index (LAP) ≥34.5 (35.7 and 50%, respectively). Significantly, active vs. inactive controls also presented similar results.

*Continued on page 05*

### Higher heart rates may increase the risk of diabetes in some individuals

According to a new study published in the International Journal of Epidemiology, higher heart rates may be a sign of an increased risk of diabetes in some individuals. Researchers at Penn State University found that faster heart rates were associated with impaired fasting glucose levels and found that fast heart rates led to a 59% increased risk of diabetes relative to those with slow heart rates.

The four year study involved the collection and analysis of data from over 73,000 Chinese adults who combined results with those of seven previously published studies, including nearly 98,000 men and women in all. A follow-up examination also identified 17,463 prediabetic cases and 4,649 diabetes cases.

The researchers observed that participants with faster heart rates, suggesting lower autonomic function, had increased risk of diabetes, prediabetes, and conversion from prediabetes to diabetes. Each additional 10 beats/minute was associated with a 23% increased risk of diabetes, similar to the effects of a 3 kg/m<sup>2</sup> increase in body mass index.

### High fiber intake leads to lower DM risk

More evidence that a high fiber diet helps protect against type 2 diabetes has been presented in new research published in the journal Diabetologia. The researchers looked at data on 29,238 Europeans who were followed-up for an average of 11 years. Those with the highest amount of fiber in their diet (> 26 g/day) were 18% less likely to develop type 2 diabetes than those with the lowest fiber intake (< 19 g/day), even after accounting for other dietary and lifestyle factors. The researchers observed that obesity was the key and that when a person's body mass index was accounted for, the benefits of a high-fiber diet in warding off diabetes disappeared.

When the researchers focused on specific types of fiber, they found that people who consumed the highest amounts of cereal and vegetable fiber were 19 and 16%, respectively, less likely to develop type 2 diabetes than those who consumed the lowest amounts of these types of fiber. Cereals were the main source of fiber in all countries except France, where vegetables were the main source of fiber. Consumption of fruit fiber was not associated with a lower risk of diabetes.

The researchers also analyzed the findings of 18 other studies from across the globe and found a lowering of type 2 diabetes risk as daily intake of fiber increased. The study concluded that the effect might be largely due to weight loss linked to eating more grains and vegetables and mechanisms such as improved control of blood sugar and decreased insulin peaks after meals, and increased body's sensitivity to insulin may be at work.

*Continued from page 04*

The researchers concluded that habitual physical activity, specifically walking 7,500 or more steps daily, was associated with lower frequency of insulin resistance, assessed by different clinical markers in PCOS women and even slight to moderate non-structured daily physical activity might bring health benefits for these patients.

Researchers demonstrated that periods of mild hypoglycemia – even episodes that were asymptomatic – were accompanied by bouts of ventricular arrhythmia. Nineteen patients did not have a severe hypoglycemic event, defined as a level below 56 mg/dL. Any hypoglycemic event was defined as a level below 70 mg/dL.

The mean number per patient of severe hypoglycemic events recorded by continuous monitoring was 1, and the mean number of any hypoglycemic events was 2.6. Eleven severe events occurred during daytime, while 24 occurred at night.

The researchers also found that 17 patients experienced couplets, 10 patients had triplets, and 5 patients had bouts of ventricular tachycardia. They demonstrated that in some of these cases, the bouts of hypoglycemia and arrhythmias overlapped, but could not find a direct relationship between parameters of glycemic variability, quality of diabetes control, and risk of severe arrhythmias. The researchers however, observed that more of the ventricular arrhythmic events occurred during longer periods of hypoglycemia.

The researchers concluded that large scale prospective trials with continuous glucose monitoring and electrocardiography recording would be needed to develop a risk score to single out patients at high risk for fatal arrhythmias.

## Innovations

### App that allows users to share continuous glucose monitor data with the forthcoming Apple smartwatch

A new app is being developed that allows users to share continuous glucose monitor data with the Apple smartwatch. This comes on the heels of the maker's announcement that it is the first continuous glucose monitor maker to have won FDA approval to market blood sugar data-sharing apps.

The app would allow smartwatch owners to view a graph that tracks blood-glucose readings on the watch's display screen. The current smartphone app allows up to five users to remotely get these readings throughout the day. The users can discreetly view their own information while parents and caregivers can conveniently view a child



**The app-enabled continuous glucose monitor can be used by patients to track their blood glucose levels and trends on their wrist with the Apple watch parents and caregivers can view a child or loved one's glucose data on their iPhones**

or loved one's glucose data, giving them peace of mind and reassurance when they are apart.

Continuous glucose monitoring is considered the most significant breakthrough in diabetes management in the past 40 years. The traditional standard-of-care for glucose (blood sugar) monitoring has been a finger stick meter. Continuous glucose monitors augment the use of glucose meters for the management of diabetes.

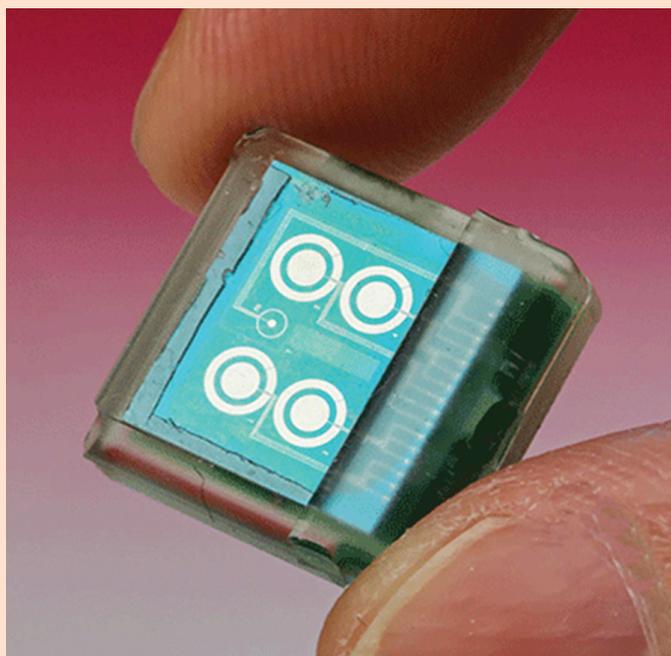
### Implantable wireless chip measures glucose, cholesterol, drugs taken

Researchers in Switzerland have developed the world's first implantable chip capable of continuously monitoring the concentration of a variety of molecules, including glucose and cholesterol, as well as pH levels and body temperature. The chip is a centimeter square that has six sensors built in, as well as an antenna, induction coil, and the electronics that control them.

The induction coil is used to power the device using an external battery that is taped to the skin right above where the device is implanted. The device uses Bluetooth to send readings to a nearby smartphone.

The researchers were able to continuously measure the levels of glucose and acetaminophen in a trial using mice implanted with the chip, receiving the readings wirelessly. It is expected that patients in the not too distant future will have lab-like results of glucose, lactate, and other compounds in their blood at all times.

This will help in monitoring disease progression, as well as help with dosing decisions that are reliant on more than spot checks performed at the clinic.



## 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 centres.

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

RSSDI List of Accredited Centres		
S.N.	Institute Name	Institute Location
1.	Diacon Hospital	Bengaluru, Karnataka
2.	North Delhi Diabetes Centre	New Delhi, Delhi
3.	Prithvi Hospital	Tumkur, Karnataka
4.	Banglore Hospital	Bengaluru, Karnataka
5.	Total 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, Andhra Pradesh
10.	G D 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

## 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 ₹40,000 per project (preference will be given to young scientists below 40 years of age)
- Projects involving funding up to ₹10 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:

### Delhi Chapter

RSSDI Delhi chapter organized two CMEs:

1. 8<sup>th</sup> February, 2015

- ◇ Clinical Practice Recommendations, ADA 2015 – Dr Vinod Mittal.
- ◇ Diabetes and Vascular Health – Dr Rajiv Parakh.

2. 5<sup>th</sup> April, 2015

- ◇ Youth Onset Diabetes – Data presentation and review – Dr Ambrish Mithal and Dr Janak, Pediatric Endocrinologist.
- ◇ Felicitation ceremony of Padma Bhushan Dr Ambrish Mithal and Padma Shri Dr Nikhil Tandon was organized.



Dr Janak delivered his presentation.



Dr Ambrish Mithal being felicitated.



Dr Nikhil Tandon being felicitated.

## Chapter News

### Uttar Pradesh Chapter

RSSDI President, Professor SV Madhu delivered the inaugural address on “Recent Trends in Management of Diabetes” in Brown hall of King George's medical university which was chaired by Vice Chancellor, King George's medical university, on 6<sup>th</sup> January, 2015 at Lucknow.

### Kerala Chapter

The annual meeting of the RSSDI Kerala chapter was held at Hotel Uday Samudra on the 7<sup>th</sup> and 8<sup>th</sup> of March, 2015. The meeting was attended by 129 delegates. An inaugural ceremony was held after the scientific sessions and it honored eminent physicians like Dr P Ramachandran, Dr N Vijayalekshmi, Dr S Krishnakumar and Dr S Bhasi. The program was attended by Dr PK Jabbar (Chairman RSSDI Kerala), Dr Srinivasa Kamath (Secretary, RSSDI Kerala), Dr Rajeev Chawla (Secretary, National RSSDI), Dr KM Prasanna Kumar (Past President, RSSDI), Dr B Jayakumar (Chairman, RSSDI Kerala chapter annual meeting), Dr Mathew John (Organizing Secretary, RSSDI Kerala chapter annual meeting), Dr Aneesh Ghosh (Chairman Scientific Committee, RSSDI Kerala chapter annual meeting) and Dr Thushanth Thomas.



Annual meeting, RSSDI Kerala chapter.



Dr Rajeev Chawla (Secretary, National RSSDI) inaugurating RSSDI Kerala chapter conference.

## Chapter News

### West Bengal Chapter

The 4<sup>th</sup> annual conference of RSSDI West Bengal chapter was held at Novotel Kolkata on February 8, 2015 with a preconference satellite symposium on February 7 at the same venue. Three hundred and sixteen delegates attended the conference and about 120 delegates participated in the satellite symposium. Professor SV Madhu, National President, RSSDI, was the chief guest at the inaugural ceremony, he also delivered the annual oration. Professor Krishna Seshadri, Dr Manash Pratim Baruah, and Dr Chitra Selvan were the other national faculties for the event.



West Bengal chapter conference inaugural ceremony.



Professor SV Madhu (President, RSSDI) delivering the Presidential oration.

### Andhra Pradesh Chapter

RSSDI Andhra Pradesh chapter conducted a Diabetes Awareness and Screening camp in a government school located in a slum of Hyderabad city on 15<sup>th</sup> March, 2015. One hundred fifty people were screened for diabetes. The school children also participated in the education program and learnt about the role of diet and nutrition in health. The camp was managed by five doctors and three nutritionists.

## Chapter News



**Dr Ch. Vasanth Kumar, Secretary, RSSDI Andhra Pradesh chapter and Dr Jayaprakashai Jana, National EC Member of RSSDI conducting Diabetes Awareness Program.**

### Assam Chapter

RSSDI, Assam chapter organized a CME on 28<sup>th</sup> March, 2015 at Hotel Lily, Guwahati from 6:30 pm. The CME was a grand success where 104 doctors participated in the program.

Four topics were discussed during the CME:

1. Unmet Needs in type 2 diabetes mellitus  
Speaker: Dr Rupam Das
2. Looking beyond the  $\beta$ -cells  
Speaker: Dr KK Barman
3. SGLT2 inhibitors achieving broader treatment success  
Speaker: Dr Sanjay K Shah (West Bank Hospital, Kolkata)
4. Dapagliflozin, new science simplified  
Speaker: Dr MP Baruah



## National Executive Committee Meeting of RSSDI

National Executive Committee Meeting of RSSDI was held on 4<sup>th</sup> and 5<sup>th</sup> April, 2015 at JW Marriott Hotel, Aerocity, New Delhi, India.



RSSDI National Executive Committee Members

## Announcement

All the esteemed members of RSSDI are requested to kindly update their address details alongwith mobile numbers and email IDs on the RSSDI website at the earliest as we are in the process of printing the new edition of RSSDI directory.

## Conference Calender

**19<sup>th</sup> Annual Hypertension Conference:  
Focus on Hypertension, Diabetes,  
and Dyslipidemia, 2015**  
June 26–28, 2015  
Charleston, South Carolina, USA

**Metabolic and Endocrine Disease  
Summit MEDS West**  
July 15–18, 2015  
Las Vegas, Nevada, USA

**Diabetes Asia, 2015**  
August 6–9, 2015  
Kuala Lumpur, Malaysia

**3<sup>rd</sup> World Congress on Interventional  
Therapies for Type 2 Diabetes**  
September 28–30, 2015  
London, UK

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

180 Jai Apartments, Sector -9, Rohini, New Delhi 110 085 (India)

Email: [rssdihq@gmail.com](mailto:rssdihq@gmail.com) Website: [www.rssdi.in](http://www.rssdi.in)