



# 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

Wish you all a very happy and prosperous new year.

With the cooperation of all our members, RSSDI enters 2015 as a strong national organization committed to diabetes care and research. Let us rededicate ourselves this new year to contribute effectively to improve the lives of people with diabetes. Together we can surely make a difference.

In recent years, the strength of RSSDI has been its many chapters which have through their various activities spread the message and goals of RSSDI across the length and breadth of the country. These chapters have continuously engaged in diabetes awareness campaigns and camps besides organizing CMEs for doctors in different parts of the state. This has given nationwide momentum to the efforts of RSSDI to meet the rising challenge of diabetes. It shall be our endeavor this year to see that every state in the country has a chapter of RSSDI, a goal we had set ourselves last year and wish to complete this year.

I am sure, most of you would have participated and enjoyed the recently held annual scientific meeting of RSSDI held at Bangalore. The growing strength and reach, the deep rooted scientific temper, and the commitment of RSSDI to research was very well showcased and was there for all to see. It shall be our sincere endeavor to see that none of this is diluted and the annual meetings in the coming years only better these high standards.

This year is the time for consolidation of some of our traditional activities, build on the newer initiatives taken in the recent past, and make focussed efforts in certain critical areas to address long felt needs that would greatly impact diabetes care in the country. The 3<sup>rd</sup> edition of RSSDI textbook of diabetes has been out for some time and can be compared to any international textbook in quality, while its content maintains its truly Indian flavor at the same time. I am sure this will help physicians and diabetologists all over the country immensely. Work on the next edition shall commence this year. Efforts are on to further position our journal IJDDC as a journal of international repute and also ensure that this reaches every one of our members.

I wish to appeal to our members to apply for more and more research grants from RSSDI and generate sufficient Indian data in this field that would allow us to devise our own strategies of managing the problem of diabetes. The organization has sufficient funds and all good projects will be funded. We have also taken several initiatives to support young researchers in the field of diabetes, including national and international travel grants, young investigator award, and preferential funding for research projects. I sincerely hope these would be fully utilized by the young and budding doctors and scientists.

The critical areas needing urgent attention are advocacy and RSSDI developed guidelines and position statements for different aspects of diabetes. These are very close to my heart and we will make sincere efforts to make significant progress in these areas.

As President, I understand the huge responsibility that I have and the huge amount of work that remains to be done. I will try my very best to live up to the faith reposed in me and will draw inspiration from all my esteemed predecessors to fulfil the responsibility.

Wish you all a happy 2015 once again.

Long live RSSDI!



Dr SV Madhu  
President, RSSDI

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



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## Message from the RSSDI Secretary

As the Honorary Secretary of RSSDI it gives me immense pleasure to wish all the members a very happy and prosperous new year. May this year, which has just dawned bring more brotherhood and strength to our RSSDI family.

The strength of every association lies in its membership, so its our earnest desire to extend the folds of RSSDI to more and more physicians engaged in diabetes care and strive that every state has its own chapter of RSSDI by next year. WDD activities organized all across the country speak of growing commitment of all practicing diabetologists to make lives of people with diabetes much better.

Together only, we shall be able to save being to our profession which is getting challenged not only from media and industry but from whole of the community at large.

I am sure, all of us have carried long lasting memories from recently held annual conference of RSSDI at Bengaluru. Kudos to Dr Narsimha Setty and his team for putting such an excellent and mammoth event.

Invitation to RSSDI, 2015 also carries invitation to collect original data on themes for Professor MMS Ahuja symposium and Professor BB Tripathy nutrition symposium.

Looking forward for your valuable suggestions as always.



Dr Rajeev Chawla  
MD, FRCP Edin (UK)

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 home new insights and fond memories.

Dr Sarita Bajaj

Scientific Chair, RSSDI, 2015

## Call for Applications for RSSDI Orations and Awards – 2015

Applications are invited for the three RSSDI orations to be given at the 43<sup>rd</sup> annual scientific meeting of RSSDI to be held from 30<sup>th</sup> October to 1<sup>st</sup> November 2015 at Lucknow:

1. **Professor M Vishwanathan oration**
2. **Professor MMS Ahuja oration**
3. **Professor Sam GP Moses oration**
4. **Dr BN Srivastava and Late Sarandulari Shrivastava Award**

All researchers who have contributed to the knowledge in the field of **complications of diabetes** may apply.

5. **Dr VD Nadgouda Lecture in Cardiometabolism**

All researchers who have contributed to the knowledge in the field of **cardiometabolism** may apply.

The applications should be accompanied by:

1. Summary of the academic achievements along with the details of original research carried out
2. Brief CV with list of research publications and 3 copies of their best papers in the subject.

6. **RSSDI Novartis Young Investigator Award**

All young Indian researchers involved in diabetes research who are below 40 years of age as on January 1<sup>st</sup> 2015 are eligible to apply.

The subject of research can be any aspect related to clinical diabetology, epidemiology, or basic science aspects of diabetes. The applicant should have been the first author of the paper for which the application is made.

The applications should be accompanied by:

1. Summary of the academic achievements along with the details of original research carried out
2. Complete CV with list of research publications.

All candidates should be nominated by 2 RSSDI ACAD life members.

**One hard copy of the application should be mailed to:**

**Dr SR Aravind**

**Chairman Credential Committee**

360, 19<sup>th</sup> Main, 1<sup>st</sup> Block, Rajajinagar, Bangalore-560010, India

draravind@hotmail.com

**One soft copy of the application should be sent by email to:**

Or

**Dr Rajeev Chawla**

**Honorary Secretary, RSSDI**

RSSDI Secretariat

North Delhi Diabetes Centre

180 Jai Apartments

Sector-9, Rohini, New Delhi-110085, India

rssdihq@gmail.com

**Last date for receipt of applications is 28<sup>th</sup> February 2015.**

## 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.**

# DIABETES Despatch

News from the JOURNALS

## Resistance to the beneficial effects of exercise in type 2 diabetes

In an article published in the *Journal of Clinical Endocrinology and Metabolism*, the researchers have reported that supervised exercise training results in substantial response variations in glucose homeostasis, insulin sensitivity, and muscle mitochondrial density, wherein approximately 15–20% of individuals fail to improve their metabolic health with exercise.

The researchers observed that the classic, although genetic studies have shown that the extent of the exercise training response is largely heritable, new evidence demonstrates that deoxyribonucleic acid (DNA) hypomethylation is linked to the exercise response in skeletal muscle. Deoxyribonucleic acid sequence variation and/or epigenetic modifications may, therefore, dictate the exercise training response.

They also mentioned that in light of the findings, the clinician should understand that some people really don't respond to exercise and it's not for lack of trying and thus a lack of a positive metabolic response doesn't always mean a lack of effort, and hopefully in time the science will catch up.

On the other hand they explained that the clinicians should still encourage their patients to continue exercising, as it is a full-body experience with other beneficial effects, such as improved quality of life, etc.

The information comes in the light of the fact that the future of type 2 diabetes research is moving in the direction of personalized medicine. Research in this area continues to discover genes and signaling pathways that differ among even the most homogenous groups of individuals. These differences ultimately lead to variations in their physiological responses to medications and treatments. It is imperative these findings are used to develop strategies to exploit these differences among individuals in order to maximize every individual's response to a prevention or treatment.

*Source:* Stephens NA, Sparks LM. Resistance to the beneficial effects of exercise in type 2 diabetes: are some individuals programmed to fail? *J Clin Endocrinol Metab.* 2014 November 20.

## Fast food consumption in children can lead to poorer academic performance

While we are aware that research in the past has linked fast food consumption to childhood obesity and numerous health problems later in life. A new study has now reported that such foods may not only affect physical health but the amount of fast food children eat may also influence their academic growth.

The researchers examined the associations between fast food consumption and academic growth in 8,544 fifth-grade children in reading, math, and science and found that the higher the frequency of fast food consumption in the cohort, the worse children performed in terms of academic skills.

The researchers used direct assessments of academic achievement and child-reported fast food consumption from a nationally representative sample of kindergartners followed through eighth grade. More than two thirds of the sample reported some fast food consumption; 20% reported consuming at least 4 fast food meals in the prior week. Fast food consumption during fifth grade predicted lower levels of academic achievement in all 3 subjects in eighth grade, even when fifth-grade academic scores and numerous potential confounding variables, including socioeconomic indicators, physical activity, and TV watching, were controlled for in the models. These results provide initial evidence that high levels of fast food consumption are predictive of slower growth in academic skills in children.

Although, the researchers could not elaborate on why and how fast-food consumption in fifth grade appeared to affect test scores in eighth grade, they mentioned that fast food lacks vital nutrients such as iron, which are essential for cognitive development in children.

*Source:* Purtell KM, Gershoff ET. Fast food consumption and academic growth in late childhood. *Clin Pediatr (Phila).* 2014 December 5.

# 50<sup>th</sup> European Association for Study of Diabetes (EASD) Annual Meeting

September 15–19, 2014, Vienna, Austria

### Aggressive glucose control can help blunt aspirin resistance

Aspirin resistance is a concern among patients with type 2 diabetes, who may be at high risk of cardiovascular disease. New research presented at the EASD conference, raises the hope that aspirin resistance may be attenuated by aggressive glucose-lowering therapy in type 2 diabetes.

It was observed that after 3 months of therapy, men found to be resistant to aspirin had significant improvements in their closing time on the PFA-100 test of aspirin resistance from 150 seconds to over 200 seconds – the threshold for aspirin resistance ( $P=0.028$ ) with intensive glucose lowering therapy. Glucose-lowering therapies did not, however, alter the status in men who were aspirin sensitive at baseline.

Aspirin therapy is associated with a 25% reduction in cardiac events, but the cardiovascular benefit of aspirin in diabetes patients with cardiovascular risk appears to be lower. Several mechanisms of action have been proposed to account for the reduced aspirin effects in type 2 diabetes. The role of blood glucose control on platelet sensitivity to aspirin, however, has been poorly investigated. The research team noted that hints from *in vitro* studies using aspirin healthy subjects suggested that aspirin resistance might be related to glucose-induced increase of oxidative stress.

A total of 37 men with type 2 diabetes and a glycosylated hemoglobin (HbA1c) of 7.5% or greater while on metformin therapy with or without other oral medications were recruited. The average age was about 61 years and they had a body mass index of 29.6 kg/m<sup>2</sup>. The average baseline HbA1c was 8.9%. The men were not receiving antiplatelet drugs and all participants were free of acute coronary syndrome events or revascularization for at least 3 months prior to entry into the study.

The subjects were administered a 3 months course of intensive glucose lowering therapy, including insulin if necessary. They then underwent tests to determine aspirin sensitivity. At baseline, 27 of the men were determined to have aspirin sensitivity and 10 men (27%) were determined to be aspirin resistant. Men who were aspirin resistant had double the level of thromboxane compared to those, who were aspirin sensitive. The cohort also had elevated biomarkers of inflammation.

It was observed that the men who were aspirin resistant at baseline had significantly higher total- LDL- and non HDL- cholesterol and apolipoprotein-B100 than those who were aspirin sensitive. All the subjects were treated with metformin, insulin, sulfonylureas, and dipeptidyl peptidase 4 inhibitors as needed to achieve glucose control.

In the aspirin resistant men the HbA1c reduced by 1.6%; fasting blood glucose reduced by 47 mg/dL; postprandial blood glucose reduced by 38 mg/dL. These subjects also had reduction in levels of several cytokines associated with inflammation.

The researchers concluded that a 3 months intervention program designed to improve blood glucose control can improve aspirin sensitivity in aspirin resistant patients. It was also observed that in the presence of aspirin resistance, a strong correlation exists between the degree of platelet insensitivity to aspirin and markers of glycemic control.

### Silent hypoglycemia may correlate with asymptomatic episodes of ventricular arrhythmias

Silent hypoglycemic episodes may correlate with asymptomatic episodes of ventricular arrhythmias. This might explain the risk of sudden death and cardiovascular disease during bouts of hypoglycemia in diabetic subjects, researchers suggested at the annual meeting of the European Association for the Study of Diabetes.

Although, patients identified only a few mild symptomatic episodes of hypoglycemia, continuous monitoring picked up a high frequency of these occurrences. Additionally, patients did not report any arrhythmias, but continuous monitoring recorded numerous serious ventricular arrhythmias.

The research team recruited 29 men and 1 woman, who had been diagnosed with diabetes and documented cardiovascular disease. The subjects were about 68 years old, had average HbA1c levels of 7.3%, and were on stable insulin or oral antidiabetes medication. The patients were continuously monitored for interstitial subcutaneous glucose levels for 2–5 days and with the Amedec ECGPro for 5 days.

Continued on page 06

## New study finds no genetic evidence that high levels of vitamin D can prevent type 2 diabetes

There's no genetic evidence that high vitamin D levels can prevent type 2 diabetes, a new study has reported. Previous research had suggested that elevated levels of vitamin D may afford protection against type 2 diabetes, raising the possibility of a link between vitamin D deficiency and diabetes.

In this study, British researchers investigated the association between diabetes risk and vitamin D by focusing on genes that control blood levels of vitamin D. It was found that there was no connection between different variants of these genes and the risk of developing type 2 diabetes.

The researchers mentioned that the findings imply that interventions to reduce the risk of type 2 diabetes by increasing concentrations of vitamin D are not currently justified. Observational studies that show a strong and consistent higher risk of type 2 diabetes with lower levels of vitamin D may do so because they have thus far not been able to adequately control for confounding factors, such as physical activity levels.

These results need careful interpretation, and long-term randomized trials of vitamin D supplementation, which are underway, remain important. They add to evidence that vitamin D supplementation does not prevent diabetes.

## Empagliflozin can help improve blood pressure and glycemic control in diabetics

A new study has found that empagliflozin, a sodium-glucose co-transporter 2 (SGLT2) inhibitor prompts significant reductions in blood pressure (BP) and glycosylated hemoglobin (HbA1c), in patients with type 2 diabetes and hypertension.

Empagliflozin was recently approved in the US and Europe. It acts by selectively inhibiting sodium glucose cotransporter 2, and leads to increased urinary glucose excretion and improvements in hyperglycemia independent of  $\beta$ -cell function and insulin resistance.

The researchers compared 10 mg or 25 mg empagliflozin once a day to placebo in 825 patients with type 2 diabetes and hypertension. The mean seated systolic BP was 130–159 mmHg; mean diastolic BP was 80–99 mmHg. Ambulatory blood pressure monitoring was employed during the 12 weeks trial duration.

At the end of the study duration, it was found that the adjusted difference versus placebo in change from baseline in mean 24-hour SBP was -3.44 mmHg with 10 mg empagliflozin and -4.16 mmHg with 25 mg of the drug. The corresponding differences in mean 24-hour DBP were -1.36 mmHg and -1.72 mmHg. All of these differences were highly significant.

For, HbA1c, the adjusted mean difference versus placebo in change from baseline was -0.62% with 10 mg and -0.65% with 25 mg empagliflozin. Another interesting observation was the reductions in body weight at the end of the study; they were significantly greater with empagliflozin compared to placebo.

Although one death was considered drug related, the rate of serious adverse events was reported higher in the placebo group.

*Continued from page 05*

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 one, 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.

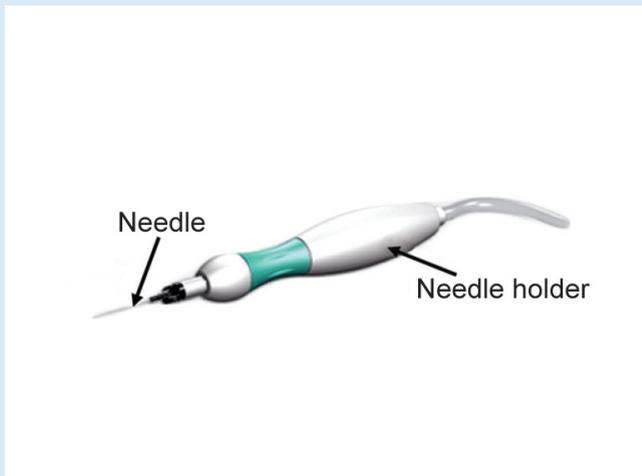
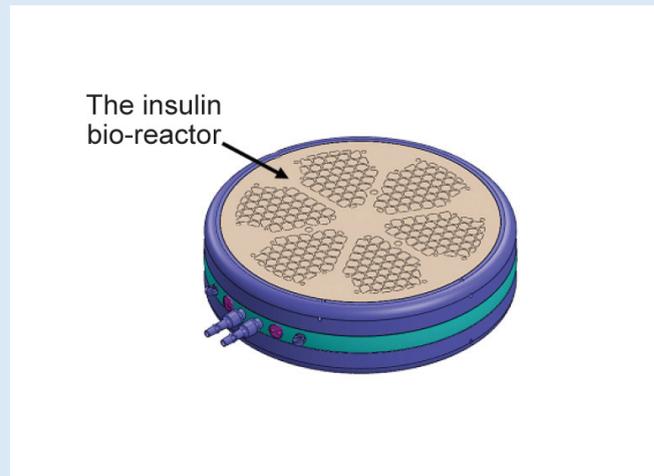
## Innovations

### $\beta$ Air bio-artificial pancreas may tomorrow treat type-1 diabetes

Israeli company Beta-O2 announced that its  $\beta$ Air bio-artificial pancreas will undergo a clinical trial with the help of a grant from the Juvenile Diabetes Research Foundation (JDRF). The initial trial will involve eight patients in Sweden, who will use the new device for approximate duration of two years to assess the safety, survival, and function of implanted pancreatic endocrine cells.

The device actually contains islets of Langerhans, which are meant to function together in a manner similar to a healthy pancreas. Since living cells make a home inside the  $\beta$ Air device, patients have to keep the colony healthy by feeding it air and oxygenating it every 24 hours using a replenishing device, which includes a dedicated injector. The oxygen is injected into one of the two ports implanted under the skin. The replenishing device is very user friendly, requires minimal technical skills for operation, and has very few possibilities for incorrect operation. The procedure takes just about two minutes and an alarm is triggered, if something goes wrong.

The cells are implanted into a hydrogel structure that provides a suitable environment for the cells to thrive and function. It also provides a protection from the immune system, which means that patients do not need immunosuppressant therapy, as would be necessary with a conventional islet transplantation. This would be one major advantage, if the system is found to be efficacious in the trial, apart from the freedom to live a life that doesn't require repeated needle pricks and blood glucose testing along with a strict diet schedule.



## 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 centre 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

## 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 scientific meetings. First scientific meeting was the "RSSDI Diabetes Conclave", on 23<sup>rd</sup> November 2014 at Hotel Lalit, New Delhi. There was eminent faculty from Mayo Clinic, USA. Dr Anjali Bhagra discussed "Complimentary and Integrative Medicine Approach to Diabetes", and Dr Sumit Bhagra discussed "Management of the Statin Intolerant Patient". It was a grand success and was attended by nearly 150 delegates.

Second scientific meeting was on 7<sup>th</sup> December, 2014 at India Habitat Centre. Dr BM Makkar discussed a very interesting topic "Obesity—Bad or Good"? There was also a clinical data presentation on "Obesity subtypes in North Indian population", from Sri Balaji Action Medical Institute, New Delhi. The meeting was attended by nearly 50 delegates.

RSSDI Delhi chapter also organized eight diabetes detection and awareness programs in Delhi and NCR region. The various activities were in the form of free blood glucose testing, diabetes awareness talk, diabetes awareness walk, biothesiometry, and ECG testing etc.



### West Bengal Chapter

#### Workshop on Scientific Presentation Skills

A half day workshop on scientific presentation skills was held at the newly opened hotel Novotel, Kolkata on 21<sup>st</sup> September, 2014. The workshop was inaugurated by Professor Pradip K Mitra, Director IPGMER. It was attended

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by around 70 delegates, mostly comprising of postdoctoral, postgraduate, and undergraduate medical students. The program consisted of four didactic lectures on scientific presentation skills by eminent medical teachers and accomplished speakers in the field of medicine, which was followed by a hands on practical workshop. The entire program saw a lively participation by the delegates and meaningful interaction between the esteemed faculty and the young medicos.

### Outreach CME on Diabetes Management

A daylong “Outreach CME on Diabetes Management” was held jointly with Association of Bardhaman Cardiologists and Diabetologists (ABCD) at Charnok’s Stop, Bardhaman on Sunday, 10<sup>th</sup> August, 2014.

The CME was inaugurated by Professor Manjusree Roy, Principal, Burdwan Medical College. The program was attended by 100 doctors of which around 30 were from Kolkata. Prominent among those were the Honorary General Secretary of RSSDI West Bengal chapter, Professor Subhankar Chowdhury and Professor PS Chattopadhyay, immediate Past Chairperson. The President and Honorary General Secretary of ABCD were also present. The daylong program comprised of lectures, interactive case discussions, and a lively debate.



A section of the faculty workshop on presentation skills.



Workshop participants busy in making presentation.



Dr Subhankar Chowdhury welcoming Dr Manjusree Roy, Chief Guest.

## Chapter News

### Punjab and Chandigarh Chapters

Department of Endocrinology, PGIMER, Chandigarh under Punjab and Chandigarh chapter of RSSDI organizes three education program for young diabetics on every first Thursday of the month, which include different activities like education about diabetes, hypoglycemia, hyperglycemia, diet counselling, quiz competition etc.



### Odisha Chapter

Odisha chapter midterm CME at Puri was organized on 10<sup>th</sup> August, 2014.

The theme was "OAD Update" and the CME was attended by more than 150 delegates from different parts of the state, at Hotel Ananya Puri. Faculties included, Professor RJ Das, Professor Sidhartha Das, Dr Jayanta Panda, Professor G Ray, Dr RK Goenka and many others in a daylong program.

## Chapter News



WDD 14<sup>th</sup> November, 2014 at Cuttack Club, jointly organized with RSSDI.

## 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

## Conference Calender

### 9<sup>th</sup> Asia Pacific Conference on Clinical Nutrition (APCCN 2015)

January 26–29, 2015  
Shangri-La, Kuala Lumpur, Malaysia

### Diabetes and Metabolic Dysfunction

January 27–February 01, 2015  
Santa Fe, NM, United States

### 4<sup>th</sup> Annual American Society for Nutrition Middle East Congress

March 5–7, 2015  
Ajman, United Arab Emirates

### Endocrine Society's 97<sup>th</sup> Annual Conference

March 5–8, 2015  
San Diego, California, United States

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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