



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 me to address you before the next RSSDI Annual Conference due to be held on 21st to 23rd November at Bangalore and the South East Asia IDF conference at Mauritius in the first week of October, where our RSSDI is an important partner. The executive committee visited the venue of the RSSDI conference at KTPO on 31st August and all of us appreciated the arrangement. The venue is beautiful and I invite all our members and the practitioners with interest in diabetes to attend the same and make it a grand success and a memorable one.

I am also very glad to inform you that two new state chapters have been approved. One is Jharkhand and another one is Chhattisgarh chapter. I hope both these chapters will work very effectively to achieve the targets of RSSDI. I request all the practitioners at Jharkhand and Chhattisgarh to join the chapters and strengthen our RSSDI. I wish more and more chapters will start within a short time.

I had the opportunity to attend the Annual Scientific conference of Odisha chapter of RSSDI at Rourkela on 13th September. The conference was very successful, vibrant, and thought provoking. I am also going to attend the Annual Scientific conference of Delhi chapter of RSSDI on 28th September. RSSDI was also invited in the 1st Asian Bariatric and Metabolic Integrated Consensus Summit at Mumbai on 21st September 2014 as a partner of the consensus designing and together with the representatives of the other associations. I participated in the meet and the initial discussion was very fruitful.

As I mentioned in the last issue, 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. We will have to be more active for the formation of more and more chapters and inclusion of more members all over India. This 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. The old centers are running well and we are getting request from new centers. At Kolkata, GD Diabetes Center has been approved and they are going to start the course soon.

We have initiated to help young doctors who are presenting papers in the National and International levels with monetary grant. A sizeable amount of fund has been released to support the research on diabetes in India as a grant.

The 3rd edition of RSSDI text book has been published and is now available in book shops. We are also regularly publishing the Newsletter and the Journal.

My dear friends, we have decided that we will fight utmost to change India from the nomenclature of diabetes disease capital to the diabetes care capital in the world. As a part of this mission we will have to improve the diabetes care in India, for which we need your active involvement, commitment, and criticism. I request you all to work affectionately for the improvement of our RSSDI.

Long live RSSDI!

23rd September, 2014

Dr Samar Banerjee
President, RSSDI

Email: drsamarbanerjee@gmail.com



Dr Samar Banerjee
President, RSSDI



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Message from the RSSDI Secretary

It is my privilege to communicate with you through this column once again. I am sure by the time this newsletter is in your hands you must be geared up and eagerly waiting for the 42nd Annual RSSDI Conference 2014 which is becoming the most sought after Diabetes Conference year after year.

I welcome two new state chapters – Chhatisgarh and Jharkhand – to our folds of RSSDI. We wish to extend our extreme cooperation and logistic support to them to handle the teething problems, if there are any.

I endorse our President Dr Samar Banerjee's viewpoint to have a chapter in every state of India as real strength of RSSDI lies in its wider base and membership. I am sure you all are aware that now RSSDI is not only the largest body of diabetes practicing professionals in Asia but also is a member of IDF. We are invited to SEA IDF Regional council meeting in Mauritius on 4th October officially and do have voting rights as well.

RSSDI has enhanced its research grants to encourage more and more genuine, indigenous, and original research. Research proposals are invited round the year, however, more information is available on RSSDI website www.rssdi.in

We also invite applications from young researchers for availing travel grants both for National and International Conferences if they are presenting their original papers oral/posters, etc.

I had an opportunity to attend Tamil Nadu RSSDI Conference at Coimbatore on 7th September, 2014 and deliver Professor M Vishwanathan Oration. It was a great show and whole team of Tamil Nadu RSSDI chapter deserves a big applause.

I look forward to have your valuable suggestions and positive criticism if any to strengthen RSSDI.



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 flyovers spread over the city. The Metro train network is the latest addition to the infrastructure. The city has multicuisine 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 center. 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

Calcium and vitamin D supplementation may improve systemic inflammation in vitamin D deficient type 2 diabetics

According to a new study published in the September issue of *Journal of Clinical Endocrinology and Metabolism*, combined calcium and vitamin D supplementation might improve systemic inflammation through decreasing interleukin-6 (IL-6) and tumor necrosis factor-alpha (TNF- α) concentrations in vitamin D deficient patients with type 2 diabetes.

The randomized placebo controlled study was conducted on 118 diabetic patients. After matching for age, sex, body mass index, type and dose of hypoglycemic agents, and duration of diabetes, subjects were randomly assigned into four groups receiving: (1) 50,000 IU/week vitamin D + calcium placebo; (2) 1,000 mg/day calcium+vitamin D placebo; (3) 50,000 IU/week vitamin D + 1,000 mg/day calcium; and (4) vitamin D placebo+calcium placebo for 8 weeks. Blood sampling was done for quantification of inflammatory biomarkers and adipocytokines at study baseline and after 8 weeks of supplementation.

It was observed that calcium and vitamin D alone and joint calcium-vitamin D supplementation resulted in a significant reduction in serum leptin levels compared with placebo (-9 ± 18 ng/mL). This was also the case for serum IL-6; such that calcium (-2 ± 1 pg/mL, $p < 0.001$) and vitamin D alone (-4 ± 1 pg/mL, $p < 0.001$) and their combination (-4 ± 1 pg/mL, $p < 0.001$) led to significant reductions compared with placebo (3 ± 1 pg/mL). After adjustment for potential confounders in serum TNF- α concentrations, individuals in calcium (-3.1 ± 1.3), vitamin D (-3.1 ± 1.3) and joint calcium and vitamin D groups (-3.4 ± 1.3) had greater reductions compared with placebo (0.1 ± 1.2). Individuals who received joint calcium-vitamin D supplements tended to have a decrease in serum high sensitivity C-reactive protein (hs-CRP) levels compared with placebo after controlling for baseline levels (-1.14 ± 0.25 vs. 0.02 ± 0.24 ng/mL, $p = 0.09$).

Source: Tabesh M, Azadbakht L, Faghihmani E, et al. Calcium-vitamin D co-supplementation influence circulating inflammatory biomarkers and adipocytokines in vitamin D insufficient diabetes: a randomized controlled clinical trial. *J Clin Endocrinol Metab.* 2014 Sep 12;jc20141977. [Epub ahead of print]

Prediabetes, diabetes, and heart risk relationship

People with diabetes who appear otherwise healthy may have a sixfold higher risk of developing heart failure regardless of their cholesterol levels, new research from Johns Hopkins Bloomberg School of Public Health suggests.

The study evaluated the relationships of prediabetes and diabetes to development of subclinical myocardial damage by measuring levels of cardiac troponin T with a highly sensitive assay (hs-cTnT) at two time points, 6 years apart, among 9,331 participants of the community-based Atherosclerosis Risk in Communities (ARIC) Study with no diabetes, prediabetes, or diabetes but without cardiovascular disease including silent myocardial infarction by electrocardiography.

Cumulative probabilities of elevated hs-cTnT at 6 years among persons with no diabetes, prediabetes, and diabetes were 3.7%, 6.4%, and 10.8%, respectively. Compared to normoglycemic persons, the adjusted relative risks for incident elevated hs-cTnT were 1.38 (95% CI 1.07-1.77) for prediabetes and 2.46 (95% CI 1.77-3.42) for diabetes. Persons with diabetes and incident elevations in hs-cTnT were at a substantially higher risk of heart failure (HR 6.37, 95% CI 4.27-9.51), death (HR 4.36, 95% CI 3.14-6.07) and coronary heart disease (HR 3.84, 95% CI 2.52-5.84) compared to persons without diabetes and no incident elevation in hs-cTnT.

Cardiovascular disease is the leading cause of death among diabetics, and much of that has been blamed on atherosclerosis. The new research suggests that a large subsection of people with diabetes are at increased risk of heart failure and cardiac death unrelated to the cholesterol levels and atherosclerosis. The researchers observed that statin treatment may not be sufficient to prevent damage to the heart in diabetics and more research is needed to determine the exact mechanism myocardial damage in diabetics. More reasons to prevent and adequately control diabetes.

Source: Selvin E, Lazo M, Chen Y, et al. Diabetes, pre-diabetes and incidence of subclinical myocardial damage. *Circulation.* 2014. [Epub ahead of print]

Age, duration of diabetes associated with increased risk for macrovascular complications

According to new research published in *Diabetologia*, macrovascular complications and death are associated with age or age at diagnosis and diabetes duration in patients with type 2 diabetes. Microvascular events, however, are only connected with diabetes duration and the effect is greater in younger patients, a study involving patients from the Action in Diabetes and Vascular Disease: Preterax and Diamicron Modified Release Controlled Evaluation (ADVANCE) trial showed.

The study reported that older age or age at diagnosis and longer diabetes duration proportionally increased the risk of macrovascular events and death, with the greatest risks observed in the oldest age groups with the longest duration of diabetes. The adverse effects of longer duration of diabetes on the risk of microvascular events were reduced with older age or age at diagnosis, such that the greatest risks of microvascular events were observed in the youngest age groups with the longest duration of diabetes.

A total of 11,140 patients studied were randomly assigned to intensive or standard glucose control during ADVANCE trial. The mean age of patients was 65.8 ± 6.4 years, age at diagnosis 57.8 ± 8.7 years and diabetes duration 7.9 ± 6.4 years.

The researchers examined associations between age (or age at diagnosis), duration of diabetes, major macrovascular events, all-cause death, and major microvascular events. They calculated rates by 5-year baseline age (or age at diagnosis) and diabetes duration strata and estimated risks using Cox models, with adjustments for treatment assignment and glycosylated hemoglobin (HbA1c).

Diabetes duration was associated with the risk of macrovascular events (HR = 1.13; 95% CI, 1.08–1.17), microvascular events (HR = 1.28; 95% CI, 1.23–1.33), and death (HR = 1.15; 95% CI, 1.1–1.2). However, age (or age at diagnosis) was only associated with the risk of macrovascular events (HR = 1.33; 95% CI, 1.27–1.39) and death (HR = 1.56; 95% CI, 1.48–1.64).

No correlation was observed between diabetes duration, age, and the risk of macrovascular events or death but was seen between diabetes duration, age, and the risk of microvascular events ($p = 0.002$); the effects of increasing diabetes duration were greatest at younger ages.

The researchers observed that intensive glycemic control of young people diagnosed with type 2 diabetes is warranted early to minimize the risk of microvascular complications.

Switching from a pediatrician to “adult-care physician” can be difficult for kids with chronic illnesses

Kids with chronic ailments, such as diabetes who move from their pediatrician to an “adult” doctor or a physician often feel dissatisfied with the transition, according to a new study.

It is well known that the transfer from pediatric to adult care poses additional challenges to families dealing with childhood chronic illness or disabilities but the study looked at how young people themselves look at these challenges and how they experience this period of transition.

One problem could be that the children may have known their pediatrician for years, while the “adult” doctors were strangers or new to them. In other studies, for example, young adults with chronic illnesses felt that they receive less guidance from their adult doctors, the adult doctors are less accessible, they have to wait longer for appointments, and it’s harder to coordinate care among specialists.

The researchers observed that though the growing juniors might be strong and resilient, they still deserved more and better care and support during transition period. They followed up on 1,001 young adults who had participated in their previous study as teenagers six years earlier. Of the 732 who could be reached, 593 had been transferred to adult care and 315 amongst them agreed to complete an online questionnaire.

It was found that only about one-third were very satisfied with their transfer, but one-fifth rated their experience as unsatisfactory. In general, men were more positive than women. More than half of the young patients felt that they had not been involved in the decisions surrounding their transfer.

The researchers observed that lack of preparation and participation may explain why so many young people were not in specialist treatment anymore even though many of them had serious chronic health conditions. They also mentioned that the first priority should be to build a bridge between pediatric and adult-oriented care wherein patients and parents could meet the new healthcare providers in advance, together with the old pediatric healthcare team.

The study on transfer of care could be a new tool to measure patient experience in the transition and it highlights an issue that helped give birth to the field of Adolescent Medicine. The researchers also suggested ways to help a smooth transition such as encouraging children to make and keep records of their health concerns and to bring them to their pediatricians, along with list of medications and treatment plans. This could better involve the patient and tomorrow provide useful information to the adult-care physician thereby helping them understand their patients better.

The study concluded that a patient-centered care approach was the key for a happy transition and a partnership would work better from a disease prevention standpoint, as a wellness model, and a positive youth development.

74th Scientific Sessions, American Diabetes Association

June 13–17, 2014, San Francisco, California, USA

Peripheral neuropathy begins in early stages of diabetes pathogenesis, including pre-diabetes—The PROMISE Cohort

Lee C, Perkins BA, Kayaniyl S, et al.

Emerging evidence has suggested that peripheral neuropathy (PN) begins in the early stages of diabetes pathogenesis, including prediabetes (impaired fasting glucose or impaired glucose tolerance); however, factors that are associated with these early neurological changes have not been well documented.

The researchers described the prevalence of PN and nerve dysfunction by glucose tolerance status and components of metabolic syndrome, and examined the factors that were independently associated with these conditions in 465 individuals at high risk of type 2 diabetes in the Prospective Metabolism and Islet Cell Evaluation (PROMISE) cohort. Peripheral neuropathy was defined by Michigan Neuropathy Screening Instrument (MNSI) scores (>2) and the severity of nerve dysfunction was measured objectively by neurothesiometer voltage. Higher voltage reflects worse neuropathy.

The mean MNSI score was 2.04 for normal glycemia and 2.41 for both prediabetes and new-onset diabetes. The prevalence of PN was 29%, 49%, and 50% from normal glycemia, prediabetes, to new-onset diabetes. The mean neurothesiometer voltage was 6.51 volts for normal glycemia, 7.89 volts for prediabetes, and 7.56 volts for new-onset diabetes. The prevalence of PN and the mean neurothesiometer voltage increased in parallel with the number of components of metabolic syndrome.

In nondiabetic individuals, Caucasians and those who were older, taller or who had prediabetes were more likely to have PN.

Prediabetes was associated with similar risks of PN and severity of nerve dysfunction as new-onset diabetes. Even in those without diabetes, ethnicity, age, height, and prediabetes were all independently associated with both the presence of PN and the severity of nerve dysfunction.

Dapagliflozin is safe and well tolerated in older patients with type 2 diabetes mellitus

Mansfield T, Fioretto P, Ptaszynska A, et al.

It is known that dapagliflozin improves glycemic control by increasing renal glucose excretion and is well tolerated in the general population. This trial presented data that suggested that dapagliflozin was well tolerated in older age groups as well, with similar rates of hypoglycemia as younger patients.

This was a placebo-controlled pool of 9 double-blind phase IIb/III LT studies that assessed safety of the drug for up to 104 weeks. Patients received dapagliflozin 10 mg (n = 2,026) or placebo (n = 1,956) ± background therapy; 32% of patients were ≥65 years and 4% ≥75 years old. Frequency of total adverse events (AEs) and of hypoglycemia was slightly higher for dapagliflozin versus placebo across age groups. Overall serious AEs and discontinuations due to AEs were low and similar to placebo; 13.7 and 8.5% for dapagliflozin versus 14.6 and 7.4% for placebo. Genital infections and urinary tract infections (UTIs) were more common for dapagliflozin regardless of age, except for UTIs in the ≥75 years group (8.2% for dapagliflozin vs. 9.1% for placebo). Pyelonephritis (based on predefined list of preferred terms) was rare and balanced across treatments (3 dapagliflozin vs. 3 placebo points). Volume depletion events were more common for pts ≥65 versus <65 years (2.3 vs. 1.7% for dapagliflozin and 1.7 vs. 1.2% for placebo); the difference between dapagliflozin and placebo was consistent across age groups. In older patients (≥65 vs. <65 years), there was an increase in renal adverse events (14.0 vs. 3.5% for dapagliflozin and 7.9 vs. 2.3% for placebo); most were small reversible increases in serum creatinine. In older age groups, there were numerically less fractures with dapagliflozin vs. placebo.

In conclusion, dapagliflozin was well tolerated in older groups, with similar rates of hypoglycemia as younger patients, and with low rates of volume depletion events and fractures. Older patients had more renal adverse events, which were mainly small, reversible, serum creatinine increases.

Innovations

New continuous glucose monitoring system receives the CE Mark

European authorities have recently issued the CE Mark to for the FreeStyle Libre Flash Glucose Monitoring System. The continuous glucometer comprises of a water resistant sensor that is attached to the back of the upper arm and a small hand-held device that copies and displays the readings from the sensor.

The sensor records blood glucose levels every minute, sampling the interstitial fluid using a 5 mm long and .4 mm wide filament that penetrates the skin. One major advantage is the fact that it doesn't require any finger prick calibration, unlike all other currently available continuous glucose monitoring systems. The display device takes only a second to copy the readings from the sensor and shows up to 90 days of historical trends.

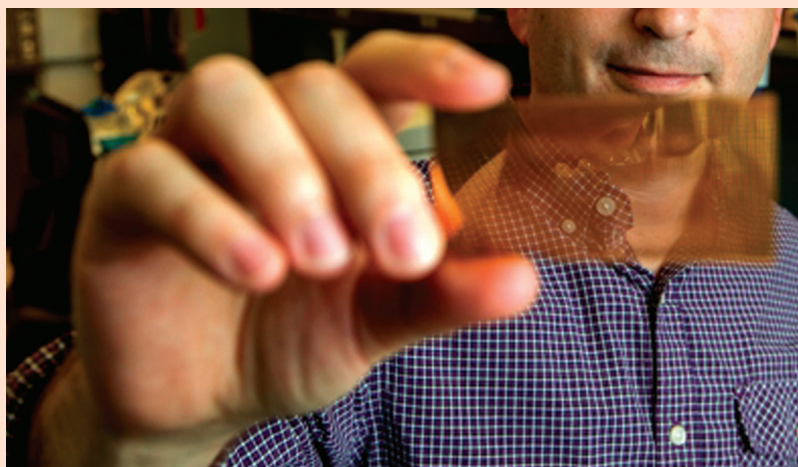
The FreeStyle Libre System provides users and their physicians with the ambulatory glucose profile (AGP) which is a visual snapshot of a person's typical day by utilizing dense glucose data revealing hypoglycemic and hyperglycemic trends to facilitate better patient therapy and education. The data are presented in a single, user-friendly, visual chart providing health care professionals the vantage point to link glucose trends to clinical decision-making. In fact, a recent study has also shown that the FreeStyle Libre System is clinically proven to be accurate, stable, and consistent over 14 days without the need for finger prick calibration.



Nanotech microchip to diagnose type 1 diabetes in minutes

Some decades ago it was easy to differentiate the type of diabetes. A lean child with high blood sugar was almost exclusively type 1, while adults, who were typically overweight, were type 2 diabetics. These days, the lines have been blurred as many more children are overweight and type 1 diabetes has been getting diagnosed more frequently in adults. This has posed a challenge for clinicians. Currently available tests are expensive and take a few days for results to come in.

Researchers at Stanford University have now developed a gold plasmonic chip capable of detecting the autoantibodies using near-infrared fluorescence-enhanced (NIR-FE) technology. The glass of the chip is coated with nanosized bunches of gold which amplify the fluorescence produced. It produces results in minutes, will cost roughly \$20 once commercialized, and requires only a small blood sample. The platform has high sensitivity and specificity for the diagnosis of type 1 diabetes and can be used to discover previously unknown biomarkers of type 1 diabetes. Interestingly, the device is reusable for at least 20 successive runs.



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.	Total Diabetes Hormone Institute	Indore, Madhya Pradesh
6.	Dia Care A Complete Diabetes Care Center	Ahmedabad, Gujarat
7.	Sonal Diabetes Hospital	Surat, Gujarat
8.	Jothydev's Diabetes and Research Center	Trivandrum, Kerala
9.	Advanced Endocrine & Diabetes Hospital	Hyderabad, Andhra Pradesh
10.	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 ₹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 organised its 10th Annual Conference on 28th September, 2014 at Le-Meridian Hotel New Delhi. It was inaugurated by Dr Jitender Singh, Union Minister of State (Independent Charge) for Science and Technology and Earth Sciences, MoS in PMO, DoPT, Pensions, Grievances, Atomic Energy and Space and Guest of Honor Dr Samar Banerjee.

Addressing the Annual Conference of Research Society for Study of Diabetes in India (RSSDI) Delhi Chapter as Chief Guest here today, Dr Jitendra Singh, Union Minister of State (Independent Charge) for Science and Technology and Earth Sciences, MoS in PMO, DoPT, Pensions, Grievances, Atomic Energy and Space, said that the future focus of the entire medical research in the next two decades will be on prevention and, if possible, radical cure of diabetes, particularly in the young and the pregnant women.

Guest of Honor Dr Samar Banerjee delivered the prestigious RSSDI Delhi oration on salvaging β -cells in diabetes mellitus. Dr V Mohan delivered guest lecture on 'Genomics in Diabetes' which is now a clinical tool. Other members in the elite faculty were Dr N Tandon, Dr SV Madhu, Dr BM Makkar, Dr Rajeev Chawla, Dr Pankaj Aggarwal, and Dr Ambrish Mithal.

Conference was attended by about 300 delegates.



Union Minister and nationally known Diabetologist Dr Jitendra Singh addressing the Annual Conference of RSSDI as Chief Guest at New Delhi on Sunday.



Left to Right

Dr Rajeev Chawla, National Secretary, RSSDI

Dr Vinod Mittal, Secretary, RSSDI, Delhi chapter

Dr Samar Banerjee, National President, RSSDI

Dr BM Makkar, National Treasurer and Chairman, Delhi chapter RSSDI

Dr V Mohan, National Past President, RSSDI

Dr SV Madhu, National President-elect, RSSDI.

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Dr Jitendra Singh being felicitated at the Annual Conference of RSSDI at New Delhi on Sunday.



Dr Jitendra Singh lighting the traditional lamp to inaugurate the Annual Conference of RSSDI at New Delhi on Sunday.

Gujarat Chapter

Gujarat chapter organized diabetes conclave at Anand on 27th July, 2014 in association with IMA chapter of Anand. About 100 doctors of various specialities attended and it was a grand success. Dr Banshi Saboo was honored for being recipient of Rajasthan Ratna award.

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Kerala Chapter

The RSSDI Kerala chapter quarterly meeting was held on 3rd August, 2014 at Raj Residency, Kanhangad. Physicians Club of Kanhangad was the host of the event. Dr KCK Rajah, IMA President Kanhangad Branch was the Chief Guest of the occasion. The meeting was presided by the chairman of RSSDI Kerala chapter. Dr Srinath Bhat K, President, Physicians Club of Kanhangad welcomed the gathering. Ninety delegates attended the meeting. Seven eminent speakers from various parts of Kerala and neighboring city of Mangalore delivered talks. The general body meeting of RSSDI was held at the end of the day headed by Dr PK Jabbar and Dr Sreenivas Kamath.

Odisha Chapter

Not only Odisha played an important role in formation and growth of RSSDI, it has formed one of the initial state chapters almost 15 years back. There are more than 700 members from Odisha. After revival of activities in May 2013, Odisha chapter organized a grand state chapter conference at Cuttack in August 2013. Two Executive committee Meetings have been organized in March and August and a midterm CME on OAD was held at Puri last month.



Lamp lighting by Chief Justice of Odisha High Court during 1st RSSDI Odisha Chapter Conference.

Uttar Pradesh Chapter

A Scientific programme was organized by Dr Sarita Bajaj under the banner of RSSDI - Uttar Pradesh Chapter on 2nd August, 2014, at Allahabad.

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Various topics covered during the CME were:

- Vitamin D - role in dyslipidemia - Dr Veerendra Singh
- Diabetes and hypertension - Dr NS Verma
- Metformin associated neuropathy - Dr Anul Maheshwari
- Current concepts in the management of DPN - Dr Madhukar Rai

West Bengal Chapter

Practical Diabetology Workshop

A daylong workshop on Practical Diabetes Management was organized by RSSDI West Bengal Chapter in association with Indian Association of Clinical Medicine, West Bengal Chapter on noncommunicable diseases on May 25, 2014 at Hotel Golden Parkk, Kolkata. The workshop comprised of a few didactic lectures in the prelunch session: notable speakers were Dr Samar Banerjee, National President RSSDI, Dr Alok Gopal Ghoshal, noted pulmonologist, and Dr Balasubramaniam Ramanna, renowned bariatric surgeon. Dr Madhuchanda Kar, Scientific Chairperson IACM, West Bengal chapter and Dr Rana Bhattacharya, Honorary General Secretary, IACM West Bengal chapter were present. The postlunch session saw hands on training and lively interactions in four concurrent workshops on diet, insulin administration and delivery devices, diabetic foot, and setting up of diabetic clinic. The workshop was attended by around 70 delegates.



Diabetes Detection Cum Awareness Camp

A diabetes detection cum awareness camp was organized at Loreto Day School Bowbazar jointly by Department of Endocrinology NRS Medical College and RSSDI West Bengal chapter on May 6, 2014. A total of 288 beneficiaries which

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included students, guardians, teachers, and staff availed of health check-up; 178 individuals also undertook continuous blood glucose testing. This was followed by an interactive session with students, guardians, and teachers where there was a lively discussion mainly centering prevention of metabolic diseases. Mrs M Gasper, Principal Loreto Day School Bowbazar attended the discussion and addressed the audience. Dr Ananda Kumar Mukherjee, Professor and Head Department of Physiology, NRS Medical College and Dr Nilanjan Sengupta, Associate Professor and Head, Department of Endocrinology NRS Medical College and Assistant General Secretary RSSDI West Bengal chapter were present.

Tamil Nadu RSSDI Chapter

The chapter organized its annual Conference TRAC 2014 on 6th to 7th September at Coimbatore. National repute faculties Dr V Mohan, Dr V Seshiah, Dr Vijay Viswanathan, Dr Anand Moses deliberated on various important aspects of diabetes. It was attended by more than 350 delegates.



Dr Rajeev Chawla delivered the prestigious Professor M Vishwanathan Oration.

Conference Calender

Metabolic Syndrome 2014

October 15, 2014
Hallam Conference Center,
London, United Kingdom

Diabetes Asia 2014

October 16–19, 2014
Sunway Pyramid Convention Centre, Persiaran
Lagoon, Petaling Jaya, Selangor, Malaysia

12th Annual World Congress on Insulin Resistance, Diabetes & Cardiovascular Disease (WCIRDC)

October 30 – November 1, 2014
Los Angeles, California, USA

3rd International Conference and Exhibition on Obesity and Weight Management

December 1–3, 2014
San Francisco, USA

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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