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RSSDI News

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

Diabetes in Asian Indians

Prof. Shashank R Joshi
President, RSSDI

Asian Indians have a unique phenotype, that has evolved over centuries. They are a mixed race which has evolved from Aryan and Dravidian lineages. Migration has been one of the key features of the South-East Asian region (India, Pakistan, and Bangladesh). Asian Indians have migrated from tribal and agrarian areas to small towns, township, semi-urban areas to urban cities. This migration is associated with a changing social class and sedentary habits. With affluence, Asian Indians have switched their diets from traditional fiber rich to modern fiber poor diets. India has become a cerealized economy with high carbohydrate, high fat, and protein poor diet, due to which the concept of 'thin fat Indian Asian' has arisen. The body composition of Asian Indian has much more body fat compared to their Caucasians and African counterparts. The excess body fat is further compounded by sedentary habit, which leads to poor development of muscle mass. Sarcopenia in Asian Indian phenotype is now a well-documented entity. The mitochondrial biogenesis of evolution of this phenotype is being investigated.

Thus, India is one of the epicenters of the diabetes epidemic. It is imperative to universally screen all Asian Indians above the age of 40 years. It is also important to screen Asian Indians above the age of 20 years who have positive family history or waist circumference more than 90 cm in men or 80 cm in women. Apart from screening for glucose as a vital sign, it is important to screen Asian Indians for hypertension, dyslipidemia, and other various features of metabolic syndrome, including coronary artery disease, nonalcoholic fatty liver, polycystic ovarian syndrome in women and even hypogonadism in men. Asian Indians usually manifest diabetes a decade or two earlier compared to the Caucasians or the African counterparts.

Key management strategies must center around lifestyle modification with evidence-based algorithms for pharmacotherapy. Although, prevention holds the key, in the last few years, several controversies have erupted in lifestyle areas as well as pharmacotherapies. Last two years saw obituaries of drugs like rosiglitazone, sibutramine, rimonabant, which were victims of mega trials, sponsored their innovators. Prevention holds the key for Asian Indians. Diabetes and its complications threaten to bankrupt our growing economy. The key to prevention is simple messages which work. The RSSDI 2011 theme for prevention is 'Eat Less, Eat on Time, Eat Right, Walk More (be physically active), Sleep Well and Smile'.

Prof. Shashank R Joshi
Consultant Endocrinologist,
Lilavati and Bhatia Hospital.
President, RSSDI, 2011.

Message from the RSSDI Secretary

Dr SV Madhu
Secretary, RSSDI

Dear Members

Wish you all a very happy new year.

I am sure all of you enjoyed the annual meeting at Mumbai and had a truly enriching experience.

I have great pleasure in informing all of you that work on the RSSDI members directory is complete, and this will be mailed to you very shortly. We have tried our best to update the contact details of members. However, I take this opportunity to request all members to provide us with necessary information, such as emails and updated phone numbers. You are also requested to make corrections wherever necessary through our website.

This edition of the newsletter brings to you some of the newer developments in the field of diabetes in our diabetes despatch section, besides a round-up of recent activities of state chapters.

As we start the new year, let us rededicate ourselves to the care of diabetes patients and join hands to meet this challenge.

Regards,

Dr SV Madhu
Secretary, RSSDI.

40th RSSDI Annual Conference, 2012
Chennai, Tamil Nadu, India

Welcome to RSSDI 2012,

We have great pleasure in informing you that the 40th RSSDI Annual meeting is to be held in Chennai from 26th to 28th October, 2012. The proposed venue is Chennai Trade Centre, Nandambakkam, Chennai. The venue is located at a prime location in Chennai with a state-of-the-art exhibition complex. The facility here matches international standards and is close to the International Airport and easily accessible from most parts of Chennai.

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DIABETES Despatch

News from the **JOURNALS**

Validity of self-assessed waist circumference in a multi-ethnic population

A recent study investigated the validity of waist circumference measurements obtained by self-report and self-measurement with non-verbal pictorial instructions among a multi-ethnic population.

Five hundred and twenty-six individuals aged 40–75 years (91 South Asian, 430 White European and 5 other) participated in the study. The participants estimated their waist circumference and measured their waist with a paper tape measure. They were also provided with simple pictorial instructions for measurement of waist circumference in their preferred language. The investigators calculated 95% limits of agreement with measures undertaken by a healthcare professional unaware of prior measures. Mean age was 56.8 years, mean BMI 30.0 kg/m^2, and mean waist circumference 98.4 cm.

As per the International Diabetes Federation criteria, 79% of participants had high waist circumference. The mean of participants' self-reported value was 6.8 cm lower than the healthcare professional measure, with significant differences by sex and ethnicity (South Asian men 7.5 cm, South Asian women 0.1 cm, White European men 7.8 cm, White European women 7.0 cm. Compared with healthcare professional measures, mean self-measured waist circumference was very similar, both with instructions (0.4 cm higher) and without instructions (0.5 cm lower) but with significant differences by sex and ethnicity.

The data show a systematic underestimation of self-reported waist circumference in this population. The magnitude of underestimation might reduce the performance of risk scores but can be corrected through self-measurement with pictorial instructions.

Source: Khunti K, Taub N, et al. *Diabet Med*. 2011;Oct 11.

Physical activity guidelines for Asian Indians

Currently, India is experiencing rapid economic, demographic, and lifestyle transformations. Inappropriate and inadequate diets and decrease in physical activity have been chiefly responsible for these transformations.

A consensus statement was prepared by more than 102 renowned experts from all over India, and nearly 27 experts from the USA, UK, and Australia to achieve balance in the areas of diabetes, exercise physiology, nutrition, internal medicine, metabolic diseases, endocrinology, cardiology, and sports medicine.

A summary of recommendations for healthy adult Asian Indians includes a total of 60 minutes of physical activity every day in view of the high predisposition to develop type 2 diabetes and CHD. This should include at least 30 minutes of moderate-intensity aerobic activity, 15 minutes of work-related activity, and 15 minutes of muscle-strengthening exercises.

For children, moderate-intensity physical activity for 60 minutes daily should be in the form of sport and physical activity. This consensus statement also includes physical activity guidelines for pregnant women, the elderly, and those suffering from obesity, type 2 diabetes mellitus, CHD, etc.

Appropriate application of guidelines is of utmost importance, as this will have a significant impact on the prevalence and management of obesity, the metabolic syndrome, type 2 diabetes, and CHD in Asian Indians.

Source: Misra A, Nigam P, et al. *Diabetes Technol Ther*. 2011;Oct 11.

Atorvastatin improves renal function in patients with type 2 diabetes

Atorvastatin may contribute to the prevention of cardiovascular events in patients with type 2 diabetes not only by decreasing LDL-C but also by preserving renal function. Two studies, undertaken to evaluate the efficacy and safety of atorvastatin on glycemic control and renal function in type 2 diabetics, came up with these findings.

In the first study, 27 outpatients with hypercholesterolemia (16 statin-naïve, 11 switched from another statin) were given atorvastatin (10 mg once daily) for 3 months. At the end of the study, there was a significant decrease in the low-density lipoprotein cholesterol (LDL-C) in both groups. High-density lipoprotein cholesterol (HDL-C) and estimated glomerular filtration rate however, increased only in the statin-naïve group, and glycosylated hemoglobin (HbA1c) did not change significantly in either group.

The second study was a retrospective evaluation of 87 outpatients with hypercholesterolemia who took atorvastatin for at least 4 years. Compared with baseline (patients who had taken atorvastatin for at least 1 year), total cholesterol and triglyceride levels did not change over the study period. However, HDL-C increased significantly at 2 and 3 years, HbA1c decreased significantly at 1, 2, and 3 years along with a significant decrease of serum creatinine at 1 year.

Source: Tanaka M. *J Int Med Res*. 2011;39(4):1504-12.

ADA News

Obese individuals may be less able to control the desire for food

A new study has reported that obese people may be less able to shut off parts of the brain that drive food cravings. Researchers used functional magnetic resonance imaging (fMRI) to examine areas of the brain that become active when a person views images of high-calorie foods, healthy foods (fruits and vegetables), and non-food items in 14 healthy people, 9 thin, and 5 obese volunteers who underwent brain scans 2 hours after eating. The researchers manipulated blood sugar levels, testing the subjects when they had normal and low blood sugar levels.

They found that when blood sugar levels were low, brain regions known as the insula and striatum associated with rewards were activated, signaling a desire to eat. Simultaneously, the prefrontal cortex, which dampens signals to eat, was less able to stop the signals generated from the striatum to eat. This was especially true in the obese subjects who were shown pictures of high-calorie foods.

On the other hand, when blood sugar levels were normal, the thin study subjects showed greater activity in the prefrontal cortex, and this reduced activity in brain regions involved in rewards. Brain scans of thin people who looked at pictures of high-calorie foods showed increased activity in a region of the brain used for impulse control, but obese people showed little activity in this region.

These actions of the brain were attributed to biological reasons as to why people cannot control their desire for food. The study is part of an effort to understand the underlying biological processes that contribute to obesity. Research till date points to the existence of a higher function controller that modulates reward centers. This control mechanism probably does not become activated in obese subjects, as it is deficient in them.

Overbearing parents can put their children at risk of obesity

Overbearing or dominating parents who continuously monitor their children's every move leave them at risk of obesity by preventing healthy play, a new study has claimed. In fact, these parents have been given the label of "Helicopter parents".

The study looked at families in parks and found that the fussy parents who showed too much concern while their children are playing in the park actually cause them to be less active. These so-called "helicopter parents" often interrupted their children's activities, making them more sedentary. The continuous interruptions prevented children from running around and playing with their friends and also probably diverted these children towards more sedentary leisure activities like sitting in front of the computer or television.

In all 20 parks in the US were studied and classified, if children were "sedentary, moderately active or vigorously active" while playing. According to the researchers they chose to study parks, as they have been identified as critical spaces within communities to help children stay active. They also provide an opportunity to engage under-served and lower-income populations, whom, data have shown, have a higher likelihood of being classified as inactive and obese.

While some parents may find themselves in a dilemma as to how to deal with their own insecurities about the child's wellbeing and safety, this research will help us determine what activities and programs can be implemented to improve awareness among parents and children alike to increase their levels of physical activities. Providing benches for parents in front of or nearby the playing areas may be one possible solution to curb the parent's anxiety and also allow the child to play.

Elevated liver function enzymes can predict the risk of developing diabetes

New findings suggest potential clinical utility of including alanine aminotransferases (ALT) and gamma-glutamyl transferase (GGT) as biomarkers in diabetes risk assessment in younger adults. Elevated levels can help in predicting the risk of young adults developing diabetes.

The researchers examined the association and potential predictability of ALT and GGT for the onset of prediabetes and type 2 diabetes in healthy young adults. Various parameters, including ALT and GGT, were measured in 874 normoglycemic, 101 prediabetic, and 80 diabetes adults during a follow-up of young adults with an average age of 25.1 years to middle-aged individuals with an average age of 41.3 years.

A significantly adverse trend in the prevalence rate of adult diabetes status for both prediabetes and diabetes based on the quartiles of baseline ALT and GGT levels was observed. Individuals with elevated baseline ALT and GGT levels were 1.16 and 1.2 times, respectively, more likely to develop diabetes in a longitudinal multivariate logistic regression analysis adjusted for anthropometric, hemodynamic, and metabolic variables, alcohol consumption, and smoking. This association was not seen for prediabetes.

American Diabetes Association (ADA) 71st Annual Meeting and Scientific Sessions

June 24–28, 2011, San Diego, USA

Study evaluates efficacy and safety of exenatide once weekly vs. metformin, pioglitazone, and sitagliptin monotherapy in drug-naïve type 2 diabetics

Cuddihy RM, Jones DR, Hanefeld A, et al.

This first ever 26-week multinational, double-blind study evaluated efficacy and safety of monotherapy with exenatide once weekly vs. metformin, pioglitazone, and sitagliptin in drug-naïve type 2 diabetics and found once weekly exenatide to be an effective therapeutic option as monotherapy with the additional benefit of weight reduction.

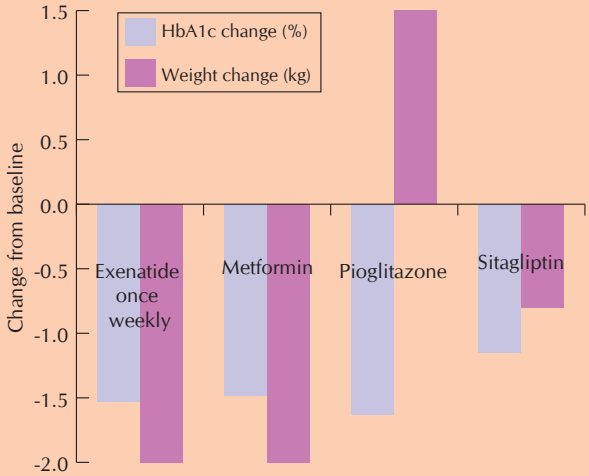
Patients were randomized to subcutaneous exenatide 2.0 mg and daily oral placebo, metformin, and weekly subcutaneous placebo, pioglitazone and weekly subcutaneous placebo, and sitagliptin 100 mg/day and weekly subcutaneous placebo. Dosage of metformin and pioglitazone were adjusted up to 2500 and 45 mg/day, or maximum-tolerated doses, respectively. The primary end-point was change in glycosylated hemoglobin after 26 weeks.

Over the 26 weeks of therapy, all treatments resulted in improvements in glycosylated hemoglobin with many patients achieving A1C target <7.0%. Of these treatments, monotherapy with exenatide once weekly was found to be effective in achieving glycemic targets. In addition, exenatide once weekly and metformin, and to a lesser extent sitagliptin, provided the additional benefit of weight reduction.

The most common treatment-emergent adverse events were exenatide once weekly, nausea (11.3%) and diarrhea (10.9%); metformin, diarrhea (12.6%) and headache (12.2%); pioglitazone, nasopharyngitis (8.6%) and headache (8.0 %); and sitagliptin, nasopharyngitis (9.8%) and headache (9.2%). Minor hypoglycemia reports were rare, and no major hypoglycemia occurred.

Exenatide once weekly provided a suitable option for achieving glycemic targets with added benefits of weight loss and low risk of hypo-glycemia.

Figure 1. Monotherapy with once weekly exenatide safe and effective in achieving glycemic targets with weight loss.

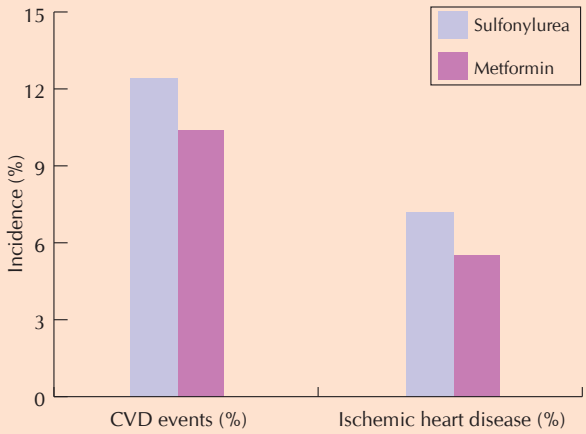


Risk of cardiovascular disease higher with sulfonylurea compared to metformin in older type 2 diabetic subjects

Fu AZ, Qiu Y, Davies MJ, et al.

Sulfonylureas have been associated with the potential for increased risk of cardiovascular disease (CVD), but are still quite commonly used antihyperglycemic medications. The researchers in this retrospective cohort study examined the potential association between initial monotherapy with sulfonylureas or metformin, and subsequent CVD in older patients with type 2 diabetes and found that the likelihood of experiencing a CVD event was higher, and these events occurred sooner in patients who started with a sulfonylurea monotherapy than those who started with metformin.

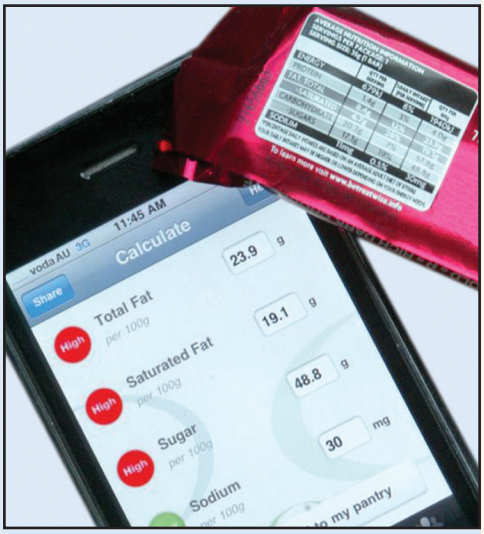
Figure 1. Incidence of cardivascular disease with metformin or sulfonylurea in the elderly population.



The study included patients who were ≥65 years old with type 2 diabetes and received their first prescription of a sulfonylurea or metformin between and remained on it for at least 90 days.

A total of 8,502 patients were included with 4,251 patients in each group. While controlling for differences in baseline characteristics, patients who initiated a sulfonylurea had a significantly higher incidence of CVD events compared to those initiated with metformin after 2 years of follow-up. The difference was mainly driven by the increased incidence of ischemic heart disease with a sulfonylurea compared to metformin. Sulfonylurea use was associated with shorter time to first CVD event compared to metformin. Follow-up examinations at 1 or 3 years demonstrated similar results.

New mobile phone application helps track fat and sugar content in food



In the ever growing world of mobile applications, a new application will provide the consumer some control over what is being pushed by the food industry, and will help the consumer in keeping a track of fat and sugar content in food.

The new application uses a traffic light signaling pattern to allow shoppers to categorize products in to unhealthy and healthy categories. A red warning is used for foods high in fat, sugar, and salt and green labels on healthy options.

The user can simply punch in the amount of various ingredients to know whether the amounts are in the healthy range or not. The applications also rates foods by their sodium, sugars, total fat, and saturated fats. High amounts of these contents will get a rating of red, while medium will warrant an amber rating and low amounts will get a green rating. These results can be saved in their "pantry" in the application for future reference.

The system has been shown to improve eating habits and help consumers make healthier choices for themselves and their families.

A blood glucose monitoring system with insulin calculator

A new blood glucose monitoring system, which in addition to measuring blood glucose, calculates suggested insulin doses has received the CE mark. Calculating appropriate insulin doses according to the blood glucose levels and carbohydrate intake can be a challenging task for some patients. The monitoring system does this by recommending the right bolus dose. The system offers several features that are designed to enable patients to more effectively manage their insulin doses, including:

- Mealtime (rapid-acting) insulin calculator for calculating a suggested dose
- Touch screen designed for ease of use
- Automated logbook
- Personalization preferences, including weekly messages and pre- and postmeal markers
- USB connectivity
- PC-and Mac-compatibility

The system is a significant advance and has the potential to help change the way diabetics mange their insulin in a better, more effective manner. Features like a touch screen interface, automated logbook, personalization preferences, and USB connectivity and PC and Mac compatibility make it a unique product with tremendous potential.

A screening system for diabetes

A new screening system, which can screen for type 2 diabetes and impaired glucose tolerance has received CE marking. The system uses fluorescence spectroscopy to detect advanced glycation end-products (AGEs) in the skin, which are used as biomarkers for diabetes. The biggest advantage of this system is that it does not require invasive blood tests or fasting and can produce a result in almost 3 minutes, thereby, allowing for much faster screening of patients.

Clinical data from 421 subjects showed that the system identified over 60% more people with abnormal glucose tolerance than either the fasting plasma glucose or glycosylated hemoglobin tests at thresholds established by World Health Organization.

It is indicated for use for the noninvasive screening of individuals 18 years or older who are at risk for prediabetes and/or type 2 diabetes and helps in identifying the cohort of subjects who would require further diagnostic testing.

With the ever-growing burden of lifestyle disorders and, especially, diabetes screening systems like this can be of tremendous assistance to the clinicians and the healthcare system in general.

39th Annual Conference of RSSDI, 2011

November 4–6, 2011

Report of Proceedings

Between 4th and 6th November, 2011, the Renaissance convention centre, Mumbai witnessed a great scientific feast under the auspices of 39th Annual Conference of RSSDI (Research Society for the Study of Diabetes in India) which was hosted by Maharashtra chapter of RSSDI.

With the able and expert leadership of Dr Vijay Panikar and Dr Shashank Joshi, the arrangements made were par excellence. The infrastructure of the convention centre offered state-of-the-art facilities to the speakers and the delegates.

As stated in Rigveda, 'Aa No Bhadra kratavo Yantu Vishwataha' (meaning—let the knowledge and wisdom come to us from all sides), the scientific content designed by Dr Vijay Negalur was appreciated not only by the delegates but also by the members of the faculty. The scientific content of the conference was not only crisp but also up-to-date and highly informative. More than 8 debates, mind blowing quiz, and many interactive sessions were the star attractions of the conference. To make this event special, the standing president of EASD (European Association for Study of Diabetes), Dr Andrew Boulton, and the president elect of the ADA, Dr Vivian Fonseca delivered excellent presentations. There was an excellent presentation by Dr Michael Hollick, a world renowned authority on vitamin D and the role of vitamin D in diabetes and its management. Besides these, 13 other eminent international speakers, all experts in their subjects, also took part in the conference.

The delegates complained that they could not choose which hall to attend, as they felt that interesting lectures were being delivered simultaneously in various halls at all times! Those who missed some of the lecture requested that they should be provided a CD containing all the lectures.

The convention centre management also complimented us for the excellent program, and one of the senior members told us that this was the only conference in the last 10 years where they had to arrange 200 extra chairs in various halls! They also wished this comment to go on record!

Dr HB Chandalia, the patron of the conference, offered all kinds of help and support to make this a great event.

An encouraging aspect of the conference was that all the speakers maintained their time limits for the lectures so that the entire schedule could go on smoothly.

At all times the auditoria were over crowded and packed to capacity, and the delegates had to stand to listen to the lecture. This was a 'healthy' sign, as it speaks in volumes about the thirst for knowledge of the delegates.

The pharmaceutical industry, as always, offered not only financial but also lots of moral support. We wish to thank them and all the members of the working committee for making the event a memorable one to cherish for years to come.

Chapter News

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

Delhi Chapter

During the last quarter, Delhi Chapter has had 2 bimonthly meetings. The first one was conducted on 12th June, 2011 and the second meeting was conducted on 7th August, 2011. In the meeting conducted on 12th June, Dr Ambrish Mithal from Medanta Medicity discussed about diabetes management in acute coronary setting followed by data presentation. The meeting on 7thAugust focussed on the prevalence of childhood obesity in Delhi. Both the meetings were successful, well attended, and appriciated by the delegates.

The 6th Annual Conference of RSSDI Delhi state chapter was held on 18th September at Hotel Hyatt in New Delhi. Theme of the conference was 'EXPANDING HORIZONS'. The meeting was a day-conference and was attended by more than 325 delegates from across the city of Delhi, the national capital region (NCR), and neighbouring states. The faculty included eminent speakers and three guest speakers—Dr AH Zargar from Kashmir, Dr Anil Bhansali from Chandigarh, and Dr Sarita Bajaj from Allahbad. Scientific program was appreciated by all the delegates. The old executive of the RSSDI Delhi Chapter was re-elected unanimously on 18th September 2011. Overall, the conference was a grand success.

On the occasion of World Diabetes Day (WDD), a large awareness campaign was organized across the city of Delhi and NCR. WDD awareness programs were organised at 10 locations, where a number of diabetes awareness activities were conducted. These included symbolic walks to fight against diabetes, diabetes screening, health talks on diabetes, and various other activities. Over 4000 people participated in these programs. The activities conducted under the banner of RSSDI Delhi chapter were a mega success and all this was made possible, because of the untiring enthusiasm and efforts put in by our friends and colleagues who worked untiringly for the WDD programs. A special mention is made here of Dr JK Sharma, Dr Meena Chabra, Dr VK Goyal,

Dr Vinod, Dr RK Lalwani, Dr Ajay Ajmani, Dr AK Jhingan, Dr Rakesh Gupta, Dr Dinesh Dhanwal, and of course, the support from Dr SV Madhu, Secy RSSDI, Dr Rajeev Chawla Chairman RSSDI Delhi Chapter, and Dr BM Makkar Secy. World Diabetes Day embossed T-shirts and caps were distributed amongst the participants. All participants were also provided light snacks.

Slogan adopted by RSSDI was '' PREVENT DIABETES—ACT NOW ''

Karnataka Chapter

Eight CMEs were organized during this academic year (2010-11). Five Diabetes Health camps and 3 Awareness programs may in association with Diabetes Club were conducted.

The 7th CME was held in Bengaluru on 18th June 2011. The topics were "Role of Gliptins in Type 2 Diabetes Mellitus" by Dr Arpandev Bhattacharya and "Newer trends in management of CHD in Type 2 Diabetes" by Dr Vivek Jawali.

Recently, a CME was held in Bengaluru on 15th July 2011. The topics were "GLP Analogues—Current Status" by Dr Vageesh Ayyar and "GLP Analogues—Cardiovascular Benefits" by Dr Ranganath from NIH, Bethesda, Washington DC.

RSSDI Karnataka Chapter organized its Annual conference at Manipal, hosted by KMC, Manipal under the leadership of Prof. Sudha Vidyasagar. It was attended by more than 250 delegates.

Expert faculty enlightened the delegates.

Chapter News

Uttar Pradesh Chapter

Annual conference of this newly formed chapter was held on 15th May in Allahabad. Organizing Chairman was Dr KK Tripathi and Organizing Secretary was Dr Sarita Bajaj. Over 250 delegates attended the conference. More than 15 experts delivered lectures on various newer aspects of diabetes.

The conference was a grand success.

Gujarat Chapter

Gujarat Chapter had organized RSSDI–GUJCON 2011 at Madhubhan Resort, Anand on 4th September 2011. The conference comprised of symposium, debates, special situations in diabetes, and clinical case discussions. It was attended by over 250 delegates across the state of Gujarat. Many local experts in the field had been invited to serve the feast of their knowledge.

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DIABETES EXHIBITION AND CAMP ON AHMEDABAD RAILWAY STATION

Exhibition and Awareness Campaign for Diabetes was organized on Ahmedabad Railway Station along with RSSDI—Gujarat Chapter

www.diabetescareindia.org

Kerala Chapter

The annual meet of RSSDI Kerala chapter was conducted on 3rd and 4th of September 2011 in Wayanad.

The meeting was inaugurated by Mr Shanavas, Member of Parliament and was chaired by Dr Harish Kumar, President of Kerala chapter.

A formal welcome address was given by Dr Jabbar, Secretary of Kerala chapter. A special message from Honorable National Secretary, Dr Madhu was read out by Dr Jabbar.

A special function was conducted for honoring the senior physicians in the field of diabetes. The committee has selected Dr Ramamoorthy (Retd. Professor of Medicine, Calicut Medical College), Dr Abdulla (Retd. Senior Physician and Professor of Medicine, Calicut Medical College), and Dr Mummy as senior and active members in the field and honored them with traditional methods. The chapter's official website was inaugurated by the President of Kerala Endocrine Club, Professor RV Jayakumar.

A unique topic of controversies in the treatment of diabetes was handled by two senior endocrinologists, Dr Prasannakumar and Dr RV Jayakumar.

West Bengal Chapter

RSSDI West Bengal Chapter elections were successfully held on the afternoon of 14th November, 2011 in presence of Dr Samar Banerjee, Honorable Vice President of the central body of RSSDI.

State chapter hosted a walkathon, free tests for deserving patients, nutrition workshop and quiz, and interactive program for patients with doctors to celebrate World Diabetes Day. Chapter also organized a CME, with participation of Prof. BK Sahay and Prof. Krishna Seshadri as guest orators.

All the programs were well participated.

Chapter News

Conference Calender

5th International Conference on Advanced Technologies and Treatments for Diabetes (ATTD) February 8–11, 2012 Barcelona, Spain	**4th International Conference on Advances in Diabetes and Insulin Therapy (ADIT)** March 29–31, 2012 Riga, Latvia
Diabetes UK Professional Conference March 7–9, 2012 Glasgow, Scotland, UK	**8th International Conference on Diabetes and Metabolism (ICDM)** April 11–13, 2012 Venice, Italy

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

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