



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

Dear Colleagues

My belated New Year Greetings to all of you.

At the outset I would like to thank every member of the RSSDI for unanimously electing me as President of this very prestigious organization. As you are all aware, the recent ICMR-INDIAB study which has been completed in four states of India, namely Tamil Nadu, Maharashtra, Jharkhand, and Chandigarh has shown that there are 62.4 million people with diabetes in India. What is more worrying is that there are 77 million people with prediabetes. This shows the enormity of the problem of diabetes. Recent epidemiological studies have also shown that the epidemic of diabetes is now slowly shifting from urban to rural areas from the old to the younger people and from the affluent to the middle class and even to poor people. This makes diabetes a huge public health burden as far as India is concerned. It is obvious that diabetologists and endocrinologists in this country apart from general physicians, have a huge role to play in tackling the diabetes epidemic in India.

On the research front, I would like to emphasize that the RSSDI is a research body and we should make all efforts to improve both the quantity and quality of science related to diabetology research in this country. I would particularly encourage the senior teachers, who are members of RSSDI to encourage students both at the MBBS as well as at the postgraduate level to take up research projects in the field of diabetes. In the area of clinical research also there are huge opportunities which we can all participate in.

I would like to take this opportunity to request all of you to participate in the 40th Annual Conference of the RSSDI to be held at Chennai from October 26th to 28th 2012. Kindly also present your research work at this meeting. I would like to make an appeal to all of you. There are many states of the country, where there are no chapters of RSSDI. May I request members in states where there are no chapters of RSSDI to immediately help in starting chapters of RSSDI. This will help to spread the awareness of diabetes and to increase the research in diabetes across the country.

A final request would be to increase the membership of RSSDI itself. Currently, we have approximately to 5500 members. We should make an attempt to increase these numbers to at least 10000 in the next year or two. If each member can just introduce one more person as a member this dream would become possible. I request your support to strengthen the organization which is already the largest association for diabetes in Asia.

With best wishes to you and your family.



Dr V Mohan
President, RSSDI

Dr V Mohan
MD, FRCP (London, Edinburgh, Glasgow, Ireland),
PhD, DSc (Hon Causa), FNASc, FASc, FNA
President, RSSDI

Chairman & Chief Diabetologist, Dr Mohan's Diabetes Specialities Centre
Director & Chief of Diabetes Research, Madras Diabetes Research Foundation



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Message from the RSSDI Secretary

Dear Friends

In this edition of our newsletter, meet our new president Dr V Mohan who is known to all of us. Please join me in conveying our best wishes to him on adding yet another jewel to an already glittering crown – The Padma Shri award. Let us all wish him many more successes in the years to come.

It is indeed heartening to note that many of our state chapters have become very active and are spreading the message and activities of RSSDI far and wide. In this newsletter, as always, you will find, a resume of all the activities of various state chapters in the last few months.

I am sure, you would have received the RSSDI members directory by now. This is the first time that such a directory has been brought out and should benefit all. In case any discrepancy is noted in your contact details, I would request you to update the same through our website.

With Best wishes



Dr SV Madhu
Secretary, RSSDI

Dr SV Madhu
Secretary, RSSDI.

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

40th Annual Conference

Research Society for the Study of Diabetes in India

@ Chennai Trade Centre

October 26, 27 & 28, 2012



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 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

White rice consumption associated with increased risk for type 2 diabetes

A recent study from the British Medical Journal reported the interesting finding that regular consumption of large quantity of white rice could significantly increase the risk of development of type 2 diabetes. The study was conducted at Harvard School of Public Health and was a meta-analysis of previous studies. The study tried to establish a relation between the consumption of white rice and the risk of developing type 2 diabetes.

It has been suggested earlier that diets with high glycemic index (GI) values make people more prone to the development of type 2 diabetes. White rice has a comparatively high GI, though it is the most common type of rice consumed worldwide.

The 4 studies included 352,384 participants, with 13,284 incident cases of type 2 diabetes, during follow-up periods ranging from 4 to 22 years. The meta-analysis unraveled that Asian (Chinese and Japanese) populations had much higher white rice consumption levels compared to Western populations (average intake levels were three to four servings/day versus one to two servings/week). Pooled relative risk was 1.55 when the highest with the lowest category of white rice intake was compared in Asian populations, whereas the corresponding relative risk was 1.12 in Western populations. Further estimates demonstrated that every augmented serving of white rice increases the risk of developing type 2 diabetes by 10%. Thus, higher the white rice intake, greater the risk of type 2 diabetes.

The researchers postulated that the increased risk of diabetes with higher white rice consumption was probably because of its high GI when compared with brown rice or whole wheat. As the physician is already aware that Asians are at a higher risk of developing type 2 diabetes therefore, advising the patients as well as the population in general to increase the consumption of whole grains (low GI), instead of refined carbohydrates with high GI would be a better dietary practice that could probably help slow down the epidemic of diabetes.

Source: Hu EA, Pan A, Malik V, et al. White rice consumption and risk of type 2 diabetes: meta-analysis and systematic review. *BMJ*. 2012;344:e1454.

EarlyBird reports rising insulin resistance, even before the onset of puberty

A new study published in the March 2012 issue of *Diabetes Care* has reported the startling observation that insulin resistance starts to rise in mid-childhood, some years before the onset of puberty. It is a well known and accepted fact that insulin resistance is associated with diabetes. Insulin resistance is higher during puberty in both sexes and has been demonstrated to be independent of changes in adiposity in some studies. What is still not clear is the actual time of onset of insulin resistance, though it is often attributed to puberty.

The EarlyBird Diabetes study was a longitudinal prospective cohort study of healthy children which attempted to establish the relationship of insulin resistance to onset of puberty and interactions with age, sex, adiposity, and IGF-1. In 235 children between the age group of 5–14 years, Homeostasis model assessment (HOMA-IR), skinfolds, adiposity, serum leptin, and IGF-1 were measured annually. Pubertal onset was adduced from Tanner stage (TS) and from the age at which luteinizing hormone (LH) first became serially detectable.

Insulin resistance was seen to rise progressively from age 7 years, 3–4 years before TS2 was reached or LH became detectable. Rising adiposity and IGF-1 could together explain 34% of the variance in insulin resistance in boys and 35% in girls over the 3 years preceding the onset of puberty. It was also observed that the contribution of IGF-1 to insulin resistance was greater in boys, despite their comparatively lower IGF-1 levels.

The researchers concluded that insulin resistance starts rising in mid-childhood even before the onset of puberty, and the onset probably relates more to the age of the child than to the onset of puberty. A major portion (60%) of the variation in insulin resistance prior to puberty was unexplained. With changing demography of childhood diabetes, prepubertal insulin resistance may be an important risk factor.

Source: Jeffery AN, Metcalf BS, Hosking J, et al. Age before stage: insulin resistance rises before the onset of puberty: a 9-year longitudinal study (EarlyBird 26). *Diabetes Care*. 2012;35:536-41.

Long-term metformin use safe for diabetes prevention: New data from the Diabetes Prevention Program

In a long-term safety and tolerability analysis of results from the Diabetes Prevention Program (DPP), metformin was found to be safe option for prevention and was also well tolerated. These results were seen along with weight loss and reduction in waist circumference during the DPP and its long-term follow-up.

New study to bring cheer to the diabetologist: Amongst the healthiest physicians

In the modern era of overtly busy lives, diabetologists have been identified as being amongst the healthiest physicians according to a recent study. In recent years, maintaining a good health and lifestyle has become a worldwide issue among all strata of society, as lifestyle-related diseases like hypertension and diabetes mellitus have increased because of less time available to take care of one's own health.

In this study done in a cohort of 29,000 doctors from 25 different specialties, diabetologists have gained a reputation by being in the top 3 list of healthiest physicians along with dermatologists and plastic surgeons. Doctors share a huge responsibility of maintaining the health of their patients as well as their own health. Obesity poses an increasing risk of type 2 diabetes and has not spared the doctors. According to the results, 5.33% of male doctors and 6.21% of female doctors were obese. Further insights from their lives tell that this may be due to lesser time spent for exercise. Even amongst those in their twenties, more than half of the doctors confirmed that they exercised less than two times in a week. With age, more doctors start doing what they advice for their patients, and the fraction of doctors who exercise less than twice a week falls down to less than 40%. Things again start getting less rosier for the physicians in the age-group of 61–70 years and the fraction of physicians indulging in physical activities fall down to a paltry 28%.

Better health demands a balance between the work and the physical activity. This endeavor is a small initiative to care for the care givers. Diabetologists should be appreciated in gaining the reputation of being amongst the healthiest physicians and curb the risk of diabetes in their lives, as well as in the population.

Interplay of 3 independent risk factors increases the risk of diabetes

A recent study published in *Diabetes Care* highlighted the increased risk of type 2 diabetes mellitus posed by the three independent risk factors which commonly occur together—insulin resistance (IR), overweight, and fatty liver. When considered individually the biggest risk is posed by insulin resistance which increases the incidence almost four times while the fatty liver increases it by the factor of 2.42 and overweight increases it by a factor of 1.62 over an extended period of 5 years.

According to this new study, the combination of these factors led to a further increment in the incident risk of diabetes; the combination of insulin resistance and the fatty liver posed the highest risk for the incidence and development of type 2 diabetes. On the other hand, the unison of overweight and fatty liver led to lowest risk. Though being highly correlated, the presence of dissociation because of their independent effects, suggests the involvement of different pathogenetic mechanisms.

These factors when present simultaneously are known to produce an alarming increase in the development of the diabetes. This study highlights the propensity of individual risk factors to increase the risk of diabetes. This approach, which targets the ill-effects of these factors individually may prove to be beneficial in putting a halt in development of diabetes.

Future research will help us understand these pathogenetic mechanisms and their interplay to establish the individual contribution of these risk factors as well the risk involved when they are present in different combinations. All this will translate into development of different pharmaceutical as well as lifestyle interventions for different combinations of these risks factors.

Diet soda increases GLP-1 levels in healthy subjects and type 1 diabetics

At a time when drug therapies targeting the incretin axis have come to the foray for the type 2 diabetics and have brought promise and hope for the diabetic patient and the physician alike, a recent research claims that ingestion of diet soda prior to a glucose load leads to an increased secretion of glucagon-like peptide-1 (GLP-1) in healthy individuals as well as in patients of type 1 diabetes; however, the same benefit was not observed in individuals with type 2 diabetes.

This random study involved individuals in the age group of 12–25 years. These subjects were divided into 3 groups: type 1 diabetics, type 2 diabetics, and a group of healthy individuals were taken as controls. A cola-flavored caffeine-free diet soda or carbonated water was given to the individuals after which they underwent a 75-gm glucose test. For the next 180 minutes, various investigations, including glucose levels, C-peptide, GLP-1, glucose-dependent insulinotropic peptide, and peptide Tyr-Tyr measurements were performed.

The results demonstrated that in comparison to carbonated water, diet soda ingestion led to a 34% increase in GLP-1 levels in healthy individuals and 43% in type 1 diabetics, while no change in GLP-1 levels was observed in subjects with type 2 diabetes. Interestingly, there was no significant change in the levels of other hormones, which were investigated. However, any clinical significance of consumption of diet soda with changes in the levels of GLP-1 has not yet been established and need to be determined in future research.

47th EASD Annual Meeting

September 12–16, 2011, Lisbon, Portugal

Analysis of Pooled data demonstrates the efficacy of once-a-week exenatide in achieving glycemic control with a low risk of adverse events

Wintle M, Meloni A, DeYoung MB, et al.

The Diabetes therapy Utilization: Researching changes in HbA1c, weight, and other factors Through Intervention with Exenatide ONce weekly (DURATION) trials compared the efficacy and safety of once-a-week exenatide vs. glucose-lowering comparators administered to patients for 24–30 weeks.

A retrospective pooled analysis from the DURATION clinical trial program for exenatide, presented at the EASD 2011, demonstrated that treatment with once-a-week exenatide was associated with significant improvement in the percentage of patients achieving an HbA1c $\leq 6.5\%$ or $< 7\%$ without causing hypoglycemia or weight gain. Furthermore clinically meaningful improvements were reported in systolic and diastolic blood pressure values.

The results demonstrated that 46.6% of patients achieved an HbA1c $\leq 6.5\%$ and 64.6% of patients achieved an HbA1c $< 7\%$ at endpoint. A significant percentage of those who achieved glycemic goals did not experience any episodes of hypoglycemia in both for HbA1c $\leq 6.5\%$ and $< 7\%$ groups (42.8% and 60.3%, respectively) and no hypoglycemia and weight gain in 36.8% and 50.1% subjects in the HbA1c $\leq 6.5\%$ and $< 7\%$ groups, respectively.

Significant reductions in glycosylated hemoglobin levels were also reported in both goal categories (-1.52% for HbA1c $\leq 6.5\%$ and -1.55% for HbA1c $< 7\%$). Similarly, significant reductions in systolic blood pressure and LDL-cholesterol levels were also reported in those patients who were not on recommended measurements at baseline.

Although adverse events occurred in the trial, these were consistent with those reported in individual trials with nausea and diarrhea being the most frequently reported adverse events.

This pooled analysis demonstrated significant improvements in glycemic goals and selected cardiovascular risk factors that were seen in individual DURATION trials and was also consistent in terms of adverse event analysis.

Vildagliptin better than sulfonylurea as add-on therapy to metformin during Ramadan fasting in type 2 diabetic subjects

Hanif W, Malik W, Hassanein M, et al.

A new prospective, observational cohort study from UK which was presented at the EASD conference found vildagliptin a better option in comparison to a sulfonylurea as add-on therapy to metformin.

Muslim patients with type 2 diabetes mellitus across the world, who fast during the holy month of Ramadan, are at increased risk of hypoglycemic events and poor glycemic control. Factors that can reduce these risks include choice of oral anti-diabetic drug (OAD) therapy and patient adherence to treatment. Patients on vildagliptin or a sulfonylurea add-on therapy to metformin were followed for ≤ 16 weeks (maximum of 6 weeks before and 6 weeks after the fasting period) and asked to record the number of OAD doses missed. Glycosylated hemoglobin (HbA1c) and hypoglycemic events.

A total of 72 patients were enrolled (vildagliptin, $n = 30$; sulfonylurea, $n = 41$; not allocated to treatment, $n = 1$) and 59 completed the study (vildagliptin, $n = 23$; SU, $n = 36$), including one patient in the sulfonylurea arm who completed but failed to provide information on missed doses. All the patients in sulfonylurea arm were taking gliclazide.

It was found that only a single patient in the vildagliptin arm missed a total of four doses in comparison to 10 patients missed a total of 266 doses in the sulfonylurea arm. The mean proportion of doses missed during fasting was 0.2% in the vildagliptin arm and 10.4% in the sulfonylurea arm. No patients reported hypoglycemic events in the vildagliptin arm but this figure was 15 patients in the sulfonylurea arm. At baseline, HbA1c levels were comparable in the two groups but the mean between-group difference (vildagliptin minus sulfonylurea) after fasting was -0.5% .

In conclusion, vildagliptin was a more efficacious and safer option compared to gliclazide during Ramadan fasting and a majority of diabetics receiving vildagliptin, adhered to treatment and none reported hypoglycemic events. These findings highlight the importance of choosing an OAD therapy to match a patient's lifestyle, and suggest that vildagliptin is a suitable treatment in Muslim patients during Ramadan fasting.

Glycosylated hemoglobin: A useful tool in identifying previously undiagnosed diabetes with a higher cardiovascular risk profile

Hara S, Heianza Y, Fujiwara K, et al.

Since the introduction of glycosylated hemoglobin (HbA1c) in the diagnostic criteria for diabetes, there has been a debate on the benefits and pitfalls in using HbA1c. New research reported at the EASD supports the use of HbA1c in diagnosing a large number of otherwise unidentified patients. The researchers aimed to evaluate the impact of adding HbA1c for diagnosis of diabetes and also to evaluate whether this subset of patients has a different cardiovascular risk profiles than those diagnosed by fasting plasma glucose (FPG) criterion in Japanese individuals.

A total 26,884 participants without known diabetes, aged 20–91 years, who underwent a routine medical check-up were included and were categorized into 4 groups according to the presence or absence of fasting plasma glucose (FPG) ≥ 7.0 mmol/L and/or HbA1c $\geq 6.5\%$.

When used as the sole diagnostic criteria, both HbA1c and FPG led to an almost equal numbers of diabetic individuals being missed (26.5% vs. 26.0% for HbA1c and FPG, respectively). An interesting observation was the distribution of clinical metabolic markers, such as adiposity, blood pressure, and lipids, which did not increase in parallel within each diagnostic group.

Of note was the finding that individuals with discordantly diagnosed diabetes by HbA1c had unfavorable lipid profiles that pointed towards an atherosclerotic trait and increased cardiovascular risk. When individuals with diabetes according to FPG ≥ 7.0 mmol/L and HbA1c $< 6.5\%$ were compared to those diagnosed by HbA1c $\geq 6.5\%$ and FPG < 7.0 mmol/L, it was observed that subjects in the latter category were older, more likely to be women, and had a lower systolic and diastolic blood pressure and gamma-glutamyl transferase values. A similar association was observed when characteristics of prediabetes defined by HbA1c (5.7–6.4%) and/or FPG criteria (5.6–6.9 mmol/L) among nondiabetic individuals were investigated. HbA1c $\geq 5.7\%$ and FPG < 5.6 mmol/L was associated with low levels of HDL-C and high levels of LDL-C and non-HDL-C. Unfavorable lipid abnormalities did not depend on the specific cut-off value of HbA1c $\geq 6.5\%$.

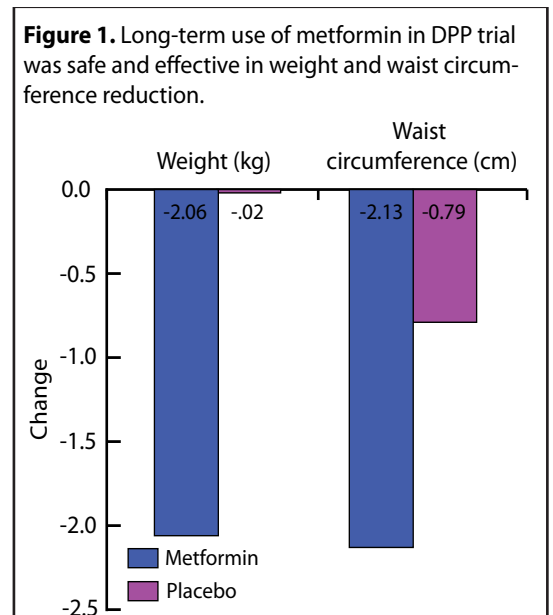
The researchers concluded that introducing HbA1c into the diagnostic criteria identified a large numbers of previously undiagnosed cases of diabetes in this cohort of Japanese subjects. More importantly, these subjects had unfavorable lipid profiles, reflecting an atherosclerotic trait, thereby, implying a higher cardiovascular risk profile in these subjects.

Contd. from page 3

The DPP trial was a randomized double-blind clinical trial of metformin or placebo followed by a 7–8 year open-label extension and analysis of adverse events, tolerability, and the effect of adherence on change in weight and waist circumference. The results were significant for both weight loss and waist circumference reduction in patients who received metformin in comparison to placebo and the magnitude of weight loss during the 2-year double-blind period was directly related to adherence (Figure 1). The weight loss remained significantly greater in the metformin group throughout the unblinded follow-up period.

Although, gastrointestinal symptoms were seen more commonly in the metformin group, the side effects declined over time. Average hemoglobin and hematocrit levels were also slightly lower in the metformin group but the reduction in these parameters in the metformin group occurred during the first year following randomization, and no further changes were observed over time.

Source: The Diabetes Prevention Program Research Group. Long-Term Safety, Tolerability, and Weight Loss Associated With Metformin in the Diabetes Prevention Program Outcomes Study. *Diabetes Care*. 2012;35:731-7.



New device makes it possible to remotely monitor glucose levels

Technology has no bars, and that has been proved by the launch of the first ever remote glucose monitoring device to be used at home and to keep an eye on your child's or loved one's glucose level and pump status. The new device has 2 primary components. The first one is an outpost device that is placed in the patient's room; this in turn wirelessly interfaces with a glucose monitor and insulin pump system.

Along with displaying the regular glucose readings, the device can also raise an alarm if the preset values are breached which helps in addressing certain common problems like hypoglycemia during the nighttime. The system comprises of a monitor with colored screen, power supply, and an outpost which helps in transmitting the information from the child's location to the monitoring device.

The outpost makes it possible to keep a watch from up to 50 feet away or greater. The device has a facility for predictive alerts, which can warn even 30 minutes before a low or high event so that a quick action can be taken and any complication can be avoided. Apart from all these features the device also offers many user-friendly options, such as the alarm sound's volume option; the volume can be adjusted and can be very loud to wake one up even from deep sleep. It also has a snooze facility to temporarily disable the alarm. This invention can be of great help in avoiding the medical emergencies especially in the young and the very old population who cannot themselves take immediate action during a hypoglycemic event.



New blood glucometer attachment for the iPhone receives FDA approval

Technology has made the mobile phone a reality for every one. Now it is empowering the diabetic patient to take charge of his health. A new blood glucometer attachment for the iPhone has been approved by the USFDA. The device uses that iPhone as a beautiful visualization tool to keep track of glucose readings, food and insulin intake, and exercise. The device can also be used independently of the iPhone to take readings, and data can be transferred to the iPhone, once the two are connected again.

The device has a range of user-friendly features that allow users multiple ways to analyze their glucose patterns over time. Patients can record and track readings, carbohydrate intake and insulin doses if receiving insulin. Results of individual test can be displayed and are color coded so that high and low blood glucose results can be identified more easily. One can also choose to send data as an e-mail to the healthcare professional. The application can be downloaded for free.

The device has been demonstrated to provide accurate results by helping to detect and correct for errors caused by differences in hematocrit levels and certain environmental conditions.



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:

Punjab and Chandigarh Chapter

On the occasion of World Diabetes Day, i.e. 14th November 2011, Punjab and Chandigarh Chapter RSSDI with Department of Endocrinology, PGIMER, Chandigarh, organized diabetes education program which included diet counseling, role of exercise, hypoglycemia, and sick day guidelines for the participants. It was nice interacting session. This program was chaired by President RSSDI Chandigarh chapter, Professor Anil Bhansali and a diabetes education lecture was given by the Secretary RSSDI Chandigarh chapter, Dr Sanjay Bhadada. Around 100 people participated in this education program. After the education program, a painting competition was organized for type1 diabetics and prizes were given to all participants.



Kerala Chapter

Kerala chapter had its second quarterly meeting on 18th March at Kollam. Around 118 delegates attended the meet. All the delegates benefited a lot by personal interaction with faculty.



Chapter News

Uttar Pradesh Chapter

A symposium on gestational diabetes was organized for the doctors of Lucknow, in which Dr Jitendra Singh from Jammu (executive of national body of RSSDI) and Dr Anuj Maheshwari, the chapter secretary delivered scientific lectures. Session was chaired by Brig. (Dr) P Prusty who is an endocrinologist, posted at command Hospital Lucknow. A total of 46 doctors participated in this symposium.



West Bengal Chapter

1. Guest lecture by Dr Kirit Tolia Clinical Assistant Professor, Michigan, USA who spoke on incretin axis in diabetes, at SSKM Hospital.
2. Medical camp organized at Katwa from 21st to 23rd January 2012 was attended by Professor Satinath Mukhopadhyay, Dr A Thukral, Dr Chitra S, Dr D Dutta along with a number of other doctors and about 150 patients.
3. First annual conference of the state chapter was organized on 18th March 2012 at Hotel Taj Bengal, Kolkata.

Highlights of the first annual conference of the state chapter

- a. Pre-conference workshop on biostatistics conducted by Dr Sourabh Mukherjee



Chapter News

- b. Pre-conference workshop on insulin pump conducted by Dr Jyothydev Kesavadev, Dr Bansi Saboo, and Dr Debashish Das
- c. Conference Oration by Padma Shri Professor VMohan, President, RSSDI.
- d. Guest lectures by Professor HB Chandalia, Professor SV Madhu, Professor PV Rao, Professor GR Sridhar, Dr Ksh Achouba Singh, Dr Chaitali Duttaroy, Dr Arpandev Bhattacharyya, Dr Jyothydev Kesavadev.
- e. The conference was inaugurated by Padma Shri Professor V Mohan, President RSSDI, in presence of Professor SV Madhu, Hony. General Secretary, RSSDI and other senior national and local members of the organization. The conference was attended by over 200 members and delegates.
- f. Research grants were awarded to 12 postgraduate and postdoctoral trainees from various institutes and disciplines.



Karnataka Chapter

- a. Mammoth and unique walkathon was organized on the World Diabetes Day, 14th November 2011. It was flagged off by the honorable chief minister who expressed great admiration for the walkathon. This was attended by more than 2500 members.



Domain Enlightening Programme 2012 at Mysore: An elitist diaz.



World Diabetes day 2011: An orderly purposeful march to take a stand for the cure of diabetes.

Chapter News

- b. Public interaction program was conducted on 07th January 2012 at Bengaluru Diabetes Hospital as part of the activity of 'Debate' which was performed by Dr AK Das, BK Sahay, and Abdul Hameed Zargar and it was telecasted on Doordarshan.
- c. Domain Enlightening program was organized by on 21st January 2012 in association with CSI Mysore Chapter and API Mysore Chapter which was well attended with a record number of more than 140 delegates.
- d. On 12th February 2012, 2 programs were conducted.
 1. A rare innovative and unique program entitled "Metabolic Surgery Consensus Summit". This program was supported by Research Society for Study of Diabetes in India – Karnataka chapter (KRSSDI) and was organized by BEST Institute and Research Centre, Bengaluru and Karnataka Institute of Diabetology, Bengaluru. Professionals involved in the field of bariatric and metabolic surgery, diabetes, and medical research from all over India along with visiting international faculty met in Bengaluru. It was attended by more than 350 delegates from all over India.
 2. A Domain Enlightening program was organized in association with the department of physiology and department of endocrinology of St. John's Medical College, Bengaluru. The program was conducted inside the St. John's hospital premises.



Utopian KID UPDATE 2012: A modest gathering in rapt attention



Metabolic Surgery Consensus Meet: I am all ears!



Utopian KID UPDATE 2012: On earth as in heaven



Metabolic Surgery Consensus Meet: A fiery blessing!

Chapter News

- e. For the first time in India, a diabetes update (KID UPDATE 2012) was organized in Bengaluru on 3rd March 2012, by KRSSDI in association with Karnataka Institute of Diabetology, for sharing the knowledge and concepts on diabetes management. Consensus on the latest guidelines on prevention, management, and treatment of diabetes were derived from this meeting. Nearly 450 renowned diabetologists from all over India participated in this KID UPDATE 2012. First Utopian KID Gold medical award oration was conferred to Padma Shri Professor V Mohan on this day. Vital part of the update was evolution of consensus on guidelines in diabetes management in Indian arena. Experts in the field of diabetes management from all over India conducted this session.

Delhi Chapter

RSSDI Delhi chapter conducted two scientific meetings in the last quarter. The bimonthly meeting conducted on 11th December 2011 at Hotel Le Meridien, Delhi was a half day symposium. The speakers were Dr SK Wangnoo, Dr Rajeev Chawla, and Dr Lalwani. Highlight of symposium was a talk on "Hyperglycemia management in GDM" by guest speaker Dr Usha Sriram. The meeting was very well attended and all the lectures were highly appreciated by the audience.

The second bimonthly meeting was held on 5th February 2012 at India Habitat centre. Dr Vinod Mittal spoke on the "ADA Clinical Practice Recommendations 2012" and Dr Ambrish Mithal spoke on "Practical Implications of Guidelines". The meeting was very well attended and highly interactive and the audience appreciated the talks given by both the speakers.

Conference Calender

3rd International Conference of Diabetes in Asia Study Group (DASG) April 13–15, 2012 Mumbai, India	21st Annual Scientific and Clinical Congress, 2012. American Association of Clinical Endocrinologists May 23–27, 2012 Philadelphia, USA
72nd Scientific Session, American Diabetes Association (ADA) June 08–12, 2012 Pennsylvania, Philadelphia, USA	Endocrine Society's 94th Annual Meeting and Expo, 2012 June 23–26, 2012 Houston, USA

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

RSSDI Secretariat

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