



# RSSDI News

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

## Message from the RSSDI President

### President (2012)

Dr V Mohan  
Chennai

### Past President (2011)

Prof. Shashank R Joshi  
Mumbai

### Patrons

Dr HB Chandalia  
Mumbai

Dr C Munichoodappa  
Bengaluru

Dr AK Das  
Puducherry

Dr BK Sahay  
Hyderabad

Dr OP Gupta  
Ahmedabad

### Vice Presidents

Dr S Banerjee (2011-13)  
Kolkata

Dr GC Reddy (2013)  
Hyderabad

### Secretary (2011-13)

Dr SV Madhu  
New Delhi

### Joint Secretary (2011-13)

Dr R Chawla  
New Delhi

### Treasurer (2011-13)

Dr BM Makkar  
New Delhi

### Executive Committee (2011-13)

Dr SR Aravind  
Bengaluru

Dr S Bajaj  
Allahabad

Dr B Saboo  
Ahmedabad

Dr CV Kumar  
Hyderabad

Dr J Singh  
Jammu

Dr J Panda  
Cuttack

### Co-opted

Dr PV Rao  
Hyderabad

It gives me great pleasure to greet all readers and members of RSSDI on the eve of the new year, and I would like to take this opportunity to wish you and your loved ones, a very happy, successful, and healthy new year. I am sure, all of you would have been busy with the World Diabetes Day (WDD) activities. Across the length and breadth of the country, the spirit and momentum of WDD activities were truly awesome and breathtaking. My heartiest congratulations to all of you and my sincere appreciation for the hard and sincere work that you all put in to educate and treat people with diabetes in our country. I am sure most of you would have attended the 40<sup>th</sup> annual conference of the RSSDI held at Chennai. Dr Anand Moses, the organizing secretary of the conference, myself, in my capacity as the organizing chairman of the conference, and the entire organizing committee of the conference wish to thank you all for your presence and support which made the conference a great success. There could have been minor glitches during the conference for which we crave your indulgence. We look forward to receiving feedback from all of you regarding the conference so that this can be used to further improve and raise the standard of our annual RSSDI conferences, which have already grown to become the largest diabetes meetings in Asia. A special thank you to all the national and international faculties who not only gave excellent talks but also observed excellent time management, which was one of the major successes of the conference.



Dr V Mohan  
President, RSSDI

I wish to thank you for re-electing me as the President of RSSDI for a second term. I am extremely grateful to you for the confidence you have reposed in me and assure you I shall do my best to take the organization to a higher level. Speaking of the organization, I am happy to inform you that the membership of our society is increasing steadily. We now have close to 6,000 members. The website has been made more interactive and a big thank you to Dr SV Madhu, Dr Rajeev Chawla, Dr BM Makkar, and the whole group at the secretariat at Delhi for improving the website. Also a big congratulation to the Delhi team for the wonderful RSSDI Delhi state chapter meeting held in such a wonderful way in September, 2012. I had the pleasure to attend and the honor to deliver the RSSDI-Delhi Chapter Oration. The meeting was of a very high standard and worthy of emulation by other state chapters.

The journal is continuing to improve its standards and the number of articles received from foreign countries is remarkable. My heartiest congratulations to Dr Chandalia and the editorial team. The journal is now poised to grow to greater and greater heights. We are also happy that the executive committee has approved the starting of the RSSDI state chapter in Assam, and we hope very soon the formalities can be completed, and the first annual conference of the RSSDI in the North East Region of our country can be conducted soon. This would be a historical moment for RSSDI. We also request our colleagues in

Contd. on page 2



### Research Committee

Prof. Shashank R Joshi  
Chairman

Dr SV Madhu

Dr Jitendra Singh

Dr Arvind Gupta

Prof. Sarita Bajaj

Dr Alok Kanungo

Prof. Nikhil Tandon

Prof. Anil Bhansali

### Editorial Committee

Dr GR Sridhar  
Chairman

Dr HB Chandalia

Dr AK Das

Dr RV Jayakumar

Dr KM Prasanna Kumar

Dr SV Madhu

Prof. Shashank R Joshi

Dr PV Rao

### Textbook Committee

Dr HB Chandalia  
Chairman

Dr AK Das

Dr SV Madhu

Dr PV Rao

Dr V Mohan

Dr GR Sridhar

### Credential Committee

Dr BK Sahay  
Chairman

Dr AK Dass

Dr HB Chandalia

Dr Muralidhar S Rao

### Constitution Reform Committee

Dr C Munichoodappa  
Chairman

Dr Samar Banerjee

Dr PV Rao

Dr SV Madhu

Prof. Shashank R Joshi

### International Committee

Prof. Shashank R Joshi

Dr SV Madhu

### Newsletter Editorial Board

Dr SV Madhu

Dr Rajeev Chawla

Dr BM Makkar

## Message from the RSSDI Secretary

Dear Friends,

Greetings from New Delhi.

I take this opportunity to wish all our members a very happy 2013.

I am sure you had a great time at the RSSDI annual conference at Chennai. In this edition of the newsletter we bring you glimpses of this conference. We also have a summary of the ever increasing activities of different state chapters, which are all doing commendable work.

I hope most of you have had a feel of the new website by now and have experienced first hand all its features. Those of you who have not already updated your profile through the website are once again requested to login to their account on the website and update their profile. This will ensure proper communication from the office secretariat and timely receipt of journal and all mails.

Delhi chapter has started preparations for next year's annual conference to be held at India Expo Centre, Delhi NCR from Nov 8-10, 2013. On behalf of the organizing committee, I invite all of you to attend and participate in this conference and make this event a grand success.



Dr SV Madhu  
Secretary, RSSDI

Dr SV Madhu  
Secretary, RSSDI

Contd. from page 1

Assam to take steps to help start, albeit even small branches, in the other states of the North Eastern region by contacting their colleagues in those states. Once again, I appeal to our colleagues in states where we do not have a state chapter, to quickly initiate steps so that my dream of every state in India having a state chapter of the RSSDI, will soon come true.

I am happy to inform you that our executive committee has now formally approved the institution of the 'RSSDI Novartis Young Investigator Award'. The details of the award will be soon available on our RSSDI website, and the first award will be presented at the 41<sup>st</sup> RSSDI conference at Delhi in 2013.

I finally request all our members to increase the scientific and educational activities on diabetes in your own state. Of course, we are already doing a lot, but what we have done so far, is only a drop in the ocean, and a lot more remains to be done. The theme of the RSSDI 2012 conference in Chennai was "Together, let's conquer Diabetes". I for one, sincerely believe in this slogan which we should popularize and practice in our daily life. A famous adage goes "United we stand, divided we fall". Let me take this opportunity to once again wish you all a Happy New Year and holy Maharasankranti.

Dr V MOHAN

MD, FRCP (London, Edinburgh, Glasgow, Ireland)

PhD, DSc, DSc (Hon Causa), FNASc, FASc, FNA

President, Research Society for Study of Diabetes in India (RSSDI)

Chairman and Chief of Diabetology, Dr Mohan's Diabetes Specialities Centre  
Director and Chief of Diabetes Research, Madras Diabetes Research Foundation

# DIABETES Despatch

News from the JOURNALS

## Liraglutide more effective than sitagliptin or exenatide when added to metformin in patients with type 2 diabetes with a baseline HbA1c <8.0%

A post-hoc analysis of 26-week compared the safety and efficacy of liraglutide with that of sitagliptin or exenatide as add-on to metformin in patients with type 2 diabetes and HbA1c <8.0%.

The analysis compared the data from LEAD-6 (liraglutide 1.8 mg once daily (OD) vs. exenatide 10 µg twice daily) and LIRA-DPP-4 (liraglutide 1.8 mg OD vs. sitagliptin 100 mg OD); only patients treated as add-on to metformin with baseline HbA1c <8.0% were included. Efficacy analysis was performed on the intention-to-treat population with missing values imputed by last observation carried forward.

It was observed that more patients attained HbA1c targets (<7.0% and ≤6.5%) with liraglutide vs. exenatide or sitagliptin. The difference was maximum for HbA1c ≤6.5% (LEAD-6: 65% vs. 35%; p=0.01 or LIRA-DPP-4: 53% vs. 19%; p=0.0002) (Figure, top). Significantly more patients achieved a composite endpoint of HbA1c <7.0% with no weight gain or hypoglycemia with liraglutide compared with exenatide (78% vs. 42% p=0.0023) or sitagliptin (61% vs. 21%; p<0.0001) (Figure, bottom). All treatments were well-tolerated, there was no major hypoglycemia and few patients (8-10%) experienced minor hypoglycemia.

The analysis therefore concluded that more patients using liraglutide 1.8 mg reached HbA1c targets than with exenatide or sitagliptin, when added to metformin in patients with an HbA1c <8.0%. Sitagliptin attained a particularly low efficacy in this analysis. These data support the use of liraglutide 1.8 mg as a safe and effective alternative to sitagliptin or exenatide following metformin failure in patients with an HbA1c <8.0%.

SOURCE: King AB, Montanya E, Pratley RE, Blonde L, Svendsen CB, Donsmark M, et al. *do cr Pract.* 2012;27:1-28.

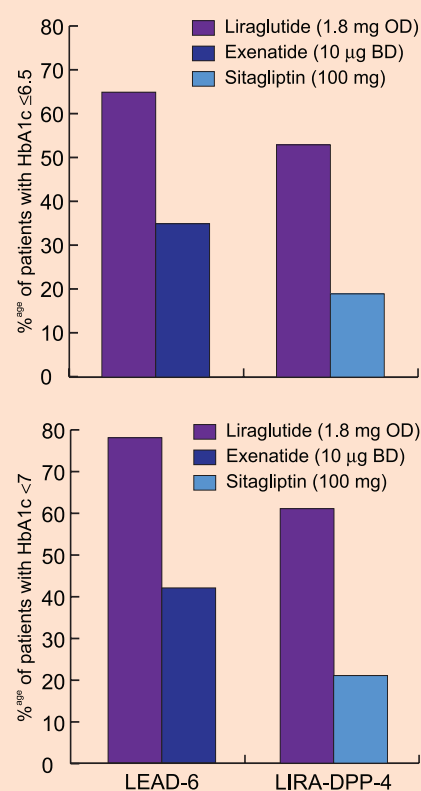


Figure. Analysis of data from LEAD-6 and LIRA-DPP-4 trials- Liraglutide more effective in achieving glycemic targets

## Walking is man's best medicine-health benefits of physical activity

There is ever accumulating epidemiologic evidence from large studies that suggests an inverse, independent, and graded association between volume of physical activity, health, and cardiovascular and overall mortality. This relation is obvious in apparently healthy individuals, patients with hypertension, type 2 diabetes mellitus, and cardiovascular disease, regardless of body weight. In addition, the degree of risk associated with physical inactivity is similar to, and in some cases even stronger than, the more traditional cardiovascular risk factors.



Increased physical activity, structured exercise programs, or other favorable modulations of cardiovascular risk factors are in turn related to exercise-induced health benefits. However, the independent contribution of the exercise components, intensity, duration, and frequency in the reduction of mortality risk, is not clear. In spite of the above facts, it is well accepted that an exercise-volume threshold, defined as caloric expenditure of approximately 1,000 Kcal per week, appears to be necessary for significant reduction in mortality risk. Higher volumes of energy expenditure are further associated with more reduction and also with a relatively low and transient increase in risk for cardiac events. This risk is significantly higher for older and sedentary individuals. Therefore, such individuals should appropriately refer to their physician before starting an exercise regimen.

SOURCE: Kokkinos P. *ISRN Cardiol.* 2012;2012:718-89.

### Metformin may help in combating depression in type 2 diabetics

Metformin has already got the distinction of being the first-line treatment for newly diagnosed patients of type 2 diabetes as well as for combination therapy. Now new findings have pointed to the fact that, metformin may also help prevent depression in people with type 2 diabetes. Patients with diabetes are considered to have a significantly increased risk of mood disorders, such as depression. This large 12-year study, done in Taiwan found that this risk fell by more than 50% in patients who received metformin for their diabetes.

The researchers found that people with type 2 diabetes who took metformin were less likely to develop mood disorders, as well as dementia and Parkinson disease, particularly if used in combination with a sulfonylurea, another commonly used type 2 diabetes drug group.

It was observed that depression and diabetes are more likely to occur together than would be expected from their respective separate prevalences. A possibility is that neurodegenerative processes are at work in diabetes-associated depression and the use of metformin may lead to a reduction of this risk.

Earlier research has reported that dementia and Parkinson's disease, the most common forms of known neurodegenerative disease, are more likely to occur after the onset of diabetes. The same appears to be true for mood disorders including all forms of depression.

### One extra hour of sleep may help reduce the risk of diabetes in teens

Sleeping for some extra time could help improve insulin resistance and prevent the future onset of diabetes in teenagers. With a modern lifestyle, there has been a reduction in the amount of not only physical activity, but also in the time spent sleeping in children and adolescents.

The researchers tracked the sleep duration and insulin resistance levels of 245 healthy high school students. Participants provided a fasting blood sample, and they kept a sleep log and wore a wrist actigraph for one week during the school year. Sleep duration based on actigraphy averaged 6.4 hours over the week, with school days significantly lower than weekends.

The results found that shorter sleep duration was associated with higher insulin resistance, independent of race, age, gender, waist circumference, and body mass index. It was also observed that if those participants had one extra hour of sleep every night, their insulin resistance improved by 9%.

This study demonstrates the relationship between shorter sleep durations and insulin resistance in healthy adolescents and that this risk is independent of obesity. Interventions to promote metabolic health in adolescence should include efforts to extend night-time sleep duration. According to the American Academy of Sleep Medicine, most teenagers need a little more than nine hours of sleep each night.

### Cigarette smoking linked to type 2 diabetes in overweight men

A new study has found that cigarette smoking may increase the risk of developing type 2 diabetes mellitus, especially in overweight men. Smoking has already been known to increase the risk of lung cancer and other cancers as well.

The study conducted in Stockholm, Sweden found that cigarette smoking was associated with 33% increase in the risk of type 2 diabetes in overweight men. Researchers found the association after analysing data from 90,819 Norwegian men and women aged 20 or older who were enrolled in the Nord Trøndelag Health Study from 1984 through 2008. Participants self-reported diagnosed diabetes by completing questionnaires. In all, 1860 participants were diagnosed with type 2 diabetes and 140 with autoimmune diabetes.

Although, the risk of autoimmune diabetes was 48% reduced in current cigarette smokers, but smoking increased the risk of type 2 diabetes by 33% in men who were overweight.

Modifiable risk factors for type 2 diabetes include overweight, physical inactivity, high blood pressure, low levels of high density lipoprotein cholesterol or high levels of blood fat triglycerides, gestational diabetes, and history of impaired fasting glucose or impaired glucose tolerance. Cessation of smoking may also be added in the list of preventive measures for diabetes, and this might be more relevant in the context of overweight men.



# RSSDI 2012 Conference

October 26–28, 2012, Chennai, Tamil Nadu, India

### Increased serum lipopolysaccharide levels signify a novel proinflammatory biomarker in patients with type 2 diabetes

Jayashree B, Gokulakrishnan K, Shanthirani CS, Prabu D, Lakshmi BS, Narayanan RB, Mohan V, Balasubramanyam M

New research presented at the RSSDI 2012 conference held in Chennai demonstrated that both lipopolysaccharide (LPS) levels and LPS activity were significantly increased in patients with type 2 diabetes and that there is positive correlation of inflammatory markers [tumor necrosis factor- $\alpha$  (TNF- $\alpha$ ) and Interleukin-6 (IL-6)], with poor glycemic and lipid control.

Emerging data indicates that gut-derived endotoxin may contribute to low-grade systemic inflammation in the insulin resistant state. Specific intestinal bacteria seem to serve as lipopolysaccharide (LPS) sources, and increased LPS levels appear to play a role in systemic inflammation and progression of metabolic diseases.

The researchers measured the serum levels of LPS along with circulatory levels of TNF- $\alpha$  and IL-6 in patients with type 2 diabetes, compared to control subjects. LPS activity was defined as the ratio of LPS and HDL cholesterol.

It was observed that serum levels of LPS ( $p < 0.01$ ) and LPS activity ( $p < 0.001$ ) were found significantly increased in patients with type 2 diabetes compared to control subjects. There was also significantly increased levels of serum TNF- $\alpha$  ( $p < 0.0010$ ) and IL-6 ( $p < 0.001$ ) in patients with type 2 diabetes. The age-adjusted LPS activity positively correlated with fasting plasma glucose, 2-hour post glucose, glycosylated hemoglobin, serum triglycerides, TNF- $\alpha$ , and IL-6, and negatively correlated with HDL cholesterol.

Further research is needed to understand the mechanisms that contribute to circulatory LPS levels and factors that supposed to neutralize their cellular action.

### Vitamin D supplementation has beneficial effects on glycemic and extraglycemic parameters in type 2 diabetics on stable treatment

Jethwani P, Shah V, Saboo B, Vachharajani V, Patel N

The role of the Ominous Octet in the pathophysiology of type 2 diabetes is well elucidated. Now, other factors that can aid in occurrence and progression of diabetes are being identified. Levels of vitamin D in the body is one of them. This study by Jethwani et al. highlights the beneficial effects of short-term vitamin D supplementation on glycemic and extraglycemic parameters. In this open group, parallel design study, 64 patients, with type 2 diabetes above 20 years of age who were on various combinations of oral antidiabetic drugs with or without insulin with stable dosage over period of last 3 months were included and divided in 3 groups: group 1 of 20 patients on combination therapy with metformin and sulfonylurea or pioglitazone or alpha-glucosidase inhibitors, group 2 of 22 patients on triple drug therapy with sulfonylurea + metformin + pioglitazone or alpha-glucosidase inhibitors, and group 3 of 20 patients on insulin + oral antidiabetic drugs. All patients received vitamin D in dose of 60,000 units per week for 6 weeks followed by 60,000 units per month.

Out of 64 patients, 8 patients were excluded from the study, because of inadequate treatment and poor follow-up. In the remaining 56 patients, 3 months treatment of vitamin D resulted in significant decrease in mean HbA1c of 0.69%, 1.08%, 0.77% in all, group 1, and group 2 patients, respectively ( $p$  value  $< 0.001$ ), and statistically nonsignificant decrease in group 3. Apart from glycemic control, there was statistically significant weight loss of 1.53 kg, 1.21 kg and 1.97 kg in group 1, group 2, and group 3, respectively ( $p$  value  $< 0.005$ ), and reduction in body mass index of 0.83 kg/m<sup>2</sup>, 0.43 kg/m<sup>2</sup>, and 0.72 kg/m<sup>2</sup> in group 1, group 2, and group 3, respectively ( $p$  value  $< 0.05$  for groups 2 and 3). There was a small nonsignificant decrease in systolic blood pressure of 1.8–3.64 mmHg in all 3 groups. There was no change in diastolic blood pressure in group 1, and small nonsignificant increase in diastolic blood pressure of 1.63 mmHg in group 2, and 2.23 mmHg in group 3. Vitamin D treatment was associated with significant reduction in total cholesterol and LDL cholesterol in all 3 groups, with marginal increase in HDL cholesterol in groups 1 and 3 and marginal reduction in triglycerides in groups 1 and 2.

## 40<sup>th</sup> Annual Meeting of the Research Society for the Study of Diabetes in India RSSDI 2012, Chennai, October 26–28, 2012

The 40<sup>th</sup> National meeting of RSSDI was held at Chennai from October 26 to 28, 2012. The venue was Chennai Convention and Trade Centre which is a huge complex with state-of-the-art facilities matching international standards. The meeting was inaugurated by His Excellency, the Governor of Tamil Nadu, Dr K Rosiah. Nearly 4,000 delegates from all over India attended the conference. Most delegates and faculty rated this conference as one of the best RSSDI conferences ever organized. The scientific sessions consisted of plenary sessions, orations, lectures, workshops, and debates. Four parallel sessions were conducted at a time in 4 halls and all sessions were full and well attended even on the final day, up to the closing ceremony. The who as who of speakers and the faculty from all over the country, in addition to eight foreign speakers, including Professor Paul Zimmet from Australia who delivered “MMS Ahuja RSSDI Oration” on the subject “Diabetes: The World’s and India’s Greatest Health Challenge- A Global Perspective”. Dr V Mohan presented his Presidential Oration on the theme “Is it time to take genetic testing to the diabetic centre ?” The exhibition area was vast and spacious and nearly 40 pharmaceutical companies took part in the event. The unique feature of this year’s RSSDI conference was the meticulous time management. Every session started and finished on time, and many delegates said that the meeting could be compared to International Conferences like ADA, EASD, and IDF.

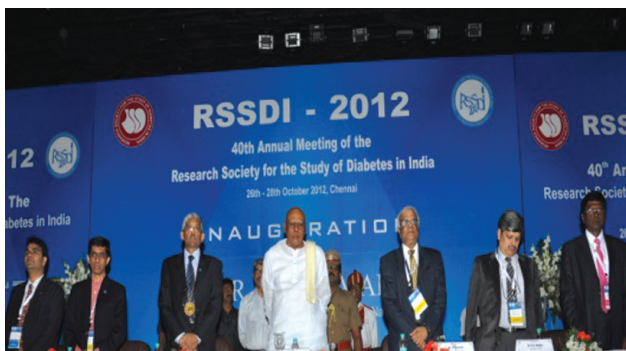
One of the highlights of the conference was the large number of scientific and high quality abstracts presented. Nearly 240 free papers and posters were presented during the conference, which is an all time record. The cultural program, vibrant music and dance, was well attended and appreciated by the delegates. The food was also great. All in all, RSSDI 2012 has set a very high standard for future RSSDI conferences.



Dr V Mohan’s Presidential Oration



Prof Paul Zimmet from Australia who delivered “MMS Ahuja RSSDI Oration



Inauguration by His Excellency the Governor of Tamil Nadu, Dr K Rosiah



Organising Committee, 40<sup>th</sup> RSSDI, A Real Team Effort

## Innovations

### A new optical glucose monitoring system uses Raman spectroscopy to noninvasively detect glucose

The need for a glucose monitor that is accurate, continuous, noninvasive, and nonintrusive has so far been unmet. The C8 optical glucose monitoring system uses Raman spectroscopy to noninvasively detect glucose in blood by shining light through the skin and detecting changes in the returning spectrum. The system has also been approved for sale in Europe. Following the attachment of the sensor to the skin, it sends out regular readings wirelessly over Bluetooth to a smartphone, allowing for tight glycemic control and near instant alerts when glucose levels go outside the preset parameters. Currently, it is compatible with android phones, and an iOS app is expected to be available next year. Users can set custom notifications to alert them to high or low glucose values. Notifications will always vibrate, and the user can set audible alerts, if desired.

The monitor delivers glucose measurements as frequently as every five minutes to provide a running display of glucose dynamics in real time. It can also store four months of data for a retrospective view of glucose levels over longer periods of time.

The technique involves shining a monochromatic light source into the skin and detecting the scattered light. The colors generated by Raman scattering are very specific to the exact chemical structure of the molecules in the sample. The molecule's various shapes, sizes, atoms, and types of chemical bonds will generate unique Raman spectra, a unique Raman "fingerprint" that can be used to noninvasively read and measure glucose.

The monitor does not require constant recalibration to maintain sensor accuracy. Except for periodic baseline reference measurements, there is no need for ongoing finger sticks to constantly recalibrate the monitor. After being removed and put back on, the monitor will resume measuring glucose—no recalibration or sensor replacement required.



### d-Nav Diabetes Insulin Guidance System (DIGS) helps patients adjust their insulin dosage regularly

The d-Nav Diabetes Insulin Guidance System (DIGS) has been designed to address the need for diabetic patients to regularly adjust their insulin dosage based on historic glucose levels and prior insulin intake.

This is done with the physician's assistance during an office visit, when glucose levels can be reviewed and adjustments made. The necessity of another visit to the doctor, and everything it implies, is a major obstacle for diabetic patients to receive regular insulin dosage adjustments.



The d-NAV performs this task regularly and automatically, guiding the patient to take a proper dose, hopefully one very similar to what one's physician would advise. A study is scheduled to soon begin that will analyse the effectiveness of the automatic dose guiding algorithm in patients with type 2 diabetes.

Clinical evidence demonstrates that weekly insulin dosage adjustments can be safely made based solely on blood glucose data the patient generates. Unfortunately, this knowledge doesn't address the reality that our current health-care delivery system lacks the time, attention or know-how to deliver that standard of care broadly. Studies to date with DIGS have demonstrated the technology's potential to bridge this gap between knowledge and more effective health-care delivery to more people.



## 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:

### Karnataka Chapter

Karnataka chapter of RSSDI right from the day of its inception in 2003 has been actively involved in carrying out academic activities keeping the tradition, and as continuation of the academic activities, a state level conference was held in Raichur on September 15 and 16, 2012. With Dr KR Narasimha Setty at the helm of affairs, the conference turned out to be a unique and remarkable one. More than 850 delegates from all over the state and country attended the conference, and renowned national and international speakers addressed various exciting topics in the field of diabetes.

The grandeur of the inauguration ceremony was enhanced with dignitaries from various fields echoing their concern about diabetes epidemic. Several diabetologists were honored for their lifetime achievement and contribution to the field of diabetes.



### Delhi Chapter

RSSDI Delhi chapter organized its 8<sup>th</sup> Annual Conference on Sunday, September 23, 2012 at Hotel Le Meridien, New Delhi. The conference was a mega success with more than 400 delegates from Delhi and NCR attended the conference. It was inaugurated by Prof. V Mohan, President RSSDI who was also bestowed with Prestigious RSSDI Delhi Chapter Oration where he emphasized upon early and aggressive treatment of diabetes mellitus. Prof SV Madhu delivered a talk on the 'Role of Leptin in Central Insulin Resistance'. Dr Rajeev Chawla delivered Presidential Oration on 'Diversity of Complications'.

Since Dr Chawla had completed 2 years as Chairman of RSSDI Delhi Chapter, he relinquished his post of Chairman. The newly constituted executive committee is as under:

#### RSSDI Delhi Chapter-Executive Committee

Chairman: Dr BM Makkar	Immediate Past Chairman: Dr Rajeev Chawla
Vice Chairman: Dr Ajay Ajmani	Hony. Secretary: Dr Vinod Mittal
Treasurer: Dr Rajesh Marya	Joint Secretary: Dr RK Lalwani



## Chapter News

### Executive Committee Members

Dr AK Jhingan	Dr Meena Chhabra	Dr JK Sharma
Dr Atul Luthra	Dr Dinesh Dhanwal	—



Prof V Mohan honoring Past Chairmen



Prof V Mohan being bestowed upon RSSDI Delhi Orator



Prof V Mohan delivering RSSDI Delhi Orator



Dr Rajeev Chawla delivering Presidential Orator



Dignitaries lighting lamp



Aastha Chawla getting 2<sup>nd</sup> best paper award 'RSSDI encouraging young scientists'

### West Bengal Chapter

West Bengal chapter of RSSDI elections for the office bearers for the term January 1, 2013 to January 31, 2013 were carried out.

The following members were declared elected unanimously:

<b>Chairman:</b> Prof PS Chatterjee	<b>Vice Chairman:</b> Dr Dasharathi Sarkar
<b>Governing Council:</b> Prof Satinath Mukherjee, Dr Asish Basu, Dr Nilanjan Sengupta, Dr Moutusi Roychowdhury, Dr Utpal Raychaudhuri	

## Chapter News

**Elections for the the posts of:** Secretary (current incumbent Prof Subhankar Chwodhury), Joint Secretary (current incumbent Dr Saibal Chakraborty), and Treasurer (current incumbent Dr Bibek Roychowdhury) were not yet due and so the above incumbents will continue in the same posts for the session January 1, 2013 to January 31, 2013

### Haryana Chapter

The Haryana chapter of RSSDI was inaugurated on November 18, 2012 at Hotel Radisson Suits, Sushant Lok Gurgaon in esteemed presence of Joint Secretary Dr Rajiv Chawla.

There were 4 speakers in the inaugural CME covering various aspects of diabetes.

Dr Ambrish Mithal deliberated on OHAs while Dr SK Wangnoo spoke on the newer and old insulins. It was followed by Dr YP Munjal's talk on gliptin. Dr C Venkat Ram talked about management of hypertension in diabetes. The CME and inaugural function was attended by 122 delegates from all parts of Haryana. It was a great scientific feast, which encouraged good participation by delegates.

The inaugural function was presided by Dr Rajiv Chawla, Joint secretary, RSSDI.

**After Lunch, The GBM was conducted and following office bearers were elected unanimously.**

Chairman: Dr Ashok Taneja, Gurgaon	Joint Secretary: Dr Rakesh Gupta, Faridabad
Vice Chairman: Dr Sanjay Kalra, Karnal, Dr Rajesh Rajput, Rohtak	Treasurer: Dr Jai Bhagwan, Gurgaon
Secretary: Dr Munish Prabhakar, Gurgaon	

### Governing Council members

Dr Pawan Goel, Rewari	Dr JK Gulati, Yamuna Nagar	Dr Ajay Mahajan, Hissar
Dr Hemant Kumar, Narnaul	Dr Ramesh Chhabra, Panipat	

### Advisors

Dr YP Munjal, Delhi	Dr Sanjiv Kapoor, Faridabad	Dr Ambrish Mithal, Delhi
Dr PD Pahwa, Gurgaon	Dr HK Chhabra, Sonapat	Dr Anil Bhansali, Chandigarh
Dr AK Sood, Rohtak	Dr HC Popli, Hissar	

### Co-opted members

Dr RP Gupta, Gurgaon	Dr Dheeraj Kapoor, Gurgaon
----------------------	----------------------------





## Chapter News

### Kerala Chapter

RSSDI Kerala chapter organised the annual state meeting on December 25, 2012.



## World Diabetes Day

RSSDI Chapter of Chandigarh and Punjab and Department of Endocrinology, PGIMER, Chandigarh organised painting competition on November 17, 2012 (Saturday) and Marathon on November 18, 2012



Department of endocrinology, PGIMER Chandigarh, RSSDI chapter of Chandigarh and Punjab, and ADITI (Association of Diabetes (YOUNG) in Tricity) jointly organized Walkathon today for public, athletes and patients of diabetes at Sukhna Lake, Chandigarh at 8.30 am. The theme of the program was "Secure the Future" and the objective of conducting this program was to spread awareness about diabetes, to prevent diabetes amongst those who do not have it and also to prevent the complications of diabetes.

## World Diabetes Day

It was interesting to note that around 600-700 people from the tricity participated in this walkathon, including young kids as small as 6-8 years to elder people as old as 85 years. The walk started from Sukhna Lake to Rock garden and back to Sukhna Lake. The event was inaugurated by Mr VRV Singh (Indian Cricketer) and Mrs Kamal Thakur Singh (Badminton player, Arjun Awardee).

Post walkathon, the gathering was addressed by Dr Anil Bhansali (HOD, Endocrinology Department PGIMER Chandigarh) and Dr Sanjay Bhadada (Associate Professor Endocrinology, Department PGIMER Chandigarh). Dr Bhansali threw light on the burden of diabetes in India, and particularly in Chandigarh. Dr Bhadada spoke about the role of life style modifications, which includes daily exercise and proper diet in prevention and delaying the onset of diabetes.

During this event Mr Manmohan Singh and Mr Vigyan Arora shared their experience with people and young diabetics. Mr Singh has diabetes of more than 50 years duration and Mr Arora has diabetes of more than 35 years. They shared their experiences and concluded that one can win diabetes if one has good knowledge of the condition and regular follow ups with the doctor. They were highly thankful to the Department of Endocrinology, PGIMER Chandigarh for providing them the right treatment and timely support towards managing their disease.

There was a prize distribution ceremony for the painting competition which was held on 17<sup>th</sup> November by the Department of Endocrinology, PGIMER for young kids suffering from type 1 diabetes. There were around 50 participants for this painting competition in which the best three paintings were given a prize of a glucometer. There were two needy patients, to whom also the glucometers were given. The program was followed by the diet counseling and blood glucose testing. Around 300 people got blood glucose checked and around 400 people took advice on diet by the expert team of dieticians from PGIMER, Chandigarh.

During this event light snacks were served. Dr Bhadada thanked the people who actively participated and supported the event. This event was supported by the Department of Physical education of Govt College for Boy's, the Department of Social study of Punjab University and the Post Graduate College for girls, sector 42.

## Conference Calender

<b>49<sup>th</sup> Annual Clinical Diabetes and Endocrinology Conference</b> January 19–23, 2013 Aspen, Colorado	<b>Diabetes UK Professional Conference</b> March 13–15, 2013 Manchester, UK
<b>6<sup>th</sup> International Conference on Advanced Technologies and Treatments for Diabetes (ATTD)</b> February 27–March 2, 2013 Paris, France	<b>The 7<sup>th</sup> International DIP Symposium</b> Diabetes, Hypertension, Metabolic Syndrome, and Pregnancy March 14–16, 2013 Florence, Italy

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

### RSSDI Secretariat

Department of Medicine, Division of Endocrinology & Metabolism  
University College of Medical Sciences (UCMS), Dilshad Garden, Delhi - 110 095  
Phone: +91-11-22586262, Ext. No. 2554; Fax: +91-11-22590495, E-mail: [rssdihq@gmail.com](mailto:rssdihq@gmail.com) Website: [www.rssdi.in](http://www.rssdi.in)