Resume of Annual Scientific Meeting, Nagpur, Jan. 1981

The theme for scientific session this year was Profile of metabolic anomalies in undernourished population and its effect on the diabetic status, ischaemicheart disease and response to dietetic therapy and oral sulphonylurea. Undernourishment was defined, objectly by BMI <0.18. Initial analysis of data in this multicentre study seem to suggest the followings :

(a) In undernourishment, glucose tolerance be impaired, 5% have values of borderline diabetes.
(b) The cholesterol, triglyceride values in this group are 40% lower than the values reported as of normal Caucasians. Value to qualify hyperlipidaemia in this population is sought for.
(c) IRI profile shows low response, in undernourished individuals; more so to mixed meals than glucose load.
(d) Iso calories diet low in fat (fat 15%) high in carbohydrate or rich in fats (fat 35%) and moderate in carbohydrate were useful in stabilization of glycaemia in 2/3rd of undernourished diabetes; fat rich diets seems to lead to a rise of glycerides. Adherence and follow up was a problem for large number to be included in this study.
(e) In lean adult onset diabetes. Oral sulphonylureas could achieve euglycaemia in 58.3%, implying that lean adult onset diabetics have some endogenous insulin. Microvascular disease was present in higher percentage (20.0%) than macrovascular disease (10.5%) and was related to duration than control of diabetes or lipid values.
(f) In Ischaemic Heart Disease, ECG is border line changes are equal in frequency are as the definite changes.

Update session on impaired glucose tolerance (IGT) the Criteria for definition as described by National Diabetes data group and W.H.O. Tech. Committee were defined, blood glucose plasma) range of 140-200 (fasting >100-<140 mg and 2 hour post-glucose >140-<200 mg%).

The reversibility of this state in majority brought out the differences from earlier concept of the natural history of diabetes, prediabetes and chemical diabetes.

From some data available in this country, it was felt that undernutrition is also as likely associated with IGT as obesity and more investigative work was called for.

Follow up at Diabetes Research Centre, Madras on offsprings of conjugal diabetes followed by glucose tolerance for 15 years had shown 50% to have become diabetic.

Significance of gestational diabetes by way of fetal wastage was impressive and the acceptance of little higher glucose values, e.g. fasting >110 mg, post-glucose >170 mg for diagnosis was accepted.

Dr. Kannan detailed the insulin secretion profile in different conditions of abnormal glucose tolerance with special reference to pancreatics diabetes. Values in such instances depend on the extent of beta cell destruction. In follow up, insulin secretion could be exploited to indicate the progression-reversal of diabetic state from low response to normal response indicating improvement.

In the discussion following it was consensus that IGT need to be followed, patient being advised achieving optimum weight and regular exercise. Only in the gestational diabetes, therapy with insulin was recommended.

Prospective study on atherothrombotic disease in this group were called for keeping in view multifactorial background for this disorder.