

BOOK REVIEW

Proceedings of the Fifth NNDU – 1996,
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Main theme in the proceeding of NNDU 1996 include

- i. Vascular disease in Diabetes (2 memorial lectures by guest speakers, 4 presentations on Indian data)
 - ii. 75th year of discovery of Insulin, covered in 3 lectures, along with perspectives for future developments, e.g. designer's insulin.
 - iii. Another important aspect covered in health care delivery, relevance and recommendation of EASD, St. Vincents and economic implications of diabetes care.
 - iv. Of the controversies covered are OGTT, and early initiation of insulin in NIDDM.
- I. In coverage of vascular complications of diabetes, global epidemiological data is well presented, risk factors are analyzed in depth, some issues are raised for further scrutiny:-
- a) Insulin infusion regimen in post infarction phase, leads to reduction in mortality.
 - b) Glucose intolerance is a stronger correlate of hypertension than hyperinsulinaemia.
 - c) Familial clustering of vascular complications is associated with diabetes.

Studies of cerebrovascular ischemic episodes amongst diabetes bring out the following.

- Ischemic strokes occurring at earlier age in the Indian population
- Presence of multiple findings in a single CT scan.
- Hypertension in 65.4%.
- Lipid abnormalities, raised cholesterol, LDL or triglyceride in 34.3%, 33.3%, 32.3% respectively.
- Cerebio-Cerebral and Cerebellar atrophy in upto 35% and 29.8% respectively.
- Peripheral vascular disease was detected (two-dimension echo) in 20% of the 80 diabetics screened.

Protection from CAD and CVD in such Bengali diabetics is being speculated by virtue of ample alpha linolenic acid through mustard oil.

Designer insulins include analogues (lispro), with rapid onset of action that can be taken immediately before meals or prolonged action insulin, NN 304, that provides prolonged action for basal requirements.

Possibilities of transdermal insulin formulation using intophoretic principle and improvement in implantable infusion systems guided by implantable glucose monitor are being worked out.

Implementation of St. Vincent Declaration in the Indian scene has not been favoured because of ground level realities. Rather practical guidelines for clinical management of patients on day to day basis by family physician are proposed. Wide dissemination of structured programme, workshop for interaction between expert faculty and family physician are favoured.

Presentation of economic aspects fail to take cognisance of Indian scenario.

Contents for each NNDU proceedings seem to be getting reduced.

VOL. I 1993, 289 p VOL II 1994, 177 p VOL III 1995, p 188 and present VOL V 1996 p, 124

In diabetes debate the opposing side views are not included so the debate remains dispirited.

Practical diabetology section needs to be provided with greater attention and more time.

Discussion of clinical case presentations at the sessions has problem-solving orientation approach indicating the thought process of the clinician and audience participation makes it interactive. This should not have been omitted.

On the same note, discussion of other presentations needs to be included.

The editors need to be congratulated for their continuing mission of documenting the proceeding. Updates on current development in diabetes play a great role in upgrading the standard of care provided to person with diabetes. These should as well be made available to those physicians practicing diabetes-care in the country but who are not amongst the invitees of the sponsoring agency.

--M.M.S.A.