## **Clinical Digest**

# World Diabetes Day Specials

# Global Diabetes Summit 2022

12<sup>th</sup>, 13<sup>th</sup> & 14<sup>th</sup> Nov



## The 3-day event

empowered 6500+ doctors with best practices and global opinions on diabetes management from leading KOLs.





# KEYNOTE SPEAKERS



### Dr. Vaishali Deskhmukh

Consultant Diabetologist & Endocrinologist, Deshmukh Clinic, Deenanath Mangeshkar Hospital, Pune, India



### Dr. Chittaranjan Yajnik

Director & Consultant, Diabetes Unit, KEM Hospital, Pune, India



### Dr. Apar Kishore Ganti

Medical Oncologist & Associate Director, UNMC Fred & Pamela Buffett Cancer Center, Pune, India



#### Dr. Arati Shahade

Consultant Physician and Diabetologist, Shahade Hospital, Pune, India



### Dr. Shehla Shaikh

Consulting Endocrinologist, Saifee Hospital, Wockhardt Hospital, Mumbai, India



#### Dr. AG Unnikrishnan

Endocrinologist & CEO, Chellaram Diabetes Institute, Pune, India



### Dr. Chetan Deshmukh

Consultant Medical Oncologist, Deenanath Mangeshkar Hospital, Pune, India



### Dr. Harish Ramchandra Joshi

Endocrinologist & Diabetologist, Endocrine & Diabetes Care Center, Hubbali, India



## Dr. Anish Behl

Consultant Endocrinologist, Apollo BGS Hospitals, Mysore, India



### Dr. Rahul Kulkarni

Honorary Consultant: Neurology, Deenanath Mangeshkar Hospital, Pune, India



#### Dr. Ramen Goel

Bariatric & Metabolic Surgeon & Director, Center Of Excellence in Bariatric & Metabolic Surgery, Mumbai, India



### Dr. Sanjay Phadke

Consultant Neuropsychiatrist, Deenanath Mangeshkar Hospital, Pune, India





# KEYNOTE SPEAKERS



### Dr. Leena Phadke

Professor & Chair-Central Research Lab, Co-ordinator of Incubation & Innovation Centre, SKNMC & GH, Pune, India



Dr. Aarti Behl Consultant Psychiatrist, Apollo BGS Hospitals, Mysore, India



#### Dr. Brij Mohan Makkar

President- IBMR, VHS Hospital,

Dr. Usha Sriram

Chennai, India

Sr. Diabetologist & Obesity Specialist, Dr. BM Makkar - Diabetes & Obesity Centre, Delhi, India

American Board Certified Endocrinologist,



Dr. Tan Ming Yeong Certified Diabetes Educator, International Medical University, Kuala Lumpur, Malaysia



Dr. Alok Modi

Medical Director, Dr. Modi's Kevalya Hospital, Thane, India



## Dr. Neeta Deshpande

Consultant Diabetologist & Obesity Physician, Belgaum Diabetes Centre, Belgaum, India



Dr. Banshi Saboo

Chairman & Diabetologist, Diabetes Care & Hormone Clinic, Ahmedabad, India



### Dr. Perele Adnan Hajj

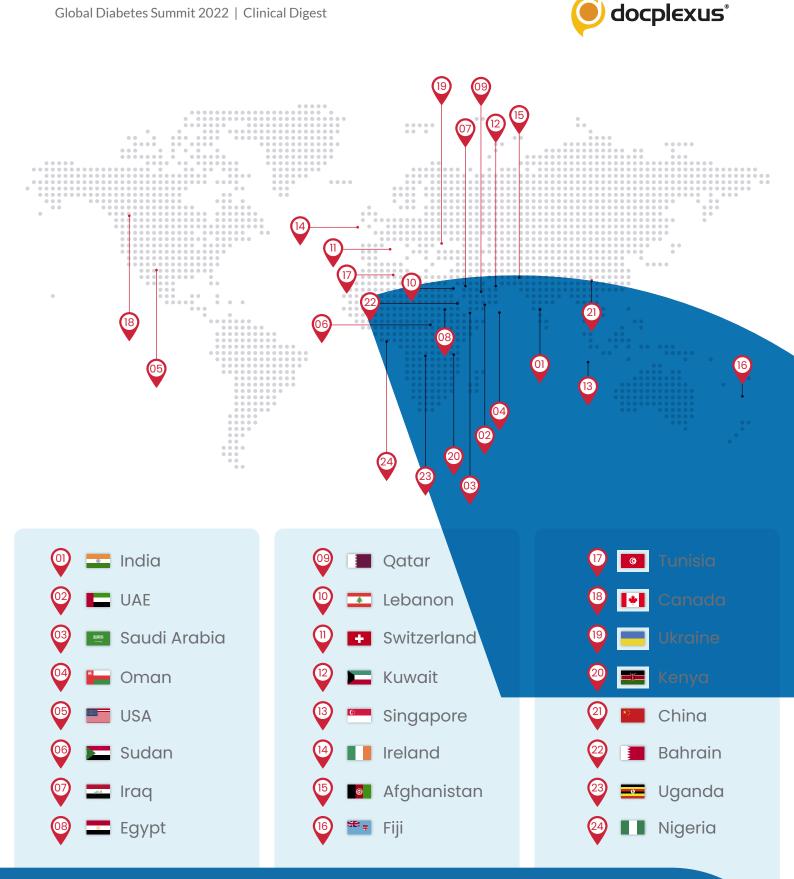
Endocrinology Expert, Dahr Al Bachek Governmental Hospital, Lebanon

## Moderator



## Dr. Rahul Desai

Diabetes Care Specialist, Advanced Diabetes Care, Valsad, India



6500+ clinicians from 24 countries joined us LIVE as 22 leading experts shared insights and practical takeaways for better diabetes management.



## Panel Discussion Diabetes & Cancer







Dr. Apar Kishore Ganti







Dr. Anish Behl

- Steroid-induced diabetes is mostly seen in cancer patients. The best time to pick up hyperglycemic levels is either post-lunch or after early dinner as steroids induces increased glucose levels later in the day.
- Use of short-acting insulin analogs and regular blood glucose monitoring are best suited in IPD settings for cancer patients. Short-acting insulin analogs are safe and easy to titrate.
- For non-diabetic patients on cancer treatment, it is advisable to check blood sugar levels before and after treatment.
- There is an equal risk of hypoglycemia. Hence, constant monitoring of blood sugar evels is necessary.
- 3S: Stress, Steroids, Sensational Therapies All of these predispose patients to high blood glucose levels and need constant monitoring.



## Surgery Suite Surgeries for Diabetes Management



Dr. Ramen Goel

- Gastric bypass surgery remains a gold standard for bariatric surgery in achieving weight loss and diabetes remission without any major nutritional complications.
- After bariatric surgery, patients can stop taking diabetes medicines within a week or ten days. However, to maintain diabetes remission, patients should follow diabetes-prevention measures.
- Insulin intake can be stopped within 2-3 days or a week after bariatric surgery. Diabetes medicines also need not be continued in most patients.
- Criteria to select patients for bariatric surgery are changing over the years. According to current guidelines, patients with obesity and a BMI of more than 35 kg/m<sup>2</sup>, patients with blood pressure or sleep apnea and a BMI of 30 kg/m<sup>2</sup>, and patients with uncontrolled diabetes and a BMI of 25 kg/m<sup>2</sup> can undergo bariatric surgery in India.



## Accredited CME Diabetes A to Z: Prevention, Management & Digital Advances



Dr. Chittaranjan Yajnik





Dr. Arati Shahade

Dr. AG Unnikrishnan

- Primordial prevention of diabetes epidemic | Dr. Chittaranjan Yajnik
  - Abnormalities in maternal nutrition during pregnancy are a good predictor for obesity in the child.
  - Lower and higher birth weight are major factors for diabetes.
  - In utero exposure to stress: Fetus diverts the blood flow away from the brain to preserve brain function. This can affect the liver, pancreas, and kidneys and increase their susceptibility to non-communicable diseases including diabetes and metabolic disorders.

## Neuropathic Foot Ulcers | Dr. Arati Shahade

- Evaluation in patients with foot ulcer is crucial.
- SINBAD staging Site, Ischemia, Neuropathy, Bacterial Infection, Area, Depth. Based on a total score of these six categories (out of a total score of 6).
- In case of neuro-ischemic ulcer, we use a WIfI classification (Wound, Ischemia, foot Infection).
- Low score is not indicative of a good prognosis.

## Digital Diabetology: Daily Practicalities | Dr. A.G. Unnikrishnan

- Case 1: Use of glucometers with smartphone integrated applications can help improve monitoring of glucose levels and design targeted management strategies.
- Case 2: Use of insulin titration applications that can help regulate the daily dose of basal insulin can help negate the reduce the risk of hypoglycemia.
- Case 3: Continuous glucose monitoring profiles can help refine/customize treatment regimens.
- Case 4: Diabetic patients undergoing dialysis should modify their insulin therapy, as regular dosage can cause post-dialysis hypoglycemia. This can be done by either skipping a dose of rapid-acting insulin or taking half the dose of insulin in the morning or having an extra snack during dialysis.
- Case 5: Use of modern technology such as insulin pumps linked to CGM appropriate therapy can help design customized therapy which can lower blood sugar and treat insulin therapy-related weight gain.





## Panel Discussion Brain Matters in Diabetes



Dr. Vaishali Deshmukh



Dr. Harish Joshi



Dr. Leena Phadke



Dr. Rahul Kulkar

Dr. Aarti Behl

- Because of improved antioxidant defense, GABA secretion, and autonomic balance, yoga plays multiple roles in preserving βcell functions associated with T2DM and metabolic syndrome.
- Qualitative sleep: Ensures improved glymphatic functions, reducing chances of dementia and risk of diabetes. Also leads to reduced catecholamines and improved vagal tone reducing insulin resistance.
- DM can also lead to cognitive disorders such as dementia, vascular cognitive impairment, and Alzheimer's dementia.
- Gut-brain axis through ANS plays important role. Vagal stimulation has anti-inflammatory activities.
- Good nutrition, sleep, mental health, and exercises can be game changers for diabetes.



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## Round Table Discussion Global Experts' Round-up on Diabetes Management!



Dr. Tan Ming Yeong





Dr. Perele Adnam Hajj

- Diabetes Self-management Education and Support (DSMES) is a specially designed program for achieving glycemic control in patients with diabetes mellitus.
- The major determinants of the efficacy of DSMES interventions are:
  - The mode of delivery (in-person/digital),
  - Intervention providers (multidisciplinary),
  - Intervention contact hours (minimum 10 h),
  - Education content and approach (behavioral science, and two-way communication).
- Weight loss brings about favorable alterations in the gut microbiota and gastrointestinal hormones, thereby regulating feeding behavior in both lean and obese patients (BMI < or > 27 kg/m<sup>2</sup>, respectively) with T2DM.
  Additionally, the pancreatic morphology and β-cell capacity can be restored to normal.
- Several age-related factors can contribute to hypoglycemia in elderly patients with diabetes, and therefore must be considered while devising their treatment plan.



## Panel Discussion The Holistic Management of Diabetes



- SGLT2i are indicated in diabetic patients with cardiovascular diseases, kidney diseases, and risk of heart failure. SGLT2i are contraindicated in patients with eGFR< 30.</li>
- GLP-1 analogs are more effective in weight management of diabetic patients than SGLT2i.
- Incidence of hypoglycemia and use of SGLT2i should be avoided in patients with decreased cognitive function, multiple comorbidities, severe kidney disease, neuropathy, or overall deteriorated health status.
- Vitamin D can be a good add-on drug, can be prescribed based on patients' requirements however, no evidence-based findings that support the effect of vitamin D in lowering the risk of diabetes.
- If TSH (>2.5), then anti-TPO (thyroid peroxidase) should be checked. If anti-TPO screening results are positive, thyroxin screening can be advised. If anti-TPO is above the upper limit, appropriate treatment can be initiated.
- Telemedicine cannot replace the in-person consultation. It doesn't allow providers to palpate and feel the ailing area of body. Following legal guidelines is mandatory during video consultation. The healthcare providers are responsible for protecting privacy and confidentiality of the consultation.



# To support the World Diabetes Day theme, doctors from our community raised awareness with a **#BlueCircleSelfie**







22 Global Experts

06 Hot Topics on Diabetes 6500+

Global Attendees

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