

CROSS – CONNECT 2017



Date : 17th June 2017.

Venue : NOVOTEL, Kolkata,
West Bengal

Total Participants : 356

Cross – Connect 2017 was held at Novotel, Kolkata, West Bengal. The CME was organized by CME Foundation of India (CMEFI).

The sole objective of the CME was to update the practicing doctors about Diabetes mellitus, hypertension, Chronic kidney disease with their level of morbidity and mortality and its associated spectrum of complications, as these diseases are now highly visible across all societies within India.

The session was open with an introductory session by CME Foundation of India and followed by the scientific agenda.

TOPICS : Coronary Artery Disease, Diabetes Mellitus, Hypertension, Chronic Kidney Disease.

Moderators: Dr Saumitra Ray, Dr Dilip Pahari, Dr Abdul Hamid Zargar .

The scientific program was broadly classified into 05 Symposiums

Symposium 1:

Coronary Artery Disease: Pharmacoinvasive therapy in stemi current status in India, Management of non stemi in diabetes, heart rate modulation in HF, Stroke prevention in AF: issues and concerns-A case based discussion, with ECG Quiz.

Symposium 2:

Hypertension: Targets and therapies, hypertension and stroke risk, How low to go in hypertension management, debate on BP threshold in elderly, rebuttal by Protagonist and Antagonist.

Symposium 3:

Diabetes Mellitus: Algorithm suitable for management of Indian diabetes, Early combination Therapy in management of type 2 DM, Debate on first add on after metformin in Indian diabetes, Rebuttal by protagonist and antagonist.

Symposium 4

Chronic Kidney Disease: Current Challenges in diabetic nephropathy, early diagnosis and ways to improve Outcomes, Resistance hypertension and chronic kidney disease Management of end stage renal disease with Discussion on medico legal cases.



FACULTIES WITH THEIR TOPICS

<p><u>Dr. Thomas Alexander,M.D</u> Consulting Cardiologist</p>	<p>: Pharmaco-invasive therapy in Stemi current status in India</p>
<p>Dr Uday Jadhav M.D, Consulting Cardiologist</p>	<p>: Management of NSTEMI in diabetes.</p>
<p>Dr Suvro Banerjee M.D, Consulting Cardiologist</p>	<p>: Heart rate modulation on HF.</p>
<p>Dr Tapas Kumar Banerje M.D,FRCP Consulting Neurologist</p>	<p>: Stroke Prevention in AF :Issues and Concerns.</p>
<p>Dr Kartikeya Bhargava M.D, Consulting Cardiologist</p>	<p>: ECG Quiz.</p>
<p>Dr Amit Haldar DNB ,neurology) DNB ,neurology</p>	<p>:Hypertention and Stroke list.</p>
<p>Dr Saumitra Ray M.D Consulting Cardiologist</p>	<p>:Hypertention Management.</p>
<p>Dr Devanu Ghosh Roy M.D,D.M, Consulting Cardiologist</p>	<p>:Debate Raising B P Threshold In Elderly,In Favour</p>
<p>Dr Siddharth Mani M.D,D.M Consulting Cardiologist</p>	<p>: Debate Raising B P Threshold InElderly,Against.</p>
<p>Dr Abdul Hamid Zargar(M.D,D.M Consulting Endocrinologist</p>	<p>: Suitable Management Of Indian Diabetes</p>
<p>Dr J.J Mukherjee,(M.D,DNB,FRCP Consulting Endocrinologist</p>	<p>: Early Combination Therapy In The Management T2 DM</p>
<p>Dr Altamash Shaikh (DNB,MNAMS Consulting Endocrinologist</p>	<p>:In fovour Glitazone.</p>
<p>Dr Sanjeev Phatak Consulting Diabetologist</p>	<p>: Against Gliptin</p>

Dr Dilip Pahari M.D,D.M ,DNB,Nephrology
Consulting Nephrologist

: Current Challenges In
DiabeticNephropathy, Early Diagnosis
And Ways to Improve outcomes.

Dr K L Gupta ,DNB,Nephrology
Consulting Nephrologist

:Resistant Hypertention And
Chronic Kidney Diseases.

:PANEL DISCUSSION

:Dr S B Rout M.D,DM ,Nephrology
Consulting Nephrologist

:Management of End stage Disease

:Dr Dilip Pahari M.D,DM,DNB,Nephrology
Consulting Nephrologist

:Dr k L Gupta (M.D,DM , Nephrology

:Dr Kunal Sethi(Medico legal Expert)

: Medico legal cases.

:Dr Ramandeep Sharma (Head-Medical)

:Publishing Papers While Busy In Practise.

SUMMARY

SYMPOSIUM 1

Symposium 1: Dr Saumitra Ray, Dr K J Shanker and Dr Dilip Pahari summarized symposium 1 with following remarks:

Coronary Artery Disease (CAD) is the leading cause of death globally where India has the highest burden. RISK FACTORS FOR CAD Epicardial coronary arteries are the major site of atherosclerosis. The major risk factors for atherosclerosis disturb the normal function of vascular endothelium. The commonly recognized risk factors of CAD are as follows: • Modifiable – Smoking or tobacco use in any form – Dyslipidemia – Hypertension – Diabetes Mellitus impaired glucose tolerance (IGT)³⁰ – Obesity Lack of regular physical activity • Non-modifiable – Family history, Genetic Factors etc.

SYMPOSIUM 2

SYMPOSIUM 2 : Dr Abdul Hamid Zargar Dr P K Rath,And Dr Soumitra Kumar closed the symposium with deliberation on following:

There is a growing recognition that angiotensin-converting enzyme inhibitors or angiotensin receptor blockers, calcium antagonists or diuretics can be used a first-line therapy for hypertension. Evidence also supports the use of combination drug therapy as opposed to monotherapy for more synergistic effect on lowering of BP, offsetting side effects and for improved adherence to a drug regimen.

Overall, we aim to review BP targets and medical therapies for hypertension in the current era, recognizing varying clinical characteristics such as comorbidities and patient-risk profile.

SYMPOSIUM 3

Symposium 3: Dr Dilip Pahari Have Summarize symposium 3 with emphasis on following:

Type 2 Diabetes is more common in adults. In urban areas, the risk of obesity in children is increasing. An increase in Prevalence Of type 2 Diabetes in children is also noted. The aim of diabetes management is to keep blood glucose levels as close to the target range between 4 to 6 mmol/L (fasting), this will help prevent both short-term Type and long-term complications.

Dr Altamash Shaikh and Dr Sanjeev Phatak debated on glitazone and gliptin

Non-Pharmacology management:

Eating well helps manage your blood glucose levels and your body weight. Exercising helps the insulin work more effectively, lowers your blood pressure and reduces the risk of heart disease. Regular blood glucose monitoring tests whether the treatment being followed is adequately controlling blood glucose levels or whether you need to adjust your treatment.

SYMPSIUOM 4

SYMPOSIUM 4: Dr S B Rout, Dr. Saumitra Ray summarized symposium 4 with following remarks:



Diabetic nephropathy is currently viewed as a predominantly glomerular process with glomerular injury driving secondary tubular loss. Brezniceanu and colleagues apply transgenic methods to support a prominent role for reactive oxygen species as mediators and for the proximal tubule as a major site of early disease activity in diabetes. Results support evidence for early tubular apoptosis and atrophy in human diabetic nephropathy..

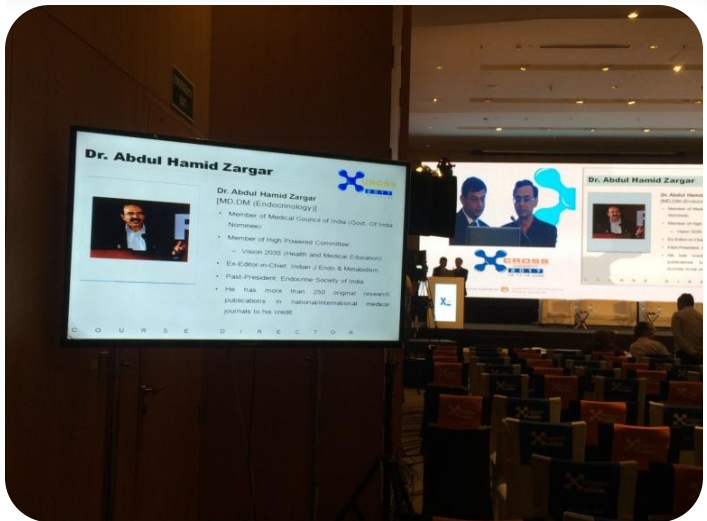
The worldwide rise in the number of patients with chronic kidney disease (CKD) and consequent end-stage renal failure necessitating renal replacement therapy is threatening to reach epidemic proportions over the next decade, and only a small number of countries have robust economies able to meet the challenges posed. A change in global approach to CKD from treatment of end-stage renal disease (ESRD) to much more aggressive primary and secondary prevention is therefore imperative. In this Seminar, we examine the epidemiology of CKD worldwide, with emphasis on early detection and prevention, and the feasibility of methods for detection and primary prevention of CKD. We also review the risk factors and markers of progressive CKD. We explore current understanding of the mechanisms underlying renal scarring leading to ESRD to inform on current and future interventions as well as evidence relating to interventions to slow the progression of CKD. Finally, we make strategic recommendations based on future research to stem the worldwide growth of CKD. Consideration is given to health economics. A global and concerted approach to CKD must be adopted in both more and less developed countries to avoid a major catastrophe



SNAPSHOTS



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