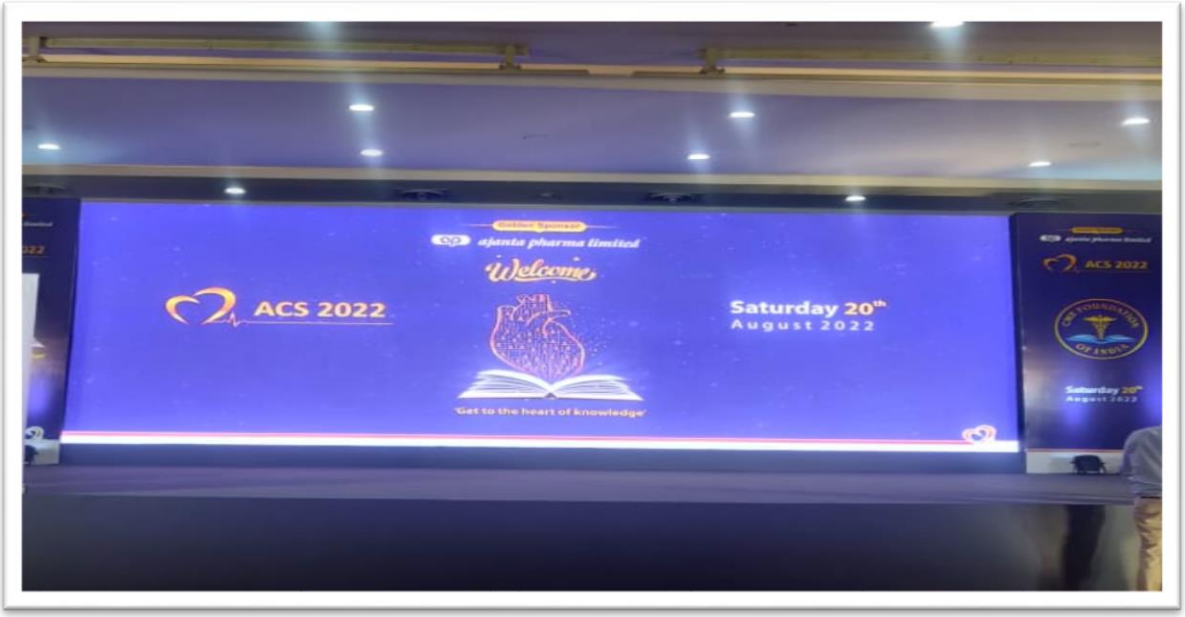
CME FOUNDATION OF INDIA
Building "A", Sahney Business Centre, 27 Kirol Road, Vidyavihar (West),
Mumbai - 400086 T: +91-22-62869292

ACS 2022 - Hyderabad

"ACS 2022" was held in Hyderabad, India. It was organized by the CME Foundation of India (CMEFI).

The sole objective of the "ACS 2022" was to bring leading KOLs amongst Cardiologists, Diabetologists and General Physicians on one platform and discuss their clinical experiences and expertise in the screening, and management of Hypertension, Diabetes Mellitus and its complication.



The Introductory speech was given by CMEFI.

CMEFI emphasized the main role played by the CME Foundation of India and we all know how important it is to spread the knowledge known only to a select few to the practising doctors at large.

Date : 20th August to 21st August 2022

Venue : Hyderabad, India

Total Participants : 186

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AGENDA

20th August - Day 1

TIME	TOPIC	SPEAKER
3.30 PM -3.45 PM	**Welcome Remark**	**Course Director**
3.45 PM - 4.15 PM	Patient Centric Care with Cardiovascular rehabilitation	Dr. Manatosh Panja
4.15 PM -4.45 PM	Blood pressure lowering combination therapy: Setting up the bar for better adherence, efficacy and safety	Dr. Soumitra Roy
4.45 PM -5.00 PM	**Panel Discussion**	
5.00 PM 5.30 PM	Masked hypertension: is it too MUCH stress?	Dr. PP Mohanan
5.30 PM -6.00 PM	Heart failure disease: An Indian perspective.	Dr. Sunil Kapoor
6.00 PM -6.15 PM	**Panel Discussion**	
6.15 PM -6.30 PM	Tea Break	
6.30 PM - 7.00 PM	Journey of SGLT2 Inhibitors: From Prevention to Management in Heart Failure	Dr. K Srinivasa Reddy
7.00 PM -7.30 PM	Read between the lines in ECG/ECHO	Dr. C. Raghu
7.30 PM - 7.45 PM	**Panel Discussion**	
7.45 PM -8.00 PM	**Closing Remarks**	

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AGENDA

21st August - Day 2

TIME	TOPIC	SPEAKER
9.30 AM - 9.45 AM	**Welcome Remark**	**Course Director**
9.45 AM - 10.05 AM	Paradigm Shift in Diabetes Management with Advent of Real Time CGM	Dr. Bansi Saboo
10.05 AM - 10.25 AM	Reversal of Diabetes: How, when and for whom	Dr. K. M. Prasanakumar
10.25 AM - 10.45 AM	**Panel Discussion**	
10.45 AM - 11.00 AM	Tea Break	
11.00 AM - 11.20 AM	De-load the metabolic load with Duo-SGLT2 inhibitor and DPP-4i	Dr. Arundhati Dasgupta
11.20 AM - 11.40 AM	Lipids Goals 2022- Bempedoic acid	Dr. C. Raghu
11.40 AM - 12.00 PM	**Panel Discussion**	
12.00 PM - 12.20 PM	Distress Call from Diabetes	Dr. RV Jaya kumar
12.20 PM - 12.40 PM	Can a Broad Range of Patients with T2D benefit from sitagliptin	Dr. K. D. Modi
12.40 PM -1.00 PM	**Panel Discussion**	
1.00 PM - 1.15 PM	**Closing Remarks**	

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Summary of CME:

- The CME conducted ACS 2022 in Hyderabad, India. It was aimed to bring together well-known Cardiologists, Diabetologists and General Physicians on one platform and discuss their clinical experiences and expertise in the screening, and advanced management of Hypertension, Diabetes Mellitus and its complications.

- welcomed to the forum and shared a few thoughts on the topics that were on the agenda.

- **Dr. Manatosh Panja, chairperson for the scientific conclave (ACS 2022) addressed Patient Centric Care with Cardiovascular rehabilitation:** A Patient Centric Care (PCC) approach, which stresses the necessity of a patient–health care professional partnership, is beneficial in patients with low education after an ACS event. Because these patients have been identified as a vulnerable group in cardiac rehabilitation, we suggest that PCC can be integrated into conventional cardiac rehabilitation programmes to improve both equity in uptake and health outcomes.

  The continuously increasing number of patients with chronic heart disease, and the growing shortage of healthcare clinicians, providing an environment where patients are engaged in their care and educated about the medical and behavioral aspects of their disorders has become an essential component of long-term care. Considering patient preferences, differing lifestyles, special population needs, and improving communication tools, the concept of PCC has emerged to accommodate all of these factors in a new model of care. Developing programs within clinical practices to account for PCC is best done with a team care concept where nonphysician clinicians working with physicians provide these factors in a patient-centric comprehensive care model to manage the increasing care demands of patients with chronic heart disease.

  Essential to the success of PCC is the need for patients to become engaged in their care and accept some responsibility to participate in their care plans. Ongoing communication using the concepts of PCC should improve care for the growing population of patients with chronic heart disease. Recognition of this form of care is still needed in healthcare systems throughout the world, and new methods for reimbursement are still needed to maintain the multidisciplinary healthcare team that is fundamental for PCC.

- **Dr. Soumitra Roy** discussed about **Blood pressure lowering combination therapy: Setting up the bar for better adherence, efficacy and safety.** When hypertensive patients do not achieve adequate control of their blood pressure, the options to try and achieve the required treatment goals are to increase the dose of monotherapy (which increases the risk of side effects) or to use drug combinations with minimum side effects. In order to avoid complications, it is important to start treatment as soon as possible, achieve the goals in the shortest time possible and ensure treatment adherence. While combining two drugs with different mechanisms of action, an antihypertensive effect of two to five times greater than that obtained by monotherapy is possible. Increasing the dose of monotherapy reduces coronary events by 29% and cerebrovascular events by 40%, while combining two antihypertensive agents with a different mechanism of action reduces coronary events by 40% and cerebrovascular events by 54%. Thus, the use of combination therapy provides greater protection to a target organ than increasing the dose of monotherapy.

- A **Panel Discussion** was held on the previous two cases, the delegates actively participated in the session.

- **Dr. PP.Mohanan** gave his viewpoint on **masked hypertension: Is it too much stress?** Patients with masked hypertension, on the other hand, have normal blood pressure readings at the doctor's office but the experience increases in blood pressure at other times of day or in different settings.
  But reacting to stress in unhealthy ways can increase your risk of high blood pressure, heart attacks and strokes. Certain behaviours are linked to higher blood pressure, such as Smoking, drinking too much alcohol, and eating unhealthy foods. Also, heart disease may be linked to certain health conditions related to stress, such as Anxiety, Depression & Isolation from friends and family. Lifestyle changes and medication often are used in combination to treat a patient's hypertension.

- **Dr. Sunil Kapoor** spoke on the topic of **Heart failure disease: An Indian perspective:** Cardiovascular diseases (CVDs) have now become the leading cause of mortality in India. A quarter of all mortality is attributable to CVD. Ischemic heart disease and stroke are the predominant causes and are responsible for >80% of CVD deaths. The Global Burden of Disease study estimate of age-standardized CVD death rate of 272 per 100 000 populations in India is higher than the global average of 235 per 100 000 populations. Some aspects of the CVD epidemic in India are particular causes of concern, including its accelerated build-up, the early age of disease onset in the population, and the high case fatality rate.

- A **Panel Discussion** was held on the previous two cases, the delegates actively participated in the session.

- **Dr. K Srinivas Reddy** share viewpoint on **Journey of SGLT2 Inhibitors: From Prevention to Management in Heart Failure:** Diabetes mellitus is associated with a high prevalence of unrecognized left ventricular diastolic and systolic dysfunction, and it accelerates the development of overt heart failure compared with similar patients without diabetes mellitus. In addition to cardiac predictors such as left ventricular dysfunction, hypertrophy, and coronary artery disease, features of diabetes mellitus associated with the development of heart failure include poor glycemic control, longer duration of diabetes mellitus, insulin treatment, and the presence of microvascular complications, such as retinopathy or nephropathy.

  The serendipitous story of sodium-glucose transporter 2 (SGLT2) inhibitors and heart failure stems from the EMPA-REG (Empagliflozin), which unexpectedly demonstrated a profound 35% relative risk reduction in hospitalization for heart failure in patients with type 2 diabetes mellitus and established atherosclerotic vascular disease (ASCVD) who were treated with empagliflozin. Two additional SGLT2 inhibitors, canagliflozin and dapagliflozin, have been studied in large cardiovascular outcome. Dapagliflozin Effect on Cardiovascular Evaluate the Effect of Dapagliflozin 10 mg Once Daily on the Incidence of Cardiovascular Death, Myocardial Infarction or Ischemic Stroke in Patients with Type 2 Diabetes. Both confirmed the benefit of SGLT2 inhibitors on hospitalization for heart failure (HHF), the composite of HHF or cardiovascular death (HHF/CV death), and renal composite outcomes. Importantly, these latter studies included people with type 2 diabetes mellitus with and without established ASCVD.

- **Dr. C. Raghu** gave an insight about the topic **Read between the lines in ECG/ECHO.**

- A **Panel Discussion** was held on the previous two cases, the delegates actively participated in the session.

- Different cases were explained to the audience and the whole case was open for discussion. The audience actively participated in the discussion regarding complications of Hypertension, Diabetes mellitus and its management. It was a very interactive session and the delegates thoroughly enjoyed it.

- Participants were keen to share their experience and knowledge and they also provided their critiques and recommendations on the event.

DAY 2

- **Dr. Banshi Saboo**, gave is viewpoint on **Paradigm Shift in Diabetes Management with Advent of Real Time CGM:** Continuous glucose monitors (CGM), as the name suggests, continually monitor the glucose (sugar) in your blood through an external device that's attached to your body, and gives real-time updates. They've become popular and more accurate over the years, and with that improvement has come a new way to manage your blood sugar—**enter time in range (TIR).** The time in range method works with your CGM's data by looking at the amount of time your blood sugar has been in the target range and the times you've been high (hyperglycaemia) or low (hypoglycaemia). Time in range is often depicted as a bar graph showing the percentage of time over a specific amount of time when your blood sugar was low, in range, and high. This data is helpful in finding out which types of foods and what activity level causes your blood sugar to rise and fall.

- **Dr. K.M. Prasanakumar** gave his perspective on **Reversal of Diabetes How, When and for whom:** Prediabetes is a "pre-diagnosis" of diabetes - when a person's blood sugar level is higher than normal, but not high enough to be considered diabetes. It is estimated that more than 470 million people worldwide will have prediabetes by 2030 and up to 70% of them will eventually develop type 2 diabetes. Possible links between prediabetes and risk of heart disease and death has become a focus of interest in recent years. But results have been inconsistent, and the term prediabetes remains controversial.
  Although there's no cure for type 2 diabetes, studies show it's possible for some people to reverse it. So how can you reverse diabetes? The key seems to be weight loss. Not only can shedding pounds help you manage your diabetes, sometimes losing
  enough weight could help you live diabetes-free -- especially if you've only had the disease for a few years and haven't needed insulin.More physical activity is a way to improve diabetes, but it may be tough to lose enough weight to go into remission with workouts alone. When combined with changes to your eating, though, exercise helps. A modest, lower-calorie diet plus a big step-up in burning calories could put you on the path to remission.

- A **Panel Discussion** was held based on the previous three topics

- **Dr. Arundhati Dasgupta** gave his viewpoint on **De-load the metabolic load with Duo-SGLT2 inhibitor and DPP-4i:** A single-pill combination of a DPP-4 inhibitor and a SGLT2 inhibitor, when available, New treatment strategies have focused on both dipeptidyl peptidase (DPP)-4 inhibitors, which improve hyperglycaemia by stimulating insulin secretion in a glucose-dependent fashion and suppressing glucagon secretion, and sodium-glucose co-transporter-2 (SGLT2) inhibitors, which reduce renal glucose

reabsorption and induce urinary glucose excretion, thereby lowering plasma glucose. The potential complimentary mechanism of action and good tolerance profile of these two classes of agents make them attractive treatment options for combination therapy with any of the existing glucose-lowering agents, including insulin. Together, the DPP-4 and SGLT2 inhibitors fulfill a need for treatments with mechanisms of action that can be used in combination with a low risk of adverse events, such as hypoglycaemia or weight gain.

- **Dr. C. Raghu** shared **Lipid Goals 2022** overview. High-intensity statins (atorvastatin 80 mg/d and Rosuvastatin 40 mg/d) are the drugs and dosages of choice for initial management of dyslipidaemia in patients with established ASCVD to achieve the proposed LDL-C goals. Physician inertia in using high-intensity statins was felt to be an important factor responsible for patients in India not achieving LDL-C goals. It was noted during expert discussions that often statin dosages are reduced in ACS patients after the first few months. In patients who are unable to tolerate these highest doses of statin, lower doses may be used. Ezetimibe 10 mg/d is the drug of first choice for adjunctive treatment in combination with statins for patients who are unable to achieve LDL-C goals after .6– 8 weeks of treatment with a high-intensity statin. If LDL-C goals are not achieved after treatment with a high-intensity statin in combination with Ezetimibe, PCSK9 inhibitors may be considered for addition as a third LDL-C–lowering medication in combination with a high-intensity statin and Ezetimibe.

- A **Panel Discussion** was held based on the previous three topics.

- **Dr. RV Jaya Kumar** shared **Distress Call form Diabetes:** The way you react to things and the emotions you feel can vary for different people. You might feel frustrated, guilty, sad or worried. Sometimes you might feel all of these emotions and more from time to time. Feeling this way about your diabetes is understandable and it's a natural reaction for anyone that's been diagnosed with a long-term health condition. Knowing some of the **signs** can help you start to manage these feelings.
  Signs and symptoms of diabetes distress There's no right or wrong way to feel, but there are some signs that things are getting too much. It can help to be aware of these – you could think about talking to your family or friends about them too: (i) feeling angry about diabetes and frustrated about the demands of managing it, (ii) worrying about not taking enough care of your diabetes but not feeling motivated to change, (iii) avoiding going to appointments or checking you blood sugars, (iv) making unhealthy food choices regularly, (v)feeling alone and isolated.

- **Dr. K.D. Modi** gave an overview on **Can a Broad Range of Patients with T2D benefit from Sitagliptin.** Sitagliptin has been shown to be effective, well-tolerated, and safe in the treatment of type 2 diabetes in monotherapy or in the combination with metformin or thiazolidinedione. It reduces the glycaemic parameters HbA1c, and fasting and postprandial glucose and improves beta-cell function. The reduction of HbA1c observed in the studies was at least as good as that seen with other oral anti-hyperglycaemic agents. In this respect, it has to be noted, however, that the potency of HbA1c reduction in type 2 diabetes by oral agents is also dependent on the baseline HbA1c, Sitagliptin is weight neutral and does not increase the incidence of hypoglycaemic episodes or the occurrence of adverse events.

- A **Panel Discussion** was held based on the previous topics.

- Different cases were explained to the audience and the whole case was open for discussion. The audience actively participated in the discussion regarding complication of Hypertension, Diabetes mellitus and its management. It was a very interactive session and the delegates thoroughly enjoyed it.
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PHOTOS

Welcome to ACS 202

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Registration counter ACS -2022

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PPT Presentation on Heart Failure Disease in Indian Perspective

PPT Presentation on Patient Centric Care with Cardiovascular rehabilitation

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Panel Discussion

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Vote of Thanks to Delight