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

ACS 2022 - Mumbai

"ACS 2022" was held in Mumbai, 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	**:**	**9th July to 10th July 2022**
Venue	**:**	**Mumbai, India**
Total Participants	**:**	**217**

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AGENDA

9th July, 2022 (Day 1)

Chairperson Dr. Sadanand Shetty I Course Director Dr. Brian Pinto		
Time	**Topic**	**Name**
4.30-4.40	Welcome Remark	Dr. Kamal Kumar
4.40-5.00	Changing concepts in hypertension management	Dr. Sadanand Shetty
5.00-5.20	Resistant Hypertension: Detection, Evaluation, and Management: A Scientific Statement fromthe AHA	Dr. C. K. Ponde
5.20-5.50	Panel Discussion	
5.50-6.10	Blood pressure lowering combination therapy: Setting up the bar for better adherence, efficacy and safety	Dr. Viveka Kumar
6.10-6.20	Masked hypertension: Is it too much stress?	Dr. Sudeep Kumar
6.20-6.30	Panel Discussion	
6.30-6.45	Tea Break	
6.45-7.05	Heart failure disease: An Indian perspective	Dr. Rajiv Karnik
7.05-7.25	Read between the lines in ECG/ECHO	Dr. Sameer Shrivastava
7.25-7.35	Panel Discussion	

7.35-7.45	Course Director's Remarks	Dr. Brian Pinto
7.45-8.20	Medico Legal	Adv. Dr. Arun D. Mishra
8.20-8.30	Closing Remarks	Mr. N Srinivas

AGENDA

10th July, 2022 (Day 2)

Course Director - Dr. Banshi Saboo		
Time	**Topic**	**Name**
9.30-9.40	Welcome Remark	Dr. Kamal Kumar
9.40 -10.00	Course Director's Remark- Time in range:Role of Continuous Glucose Monitoring	Dr. Banshi Saboo
10.00-10.20	Pre-diabetes and Cardiovascular risk	Dr. Sanjay Agarwal
10.20-10.40	De-load the metabolic load with Duo-SGLT2inhibitor and DPP-4i	Dr. Shailaja Kale
10.40- 11.00	Panel Discussion	Dr. Banshi Saboo&Panelist
11.00-11.15		Tea Break

11.15- 11.35	**Lipid Goals 2022**	**Dr. JPS Sawhney**
11.35-11.55	**Pills that Thrill - Bempedoic acid**	**Dr. P. C. Manoria**
11.55-12.15	**Can a Broad Range of Patients with T2Dbenefit from sitagliptin**	**Dr. B. M. Makkar**
12.15-12.30	**Hypertension Guidelines for patients with T2DM**	**Dr. Anuj Maheshwari**
12.30-12.50	**Panel Discussion**	
12.50-1.00	**Closing Remarks**	**Mr. N. Srinivas**

Summary of CME:

- The CME conducted ACS 2022 in Mumbai, 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.

- **Dr. Kamal Kumar** welcomed the forum and shared a few thoughts on the topics that were on the agenda.

- **Dr. Sadanand Shetty,** chairperson for the scientific conclave (ACS 2022) addressed the **Changing concepts in hypertension management**. Hypertension (HTN) is the most common chronic disease in India, and the standard model of office-based care delivery has yielded sub-optimal outcomes, with approximately 80% of affected patients not achieving blood pressure (BP) control. Poor population-level BP control has been primarily attributed to therapeutic inertia and low patient engagement. New models of care delivery utilizing patient-generated health data, comprehensive assessment of social health determinants, computerized algorithms generating tailored interventions, frequent communication and reporting, and non-physician providers organized as an integrated practice unit, have the potential to transform population-based HTN control. This review will highlight the importance of these elements and

construct the rationale for a re-engineered model of care delivery for populations with HTN.

- **Dr. C.K. Ponde** discussed on **Resistant Hypertension: Detection, Evaluation & Management: A Scientific Statement from the AHA.** Detection of RH usually has multiple causes, including excessive dietary salt intake, obesity, CKD, and OSA. Assessment for comorbidities and hypertensive complications is relevant because it will influence antihypertensive therapy in terms of the class of pharmacological agents selected and BP goals & management goals achieved by doing Lifestyle Interventions, Weight Loss, Dietary Salt Restriction, DASH Diet and Other Dietary Factors, Exercise. Numerous clinical trials demonstrate that exercise can effectively lower BP.

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

- **Dr. Viveka Kumar** spoke 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.

- **Dr. Sudeep Kumar** gave his viewpoint on **masked hypertension: Is it too much stress?** The body produces a surge of hormones when you're in a stressful situation. These hormones temporarily increase your blood pressure by causing your heart to beat faster and your blood vessels to narrow. There's no proof that stress by itself causes long-term high blood pressure. 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.
  An increase in blood pressure related to stress can be dramatic. But when your stress goes away, your blood pressure returns to normal. However, even frequent, temporary spikes in blood pressure can damage your blood vessels, heart and kidneys in a way similar to long-term high blood pressure.

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

- **Dr. Rajiv Karnik** spoke on the topic of **Heart failure disease: An Indian perspective.** The causation of HF due to the complex of age, CHD, hypertension and diabetes is similar worldwide, transferred to the Indian scenario. Projecting these to the Indian population, the approximate prevalence of HF in India would be about 10 million or about 0.9% of the total population. It is estimated that the burden of CAD in India is approximately 29.8 million with approximate prevalence being 10% in urban areas and 4–5% in rural areas. The burden of ACS is estimated to be about 3.7 million annually. The estimated prevalence of HF in India is about 1% of the population or about 8–10 million individuals. The estimated mortality attributable to HF is about 0.1–0.16 million individuals per year.

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

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

- **Dr. Brian Pinto**, the **Course Director**, gave his remarks on the discussed topic.

- **Adv. (Dr.) Arun D Mishra** shared his perspective on **Medico Legal Issue**.

- 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**, the **Course Director** addressed the topic of **Remark on Time in range: Role of Continuous Glucose Monitoring.** 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. Sanjay Agarwal** gave his perspective on **Pre-diabetes and cardiovascular risk:** It has been established by several studies that there is a clear link between type 2 diabetes mellitus and the development of cardiovascular risk factors. This study was undertaken to diagnose patients in the pre-diabetic stage and their clustering with the other risk factors for diabetic mellitus. The clustering of risk factors such as overweight and obesity, being older than 40 years, sedentary habits, smoking, alcoholism, hypertension, and intake of fruits and vegetables were studied. Pre-diabetic represents the tip of the iceberg. Early diagnosis and intervention of Pre-diabetic and their cluster of risk factor can prevent the cardiovascular events and complications of diabetes such as diabetic retinopathy, neuropathy, and nephropathy. This study was carried out with an objective of estimating the prevalence of pre-diabetes and associated factors among adults attending the fixed mobile clinic in a rural block in Tamil Nadu.

- **Dr. Shailaja Kale** 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, would offer several advantages over the free combination of individual pills, including a reduced pill burden, which could possibly translate into improved compliance, combining DPP-4 inhibitors with SGLT2 inhibitors has the potential to exert benefits beyond lowering glucose, such as beneficial effects on cardiovascular and renal risk factors, including albuminuria, and lowering body weight and systolic blood pressure.

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

- **Dr. JPS Sawhney** 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.

- **Dr. P.C. Manoria** talked about the topic **Pills that Thrill - Bempedoic acid:** This Pill was approved by the USFDA in the year 2020 as a non-statin for hypercholesterolemia. It is an oral agent that inhibits adenosine triphosphate citrate-lyase, which is an enzyme involved in cholesterol synthesis by catalyzing acetyl-CoA The activated substance inhibits adenosine triphosphate citrate-lyase, which is involved in the liver's biosynthesis of cholesterol upstream HMG-CoA reductase, the enzyme that is inhibited by statins. The half-life of BA is 15-24 hours, and the site of absorption is the small intestine. Bempedoic acid has been shown to provide a gradual decrease in LDL-C when used in fusion with both statins and Ezetimibe at all doses.

- **Dr. B.M Makkar** 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.

- **Dr. Anuj Maheshwari** explained about **Hypertension Guidelines for patients with T2DM.** Most guidelines for the treatment of hypertension recommend a blood pressure (BP) goal of <140/90 mm Hg, and a more aggressive goal of <130/80 mm Hg for patients with diabetes mellitus. However, in the recent Action to Control Cardiovascular Risk in Diabetes (ACCORD), a lower BP was not beneficial. The optimal BP target in subjects with diabetes mellitus or those with impaired fasting glucose/glucose tolerance is therefore not well defined.

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

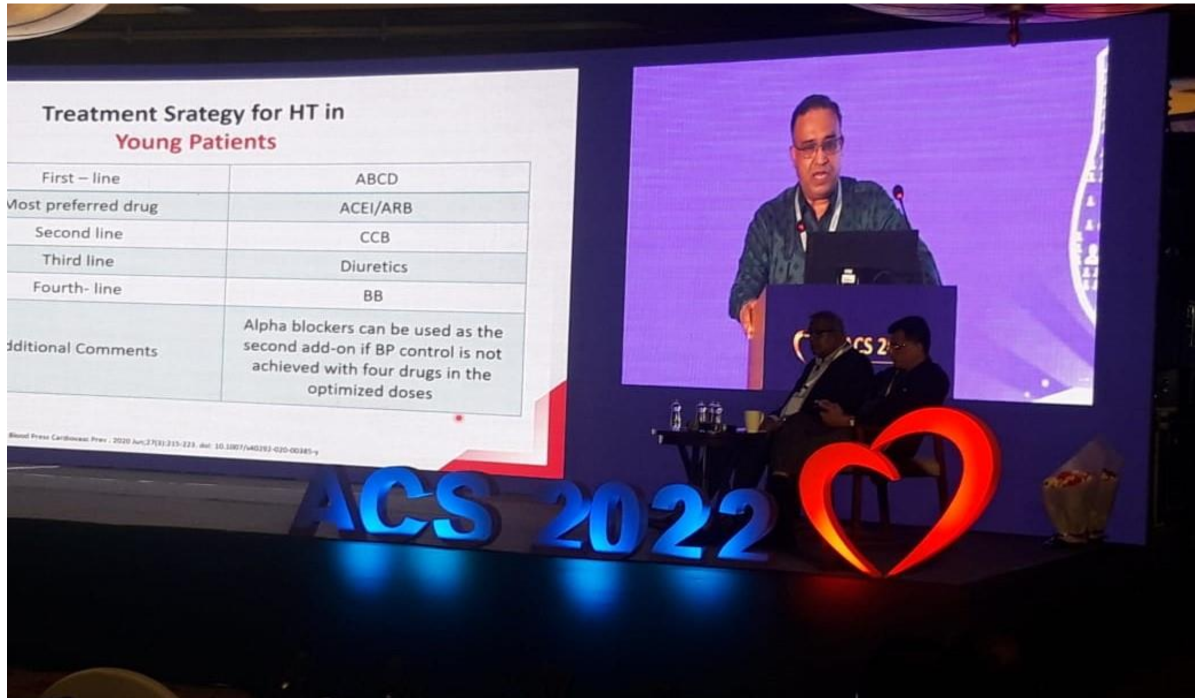
- Different cases were explained to the audience and the whole case was open for discussion. The audience actively participated in the discussion regarding complication of Hypertension, Diabetes mellitus and its management. It was a very interactive session and the delegates thoroughly enjoyed it.
- Participants were keen to share their experience and knowledge and they also provided their critiques and recommendations on the event.

PHOTOS

Welcome to ACS 2022

Registration counter ACS -2022

PPT Presentation on masked by hypertension: is it too much stress?



PPT Presentation on hypertension in Young Patient

Panel Discussion