



# CME FOUNDATION OF INDIA

Building "A", Sahney Business Centre, 27 Kiroli Road, Vidyavihar (West),  
Mumbai - 400086 T: +91-22-62869292

## **EXIOMM EAST 2022 - KALIMPONG**

"EXIOMM 2022 - EAST" was held at Kalimpong, India. It was organized by of CME Foundation of India (CMEFI).

The sole objective of the "EXIOMM EAST-2022" was to bring leading KOLs of Cardiology and General Physician on one platform and discuss their clinical experiences and expertise in the screening, management of Hypertension and its complication.

The Introductory speech was given by CMEFI. CMEFI emphasized the main role played by CME Foundation of India and how important it is to spread the knowledge known to select few to the practicing Doctors at large.

**Date** : 14<sup>th</sup> & 15<sup>th</sup> May 2022  
**Venue** : Kalimpong, India  
**Total Participants** : 30





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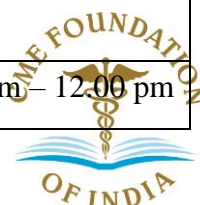
## AGENDA

### Day 1

<b>Date:</b> 14th May 2022	<b>Chairperson:</b> Dr. J. S. Hiremath	<b>Time:</b> 6 pm– 8 pm	
	<b>Co-Chairperson:</b> Dr. Arup Dasbiswas Dr. Apurba Mukherjee		
<b>Topic</b>	<b>Speaker</b>	<b>Moderator</b>	<b>Time</b>
Welcome address and Introduction of Faculty	CMEFI		6.00 pm – 6.15 pm
<b>RECORD Registry: 1 year interim analysis of Indian Hypertension Registry</b>	Dr. Sekhar Chakraborty	Dr. Arup Dasbiswas	6.15 pm – 7.00 pm
<b>Managing Albuminuria in Hypertension with DM: Effect of Telmisartan on UACR</b>	Dr. Raja Ray	Dr. Apurba Mukherjee	7.00 pm – 7.45 pm
Question & Answer Session	Dr. Sekhar Chakraborty Dr. Raja Ray	Dr. Arup Dasbiswas Dr. Apurba Mukherjee	7.45 pm – 8.00 pm

### Day 2

<b>Date:</b> 15th May 2022	<b>Chairperson:</b> Dr. J. S. Hiremath	<b>Time:</b> 10 am – 12 pm	
<b>Topic</b>	<b>Speaker</b>	<b>Moderator</b>	<b>Time</b>
<b>Choice of Beta Blockers in Management of HTN: practical considerations</b>	Dr. Kishore Kumar Sinha	Dr. Anjan Lal Dutta	10.00 am – 10.45 am
<u>Panel Discussion</u> <b>Optimal usage of NOACs: Addressing Common Clinical Challenges:- Q &amp; A</b>		Dr. Anjan Lal Dutta Dr. Arup Dasbiswas Dr. Apurba Mukherjee	10.45 am – 11.45 am
Vote of thanks	CMEFI		11.45 am – 12.00 pm





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## Summary of CME:

### DAY 1

- The CME was conducted Exiom EAST 2022 EAST at KALIMPONG, India. It was aimed to bring together the well-known Cardiology, Nephrology and General Physician on one platform and discuss their clinical experiences and expertise in the screening, management of Hypertension and its complication.
- In this CME, different topic such as RECORD Registry: 1 – Year interim analysis of Indian Hypertension Registry, Managing Albuminuria in Hypertension with DM: Effect of Telmisartan on UACR, Choice of Beta Blocker in Management of HTN: Practical consideration and Last Panel Discussion on usage of NOACs
- **Dr. Anjan LAL Dutta** chairperson and Co-chairperson **Dr. Apurba Mukherjee, Dr. Arup Dasbiswas** for Exchange of Information on Modern Medicine (EXIOMM) EAST 2022. The inaugurate Forum to discuss and share few point on given agenda topic.
- **Dr. Sekhar Chakraborty** overview on goes **RECORD Registry: 1 – Year interim analysis of Indian Hypertension Registry**, Hypertension is a chronic, persistent, largely asymptomatic disease. A majority of the patients with hypertension in India are unaware of their condition. This is because of low levels of awareness and the lack of screening for hypertension in adults -either as a systematic programme or as an opportunistic exercise during visits to healthcare providers.
- The prevalence of awareness of hypertension is only in a quarter of rural and two-fifths of urban Indians, and only a quarter and a third of those identified in rural and urban India receive treatment for it. Those who are identified as hypertensive often receive inappropriate care or fail to adhere to therapy, and remain uncontrolled. On as per discussion Moderator **Dr. Arup Dasbiswas** was been same.
- **Dr. Raja Ray** spoken about **Effect of Telmisartan on UACR**. The telmisartan was superior to other ARBs in improving insulin resistance and reducing fasting blood glucose and insulin levels, probably due to the pleiotropic effects of telmisartan on the peroxisome proliferator-activated receptor c. Other benefits of usage of telmisartan as monoor combination therapy include improvement of lipid levels, visceral fat reduction [32], and improvement in proteinuria/albuminuria or prevention of progression of proteinuria/albuminuria [33]. The aforementioned studies suggest that telmisartan is a good candidate for managing hypertension in patients with comorbid conditions such as diabetes, metabolic syndrome, dyslipidaemia, or renal disease.. On as per discussion Moderator **Dr. Apurba Mukherjee** was been same.





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- For Question & Answer Session Speaker **Dr. Sekhar Chakraborty, Dr. Raja Ray** with Moderator **Dr. Anjan Lal Dutta, Dr. Arup Dasbiswas, Dr. Apurba Mukherjee**

## DAY 2

- **Dr. Anjan LAL Dutta** chairperson for Exchange of Information on Modern Medicine Day 2 (EXIOMM) EAST 2022. Forum to discuss and share few point on given agenda topic.
- **Dr. Kishore Kumar Sinha** give view point on **Choice of Beta Blockers in Management of HTN: practical considerations**. National and International guidelines recognize five classes of drugs for the first-line treatment of hypertension – beta blockers, diuretics, angiotensin converting enzyme inhibitors, angiotensin receptor blockers and calcium channel blockers. However, achieving a lower BP is more important than a choice of drugs used in the treatment. Many patients will need more than one drug to achieve the desired level. Beta blockers remain important and effective drugs but age and co-morbidities need to be considered when selecting a first line of drug. In younger patients, beta blockers should remain the first line anti-hypertensive drug. There are different types of beta blockers. On as per discussion Moderator **Dr. Anjan Lal Dutta** was been same.

**Optimal usage of NOACs** Suggestion given by Moderator **Dr. Anjan Lal Dutta, Dr. Arup Dasbiswas, and Dr. Apurba Mukherjee** on optimal usage of NOACs compared to warfarin significantly reduced stroke or systemic embolic events, haemorrhagic stroke, intracranial haemorrhage, and major bleeding in patients with VTE. Once- or twice-daily NOAC regimen can be used in patients with atrial fibrillation (AF).

Duration of therapy in AF must be individualized after careful assessment of the treatment benefit against the risk of bleeding. For patients with AF of greater than 48 h or unknown duration undergoing elective electrical or pharmacologic cardioversion, it is recommended that therapeutic anticoagulation should be started for at least 3 weeks before cardioversion and should be continued for at least 4 weeks post successful cardioversion. Decisions about anticoagulation beyond 4 weeks should be made in accordance with risk-based recommendations for long-term antithrombotic therapy and not based on successful cardioversion. In AF patients eligible for NOACs, it is recommended to use a NOAC in preference to a VKA in combination with antiplatelet therapy. NOACs may be preferred in elderly patients, since they have a better overall risk–benefit profile compared with warfarin. On as per discussion Moderator **Dr. Anjan Lal Dutta, Dr. Arup Dasbiswas, Dr. Apurba Mukherjee**.





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- **Question & Answer Session** panel Discussion on addressing common Clinical Challenges on optimal usage of NOACs question and answer with **Dr. Anjan Lal Dutta, Dr. Arup Dasbiswas, and Dr. Apurba Mukherjee.**
- Different cases were explained to the audience and the whole case was open for discussion. Audience actively participated in the discussion regarding complication of Hypertension 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.

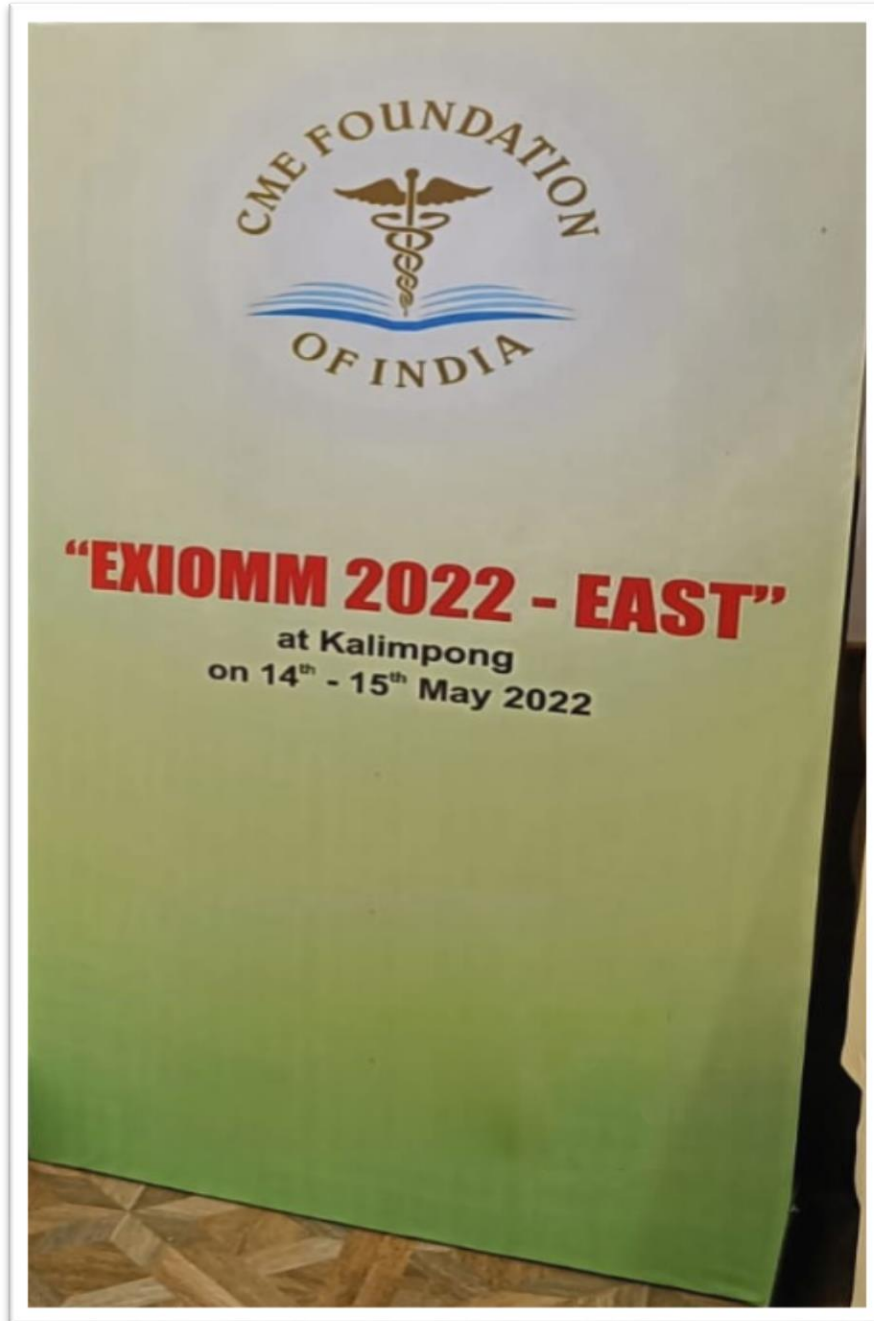




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## PHOTOS



[Welcome to EXIOMM EAST-2022](#)







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[Registration to Exiomm 2022- EAST](#)





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Group Discussion on Addressing common Clinical Challenges:

Optimal Usage of NOACs

