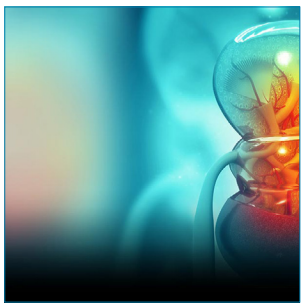
Accepted Abstracts

Diabetes Congress 2022



30th International Conference on

Diabetes and Endocrinology

August 30,2022 | Webinar

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Received date: 13-05-2022 | Accepted Date: 15-05- 2022 | Published date: 17-09-2022

Attempt to utilize classification of Type 2 Diabetes mellitus subgroups provided by Ahlquist to generate individualized treatment methods based on the actions on insulin resistance & βcell function: A move forward to more effective diabetes control from start & avoid End Stage Damage

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Type2 Diabetes mellitus(T2D) refers to a syndrome that by definition is secondary to numerous extents of βcells failure in addition to the reduction in insulin sensitivity, despite, a lot of metabolic Impairment, most patients are classified as either presenting with T1D or T2D. Recently Ahlquist et posited a new system of classification for adult-onset disease, keeping in view the heterogenic metabolic phenotypes of this disease. This new classification system might possess the potential for utilization for greater individualization of treatment depending on the underlying metabolic Impairments in this disease, despite no existing mediation studies having developed data to validate this claim. Thus, here we provide a brief introduction on the etiopathogenesis with regard to T2D as well as in patients acquiring Diabetes at adult age, besides summarize the evolution of classification systems including one we had earlier provided. Subsequently, we try to review the actions of various antidiabetic agents on insulin sensitivity along with β cell function in addition to the posited approaches for individualized therapy as per the various subgroups based on Ahlqvistetal's posit. Thus, we conclude that the innovative T2D subgroups add to an intriguing model that could stimulate us to get better insight over the pathophysiology of this very wide group of T2D that aids in individualized treatment options on the basis of the underlying etiology of the disease. In these innovative T2D subgroups of adult-onset disease that would aid in giving some antidiabetic agents that would prove to be more advantageous for certain subgroups, considering the major pathophysiology in addition to avoidance of end organ injury. To start with it is just the initiation of trying to get in individualized therapy for T2D, along with studies that start performing evaluation of the current existence in addition to innovative drugs, prospectively in various subgroups possessing separate metabolic phenotypes to succeed in making therapy more individualized.

Recent Publications

1. Kulvinder Kochar Kaur, Allahbadia GN, Singh M. Weight Loss Associated with High Protein Diet Intake in Obesity: Interactions of Gut Microbiota in protein sources Influencing this Positive Effect". Acta Scientific Nutritional Health2018; 2 (7): 80-89

2. Kulvinder Kochar Kaur, Allahbadia GN, Singh M. A Mini Review on Development of Newer Therapies for Non Alcoholic Fatty Acid Liver Disease with Emphasis on Vitamin D and its Receptor and Allyl Isothiocyanate (AITC)". Acta Scientific Nutritional Health 2019; 3(12) :1-5.

3. Kulvinder Kochar Kaur, Allahbadia GN, Singh M. An Update on Further Progression of NAFLD, NASH with Prospective Therapies Like L-Carnitine (LC), Nicotinamide Ribose (NR) Combination, as well as Apical Sodium Dependent Bile Acids Transporter (ASBT) or Volixibat and Silybin as Alternatives. Int J Clin Med Cases. 2020 Jan;3(3):138. DOI: 10.31021/ijcmc.20203138-29/1/2020 Jan 29

4. Kulvinder Kochar Kaur, Allahbadia GN, Singh M. Have Probiotics and Synbiotics passed the test of time to be implemented in the management of obesity and related metabolic disorders-a comprehensive review. Adv Obes Weight Manag Control. 2019;9(1):21–28. DOI: 10.15406/aowmc.2019.09.00269

5. Kulvinder Kochar Kaur, Allahbadia GN, Singh M. Will Probiotics Provide the Answer for Therapy of Non-alcoholic Fatty Liver Disease (NAFLD)? – A Systematic Review. Biochem Physiol 2020;9: 257.

6. Kulvinder Kochar Kaur, Allahbadia GN, Singh M. 'Are we any close to unraveling the mechanism of interactions among susceptibility genes towards Type 1 Diabetes, Gut Microbiota Along with Environmental factors, specifically early diet patterns –A Systematic Review''.

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30th International Conference on
Diabetes and Endocrinology
August 30,2022 | Webinar

Received date: 29-07-2022 | Accepted Date: 01-08- 2022 | Published date: 17-09-2022

Challenges in Type-1 diabetes management during the conflict in Syria

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Background: In Syria, a country at war for one decade, medical care has been severely affected by shortages in medications, resources, food, and physicians. Objectives This study reviews the quality of care for patients with type-1 diabetes (T1D) receiving treatment in a private endocrinology service in Raqqa City, Syria.

Patients and Methods: A cross-sectional medical record review for patients with T1D followed-up at a private clinic run by a certified endocrinologist in Raqqa, Syria. All medical records were evaluated for patients' characteristics and multiple diabetes care indicators. Results One hundred and ninety-seven patients with T1D were evaluated; 109 (55.3%) patients were females. The median age of participants was 16 (1.7–42) years, median duration of diabetes was 4 (0–27) years, and mean hemoglobin was A1C, 9.1% (8.7–9.5%). One hundred and twenty-five (63.5%) patients used premixed insulin. Eighty-one (42.4%) patients performed regular self-monitoring of blood glucose (SMBG) at least twice daily. Episodes of hypoglycemia and diabetic ketoacidosis (DKA) were reported in 62.4 and 54.4% of patients, respectively. There were significant correlations between the incidence of DKA and female gender and premixed insulin regimens.

Conclusion: In this private endocrine practice in Raqqa City, Syria, the majority of patients are treated with premixed insulin. Only a minority have their glycosylated A1c monitored regularly. Our unprivileged population is poorly controlled with increased risk of hypoglycemia and admissions with diabetic ketoacidosis.

Recent Publications

1. Diagnostic Dilemma in Two Cases of Hyperandrogenism DOI:10.1155/2018/9041018
2. Comparison between Fine Needle Aspiration Cytology of Thyroid Nodules and Histology after Surgical Excision DOI:10.16966/2380-548X.152
3. Two Cases of Pituitary Stalk Interruption Syndrome in Syrian Children DOI:10.1155/2020/2039649.

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