

Poster

Diabetes Congress 2018
Nutrition 2018



Joint Event
26th International Conference on
Diabetes and Endocrinology
&
16th International Conference on
Nutrition and Health
Nov 22-23, 2018 | Paris, France

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Prevalence and identification of yeasts responsible for mastitis in dairy cattle farms in the sidi lahcene region in the Wilaya of Sidi Bel Abbas, Algeria

Akdouche Leila, Aissi M and Saadi A

National Veterinary graduate school of Algiers, Algeria


Mastitis represents one of the main diseases in dairy cows. In Algeria, very few studies have been conducted on the prevalence of fungal mastitis in dairy cattle farms as well as various factors favoring their appearance and development. In most cases, the triggers this infection is bacteria. A growing number of fungi are currently associated with this pathology. This is related to antibiotics too widely used in the treatment of these bacterial agents. So we set as objectives, determining the prevalence of mastitis caused by yeasts and the study of a number of risk factors in some dairy farms in the region of Sidi Lahcène, wilaya of Sidi Bel Abbas. The samples of this study were carried on farms of cows (mastitic cow and clinically healthy cow) belonging to two types of farms (farms with manual milking and mechanical milking farms). The risk factors included, animal secretions, the teat cups, the hands of the milkers, the

skin of the mammary gland, the drinker, the manger, the milk storage tank, the milk collection seal. Mycological analysis was conducted at the Laboratory of Parasitology - Mycology from the Higher National Veterinary School–Algiers. The isolated yeasts were identified using microscopic characterization, and auxanogramme realized in biochemical galleries (gallery Pasteur Institut Pasteur Algiers and testing API[®] AUX Bio Merieux, France). Our results showed a prevalence of infection with yeast, a high frequency of isolation was attributed for the genus *Candida* sp. followed by the genus *Rhodotorula* sp. followed by the two genera *Cryptococcus* sp. and *Trichosporon* sp.

Speaker Biography

Akdouche Leila is currently working at the National Veterinary graduate school of Algiers, Algeria. Her interest in the field of Nutrition and Health led her to publish several papers.

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 Notes:

Video Presentation

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Providing culturally sensitive diabetes education & care for the LGBTQ community

Theresa Garnero

UCSF School of Nursing, USA

Learn why sexual minority status is an invisible diabetes disparity and what you can do to about it in your practice.

Objectives:

- Define the lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) sexual minority and related terms
- Describe unique LGBT risk factors for diabetes and prevalence assumptions (no “Q” here due to lack of data)
- Assess how your clinical practice demonstrates cultural sensitivity to this high-risk population
- Gain insights from 2 couples who share their diabetes story

Speaker Biography

Theresa Garnero, APRN, BC-ADM, MSN, CDE is an award-winning diabetes nurse educator and thought leader who understands diabetes from several perspectives. She trailblazed several innovations in the field of diabetes from using therapeutic humor to facilitate self-care behaviors, to creating a community-based dance program to prevent and manage diabetes, to discovering the impact of diabetes within the sexual minority group and providing cultural sensitivity training for diabetes professionals for this underserved population, and to designing technology to better meet the needs of people with diabetes. She is a prolific writer and cartoonist. Garnero was awarded the national Diabetes Educator of the Year by the American Association of Diabetes Educators (2004) and the international “Inspired by Diabetes” award (2008). She reviews manuscripts for diabetes-related science journals, including The Diabetes Educator and The Diabetes Spectrum. Her latest efforts are aimed at preventing diabetes by founding the soon to launch Sweet People Club. She is most proud of being the curriculum designer for UCSF’s online diabetes certificate CME program.

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Ketogenics: Beneficial impacts on obesity and metabolic syndrome

Shaweta Vasudeva
ShayTheCoach, USA


This oral presentation will focus on operationally defining ketogenics, covering clinical weight loss components and positive impacts on metabolic syndrome, a major risk factor of obesity. It will also cover the connection of metabolic syndrome to obesity while presenting research on the benefits of ketogenic diets on these conditions. Ketogenic diets have been utilized as early as the 1920's for treatment of epileptic seizures in children. Research now indicates the metabolic alterations that occur within the human body during a ketogenic state can be a beneficial and viable treatment option for obesity. The research will highlight the works of: Cox et al. (2016),

Dashti et al. (2004); Ede (2017); Freeman, Kossoff, & Hartman (2007); Roehl & Sewak (2017), & Volek et al. (2008) & (2016).

Speaker Biography

Shaweta Vasudeva is a teaching professional, speaker, author and coach. As a result of her passion to help others become the best version of "SELF," she has founded a company called ShayTheCoach. She has earned a Bachelor of Arts and Master of Arts in Psychology and is currently pursuing a Master of Science in Kinesiology at A.T. Still University, College of Graduate Health Studies. She is a certified nutritional therapist, certified personal trainer, certified corrective exercise specialist and Goju Karate Black Belt. She currently teaches at Rio Salado College and takes clients for corrective exercise and nutritional coaching at her private practice in Phoenix, AZ.

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Ketogenics: Implementation in Clinical Practice and Bio-Psychosocial considerations

Shaweta Vasudeva
ShayTheCoach, USA

With so many fast food options, social gatherings, and cultural norms of sharing meals, the ketogenic lifestyle (as any mindful and health conscious lifestyle) can be a challenge. Therefore, this oral presentation will focus on the history of ketogenic diets, differing between their clinical use versus fad use (risks and benefits of each), implementation within a practice, and lifestyle management of a ketogenic diet (including testing options to ensure a ketogenic state has been reached and is being maintained).


The research will highlight the works of: American Heart Association (2015); Anderson (2015); Cox et al. (2016); Dashti et al. (2004); Ede (2017); Freeman, Kossoff, & Hartman (2007);

Gustin (2018); Roehl & Sewak (2017); & Volek et al. (2008) & (2016); Whitney & Rolfes (2013).

Speaker Biography

Shaweta Vasudeva is a teaching professional, speaker, author and coach. As a result of her passion to help others become the best version of "SELF," she has founded a company called ShayTheCoach. She has earned a Bachelor of Arts and Master of Arts in Psychology and is currently pursuing a Master of Science in Kinesiology at A.T. Still University, College of Graduate Health Studies. She is a certified nutritional therapist, certified personal trainer, certified corrective exercise specialist and Goju Karate Black Belt. She currently teaches at Rio Salado College and takes clients for corrective exercise and nutritional coaching at her private practice in Phoenix, AZ.

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The new “solutions economy” and how it works globally to solve nutrition and health problems

Sandra Poirier

Middle Tennessee State University, USA

Rising obesity, food insecurity, a lack of quality education and safe water for the poor in the developing world are some of the global societies entrenched problems. Whose job is it any way to solve these problems? For decades, the answer to the question has been simple: government. Today we live in a different world where a new economy has emerged. The new “solutions economy” represents not just an economic opportunity, but a new strategy for solving many of the global nutrition and health problems. This presentation explores how, in today’s new “solutions economy,” solving social problems is becoming a multidisciplinary exercise that challenges businesses, governments, philanthropists and

social enterprises to think holistically about their role and their relation to others—not as competitors but as collaborators serving as many stakeholders as possible.

Speaker Biography

Sandra Poirier has more than 15 years of international teaching experience working in culturally diverse environments. Her strengths include creating innovative educational programs with a focus on culture, identifying appropriate outreach efforts to solve community problems, and empowering students for successful careers. She has been recognized for her ability to create and teach online courses, work as an advisor for a student organization, and creating positive educational strategies for optimal learning. She has been employed at MTSU since 2005.

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Case series on co-relation of vitamin D with lipid profile in type 2 diabetes mellitus patient

Assem babbar, Amit Varma and Ankit Sharma

Shri Guru Ram Rai Institute of Technology & Science, India

Type 2 diabetes mellitus is a hereditary chronic endocrine metabolic disorder, and one of the major causes of deaths worldwide. Type 2 diabetes mellitus is also associated with a high risk of cardiovascular disease, blindness, nephropathy and neuropathic complications. Vitamin D is a fat-soluble vitamin and functions in bone homeostasis and metabolism. Vitamin D deficiency plays an important role in diseases like hypertension, cardiovascular disease, type 1 and 2 diabetes, osteoporosis, cancers etc. Lipid profile had major effect in many diseases and insulin and vitamin D play an important role on the lipid's metabolism and its complications. The objective of this study is to determine the association between levels of vitamin

D and lipid profile in patients with type 2 diabetes mellitus. For the purpose case reports of twenty patients is collected which suggests that vitamin D deficiency is associated with cardiovascular disease via its effect on lipid profiles in patients with type 2 diabetes mellitus.

Speaker Biography

Assem Babbar is pursuing the Doctor of Pharmacy (Post Baccalaureate) course at the age of 25 years from Uttarakhand Technical University, Dehradun, India. She is the student of 2nd year of this course at the Shri Guru Ram Rai Institute of Technology & Science, Dehradun, India.

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Notes:

Choosing the best oral diabetic agents in T2 diabetes mellitus – Physicians challenge**Bijaya Mohanty**

Tata Main Hospital, India

The therapeutic armamentarium of oral diabetic agents has expanded its horizon from sulfonylureas in 1995 the only drug available for treating type 2 diabetes mellitus at that time to eleven classes of oral diabetes agents at present ranging from biguanides, thiazolidinediones, dipeptidyl peptidase-4 (DPP-4) inhibitors, meglitinides, glucagon like receptor agonists, an amylin analogue, bromocriptine, bile acid sequestrant, alpha glucosidase inhibitors & sodium-glucose cotransporter (SGLT2) inhibitors. Despite the availability of so many options it's a real challenge for the clinicians to choose the best amongst them in treating type 2 diabetes mellitus. Before choosing the drugs, it is important to know the recommendations of glycemic goals in adults. A reasonable glycosylated hemoglobin (A1C) goal in adult is <7%. However, all glycemic goals should be individualized & customized. Setting individual glycemic goals needs consideration of several factors like risk of hypoglycemia & other adverse effects of drugs, disease duration, age & life expectancy of patient's comorbidities, vascular complications & other individual patient considerations like patient's attitude resources & support system. Till today our approach towards

diabetes management is glucocentric. Lowering blood glucose levels in patients with diabetes mellitus is a too simplistic goal. The key component being how to achieve glycaemic control with minimal side effects. The factors considered are efficacy (A1C reduction), risk of hypoglycaemia, effect on weight & other adverse effects, cost, availability, comorbidities & frequency of administration. Patient's preference will improve the adherence & compliance to drugs. Therefore, a patient-centred approach is of paramount importance while choosing the pharmacological agents rather than establishing a universally accepted algorithm. The advantages and disadvantages of each class of agents help the practitioners to choose the best options.

Speaker Biography

Bijaya Mohanty completed post-graduation in general medicine from Sambalpur University. She is working as consultant & unit head in the department of medicine Tata Main Hospital, Jamshedpur, India. She had over twenty publications in various national & international journals; hundred presentations at various forums. She is a reviewer & editorial board member of several reputed journals.

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Accepted Abstracts

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Keeping up with technology for healthcare providers – A case study in solving the problem of information

Crystal Broj

American Association of Diabetes Educators, United States Minor Outlying Islands

Diabetes technology is advancing at a rapid pace. Each conference presents a new insulin pen, meter or CGM. How can a healthcare professional learn about the latest trends? The American Association of Diabetes Educators created a platform to assist healthcare providers work through the difficult task of keeping up with technology. They created a technology institute that contains product information, education and resources for the rapidly changing landscape. A “one-stop” shop for all things diabetes technology, it is called: DANA-Diabetes Advanced Network Access and was released in the US in August 2018. DANA is a resource to enable professionals working in partnership with persons with diabetes to have access to best in class information about diabetes technology. The goal is to empower collaborative decision making in the care and management of people with diabetes, leading to positive health outcomes.

DANA is a robust, always-current destination where members can participate in a variety of areas:

Products: Research and review the latest technology products, devices and mobile apps

Education: Access tech focused continuing education and device training

Innovation: Participate in innovation shaping research and learn the latest news

Resources: Search a repository of curated evidence-based research and information

App Review: Research a variety of Apps based on a solid set of guidelines

This case study keynote will discuss how the platform was created, and how it is impacting the work of Diabetes Educators.

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Understanding the right to health and food for the persons affected by type 2 diabetes

Marianella Herrera

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Type 2 diabetes is a chronic disease with an onset that can be prevented or delayed by implementing actions related to lifestyle. The rights to food and health are fundamentals human rights expressed on the international covenant on economic, social and cultural rights of the United Nations (ICESCR). Both rights advocate for people to live in optimal conditions, however gaps in opportunities to health care access, availability or access to healthy foods and adequate housing to live a life with dignity are obstacles for achieving the expression of these rights. This talk aims to discuss and bring to the table the fact that persons affected by diabetes type 2 have the right to enjoy the best quality of life possible, and what are the most influential factors for the achieving

of these rights. Social determinants of health and ethics and policies will be discussed, in a concise manner to introduce care givers, health care practitioners and community leaders related to health on what is important outside of health care system, and what is needed to be taken into account when addressing and taking care of type 2 diabetic patients. The elevated economic and psychological costs of suffering this disease, and the less costly prevention implying lifestyle changes, justify to make an effort to prevent the onset and complications of those at risk, by understanding the human rights of these patients and the policies to be implemented to achieve this goal.

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Advancements in health technology improving patient lives and outcomes in the real world

Becky Sarson

Twist Health, United Kingdom

The democratization of data and technology has led to health technology advancing at an unprecedented rate. From the new iWatch being able to diagnose atrial fibrillation (with FDA approval) and track a fall; alerting that person's wider care team, to artificial intelligence being more accurate than a doctor in diagnosing skin cancer. The accessibility of new technology has opened the public up to understanding and embracing alternative approaches to their health/disease awareness and care, as well as giving HCPs a new tool in which to treat their patients. But what does this mean for everyday diabetic patients, and what are the possibilities for embracing technology in to the wider diabetic patient's ecosystem? Becky Sarson has over 12 years experience working to

develop innovative health solutions to support patients and their HCPs with diagnosis, treatment, outpatient care and interventional support. These include technologies that have the potential to predict when an asthmatic may be at risk of an attack, mindfulness modules and CBT programmers for relapsing oncology patients and supporting pulmonary arterial hypertension patients to communicate and share data with their HCP on a more regular basis, revolutionizing outpatient care for PAH patients. Her work has been globally recognized, winning multiple awards for innovation, design and application to healthcare.

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Antidiabetic medicinal plants and the potential treatment of diabetes and its complications in developing countries: Case study of cameroon**Tsabang Nole**

Independent consultant, Cameroon

Diabetes is a serious, life-threatening, long-term, costly, and globally resurgent disease. Long considered a disease of the affluent countries, diabetes has become a global health problem. The number of victims is growing in Cameroon. Indeed, according to professor Mbanya J.C. epidemiological studies using standardized methods have demonstrated that at least 10% of the Cameroonian population has diabetes. About 90% of people with diabetes are type 2 (non-insulin dependent). Faced with this disease, Cameroonians use medicinal herbs, some of which have proven antihyperglycemic virtues. The objective of this work is to identify antihyperglycemic potential, suspected and confirmed medicinal plants, their efficacy both in treatment of the disease and its complications, their lower toxicity, their availability and the undesirable and secondary effects if any. To achieve this objective an ethno medical and ethno pharmacological survey was conducted in Cameroon for about 33 years, nearby 1131 interviewers from 58 tribes, in a random distribution in three main phytogeographic areas. Diabetic patients recorded among the 1,131 people who signed also the informed consent and allowed us to evaluate the effectiveness of some antihyperglycemic plants

that they usually used in self-medication. The results include 231 recorded plants belonging to xxx families, for a total of 208 detailed described recipes. For example: boil 300 g of stem bark of *Morinda lucida* benth in 3 liters of water for 15 mn. Drink 250 mn of the lukewarm decoction, 3 times daily for a week. Four forms of improved traditional medicine based on *Laportea ovalifolia* L. were prepared. Among plants recorded *Solanum melongena* L. and *Brassica oleracea* L. treated respectively hypertension and prevents nephropathy, induced-diabetes fibrosis, and cardio vascular complications. *Momordica charantia* L. is a plant based anti diabetic medicine, used cost efficiently worldwide to manage type 1 and type 2 diabetes. Food antihyperglycemic plants, with good therapeutic properties and low toxicity, helped diabetic patients for a considerable amount time without substantial side effect. Medicinal plants, in particular food plants may be a feasible option for many developing countries that have a high prevalence of diabetes and cannot afford conventional treatment.

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The reversal of type 2 diabetes - The role of the bile

Gerald H Tomkin

Beacon Consultant Clinic, Ireland

Type 2 diabetes is a complex disorder. A relative rather than an absolute lack of insulin allows blood sugar to rise above normal even though the patients secrete excess insulin. This is termed insulin resistance and is preceded by a hyperinsulinemia phase where blood sugars still remain normal. The hyperinsulinemia reflects good islet cell function even if not sufficient to control hyperglycaemia. At this stage in the disease there is an opportunity to reduce insulin resistance and to improve beta cell function and to control/reverse diabetes. Bile plays an important regulatory function in carbohydrate and fat metabolism and signals beta cell stimulation and insulin secretion. Abnormalities in bile have been well documented in obesity and type 2 diabetes, and alterations have been shown with weight reduction and following bariatric surgery. Reversal of diabetes has been shown to occur following lifestyle changes and weight reduction and the recent Direct study has shown

that many obese patients are able to follow a meaningful weight reduction program with 85% of patients who lose more than 15% of body weight being able to reverse their diabetes. Most dietary programs prior to this study, incurred large expenditure but the direct study showed the possibility of general practice being able to deliver a program with little in the way of cost implications. The research showed that about 25% of obese patients with type 2 diabetes were willing and able to complete a year's program, with many being successful in reversing their diabetes. Bariatric surgery has a similar impact on diabetes reversal. It is of course more successful in weight reduction in that more patients will lose more than 15% of body weight but at a cost of more complications and a greater financial cost. The role of pharmaceutical agents in preserving beta cell function, improving satiety and diminishing hunger will be discussed.

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Novel Pharmacotherapies for the Treatment of Obesity and Diabetes

Timo Müller

Institute for Diabetes and Obesity (IDO), Germany

Since almost a decade our group has now, together with lead international scientists, revolutionized the concept of polypharmacology by generating peptides which combine, through intermixed sequence hybridization, the beneficial effects of several key metabolic hormones into a single hormone entity. In line with this notion, we have shown that a molecule with balanced dual-agonism at the receptors for GLP-1 and glucagon synergistically corrects diet-induced obesity and glucose intolerance in a variety of rodent models (Day et al., Nat Chem Biol. 2009). A molecule with balanced dual-agonism at the receptors for GLP-1 and GIP was further developed and demonstrated to substantially correct glucose metabolism in a variety of species, including obese and diabetic rodents, non-human primates and humans (Finan et al., Sci Transl Med 2013). Notably, the GLP-1/GIP dual-agonist improved glucose handling with greater metabolic efficacy and with an unmet level of safety relative to best-in-class available FDA/EMA approved drugs for T2D (Finan et al., Sci Transl Med 2013). A single highly potent PK-optimized molecule with balanced triple agonism at the receptors for GLP-1, GIP and glucagon were further shown to correct obesity and glucose intolerance,

to reverse insulin resistance and to improve lipid and cholesterol metabolism. The beneficial metabolic effects of this triple agonist were demonstrated in various mouse models of diet and genetically induced obesity (Finan et al., Nat Med 2015) and was shown to translate from obese rodents to non-human primates (Tschöp et al., Cell Metab 2016). Expanding the concept of polypharmacology, we recently reported GLP-1 mediated delivery of the nuclear hormone estrogen to selected tissues relevant in systemic energy metabolism control (Finan et al., Nat Med 2012). The tissue-specific delivery of estrogen thereby maximized its beneficial effects on metabolism and minimized its oncogenic potential in GLP-1R negative tissues, such as the uterus and the breast tissue. Building up on these findings, we recently report targeted delivery of dexamethasone via GLP 1 as the peptide carrier to improve hypothalamic inflammation (Quarta et al., Cell Metab 2017). In summary, our data emphasize the therapeutic utility of several novel unimolecular polypharmacotherapies for the treatment of obesity, type 2 diabetes and cardiovascular disease.

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Notes:

The untold problems of traveling with diabetes - New solutions

Diegel Uwe

LifeinA, France

In August 2003, an exceptional heat wave affected Europe, causing 70,000 deaths, including more than 19,000 in France. This year, in 2018, the first abnormal weather came in mid-May. A heat peak was observed, with more than half of France affected by temperatures of 30°C or more and high humidity. This heat wave is already problematic for 750 000 diabetics in France who have to travel with their insulin.

Hot weather and the insidious problem of insulin : About 750,000 diabetics in France use injected insulin. If insulin is exposed to extreme temperatures, it is damaged and very quickly loses its effectiveness. This is a major concern for diabetics during the summer. One of the problems with insulin is that when it is exposed to high heat, it does not show any outside changes but simply becomes less effective, which means that during periods of extreme heat, a diabetic can often inject himself with damaged insulin without knowing it, which radically affects his treatment.

New technologies are appearing for the safe transport of medication : There are over 2.5 million people in France suffering from diseases that prevent them from traveling, because the medication they use must be kept cool. These people are effectively trapped by their diseases. These medications include drugs for chronic diseases such as diabetes, arthritis or multiple sclerosis. This sensitivity to heat also affects growth hormones, adrenaline and anti-venoms. Sensitive medications are divided into two categories: those that must be kept cool (below 25°C) and those that must be kept cold (between 2° C and 8° C). Diegel Uwe, CEO of LifeinA, a French start-up that is developing new solutions


that will allow people to travel anywhere, anytime, knowing that their medication is kept at exactly the right temperature, will present current and future evolutions in this field.

The definite guide to traveling with diabetes: The secret of an enjoyable travel experience for a person with diabetes is in the way in which it is prepared and taking just a couple of precautions before departure can make all the difference. Insulin is sensitive to heat and should ideally be kept in a refrigerator with a temperature between 2°C and 8°C. People with diabetes are much more sensitive to certain events or changes of routine which might affect their metabolism or their lifestyle.

Today, the diabetic who is in control of his disease can travel almost anywhere. It is necessary before leaving:

- To ensure that his diabetes is well controlled.
- To get information about the availability of local diabetic care. The best way to do this is to get in touch with the local diabetes association. Almost without exception, every country in the world has an association dedicated to diabetes information. Simply go on the net, and type the name of the country, together with "diabetes association", and you will quickly get all the info you need. Alternatively, phone your local association and they will most certainly give you the contacts you need.
- Try not to travel alone in countries with extreme temperatures where you do not speak the local language.

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 Notes:

Recent developments in the kallikrein-kinin system with hypertension and diabetes

J N Sharma

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Diabetes has been implicated as a major risk factor in the development of cardiovascular and renal complications. Previous studies have indicated altered activities of the bradykinin forming components in diabetic patients as well as diabetic experimental animals. Type 2 diabetes can lead to hypertension, renal and cardiac complications resulting in high rates of mortality worldwide and in Kuwait as well. Bradykinin (BK), a pharmacologically active polypeptide, is one of kinins which is released in the tissues and body fluids as a result of enzymatic action of kallikreins on kininogens. The two types of kallikreins are tissue kallikrein and plasma kallikrein. Tissue kallikrein is mainly expressed in the kidney (urine), glandular tissue, vasculature, heart and brain. It preferentially acts on low molecular weight kininogen substrate to release lysyl-BK. Tissue kallikrein has also been reported to be present in plasma. Plasma kallikrein acts on high molecular weight kininogen substrate to release BK. BK promotes both cardiovascular and renal functions, for example, vasodilation, and diuresis (7,8). BK is rapidly (< 15 sec) inactivated by circulating kinases (9). BK acts on B1 receptors and B2 receptors to elicit physiological and pharmacological actions. It has been shown previously

that type-1 diabetic patients are at a risk of developing nephropathy. In addition, BK has been implicated in the pathophysiology of hypertension. In this regard, it is suggested that the role of renal BK is to excrete the excess of sodium. Therefore, a reduction in the generation of renal BK may be the cause in the development of hypertension as a result of the accumulation of sodium in the body. Thus, the development of a compound having renal kallikrein like activity may serve the purpose of excreting excessive sodium from the kidney in the treatment of hypertension. Transgenic mice over expressing renal tissue kallikrein were hypotensive and that administration of aprotinin, a tissue kallikrein inhibitor, restored the BP of the transgenic mice. Recently, it has been proposed that tissue kallikrein gene delivery into various hypertensive models exhibits protection, such as reduction in high blood pressure, attenuation of cardiac hypertrophy, inhibition of renal damage and stenosis. This may indicate the future therapeutics aspect of tissue kallikrein gene therapy for hypertension, cardiovascular and renal pathology. Abnormal BK and nitric oxide levels have been demonstrated in diabetic patients in our study.

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Novel health mobile technology as an emerging strategy in diabetes management

Satish Kumar David

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Diabetes is a chronic disease that needs patient awareness, education, and self-management of the disease by patients. Mobile revolution and the availability of IT technologies can serve as a connecting bridge in health care system to facilitate the treatment of lifestyles diseases such as diabetes. However, the effectiveness of these techniques needs to be assessed rigorously. Therefore, the authors have systematically reviewed the recent clinical studies using Mobile Health applications for diabetes management.

Original articles that were published in ISI indexed journals from PubMed database from 2007 to 2014 were collected using search specific key phrases. Selected papers were classified into 'mobile applications for diabetes management' which included applications related to diabetes management, 'mobile applications for patient education' which included all the articles where smart phone was used as a tool for health education and 'mobile applications for patient

behavior modifications' which included studies that looked into mobile applications which would affect and contribute to behavior changes.

Mobile health interventions resulted in significant clinical improvement in most of the studies. Educational SMS produced significant results but was inferior to the apps or teleconsultations which are more engaging with patients. It seems phone calls are less preferred, as there were only two studies where phone calls were used as intervention. Most of Smartphone apps were evaluated for patient management and education. Implementing reliable mobile health platform in real-life setups may be a challenging task and would require adequate infrastructure. Cost benefit and cost-effectiveness analysis are essential before implementation of such systems.

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Notes:

Sick day management

Eugenia Vlachou

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Introduction: Diabetes self-management contributes not only to a better glycemic control but also to avoiding the immediate or chronic complications, as well. Nevertheless, some infections or generally sick days may lead either to hypoglycaemia or hyperglycaemia. A plan, well organized by the health care diabetes team is introduced to help the individual with diabetes to overcome acute complications.

Method: The databases PubMed and Google Scholar were searched to access relevant articles. The keywords were “diabetes”, “sick days”, “self-management” “diabetes care team”, “acute complications”.

Results: Stressful events such as illness, trauma and surgery worsen glycemic control. Intercurrent illness can cause a rise or fall in blood glucose levels. On one hand, fever is associated with high blood glucose levels and can result in increased production of ketones causing diabetes ketoacidosis. On the other hand, vomiting and diarrhea are associated with lowering

of the blood glucose levels and may cause hypoglycaemia. The diabetes care team should provide guidelines on managing diabetes during intercurrent illness in order to prevent complications such as ketoacidosis, dehydration, hyperglycaemia or hypoglycaemia. Some of the management plan are: frequent monitoring of the blood glucose and blood or urine ketone levels, avoidance of stopping insulin, maintenance of adequate fluid and electrolytes, treatment of the intercurrent illness and guidance to patients and family members regarding insulin dose adjustment.

Conclusion: For avoiding sick days complications, healthcare professionals should advise the patients and family members to keep a sick day notebook that includes management plan for sick days, contacts of the diabetes care team for emergency consultation, medicines that can be used and meal plans according to the patient’s requirements.

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Notes:

The investigation of changes some blood profiles with oral green tea extract intake in type 2 diabetic rats

Maryam Azhdari

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Background: Diabetic mellitus (DM) is a chronic disease characterized by high glucose levels, lipoprotein abnormalities and altered intermediary metabolism of major food substrates. In this study, we have investigated effects of green tea extract (GTE) on some blood profiles like: Serum glucose, hemoglobin A1C (HbA1C), triglyceride (TG), low density cholesterol (LDL-C), high density cholesterol (HDL-C) and total cholesterol (TC) in type 2 diabetic rats.

Methods: Type 2 diabetes was induced by 10% fructose administration to male Wistar rats (120-140g) for 8 weeks. Forth animals divided into two groups (n=20): diabetic group without green tea extract (GTE) and diabetic group with

100mg/kg body weight GTE for eight weeks. Some blood profiles like: Serum glucose, HbA1C, TG, LDL-C, HDL-C and TC were measured before the experiment and by the end of period (8 weeks) in all groups.

Results: This study showed significant beneficial effects of green tea extract in decrease the levels of TG, LDL-C and TC and increase HDL-C in compared with those of diabetic rats without GTE, but we did not find significant changes in Serum glucose, hemoglobin A1C between two groups.

Conclusion: The results of this study showed beneficial effects of green tea extract on lipid profiles of diabetes rats.

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Maternal adiponectin concentration and food intake in gestational diabetic women: A case control study

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Background: Gestational diabetes mellitus (GDM) is an impaired fasting glucose condition during pregnancy. Adiponectin is a polypeptide hormone that is extensively released by adipocytes which regulate energy homeostasis and carbohydrate and lipid metabolism. In addition, adiponectin has antidiabetic and anti-inflammatory properties. The aim of our research was to study about the relationship of adiponectin levels to GDM and glucose intolerance.

Methods: We selected 25 GDM women and 35 healthy pregnant subjects (18–46 years) who were screened between 24 and 28 weeks of gestation based on the result of oral glucose tolerance test (OGTT). We designed case-control study and measured the concentration of serum adiponectin and compared between the groups. Serum adiponectin concentration was detected

using enzyme linked immunosorbent assay (ELISA). Dietary information was collected by Food Frequency Questionnaire.

Results: Serum adiponectin concentration was significantly lower in the subjects with GDM (5.10 ± 2.15 ng/mL vs. 7.86 ± 3.52 ng/mL, $p = 0.001$) than healthy pregnant subjects. The mean concentration of fasting blood glucose was considerably lower in control subjects (86.9 ± 9.0 mg/dL vs. 175.9 ± 20.1 mg/dL, $p < 0.001$) in comparison to GDM subjects. Dietary intake of foods from milk, cereals and vegetables groups at GDM mothers were significantly lower than healthy group ($p < 0.05$).

Conclusion: Our findings showed that serum concentration of adiponectin was significantly lower in gestational diabetic women and this may help to predict the risk of GDM.

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Recent updates on glucokinase activators and glucokinase regulatory protein disrupters for the treatment of type 2 diabetes mellitus

Aditi Kaushik

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The impairment of glucose metabolism leads to hyperglycemia and type 2 diabetes mellitus. Glucokinase enzyme is the key regulator of glucose homeostasis that catalyzes the conversion of glucose to glucose-6-phosphate in liver and pancreatic cells. In hepatocytes, GK controls the glucose uptake and glycogen synthesis. The action of liver GK is controlled by glucokinase regulatory protein (GKRP) partially. In fasting conditions, the GKRP binds with GK and inactivate it from carbohydrate metabolism and serve as

new target for treatment of diabetes mellitus. However, the GK activators as potential antidiabetic agents but results in increased risks of hypoglycemia. The allosteric inhibitors of the GK-GKRP interaction are coming as alternative agents that can mitigate the risk associated with GK activators. This review discusses the recent advances and current status of potential molecules targeted to GK activators and GK-GKRP disrupters

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Pediatric vegetarian diets are healthful, nutritionally adequate, and may provide health benefits in the prevention of obesity

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Pediatric Vegetarian Diets:

Well-planned vegetarian diets are appropriate for individuals during all stages of the lifecycle, including pregnancy, lactation, infancy, childhood, and adolescence.

Vegetarian Diets in Perspective: According to a nationwide poll in 2016, approximately 3.3% of American adults are vegetarian or vegan and about 46% of vegetarians are vegan. Plant-based diets are becoming well accepted. The American Institute for Cancer Research encourages a plant-based diet. The 2015-2020 dietary Guidelines for Americans recommend a vegetarian approach for the National School Lunch Program. A vegetarian is a person who consumes all plant foods, does not eat animal foods, including fowl or seafood, or products containing animal foods. The eating patterns of vegetarians may vary considerably. There are basically three types of vegetarian diets. 1. The lacto-ovo-vegetarian eating pattern, the most common type is based on grains, vegetables, fruits, legumes, nuts, seeds, dairy products, and

eggs. 2. Lacto-vegetarian Diet includes milk with plant foods but excludes any other foods from animals such as eggs. 3. Total Vegetarian or Plant based Diet is made of grains, fruits, vegetables, legumes, nuts, seeds, excludes the use of all animal products. Vegan means no animal products excluding the wearing of leather products. Pediatric Vegetarian Diets: There are many reasons for the rising interest in vegetarian diets. Health, economic, ecological, ethical or religious reasons are at the top five. Scientific research continues to document the health advantages of the vegetarian diet with lower risk of heart related diseases, obesity, and cancer. Many are starting their children on a vegetarian lifestyle for the major reason to maintain good health and to prevent diet related diseases. The number of vegetarians in the United States and Canada is expected to increase during the next decade. Food and nutrition professionals can assist vegetarian clients by providing current, accurate information to parents about vegetarian nutrition, diet and resources.

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Dietary assessment and education improve body composition and diet in NCAA female volleyball players**Rachel Telschow**

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Intercollegiate volleyball is a powerful sport that consists of two to three-hour matches; therefore, optimal physical condition is critical for top performance. This study assessed nutrition and anthropometric parameters at the start and conclusion of both the spring 2009 (no intervention) and spring 2010 (intervention) off-seasons as well as additional measurements four months after the intervention. The subjects' body composition, total energy, carbohydrate and protein needs were calculated and intakes were assessed. The intervention consisted of monthly individual nutrition counseling sessions based on analysis of intake from three-day food records. Food records were analyzed using Nutrient Data Systems for Research software verified by interview. Dependent T-tests were conducted on

anthropometric and dietary measurements. The results revealed that during the 2009 off-season, there were no significant change in any parameters and 89% of subjects were not within recommended anthropometric and dietary guidelines. During 2010, body composition significantly decreased to optimal levels for the sport. In addition, energy and macronutrient intake significantly improved toward recommended guidelines. Four months later, the subjects' intakes and body composition were assessed and results were compared to the spring 2010 results with no significant changes. These results indicate the providing nutrition assessment and intervention plays a critical role in physical conditioning of athletes.

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Behavioral and brain mechanisms underlying sleep disruption-induced obesity**Jennifer A Teske**

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Obesity and inadequate sleep are public health problems that increase risk for chronic disease. Inadequate sleep has emerged as a key contributor to obesity. Thus, obesity interventions aimed at improving sleep in parallel to reducing calorie intake and or increasing energy expenditure (EE) may be more effective at mitigating obesity than interventions that do not address sleep loss. Understanding brain mechanisms that promote positive energy balance through modulation of sleep, energy intake and expenditure may also lead to novel targets for obesity interventions. We developed a rodent model of sleep disruption-induced obesity in male and female rats that is ideal for testing obesity treatments and identifying brain mechanisms underlying sleep disruption induced weight gain. In this model, we show that exposure to pre-recorded environmental noise causes weight gain and hyperphagia in noise-exposed rats relative to rats that slept undisturbed independent of sex and weight gain was exacerbated among rats when sleep disruption was combined with access to

a palatable cafeteria-style diet. Moreover, weight gain in response to sleep disruption alone was paralleled by reductions in physical activity and EE. Next, we investigated whether low brain orexin signaling in the ventrolateral preoptic area (VLPO), a known sleep center in the brain, contributed to weight gain due to inadequate sleep by reducing total EE and physical activity since elevated orexin signaling promotes negative energy balance. In contrast to the response to orexin infusion in the VLPO before sleep disruption, orexin in the VLPO was ineffective after chronic sleep disruption. These data suggest that sleep loss may reduce orexin signaling in the VLPO to in turn stimulate weight gain in response to sleep disruption by reducing physical activity and the rate of energy expended during physical activity. These data have implications for reversing treating individuals who are have obesity and are sleep deprived.

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Breadfruit (buah sukun) as nutraceutical

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Breadfruit has potential for food and nutrition security and sustainable production in the tropics especially in Caribbean and Asian countries but it is under-utilized and commercial production is limited. It is rich source of nutrients and used as replacement for wheat and possess medicinal properties hence it has potential to be sold as nutraceutical.

Over 130 phyto-compounds especially flavonoides and polyphenols are identified in various parts of breadfruit plant. Nutritional compositions include protein, carbohydrate, fat,

calcium, phosphorus, K, iron, niacin, thiamine and vitamin C. Keeping above information in consideration nutraceutical product of soft gel capsules for breadfruit powder extract can be prepared and characterize for its marker compounds and antioxidant potential. It can be used as main source of antioxidant and will have application in treatment of oxidative stress caused by diabetes, inflammation, cancer and many such diseases. It can also be replacement for wheat flour, Gluten free, GMO free without trans-fat.

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Nutritional intervention and therapeutic effects of chlorophyll intake in diabetes mellitus, hypertension, hypercholesterolemia and obesity

Alka Pareek

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Life style diseases are a major cause of severe morbidity and mortality today and are posing a challenge to the healthcare professionals in both developing and developed nations. A prospective study was conducted over a period of six months on 50 volunteers suffering from diabetes mellitus type-2, insulin dependent diabetes, hypercholesterolemia, obesity and sustained hypertension and 50 healthy individuals as controls. The results have revealed a significant reduction in blood glucose, blood cholesterol, blood pressure and body weight with twice daily intake of green smoothie on an empty stomach followed by a protein rich breakfast comprising of sprouted pulses. In addition, a vegan diet has been found to be effective in lowering the biochemical parameters in all these volunteers. Interestingly, a sizeable number of sufferers even gave up insulin and were put on oral medicines. Green Smoothy is a blended drink consisting of leafy greens and water where blending is done a bit too vigorously so as to break the leaf's

cell wall to bring out the chlorophyll. Data were collected at baseline and post-intervention and included anthropometric and physiologic measures along with a nutrition survey. Waist circumference and waist-to-hip ratio was specifically studied in obese volunteers. Thus, results of the present study amply provide an interim support indicating consumption of green smoothie as a possible primary prevention strategy for chronic conditions as listed vide supra. This home-made smoothy formulation coupled with a discontinued use of tea, coffee, milk and milk products has shown to help reduce the health risks or even reverse the effects of chronic conditions. The author proposes a more elaborate study on a larger sample spread over at least a couple of years to demonstrate and establish a significant correlation between green smoothie and its ameliorating effects in these chronic conditions.

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Nutrition and food science research: the pendent question of extension

PN Kalla

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The present Note would strive to answer the question that how the advances in Nutrition and Food Research would be ultimately silhouetted to address health issues of inhabitants of third world countries?

It will review that:

Food Science and Technology is a stirring multidisciplinary field that encompasses complete knowledge of the biological, physical and engineering sciences which are used to develop new-fangled food products, design advanced processing technologies, improve the quality of food, increase its nutritive value and safeguard the wholesomeness of food supply.

Food scientists carry out various processes which include the development of new food products, choice of packaging materials, half -life and shelf life studies, sensory evaluation of products & microbiological testing.

A gross mismatch is visible between the advances in Food and nutrition research and the rate of health parameter

improvisations in inhabitants of third world countries. Base line surveys clearly speak of prevalence of child mortality, anaemia, distorted BMI, poor reproductive health and neglect of health in elderly persons, specially in third world countries.

What is the problem? And what are the solutions?

The Problem: Governments provide medication, but there is neither proper food nor awareness about nutrition. Even hygienic drinking water and sanitary toilettes are lacking, what to say of food and nutrition?

The Solution: Surveys for Interventions, not only in terms of medical supplements but for improving food habits and enhancing awareness about nutrition would prove the maze runners. A proactive Extension program and identification of proper hotspots in health policy of third world countries would stop beating about the bush and would be able to harness the fruits of researches in Science and Technology of Food and Nutrition.

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Integrative review concerning a professional stigma on people living with Mental Health problems: Systematic Literature

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Approximately while one in four people living with mental health problems suffer from one or more such disorders during their lifetime (WHO, 2001). Around the world, individuals with mental health problems are increasingly experiencing stigma. Fundamentally, this can be created through attitudes demonstrated by mental health professionals and society toward people with mental health problems (Alonso et al., 2009; Thornicroft et al., 2009). Over the past decade government policies and funding has been aimed at improving access to mental health care; however, barriers to accessing care remain with reducing a stigma in anti-stigma camping. This paper aims to review the literature on the exist and potential impact of mental health

professional stigma on people with mental health problems.

A review of research published on the database was conducted and studies were assessed for eligibility based on (HCPRDU) criteria. 8 quantitative, qualitative and mix-method studies were identified in the review. None used experimental methodologies. reported statistically significantly effects of professional stigma on people with mental health problems. Due to the methodologies used in the studies, limited conclusions can be drawn. Further experimental research is needed to investigate the exist and potential impact if mental health professional stigma on people with mental health problems.

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Periodontal muscle training can strength the periodontal support feet your teeth

Nima Sabzchamanara

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Previous research on periodontal structure and function has shown a significant relationship between periodontal tissue and teeth. This study assessed dentist's beliefs about the relative efficacy of the health of periodontal tissue. A total of 505 patients in general practice were asked to respond to a list of 25 obligatory nourishment for a child while going to have the first teeth, for its effectiveness in dealing with patient's periodontal health especially include chewing hard food. They were also asked to select the three most effective nutrition for periodontal tissue. The indices of patient perceived

importance of the periodontal health were derived and each compared with actual effectiveness as determined from a sample of 250 patients. Although the majority of patient's rated 18 of 25 nutrition as being very effective, there was no significant association between patient perceived nourishment effectiveness and actual effectiveness. The implications for patient training are discussed. This study supported by only me and my supervisor Alla grigorivna demitrova.

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