

CRUSADE

Against Diabetes



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December 2009

The Launch of DIASTEP™

ABOUT DIASTEP™

DIASTEP™ has been uniquely designed for people with diabetes to prevent foot ulcers and other undesirable foot problems. This footwear has been designed after two years of collaborative research efforts of Central Leather Research Institute, Chennai and MV Hospital for Diabetes and Diabetes Research Centre, Royapuram, Chennai.

Special design features of the footwear are as under:

- PU sole with extra depth for more effective pressure distribution
- The extra depth sole has a special tread for better grip and traction
- Specially designed insole bed and foam layer for added comfort
- Rigid counter to ensure limited joint mobility
- Specially designed with upper leather lining for comfortable wear
- Adjustable Velcro fasteners to take care of fluctuations in foot volume



The price starts with 1350/- onwards.
For purchase order, kindly contact: 044-25954913-15
E-mail appointments@mvdiaabetes.com.

Apart from these features, a specially derived angle of slant has been provided in the sole to give the "rocker" effect which is used to offload pressure from plantar surface of the feet.

It is highly recommended for those patients with neuropathy and high risk foot to use DIASTEP and prevent foot complications.



From left to right : Dr. A.B.Mandal, Director, CLRI, Dr. T.Ramasami, Secretary to the Government of India, Department of Science & Technology, Dr. Vijay Viswanathan, Managing Director, M.V. Hospital for Diabetes & Diabetes Research Centre, Royapuram and Mr. Gopinathan, CEO, Diabetes Research Centre.

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Dr. Vijay Viswanathan

Managing Director
M.V. Hospital for Diabetes

Dear esteemed reader,

*At the outset let me wish you, health and happiness
in the year 2010.*

*My colleagues from different departments have contributed
interesting articles from diet to genes in diabetes.*

*Our research team has been working hard to do several
projects from basic epidemiology to hard core molecular biology.
They have been performing exceptionally well in national
conferences.*

*I hope you will find the articles useful. Please do write to
me with your comments and suggestions.*

Please send your comments to me at

drvijay@mvdibabetes.com

Dr. Vijay Viswanathan,
MD, Ph.D., MNAMS, FRCP (London)
Managing Director
MV Hospital for Diabetes

Socio Economic impact of diabetes



From the left Dr. Roglic Gojka, Responsible Officer, WHO, Geneva, Dr. S.N. Narasingan, Dean, DRC, Mr. Andrew T. Simkin, Dr. Vijay Viswanathan & Dr. T.N. Ravishankar, Hony. Sec. IMA TNSC during the meet.

The WHO Collaborating Centre for Diabetes Royapuram had organized a seminar on “Economics of diabetes” on September 12, 2009, to plan strategies to combat diabetes cost through an integrated approach.

The global diabetes epidemic is resulting in spiraling healthcare cost. Despite the fact that low and middle income countries will bear the brunt of the forecast explosion, they account for less than 15% of global diabetes spending, which makes the situation very alarming.

The economic costs of diabetes will go beyond the costs that the countries will need to invest in diagnosis, care and prevention.

Diabetes affects all people in society, not just those who live with diabetes. Due to the fact that the huge morbidity and mortality related to diabetes, fact that diabetes is a chronic disease and requires lifelong continuous treatment, the health care systems of the developing countries are facing a challenge and enormous cost burden from this epidemic.

Mr. Andrew T. Simkin, US Consulate General, Chennai. launched the programme on “Sensitizing Medical Professionals on the Socio Economics of Health Care and Diabetes” and released the manual on “Socio Economics in Diabetes Care.” Dr. Gojka Roglic, Responsible Officer, WHO Diabetes Programme, Geneva, spoke on various aspects of economic issues due to diabetes.

A panel discussion was organized to plan and discuss the strategies to combat economic burden of NCD'S (Non communicable Diseases) including diabetes mellitus.

Stakeholders from various organizations like Pharma industry, Insurance sector, Public health institutes and economists took part in the forum and gave suggestions for easy payment options for management of Diabetes mellitus and various insurance policies in India.

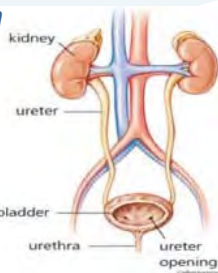
Urinary Tract Infection & Diabetes mellitus – Stay on Track

Urinary tract infection (UTI) has long been recognized as a significant problem in patients with diabetes mellitus (DM) that occurs both in males and females of all age groups. The urinary tract consists of the urethra, the bladder, the ureters, the kidneys and in men the prostate gland. An infection in any of these areas is called a urinary tract infection. Patients with Diabetes acquire urinary tract infections (UTIs) very often because hyperglycemia (high blood sugar) results in increase sugar in the urine and becomes a friendly environment for the bacterial cultures to grow. Age, poor metabolic control, duration of DM, defects in neutrophil function, frequent hospitalization, recurrent Vaginitis, vascular complications may play a major role in the

higher incidence of UTI in diabetic patients. The study conducted by M.V. Hospital for Diabetes and Diabetes Research Centre showed that the prevalence of UTI was high among females compared to males because the female urethra is shorter than the male urethra which allows bacteria to get into the bladder more easily. The severity of urinary tract infections varies from causing no symptoms to severe life-threatening illness. Milder infections called Cystitis tend to be restricted to the bladder which can be aggravated if the bladder does not empty completely, while more severe infections tend to spread to the kidney(s) called as Pyelonephritis. UTI in diabetic patients is not only more severe but also is more recurrent when compared to non-diabetic patients.

Find out the Symptoms of Bladder Infection

- Cloudy urine
- Foul or strong urine odour
- Pain or burning with urination
- Itching during urination
- Frequent or urgent need to urinate
- Pressure in the lower pelvis.
- Pus discharged from the urethra or blended with the urine.
- Painful sexual intercourse
- Low fever (not everyone will have a fever)
- Frequent need to urinate at night



Understand these symptoms if the infection is extended to the kidneys

- Chills and shaking
- Fatigue
- Fever above 102°F, which lasts for more than 2 days
- Flank (side) pain
- Nausea and vomiting
- Severe abdominal pain.
- Flushed, warm or reddened skin
- General ill feeling
- Mental changes or confusion

RECURRENT UTI - BE CAUTIOUS!!!!

Some people have urinary tract infections occurring more than three times in a year. Such infections are called as recurrent UTIs. If you have recurrent UTI, you may need antibiotics for a long period of time, perhaps as long as 6 months to 2 years or stronger antibiotics may be prescribed. Dipsticks that change colour when an infection is present are now available even without prescription. The strips detect nitrite, which is formed when

bacteria change nitrate in the urine to nitrite. The tests can detect about 90 percent of UTIs when used in the first morning urine specimen and may be useful to identify recurrent infections. (Urinary tract infection is treated with antibiotics for 5-7 days to get rid of the infection)

PREVENTION IS THE ONLY WAY TO GO

Tip 1: Control of high blood pressure and diabetes

Management of diabetes and high blood pressure is an essential requirement to prevent the kidneys from contracting an infection, since a damaged kidney, as a result of high blood sugar and/or high blood pressure, is always prone to get urinary tract infection.

Tip 2: Lifestyle changes may help prevent UTIs

- Drink plenty of water everyday.
- Do not drink fluids that irritate the bladder, such as alcohol and caffeine.
- Genital area must be kept clean
- Urinate before and after sexual activity.
- Urinate when you feel the need; don't resist the urge to urinate.
- Take showers instead of tub baths.

Archana & Priyanka

Department of Prevention of Kidney Diseases

Abdominal Obesity and Yoga

Abdominal Obesity is one of the top 10 global health problems as per the recent surveys conducted by World Health Organization. Obesity is a problem not only in developed, but also in developing countries.

* A Waist circumference of over 90 cms in men and over 80 cms in women is considered as overweight and/or obesity.



HEALTH PROBLEMS IN OBESE PERSONS

- Type 2 Diabetes (insulin resistance)
- Rise in Blood pressure
- Stroke
- Sleep Apnea
- Heart Disease
- Gall bladder stones
- Fatty Liver
- Breathlessness
- Large Bowel cancers
- Infertility
- Osteoarthritis

YOGA: Yoga has an important role in reducing the waist circumference. Yoga techniques are employed in a balanced way to deal with body-mind complex. Yoga postures such as Uttanapadasana, Naukasana, Vipreetkarniasana,

Pawanmuktasana, Bhujangasana, Dhanurasana, Shalabasana, Trikonasana and Surya-Namaskar help to reduce waist circumference. Yoga decreases stress, improves flexibility and increases muscle tone and strength. Regular practice of Yoga and controlled life style reduces obesity. Yoga makes human being

agile, efficient and slim. Yoga is suitable for people in any age group. Yoga helps achieve control over mind and behavior (one can easily control food habits and change life style to reduce the obesity). The effect of yoga on obesity is permanent in nature compared to other techniques for obesity reduction.



Miss. Manjula, BPT,
Physiotherapist

GOLDEN WORDS: "THE LONGER THE WAISTLINE THE SHORTER THE LIFELINE"

Healthy cooking oil for our family

With so many varieties and brands flooding the market today, buying the right cooking oil can prove out to be a tough task. As you enter a departmental store, you behold an array of cooking oils sporting all types of jargon on the packaging -- saturated fats, unsaturated fats, refined, filtered, ricebran oil, vanaspati etc... The best cooking practice is to try and cut down on the volume of cooking oil you use.

Different types of fats

Unsaturated fats : These are considered good for health as they do not increase the levels of bad cholesterol.

- Monounsaturated Fatty Acid (MUFA): This refers to a healthy fatty acid, which lowers the levels of bad cholesterol and triglycerides without lowering good cholesterol levels.
- Polyunsaturated Fatty Acid (PUFA): This lowers the levels of good and bad cholesterol. This is not beneficial as lower levels of good cholesterol increase the risk of developing heart disease.

Saturated fats : When consumed in excess, it increases the level of both total as well as bad cholesterol in the blood, thereby

allowing fat to be deposited on the walls of the blood vessels. This promotes the formation of blood clots and heart disease.

The Bad Fats	
Saturated Fats	Saturated fats raise total blood cholesterol as well as LDL cholesterol (the bad cholesterol).
Trans Fats	Trans fats raise LDL cholesterol (the bad cholesterol) and lower HDL cholesterol (the good cholesterol).
The Good Fats	
Monounsaturated Fats	Monounsaturated fats lower total cholesterol and LDL cholesterol (the bad cholesterol) and increase the HDL cholesterol (the good cholesterol).
Polyunsaturated Fats	Polyunsaturated fats also lower total cholesterol and LDL cholesterol. Omega 3 fatty acids belong to this group.

Therefore, based on the above classification, the "ideal" cooking oil should contain equal amount of monounsaturated, polyunsaturated fats, saturated fats and no trans fats.

Cholesterol : It's a soft substance found among the fats in the bloodstream and the body cells. Cholesterol is essential for the body's functioning, and there are two basic types; low-density lipoprotein or 'bad' cholesterol and high-density lipoprotein or 'good' cholesterol. Elevated levels of blood cholesterol are an important risk factor for the development of cardiovascular disease.

Oil does not contain cholesterol but helps to promote its formation in the body. Most cholesterol is not of a dietary nature (ie) it is formed within the body. It is only found in foods from animal sources such as meat, poultry, shellfish, eggs, dairy products, lard and butter.

Refined Oil : This type of oil has been purified with chemicals to remove any suspended particles, toxic substances, flavour components, colour and odour, thereby leaving behind clear and bland oil.

Filtered Oil : Obtained by the traditional cold pressing method, this is filtered once or twice to remove suspended particles.

In order to derive maximum benefits from oil, it is beneficial to consume a mix of oils to maintain a balance between the three fatty acids. As using a combination of two oils may not be a practical thing to do, today a number of blended oils are available in the market. For instance, blends of rice bran and sunflower oils are the best buys and are suitable even for frying. You could also have two or more different kinds of oils in your kitchen that you could use for different purposes. For example, you could use olive oil for salads, groundnut oil for frying and soyabean oil for other cooking purposes. This will let you take advantage of the health benefits offered by each oil.

Healthy cooking oils

Groundnut Oil / Peanut Oil : These are the most commonly consumed oils in India, particularly in the rural areas. They contain heart-friendly MUFA that lower the levels of bad cholesterol in our body without lowering the levels of good cholesterol. In the market, it is available in refined form as well as unfiltered form. Although the filtered oils are nutritionally superior, they often contain toxic compounds or adulterants. Hence, it is better to buy refined groundnut oils of reputed brands. This oil is suitable for all types of cooking -- frying, grilling, seasoning (bagar), etc.

Sesame (Gingelly) Oil : This cold pressed oil obtained from sesame seeds has been traditionally used in South India and countries such as China and Japan. It is favoured for its antioxidant and antidepressant properties. Claims have been made that it helps control blood pressure owing to the presence of high levels of polyunsaturated fats. It has highest concentrations of Omega-6 fatty acids plus Omega-9. Sesame oil is a good source of Vitamin-E. It also contains magnesium, copper, calcium, iron and vitamin B6. It has a very long shelf life, hardly ever turns rancid because of its high boiling point. Great for stir-frying. In Chinese cuisine, it is often used as a flavour enhancer.

Olive Oil : Although more expensive than other oils, olive oil has many health benefits. It has mono-unsaturated fat and is the preferred cooking oil in Mediterranean countries. Olive oil is thought to offer a number of other health benefits, including reduced risk of some cancers (such as breast cancer), reduced risk of diabetes and, possibly, a delayed onset of complications in established diabetes. It also contains many antioxidant phytochemicals that have many health benefits. Studies have found that consumption of olive oil can lower the risk of coronary heart disease by reducing blood cholesterol levels and blood clot formation. Research has also found that olive oil may influence body fat distribution, with less fat stored around the stomach.

Soyabean Oil : Relatively new oil in India, soyabean oil contains PUFA, particularly linoleic acid and alpha-linolenic acid (ALA) in the right balance, which are essential for human health. Soyabean oil is suitable for all types of cooking methods except frying; PUFA gets oxidised at frying temperatures to form toxic compounds.

Mustard Oil : This oil is traditionally used in West Bengal and is prized for its characteristic flavour (pungent and sharp). It is generally available as filtered oil; refined mustard oils are sold as vegetable oil. Mustard oil has a higher proportion of MUFA and is also a rich source of the PUFA. However, it also contains erucic acid, a fatty acid that has undesirable effects on health when consumed in large amounts.

Mustard oil is suitable for all types of cooking including frying, but should be used along with other cooking oils to reduce the erucic acid content. Mustard oil is sometimes adulterated with argemone oil, which is toxic. It is very difficult to tell when this kind of adulteration takes place.

Rice Bran Oil : It is a relatively new oil that is extracted from rice bran and is gaining popularity in Asian countries like Japan, Korea, China and India. It is not very expensive. Rice bran oil is unique edible oil with many nutritional benefits, as compared to other edible oils. It is rich in monounsaturated fatty acids and has cholesterol-lowering properties due to the presence of a minor component called oryzanol. It contains natural vitamin E, which is an antioxidant. It also contains squalene, which is good for the skin. It is the ideal cooking oil since it has good stability (it does not decompose at high temperatures to form toxic compounds) and is suitable for deep-frying. Studies have shown that snacks prepared in rice bran oil absorb 12-25 per cent less oil than those prepared in groundnut oil.

Sunflower Oil : It is a popular cooking oil available under many brand names. This oil is rich in PUFA, particularly linoleic acid that lowers the levels of both good and bad cholesterol. Hence, this oil cannot be used as the only cooking oil; it could also be used along with other cooking oils such as red palm oil or palmolein oil that are low in linoleic acid (you could use sunflower oil on one day and red palm oil the next day).

Safflower/ Kardi Oil : Available in the market under the brand name of Saffola, it also contains PUFA in the form of linoleic acid. Like sunflower oil, this oil too should be used in combination with red palm oil or palmolein oil.

Palmolein Oil : It contains MUFA and is low in linoleic acid, hence it is healthy to use in combination with other oils.

Coconut Oil : Used as a cooking medium in the south Indian states and other Asian countries, there are many misconceptions regarding its use as a cooking medium. Coconut oil contains saturated fats that are different from those present in animal fats. Like other vegetable oils, coconut oil also does not contain cholesterol and hence can be safely consumed as part of a balanced diet, in combination with other cooking oils, particularly sunflower or safflower oils.

Unhealthy cooking oils

Butter : It is made from milk fat and contains a high proportion of saturated fats and cholesterol, both of which when consumed in excess are risk factors for developing heart disease. Hence, it is wise to consume less amounts of butter.

Ghee : Also prepared from milk fat, ghee or clarified butter is an essential item in Indian cuisine. Nutritionally, like butter, it also contains saturated fats and cholesterol which, when consumed in excess, leads to heart disease. Using small amounts of ghee to season foods is not harmful. Just avoid sweets and other dishes prepared with large quantities of ghee.

Vanaspati : It is nothing but a mixture of vegetable oils that have been converted to solid form by the addition of hydrogen. Hydrogenated fat is used as a ghee substitute in cooking as well in the production of bakery products, sweets and snack items. When vanaspati is made, trans fatty acids are also produced; these increase the risk of heart disease when consumed in excess and are best avoided.

The Do's and Don'ts of Reusing Oil

Most of us are aware that reusing oils is dangerous as the food residue can turn carcinogenic, yet reuse is common. According to the International Olive Council, the digestibility of olive oil is not affected when it is heated, even when it is reused several times for frying. The smoking point of any oil comes down when reheated – besides we should also find out like how long the oil was in the pan. "If any food is deep fried for over an hour, then never reuse the oil". On the other hand, if the oil was heated for just 5-10 minutes, then you may reuse it the very same day in other preparations so that there is no time for polymers to form.

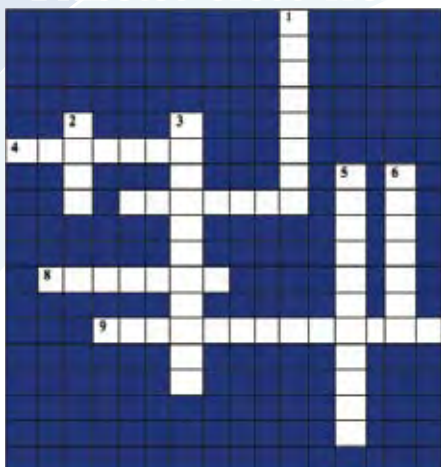
To reuse or discard oil safely, here are some tips:

- Decant, filter and strain the oil through a few layers of cheesecloth or filter paper.
- Make sure the oil has not been exposed to prolonged heat as that accelerates rancidity.
- Don't mix different types of oil.
- If there was too much salt in the substance fried, then avoid reuse.

Be aware, though, that using any cooking oils too generously -- even healthier oils and ingredients -- can result in weight gain. All fats typically contain more than double the calories of either carbohydrates or protein. "Fat is still very calorie-dense."

Mrs. Sheela Paul, B.Sc., DND, M.A.,
Dietary Manager

Diabetes Cross Word



ACROSS

- Carbohydrates , proteins, and fats all affect your blood
- When are too high it can lead to ketoacidosis.
- When you have diabetes, your body makes little or no.....
- in case of emergency, always carry some form of

DOWN

- Insulin is a hormone made by the
- An insulin..... is another way for your child to get insulin.
-diabetes affects about 4% of all pregnant women.
- When your blood sugar goes over 300 mg/dl you can become....
- About 90% of people with diabetes have

Answers on Page No. 11

Diabetes Education Diabetes Word Search

Z	E	J	M	A	N	A	G	E	M	E	N	T	X	S	U	J	X	K	X
H	R	E	B	Q	T	B	X	W	N	E	N	Y	P	N	P	E	R	U	Y
Y	O	F	R	A	G	U	S	D	O	O	L	B	O	U	R	V	Q	Z	D
E	Y	P	B	O	E	H	B	V	P	G	Y	V	S	U	N	A	H	Z	C
N	C	A	R	B	O	H	Y	D	R	A	T	E	S	T	W	C	Z	F	H
D	N	E	X	E	R	C	I	S	E	M	B	S	F	L	S	H	R	X	O
E	I	D	Z	F	A	A	D	L	D	H	E	I	N	T	J	X	U	V	L
P	L	K	I	Z	X	I	F	I	W	R	Y	O	M	J	W	A	W	O	E
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Y	V	C	E	Z	F	O	S	J	C	O	O	G	Z	R	M	K	X	A	V
R	S	A	E	R	C	N	A	P	P	G	W	X	K	G	O	J	Q	V	P
L	X	Y	Y	Z	H	T	I	Y	D	U	R	H	O	S	W	E	Q	O	L
Q	Y	Y	Q	E	L	X	H	H	F	A	T	D	P	J	U	P	A	C	E

WORDS:

Diabetes	Type One	Type Two
Pancreas	Glucose	Exercise
Blood Sugar	Insulin	Blood Pressure
Cholesterol	Management	Carbohydrates
Hyperglycemia	Hypoglycemia	

Answers on Page No. 11

Mrs. Anujji
Diabetes Counselor

Physical Inactivity – Whom to blame, the society or the environmental inbuilt?

Any activity, initially needs one's own perception, attitude and interest as an individual to perform. It depends on the society they live in, their culture, norms, values, beliefs and the environment which creates or gives space to perform this activity.

Childhood obesity is considered as a major health problem among the younger generation, who are at risk and may increase the burden of cardiovascular diseases, diabetes and other obesity related disorders in future. Weight gain is again due to group of factors like unbalanced diet, irregular eating time, lack of physical activity, sleeplessness, engaged more in sedentary activity like television watching, video games/computer games.

Lack of open space, lack of time for parents to make the children play active out door games, restriction for independent mobility (most seen among girls) due to dense population (thickened housing infrastructure) safety concern, busy transport, increase

of social crimes (child abduction, abuse or harassment), all these are the reason behind the unstructured physical inactivity like walking or cycling even in the local neighborhood.

Hence children happen to spend most of their regular and even leisure time by engaging themselves in watching TV or playing video games and computer games, which becomes more often while parents are away. Parents show more interest in academics and improvement of their wards intellectual skills forgetting about the benefits of play and enjoyment, making the child either bookworm or techno addicts (watching TV or playing electronic games). It will bring the child into an intense state of transcendent happiness (surpassing unusual limit) combined with an overwhelming sense of well-being, termed as "Euphoria", an abnormal psychological state. The same sensation seeking and compulsive behaviour can even occur in the natural activities like triumph of an athlete. Studies have shown that children who

are involved more in watching TV may develop more aggressive nature. The parenting environment also plays a major proportion in child's healthy growth and development.

In contrary, positive impact of physical activity results in reduction of cortisol, a stress hormone which builds fat in the abdominal region and hence benefiting health by maintaining optimum weight and there by without developing the cardiovascular diseases in future generation.

Hence every individual should understand both the positive benefits and negative consequences of being physically active

and inactive and be the part of the solution by building attitude to initiate active free play or exercise. To initiate, everyone should atleast interact with their own neighbours, society and join together as a network and with help of government/like-minded institutions can create open play ground or construction of little play park by even locating and getting free open space in the neighbourhood in order to promote physical activity among the younger generation.

D. Arut Selvi, M.Sc, PGDMS,
Jr. Research Associate, Department of Epidemology

Nutrient Claims

Term	Description
Calorie free	Less than 5 calories per serving
Cholesterol free	Less than 2 mg of cholesterol per serving and 2 g or less of saturated fat per serving
Fat free	Less than 0.5g of fat per serving
Saturated fat free	Less than 0.5g of saturated fat per serving
Sodium free	Less than 5mg of sodium per serving
Sugar free	Less than 0.5 g of sugar per serving
Low calorie	40 calories or less per serving
Low cholesterol	20 mg or less of cholesterol per serving and 2 g or less of saturated fat per serving
Low fat	3 g or less of fat per serving
Low saturated fat	1 g or less of saturated fat per serving
Low sodium	140 mg or less of sodium per serving
Extra lean	Less than 5g of fat, 2 g of saturated fat, and 95 mg of cholesterol per serving
Light or lite	33.3% fewer calories or 50% less fat per serving than comparison food
Reduced	25% less per serving than comparison food. Check label carefully. Some of these foods are still too high in fat and calories.

NOTE: 1 Serving = 1cup=228gm

Dr.M. Deepa M.B.B.S., FDRC
Consultant Diabetologist

Understanding Clinical Trials

Choosing to participate in a clinical trial is an important personal decision. The following frequently asked questions provide detailed information about clinical trials. In addition, it is often helpful to talk to a physician, family members, or friends about deciding to join a trial. After identifying some trial options, the next step is to contact the study research staff and ask questions about specific trials.

Frequently asked questions

What is a clinical trial

Although there are many definitions of clinical trials, they are generally considered to be biomedical or health-related research studies in human beings that follow a pre-defined protocol. Clinical Trials includes both interventional and observational types of studies. Interventional studies are those in which the research subjects are assigned by the investigator to a treatment or other

intervention, and their outcomes are measured. Observational studies are those in which individuals are observed and their outcomes are measured by the investigators.

Why participate in a clinical trial

Participants in clinical trials can play a more active role in their own health care, gain access to new research treatments before they are widely available, and help others by contributing to medical research.

Who can participate in a clinical trial

All clinical trials have guidelines about who can participate. Using inclusion/exclusion criteria is an important principle of medical research that helps to produce reliable results.



The factors that allow someone to participate in a clinical trial are called "inclusion criteria" and those that disallow someone from participating are called "exclusion criteria". These criteria are based on such factors as age, gender, the type and stage of a disease, previous treatment history, and other medical conditions. Before joining a clinical trial, a participant must qualify for the study. Some research studies seek participants with illnesses or conditions to be studied in the clinical trial, while others need healthy participants. It is important to note that inclusion and exclusion criteria are not used to reject people personally. Instead, the criteria are used to identify appropriate participants and keep them safe. The criteria helps to ensure that researchers will be able to answer the questions they plan to study.

What happens during a clinical trial

The clinical trial process depends on the kind of trial being conducted. The clinical trial team includes doctors and nurses as well as social workers and other health care professionals. They check the health of the participant at the beginning of the trial, give specific instructions for participating in the trial, monitor the participant carefully during the trial, and stay in touch after the trial is completed.

Some clinical trials involve more tests and doctor visits than the participant would normally have for an illness or condition. For all types of trials, the participant works with a research team. Clinical trial participation is most successful when the protocol is carefully followed and there is frequent contact with the research staff.

What is informed consent

Informed consent is the process of learning the key facts about a clinical trial before deciding whether or not to participate. It is also a continuing process throughout the study to provide information for participants. To help someone decide whether or not to participate, the doctors and nurses involved in the trial explain the details of the study. If the participant's native language is not English, translation assistance can be provided. Then the research team provides an informed consent document that includes details about the study, such as its purpose, duration, required procedures, and key contacts. Risks and potential benefits are explained in the informed consent document. The participant then decides whether or not to sign the document. Informed consent is not a contract, and the participant may withdraw from the trial at any time.

What are the benefits of participating in a clinical trial

Clinical trials that are well-designed and well-executed are the best approach for eligible participants to:

- Play an active role in their own health care.
- Gain access to new research treatments before they are widely available.
- Obtain expert medical care at leading health care facilities during the trial.
- Help others by contributing to medical research.

How is the safety of the participant protected

The ethical and legal codes that govern medical practice also apply to clinical trials. In addition, most clinical research is federally regulated with built in safeguards to protect the participants. The trial follows a carefully controlled protocol, a study plan which details what researchers will do in the study. As a clinical trial progresses, researchers report the results of the trial at scientific meetings, to medical journals, and to various government agencies. Individual participants' names will remain secret and will not be mentioned in these reports.

If you have diabetes, the benefits of joining a clinical trial are several-fold. A trial might be the only way to obtain a new cutting-edge drug or procedure, and patients on trials often receive free expert advice about taking care of their diabetes. Finally, there is the satisfaction of knowing that because of your efforts, we will better understand diabetes, and you will have contributed in a real way to making diabetes a thing of the past

Mrs. Hajira Parveen, M.Sc, PGDCR, &

Ms. Hemalatha, M.Sc Clinical trial Department

Hospital News & Events

Inauguration of the DRC-WDF project on 14th June 2009

Preventing and Treating Diabetes in People with Tuberculosis

The aim of the project is to prevent/control diabetes among patients with tuberculosis by training TB health care personnel in diabetes education, screening and control.

Expected outcome

- Educating health workers and paramedics in diabetes screening and prevention
- Training of doctors in diagnosis and effective management of diabetes
- Prevention of diabetes in high risk groups (TB patients with IFG and IGT)
- Creating awareness and educating TB patients on prevention and control of diabetes.

This 3 year project is expected to cover Kanchipuram, Tiruvallur districts of Tamilnadu and Chennai corporation.



From left Dr.S.K.Rajan – Professor Emeritus & Member Academic Board, MGR Medical University, Dr.Kumarasamy – Director Tuberculosis Research Centre, Dr.Muruganatham –Member, Medical Council of India, Thiru. S.Suburaj - Principal Secretary of Health & Family Welfare, Govt. of Tamilnadu, Dr.Vijay Viswanathan – Managing Director, M.V. Hospital for Diabetes, Dr. Anil Kapur – Managing Director, World Diabetes Foundation & Dr.S.N.Narasisingan, Dean, DRC

Commemoration of the Legend in Diabetology – Prof. M. Viswanathan



To mark the World Diabetes Day Celebrations, November 14, 2009, MV Hospital for Diabetes donated equipment worth Rs. 1 Lakh to Stanley Medical College for screening and diagnosing foot conditions of diabetes patients.

Prof. M. Viswanathan was commemorated and his plaque was unveiled in the Stanley Hospital Promises. He had started one of the earliest organised Diabetes clinics in Stanley Hospital in 1948.



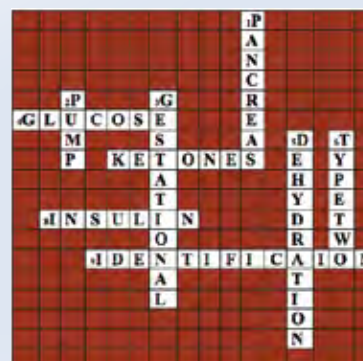
From the left Dr. Priya, Dean, Stanley Medical College, Prof. S. K. Rajan, Prof. Emeritus, The Tamil Nadu Dr. MGR Medical University, Thiru . V. K. Subburaj, IAS., Principal Secretary, Dept of Health and Family Welfare Department. Dr. Vijay Viswanathan, Managing Director, M. V. Hospital for Diabetes and Diabetes Research Centre.

The Launch of the Diabetic Foot Clinic and Unveiling of the plaque in memory of Prof. M. Viswanathan Govt. Stanley Medical College. Chennai on the World Diabetes Day, 14th November 2009.

Diabetes Word Search

Z	E	J	M	A	N	A	G	E	M	E	N	T	X	S	U	J	X	K	X
H	R	E	B	Q	T	B	X	W	N	E	N	Y	P	N	P	E	R	U	Y
Y	O	F	R	A	G	U	S	D	O	L	B	O	U	R	V	Q	Z	D	
E	Y	P	B	O	E	H	B	V	P	G	Y	V	S	U	N	A	H	Z	C
N	C	A	R	B	O	H	Y	D	R	A	T	E	S	T	W	C	Z	F	H
D	N	E	X	E	R	C	I	S	E	M	B	S	F	L	S	H	R	X	O
E	I	D	Z	F	A	A	D	L	D	H	E	I	N	T	J	X	U	V	L
P	L	K	I	Z	X	I	F	I	W	R	Y	O	M	J	W	A	W	O	E
Y	U	Q	E	A	F	H	I	Z	P	C	O	L	W	H	J	P	Q	A	S
T	S	J	U	J	B	F	C	D	Z	L	T	T	X	T	O	X	I	T	T
Y	N	H	E	I	E	O	C	D	E	O	R	L	L	E	M	S	B	E	
G	I	K	Z	J	H	O	T	H	O	T	Q	X	K	M	E	P	L	M	R
K	T	T	Y	N	L	P	R	E	U	N	H	K	J	C	Q	T	Y	W	O
F	L	Y	S	B	M	M	I	C	S	E	S	Q	Y	S	D	I	V	T	L
V	S	I	A	B	S	H	Y	P	E	R	G	L	Y	C	E	M	I	A	A
D	X	E	T	T	P	X	Q	D	Q	W	G	G	L	U	C	O	S	E	R
Y	V	C	E	Z	F	O	S	J	C	O	O	G	Z	R	M	K	X	A	V
R	S	A	E	R	C	N	A	P	P	G	W	X	K	G	O	J	Q	V	P
L	X	Y	Y	Z	H	T	I	Y	D	U	R	H	O	S	W	E	Q	O	L
Q	Y	Y	Q	E	L	X	H	F	A	T	D	P	J	U	P	A	C	E	

Diabetes Cross Word



Genes & Diabetes

Diseases result from a complex interaction between individual's genetic make up and environmental factors. If any differences in genetic factors are there, it causes people to respond differently to the same environmental exposure. The gene-environment interaction response differs from individuals to individuals. Gene-Environment interaction is especially important for the development of diseases and its complications.

Environmental factors that can contribute to gene vs environment interaction include, behavioral factors (Habits, lifestyle choices, etc), chemical factors, infectious factors, nutritional factors (Diet, exercise, etc) , physical factors, etc.,

It is important to understand that genes themselves do not cause disease but they do make a person more susceptible to being influenced by exposure to environmental factors.

Each cell in the human body contains about 25,000 to 35,000 genes, which carry information from the parents. It is a segment of DNA and unit of inheritance (heredity). Genes code for respective proteins dictated by sequence of nucleotide bases of DNA (Adenine, Guanine, Thymine, Cytosine, and Uracil (only in RNA).

Any variation (Mutation) in the sequence of the nucleotide causes variation in sequence of amino acids in protein. Then the protein may be defective which may cause disease.

Diabetes is one of the most challenging health problems of 21st century. In diabetes also a number of genes both causative and protective are involved. The variants in this gene may precipitate diabetes and its complications.

At present our research team of Biochemistry and Molecular genetics from Diabetes Research Centre, M.V.Hospital for Diabetes, Royapuram, Chennai is involved in finding the association of variants of certain genes (Candidate genes & positional candidate genes) in South Indian population.

These studies will help in understanding the association of these genes in our population. This understanding will help the individuals and society in preventing them from Diabetes and its complications.

Dr. M. Parthiban, HOD, Thanigaivelan.K, Ezhilarasi. K
Dept. of Biochemistry & Molecular Genetics

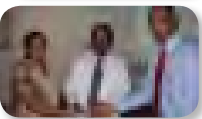
Staff News



Ms. K. Hemalatha from Clinical Trial Department received the best Clinical Research Coordinator Award for this year 2009 from ISCR (Indian Society of Clinical Research), which was held at Mumbai on October 2009.



Dr. Sathyavani (Assitant Director, Research) Dr. Parthiban (Head Biochemistry), Mr. Meerza Rafizulla Baig (Research Assistant, Biochemistry Department), Mr. Thanigaivelan (Research Assistant, Biochemistry Department) attended 37th Annual Conference of RSSDI (Research Society for the Study of Diabetes in India) 2009, held at Ahmedabad, where they presented 5 posters and 3 oral presentations.



Ms. Priyanka Tilak from Kidney department has been awarded 2nd prize for her poster presentation on "Association of Monotype chemoattractant protein (MCP-1) gene polymorphism at different stages of diabetic nephropathy among Type 2 diabetes subjects in India."

Dr. Vijay Viswanathan was invited to deliver a lecture on "Burden of neuropathic pain" by Pfizer at the 5th Pain Summit in Shanghai, China on 26th and 27th September 2009.

Dr. Vijay Viswanathan was invited to chair sessions on 'Life Style Initiatives' and New Technologies in the Management of Diabetes by the International Diabetes Federation in the 20th World Diabetes Congress held between 20th and 24th October 2009 at Montreal, Canada.

Dr. Vijay Viswanathan attended the Expert Meeting of the "International Union Against Tuberculosis and Lung Disease held at Paris, France on 6th and 7th of November 2009.



List of New Life Members

L.No	Name	Place
2163	Ms. Nisha Singh	Gurgaon
2164	Mr. Khaizer S Rangwalla	Mumbai
2165	Mr. Chalapathi Rao K	Vijayawada
2166	Mr. Bharadwaj	Chattisgarh
2167	Mr. Amar M Meti	Raichur
2168	Mr. Naunit Singh Padam	Assam
2169	Mr. Shyam Mukhopadhyay	Hooghly
2170	Dr. A. Anitha	Marimalai Nagar
2171	Mr. Ancha Basora Punnical	Ajmam – UAE
2172	Dr. K. Vasanthira	Chennai
2173	Mr. Abraham Varghese	Cochin
2174	Mr. Mohikanta Hazarika	Assam
2175	Mr. Subhrendu Adhya	Hoogly
2176	Mr. Sibani Dafadar	West Bengal
2177	Mr. N. Jameel Ahamed	Chennai
2178	Mr. Mohamed Muideen	Sharjah
2179	Mrs. Paulina Kumar	Gorakhpur
2180	Mr. Denny Francis	Kochi
2181	Mr. Rina Kanungo	Bhopal
2182	Mr. Sanjiv Kumar Dalmia	Kolkatta
2183	Mr. Tandra Goswasmi	Kolkatta
2184	Mr. Sumati Chand Dakalia	Kolkatta
2185	Mr. L.H. Kampani	Kolkatta
2186	Mrs. Pritipaliala	Kolkatta
2187	Mr. K.K. Lonappan	Trichur
2188	Mr. Verij Chimmun Raj B	Ahmedhabad
2189	Mr. D. Narendra Babu	Thirupathi
2190	Mr. S. Martine	Villupuram
2191	Mr. Rupak Kanti Biswas	West Bengal
2192	Mr. Premanand Patnaik	Orissa