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AHMEDABAD FAMILY PHYSICIANS ASSOCIATION



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HAPPY DIWALI

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PROSPEROUS NEW YEAR



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PRESIDENT & SECRETARY'S ADDRESS

Respected Seniors and dear members,

"Wish you happy diwali and prosperous new year"

On this auspicious festival of lights, God give everyone love, peace, prosperity and make everyone happy.

May your friends respect you, your troubles neglect you, your family protect you and negativity not affect you.

One feather added in our association as our own YouTube channel.

Now we can see the CME lectures, Webinar & different programs any time on our YouTube channel.

I request you all to subscribe AFPA YouTube channel & remain updated with association activities.

We are planning of virtual conference in the month of December.

Like every year, we are planning "Doctor on call" during Diwali days this year ,you can register your name for this noble work.

HAPPY DIWALI JAY AFPA









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To Editor

A.F.P.A.

It's a matter of proud for me to write few lines for AFPA. I congratulate and thanks to Ahemdabad unit for giving me endless support to conduct webinars of national level. Educational activities is appreciated of unit.

It's a proud for us that unit is high tech. So many difficulties which comes to arrange the programes in this era solved by Dr Prgnesh Vachharajani, Dr Abhay Dixit and Dr Ashwin Shah.

My best wishes for unit

Thank You President of F.F.P.A.I Dr R.K.Bajpai







WEBINARS DONE BY AFPA

	DATE	SPEAKERS	MODERATOR	SPONSOR	TOPIC
1	28-07-2020	Dr. Vinod Gautam	Dr. Dhirendra Sanandiya		Orthopedic Diseases
		Dr. Gautam Tambolia	Dr. Kamlesh Naik		Constipation
2	12-09-2020	Dr. Kedar Gandhi	Dr. Piyush Gandhi	Zuventus	Role of Ivermectin in Covid-19
3	16-09-2020	Dr. Sudhir Adalti	Dr. Kamlesh Naik	Apollo Hospital	MICS
4	19-09-2020	Dr. Mukesh Sharma	Dr. Pratik Shah	Apollo Hospital	The changing landscape of stroke treatment
5	26-09-2020	Dr. Dharmendra Panchal	Dr. Viral Khamar	DiaCare	Simplified Diabetes Management
6	30-09-2020	Dr. Manmohansingh Chauhan	Dr. R.I. Patel	HCG Hospital	Cardiac surgery and the role of family physician
7	21-10-2020	Dr. Hasit Patel	Dr. Arvind Panchal	HCG Hospital	Covid-19 and Kidney
8	31-10-2020	Dr. Dimple Parekh	Dr. Dhirendra Sanandiya	Parekh's Hospital	OATH: Osteo Arthritis Treatment in Harmony









AFPA MEMBER CONTRIBUTION TO LATE SHRI PRAKASH M. THORIA



Prakash benevolent cheque presented to Prakash's wife Mamata today.







DOCTORS ON CALL IN DIWALI

A social service initiative by Ahmadabad medical association and Ahmadabad family physicians association.

Dear Collegues,

Continuing the tradition of helping the society this year also we are going to have this mega social service intiative.

We will be circulating a form, please fill the details if you are ready to serve during festival season.

Thanks.













NATCON 2020

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Dr. Sanjay A. Shah won
Dr. Piyush Paper Presentation
award at
AHMEDABAD MEDICAL
ASSOCIATION







Basal Insulin in Type 2 D.M

- Family Physicians are mainly treating Type 2 D.M
- Most of the Type 2 D.M are well controlled with OHAs, but as the time passes, requirements of OHAs are increasing and a time comes when even more than 3 OHAs can not control the sugar, in this situation Insulin has to be started.

Why Insulin

- Beta cell function
- Most potent and efficacious- HbA1c Reduction
- Symptomatic Hyperglycemia
- Metabolic Memory- Legacy effect
- Complications like MI, Infection, Surgery
- Anabolic effects

Why Basal Insulin

- Long Duration of action
- Once a day-Convenient- Mimics like pancreatic secretion
- Peak less-Less hypoglycemia
- · Lesser weight gain compared to premix insulin
- Easy Titration Fasting First







Types of basal Insulin

Basal Insulin	Starting Dose	Onset of action	Peak	Duration of action	Rate of severe hypoglycemia
NPH	0.2 U/Kg/day	1-3 Hrs	4-12 Hrs	12-16 Hrs	2.6%
Degludac (Tresiba)	10Uqd	0.5-1.5 Hrs	No Peak	42 Hrs	0.3-0.6%
Detemir (Levemir)	10U in the evening	1-3 Hrs	6-8 Hrs	12-24 Hrs	0.4-1 %
Glargine (Lantus)	0.2U/Kg or 10U qd	1-3 Hrs	No Peak	24 Hrs	1.4 %









Titration - FPG Target 100-140mg

ADA 2017

Start at 10 U/day.
Increase 2-4 U 1-2 times/week
until FPG target achieved

AACE2017

A1C <8.0 Start at 0.1-0.2 U/Kg
A1C>8.0 Start at 0.2-0.3 U/Kg
Increase by 2U/day
every 2-3 days
until FPG target achieved

CDA 2013

Start at 10 U/day at bed time.
Increase 1 U/day until FPG
target achieved

Case -1 A Male 45 Y 70 Kgs Diabetic since 5 years

- On following medicines daily
- T. Glimiperide 4 mg
- T. Metformin 1.5 g
- T. Pioglitazone 15 mg
- T. Teneligliptin 20 mg
- Has following reports
- FPG -210, PPG -320, HbA1C 9.0
- Complains of tiredness and leg pains









What is next treatment

- Adding any OHA can reduce HbA1c by not more than 1
- All most four OHAs are in use and with it also Hbalc is 9.0
- Age of pt is 45 and there are no more complication so HbAlc target should be <7
- So insulin will be the choice of drug

Insulin Initiation and titration

- 10 U of Insulin Glargin started
- Every fourth day FBG checked and dose adjusted.
- After one month with 24 U of Insulin
- FBG comes to 110 and PPG at 160
- Tiredness and weakness are relieved
- After three months with same dose of 24 U of insulin
 FBG -90, PPG-140 and HbA1c comes to 6.8









Case-2 A F/50Y 60 Kgs diabetic since 8 years

- On following medicines daily
- T. Glimiperide 6 mg
- T. Metformin 1 gm
- T. Acabose 50 mg
- T. Vildagliptin 100 mg
- Has following reports
- FBS-220, PPG-345, HbAlc-9.5
- Complaints of weakness and lost 2-3 kg wt in one month

What is next treatment

- Same in case 1 here also HbA1c target of < 7 will not be achieved without Insulin
- Insulin Glargin started with 14 U and titrated every fourth day. Glimiperide dose reduced to 4 mg/day
- After one month with 34 U of Insulin FBG- 120, PPG-180
- On increasing the dose of Glargin 36 U at one and half month FBG -80 and PPG-160
- Patient some times feels Hypoglycemic symptoms.







What is next treatment

- PPG is still not under control.
- By increasing the dose of Insulin there are high chances of more hypoglycemia in the morning
- When ever Basal insulin dose comes to more than 30 U,
 one should start prandial dose before major meal
- in this case 4 u of Inj Novo rapid started before lunch
- Later on Glargin dose is reduced to 32 and Novo Rapid increased to 10 U
- After 3 months with same dose FBG 100 and PPG-146 and HbA1C-7.1









Case-3 A 52Y/M,72Kgs newly diagnosed D.M

- Came with c/o Weakness, Leg pain, Blurred vision,
 Polyuria, Polydipsia and Wt loss of 4 kg in one month
- Report are as follows
- Hb -12, TC-9600, S.TSH -2.5, Urine -Glucose-++++,
 FBG-345, PPG-486, HbA1C-13
- Family History –Both parents diabetic
- Father died of CVD at 65 Y

Which treatment to be started?

- Patient is symptomatic Hyperglycemic with very high sugar and HbAlc
- By starting Insulin symptoms can be better comes under control, Sugar will be also faster controlled and beta cell rest can be given.
- So pt had started following medicines
- Inj Glargine 18 U HS
- T. Metformin 1.5 gm
- T. Pioglitazone 15 mg
- T. Teneligliptin 20 mg







Titration and Follow up

- Dose of Glargine increased to 30 U at one month with same medicine and T. Dapagliflozine 10 mg started.
- Reports at above dose are
- FBG-110, PPG-136, Wt increased to 76 kgs
- Now dose of Glargine reduced to 20 U and T. Glimeperide started with 2mg, after one month FBG-90 and PPG-120
- Further Insulin dose reduced to 10 U and Glimeperide dose increased to 3 mg after one month FPG-100 and PPG-146

Continue...

- Now Insulin is stopped and Glimeperide dose increased to 4 mg with same other OHAs
- Reports with these treatment are
- FPG-96, PPG-138, HbA1c-6.8
- So in this case by starting insulin in early stage was benefited a lot and later on pt was well under controlled with OHAs only.

