

CONFERENCE REPORT

The Fourth Annual Conference of the Arab Association for the Study of Diabetes and Metabolism (AASD); 18–20 November 2009, Cairo Sheraton Hotel, Cairo Egypt

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Published: 01 March 2010

Ibnosina Journal of Medicine and Biomedical Sciences 2010, 2(2):87-91

Received: 22 December 2009

Accepted: 22 January 2010

This article is available from: <http://www.ijmbs.org>

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Abstract

In its fourth annual conference, the Arab Association for the Study of Diabetes and Metabolism (AASD) conducted a three-day international program of continuing medical education, patient education sessions, and medical exhibition. Over 1500 delegates from Egypt and more than 10 Arab countries attended the conference. Speakers came from Egypt, Libya, Qatar, Saudi Arabia, Morocco, UAE, Germany, Greece, UK, and USA. The scientific program covered a wide range of the epidemiological, organizational, and clinical aspects of diabetes care including current guidelines, modern management of diabetes, cardiovascular disease in diabetes, diabetes in the Arab world, diabetic foot, and diabetic neuropathy etc. In this report, we present the highlights of the conference and critically appraise its proceedings.

Background

The AASD held its fourth annual conference under the patronage of the secretary general of The League of Arab

States, Egyptian Minister of High Education and Scientific Research, and the Egyptian Minister of Health. Delegates came from more than ten Arabic countries representing their diabetes and endocrine associations as well as international speakers from Greece, Germany, UK, and USA attended the conference.

The AASD aims at sharing in: 1) public awareness and patient education with the aim of prevention and optimal management 2) medical conferences intending to share knowledge and stimulate research. 3) Post graduate continuous medical education and 4) newsletters for health care professionals that intend to increase knowledge about the standards of medical care in diabetes and associated comorbidities and complications. AASD has already organized three previous annual conferences in 2006, 2007 and 2008 in Cairo and two international conferences in collaboration with “University of Medical Sciences and Technology, Sudan, Khartoum” 2008 and in collaboration with “Maghrabian Society of Diabetes and Nutrition SMEDIAN and FMED” Morocco, 2008.

In the opening ceremony, Her Excellency Mrs. Laila Negm, Minister Plenipotentiary, League of Arab States pledged the support of the Arab League and its Secretary General for the cause of diabetes and expressed her support to the AASD. Welcoming remarks followed from the AASD senior officers and representatives from national Diabetes Centers and the Egyptian Diabetes Group. After this, representatives from Germany, UK, Libya, Morocco, Qatar, Palestine, and Saudi Arabia expressed their interest in establishing working relationships with the AASD.

The Scientific Program

Day One

The program began with a clinical session; Dr. Tarik Heshmat from Cairo University presented six diabetes case studies graded in their complexity from insulin adjustments to diagnostic difficulties posed by LADA and MODY. The cases were very concise; however, the presentation lacked structured-interaction and involvement of the audience. Dr. Abdel Khalik Hamed, from the Military Medical Academy followed by a review on the issue of the relationship between diabetes and malignancy and presented the evidence for increased malignancy in people with diabetes and the possible explanations. He concluded, "Cancer ought to be counted as one of the complications of diabetes."

A descriptive and illustrated account of the structure of a German "Diabetologische Schwerpunktpraxis and why it is so special!" was given by Dr. Richard Berthold. He stressed the multidisciplinary teamwork approach and emphasized the educational role for the diabetes clinic. Dr. Abdulla Al-Hamaq then closed the clinical session by a presentation on the first 10 years experience of "Bawasil Camp in Qatar" for children with type 1 diabetes. They were incepted with a view to create a safe and loving camp for children with diabetes, to address the emotional and physical pain caused by diabetes, and to give them the confidence to reach their full potential. Al-Bawasil spring camp has been viewed as one of the most admirable activities always dreamed about to be as a constant winter campaign for children with diabetes. A team of committed and highly motivated doctors, nurses, dietitians and social specialists manage the camp with the intention to face the great challenge of improving the efficiency of the human abilities and skills. The camp offers special services for children with type 1 diabetes through different technical and knowledgeable activities and through carefully planned programs that will train and assist them to be independent in handling their daily affairs, and to create pleasurable environment deemed conducive for healthy learning that is full of entertainment and joy.

In the second session, Dr. George Thomson (UK) started by addressing "Where Now for Type 2 Diabetes - Time for a Paradigm Shift?" He highlighted that the attainment of evidence-based diabetes targets is often poor in the developing world. This is particularly serious since it is well known that good glycaemic and blood pressure control can significantly reduce the burden of both microvascular and macrovascular complications. A number of new therapeutic agents for diabetes have appeared in the past few years. These agents, often act through novel mechanisms, and offer synergistic or even improved therapy when added to, or replacing, existing treatment. The benefits that can be achieved are therefore significant. However, use of these agents may be limited because of their cost or misunderstanding of their role in the modern management of type 2 diabetes. In a setting of an alarming rise in diabetes prevalence projected to increase fastest in developing countries, it is clearly imperative that every effort is made to improve the control in people with diabetes. Use of the newer agents in addition to the more traditional therapies will offer significantly greater opportunity to achieve and maintain targets in diabetes. This was followed by a review of latest British glycaemic control guidelines by Dr. Mohamed Hassanein (Wales). He highlighted those NICE guidelines for diabetes care in the mostly publicly funded NHS with its primary and secondary care sectors. This clarified the "prudent" and "cost-conscious" basis for the UK guidelines for diabetes care when compared with the American guidelines. An overview of the evidence of inflammation and endothelial dysfunction in type-1 diabetes mellitus patients and their role in microvascular complications was the subject of Tony Tze-Wai Cheung (USA). Building on the background that morbidity and mortality are due mostly to microvascular complications and vascular (cardiovascular and cerebrovascular) diseases, he presented data demonstrating the pivotal role of monocyte-macrophage cell-line in vasculopathy and inflammation using non-invasive and real-time studies in microvascular abnormalities and endothelial dysfunction being more specific parameters related to the inflammatory process in diabetic patients. He went on to conclude that type 1 diabetes patients with microvascular disease have more endothelial dysfunction compared with those patients without microvascular disease. In addition, these methods provided an effective real-time biomarker of microvascular complications. They could be monitored longitudinally following therapies targeted at improving inflammation and/or microvascular complications in diabetes. Dr. Abdel Majid Chraibi presented the Moroccan strategy for the diabetes

control and prevention. He pointed out that the national survey conducted by Ministry of Health in 2000 on the prevalence of cardiovascular disease's risk factors, showed that the prevalence of diabetes in people ≥ 20 years old was 6.6 % (estimated one million diabetic patients). However, in 2008, reports show only 300,000 diabetic patients being followed by the Ministry of Health facilities. As a result, the Ministry of Health has identified the prevention and control of diabetes as a priority program in its 2008-2012 action plan. The implementation of a previous national program for control and prevention of diabetes, set up since 1995 met some difficulties. He gave a strategic analysis of strengths and weaknesses of the new action plan. This strategic analysis allowed setting a strategic vision for the prevention and the control of the diabetes. Its general objective is to contribute to the reduction of the morbidity and the mortality due to diabetes and its complications. This strategy articulates around five main lines. These include; strength of the primary prevention, improvement of the quality of the diabetes care and its complications, putting a strategy for communication, setting up a system for follow up and evaluation, and development of a strategy of partnership and the promotion of research. Every strategic line is divided into objectives, expected outcome, and activities to be done. Besides the strategic formulation, the centering of the strategic planning contains the result indicators and the people in charge with their partners. It remains to be seen if the new plan gets a better luck than the previous one. On a completely different wavelength, Dr. Sauod Al Sifri (KSA) gave a practical presentation on the use of insulin therapy in type 2 diabetes. He highlighted the special requirements for people living in the Middle East. Earlier than expected from the original program, Dr. Bernard Domres (Germany) briefly discussed Bariatric surgery in obese type 2 diabetic patients. He highlighted the effects of bariatric surgery in reducing the comorbidities like hypertension, renal failure, gastroesophageal reflux, and cardiac failure. He presented the three currently accepted bariatric and metabolic surgical operations: Gastric Bypass (Roux-en-Y gastric bypass), Adjustable Gastric Band, and Bileopancreatic Bypass with Duodenal Switch and discussed their individual merits. Interestingly, Bernard Domres spent few years in Saudi Arabia and is fond of the Arab culture. He started his lectures with few sentences (including verses from the Holy Quran) that were indeed well constructed, though pronounced in German accent rather than in "Hijaz maqam."

Day Two

Dr. Issam Hajjaji (Libya) started the day by a presentation

on the current status of diabetes and diabetes care in Libya. He presented data suggestive of prevalence rates ranging between 10-16%. However, he alluded to the possible higher rates expected from the new ongoing study due to report in the first quarter of 2010. Dr. Norman Murphy (USA) presented the place of pressure and force assessment in the prevention and treating pressure sores, ulcers, and pathomechanical disorders. As a special lecture organized in collaboration with Diabetes Education Study Group of the European Association for the Study of Diabetes (EASD), Dr. Despina Varaklas, a practicing clinical dietitian and psychologist, and is the current Honorary Secretary of the DESG of the EASD, discussed the central role of patients' education in diabetes and chronic disease management. In her presentation, she stressed that patient education is a planned learning experience using a combination of methods such as teaching, counseling, and behavior modification techniques, which influence patients' knowledge, health, illness, and behavior. Patient counseling is an individualized process involving guidance and collaborative problem solving to help patients better manage the health problem. Assessment, individually designed goals, intervention, and evaluation of outcomes are all part of a counseling session that when a patient stepping into an office with such as feelings of failure, shame, fear, and anger, these need to be recognized and addressed by the health care provider. She went on to discuss the different factors including, culture, psychological situation, economical status, religion, and educational level that play an important role in the perception and understanding of the material to be covered as well as how responsive the patient is going to be. Qualities of a good educator such as being a good listener, dedicating the time required, and having good communication skills were emphasized. She also warned about the negative factors that sometimes go against the efforts of patient education, like the media or the lack of collective community efforts. The speaker closed by introducing the new concept of "Patient Coaching" that has been developed, in which a more intense collaboration takes place between the patient and the health care provider with a greater emphasis on behavior and communication.

"The individual- and the guidelines-orientated treatment of the patient with type 2 DM" was the following theme addressed by Richard Berthold focusing on the concept of individualization of care with the quest to optimal control dictated by the evidence-based guidelines. Following this, Dr. Ibrahim El-Ebrashy, Dean of the Diabetes Institute, Cairo gave a local perspective of diabetes in Egypt. He based his presentation on a cohort of 2715 attending the

Institute's diabetes clinics. Their mean age was 50 years, of these 1837, 637 and 241 were obese, over weight and normal weight respectively. Body mass index >30 was evident in 67.5%, hyperlipidemia was present in 90.9%, hypertension in 60.5% and HbA1c greater than 7% was evident in 83.9% of the patients. Smoking was a common in this cohort. The barriers to achieving an optimal glycaemic control were discussed and the contribution of obesity to the metabolic complications was particularly stressed in the data analysis and discussion.

Another scientific presentation on real-time correlation of hemorheology and vasculopathy in diabetes was given by Anthony Cheung. The implications for future management of type 2 patients, the old and newer arguments related to insulin resistance, type 2 diabetes, insulin therapy and cancer were addressed by George Thomson. It has been known for many years that diabetes is associated with an increased incidence of, and poorer outcomes from cancer. Different insulin analogues have differing affinities for the IGF-1 receptor, which is known to influence mitogenic activity. However, there has been little formal research conducted in this area. In 2009 attention has re-focused on this important area when a large observational study of a German insurance database suggested that whilst Insulin Glargine was associated overall with reduced cancer incidence, it had a dose dependent effect to increase the risk of cancer when used as monotherapy. Several other smaller studies produced conflicting results, but have not suggested that the signal observed in the German study can be dismissed without further research. At the same time, evidence is emerging which suggests that targeting insulin resistance per-se, and perhaps metformin in particular may lead to reduced rates of cancer. This debate will certainly continue for a while. The session was closed by a presentation on "hypoglycemia in diabetes, the tough game, can we win?" by Dr. Assem Zeiada from Cairo.

Day Three

Dr. Atif El Bahary (Port Said) opened the last day by a review of the literature on the current evidence-based recommendations in management of hyperglycemia and acute coronary syndromes. This was followed a presentation on some new insights on "Bad Lipids" by Dr. Sanaa Gazarin (Monofia). Followed by a highly lustrated and informative presentation on cardiovascular diabetic autonomic neuropathy and the details of the assessment methods and diagnostic criteria for abnormalities by Dr. Ali Abdel Reheem (Alexandria) and ended with a discussion on the use and controversies related to sweeteners by Dr.

Mabaheg Souka (Alexandria).

After the Friday prayers break, anti-Obesity drugs was presented by Ibtesam Zakaria (Cairo) which was followed by a busy discussion period with the audience trying to acquire the practical skills of their usage in day to day clinical practice. Salem Beshyah (Libya/UAE) gave a thorough overview of the current status and future challenges (and aspirations) for diabetes and diabetes care in the Arab world and highlighting the fast increase in the diabetes pandemic in developing countries in the Arab world. A few Arab countries have "won" places on the top ten list of world league, with diabetes prevalence being high in United Arab Emirates (19.5%), Saudi Arabia (16.7%), Bahrain (15.2%), and Kuwait (14.4%). The epidemiological data, outlining the size of the problem, health and economic impact of diabetes, and Challenges to management of diabetes was further discussed. A culturally -competent approach was also presented. The epidemiological and clinical aspects of celiac disease in people diabetes was discussed by Dr. Magdy Badran (Ain Shams University) followed by biological basis and the clinical implications of circadian rhythm in general and as they apply to diabetes in particular by Dr. Fadila Gadallah (Ain Shams).

The final session which was probably one of the best, focused on diabetic foot problems. The Mansoura experience Step by Step programme on the prevention of amputation was passionately presented by Dr. Hanan Gawish followed by a review of how to salvage limbs in ischemic diabetic foot from a vascular viewpoint by Dr. Amr Gad. Finally, Dr. Mamdouh El Nahas gave a focused and practical presentation on diabetic foot infection. It is noteworthy, that the web site of the Mansoura Diabetes Foot Care Group would serve as an excellent resource for those who are considering setting up a new diabetes foot care clinic in their own locality.

Final Remarks

Overall, the conference is considered a great success by all regional and international criteria. The attendance was very high (over 1500 delegates) and the hall was consistently busy with studious and actively inquisitive audience during all the sessions. However, a few observations are noteworthy. Though English was the congress's official language, many of the speakers were drifting between Arabic and English in a manner that would be difficult to follow by any person who is not a master of both languages. This may be acceptable to help medical students

and nurses, but it did not seem particularly necessary in an international event. The individual scientific contributions were of a high caliber but related presentations would have been better grouped to address a single theme per session. Having six or more chairpersons per each session was hardly necessary. Some repeatedly abused the privileges of the chairperson by making inappropriately long comments. The program suffered from unnecessary changes imposed by avoidable logistic factors such as late arrivals of speakers from outside Cairo or last minute commitments elsewhere. Delegates would have been happier to see the program available earlier than just a couple of days before the event. Many of the speakers did not provide abstracts for their presentations. These would have helped produce a valuable documentation of the proceedings. However, all the proceedings were electronically recorded and these could be an alternative method of producing a proceedings book or a CD when used in conjunction with the speakers' power point presentations. It may be conceivable that the main goal of the conference is to provide a series of CME activities by expert national, regional, and international senior dialectologists. Nevertheless, there was an ample chance for young doctors to present their research, audits, interesting clinical case reports and to practice their presentation skills to the conference's delegates as in the form of oral or poster presentations. This would have been valuable to those whose work is in progress and those who are at the stage of writing up a thesis of a postgraduate degree. Two issues would not have passed unnoticed. Firstly, there was no mention of the total number of CME credits provided by the conference neither in the announcement nor in the certificates, which would have required a clear separation of the main program and the satellite sessions. Secondly, there were no formal evaluation forms for feedback on the individual presentations.

Finally, we cordially congratulate the organizers for a successful event and recommend considering incorporating some of these remarks in future events.