

Joint Meeting on
International Conference on
DIABETES AND CHOLESTEROL METABOLISM
&
International Conference on
OBESITY AND CHRONIC DISEASES
October 15-17, 2018 Dubai, UAE



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Ketogenic diet and glycemic control in obese and diabetic patients

Rama Adnan Mnla

Imperial College Diabetes Centers, UAE

Glycemic control in diabetes is the primary goal to delay and/ or prevent diabetes complications. Dietary carbohydrate is the major determinant of postprandial glucose levels, and several clinical studies have shown that low-carbohydrate diets improve glycemic control, thus carbohydrate restriction is considered to be a crucial therapeutic approach for the glycemic control. Diets low in carbohydrate was used for the treatment of diabetes before insulin or other medication therapies were available. Macronutrient distribution in the diet has different effect on the body physiology and metabolism and eventually on the body composition and clinical outcomes. Ketogenic diet is a type of diet that consist of a very low carbohydrates and high fat which drives the body to get its energy from burning body fat which produces an energy source known as ketones. It has been shown that ketogenic diet is effective in improving blood glucose control and helping towards weight loss in people with diabetes and non-diabetic. It has been presently included in the evidence based practice guidelines for nutritional management of diabetes and obesity. In this lecture, we will be discussing the macronutrients recommendation, ketogenic diet, alterations in metabolism in patient on ketogenic diet, the benefits of ketogenic diet on clinical outcomes, in addition to safety, compliance and guidelines.

Biography

Rama Adnan Mnla is an experienced Clinical Dietitian with a demonstrated history of pre and post graduate experience in a variety of inpatient and outpatient settings in different hospitals including John Hopkins hospital (Tawam hospital), Imperial college Diabetes Centers in the United Arab Emirates.

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Robotic bariatric surgery

Apurva Vyas

Radiance Hospital, India

This study includes robotic bariatric surgery performed at a single tertiary care centre from 2015 to 2017. 56 cases of robotic bariatric surgery are compared to conventional laparoscopic surgery. Robotic surgery can be performed in all the patients who are planned to undergo laparoscopic surgery. Robotic bariatric arms have smooth movement during the surgery due to 270 degree rotation and no tremors. Robotic arms can lift and hold thick mesentery and bowels which are difficult for human hands due to excess omental and mesenteric fat. Chances of injury to tissues are nil during robotic surgery. Robotic surgery causes less physical stress to the surgeon and with experience it effectively reduces operative time also.

Biography

Apurva Vyas has extensive experience in obesity surgeries and has a record of performing the highest number of laparoscopic surgeries in Gujarat, India. He has performed more single port surgeries (SILS – Single Incision Laparoscopic Surgery) than any other doctor in India. His laparoscopic surgical video papers were awarded the best surgical videos in conference at Singapore in the year 2010-2011.

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New canadian guideline for basal bolus insulin therapy

Nabil Al-Kayssi

University of Alberta, Canada

Insulin dose calculation and adjustment to reach an optimum glycemic control is a challenging mission for physicians both as an outpatient and inpatient settings. Those challenges are applied on diabetes mellitus of both type I and II when insulin is indicated. In Alberta, Canada a new Basal Bolus Insulin Therapy (BBIT) guideline for adults with diabetes mellitus was established to make calculating and adjusting Insulin dose easier for all medical staff including physicians, pharmacists and nurses to accomplish a good glycemic target for inpatients in all acute facilities (hospitals) in Alberta. In this presentation I will discuss this new guideline and how it makes glycemic control by calculating and dose adjustment easier to reduces the risk of errors in administering bolus and basal insulin. To apply this guideline we need collaborative efforts of all medical staff involved in patient's management.

Biography

Nabil Al-Kayssi has done his graduation from medical college in Baghdad/ Iraq and granted M.B.Ch.B. in 1984, then he finished a master degree in Human anatomy, embryology and neuroscience in 1994 from Iraq. He was a lecturer and assistance professor of Human Anatomy in Iraq for 12 years. In 1999 Dr. Al-Kayssi immigrated to Canada and obtained a full licence of medical council of Canada in 2005 and then Canadian board in Family medicine in 2009. Dr. Al-Kayssi worked as family and emergency physician and as a Hospitalist at different Canadian hospitals from 2001. Now Dr. Al-Kayssi works as a Hospitalist and intravenous Clinic staff physician, infectious diseases at Sturgeon Hospital, Site Lead, East Edmonton Health Centre and Clinical lecturer at University of Alberta, Faculty of Medicine in Alberta, Canada.

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The obesity epidemic and eating behaviour: Are diets the answer?

Samra Abouchacra

University of Toronto Medical School, Canada

Obesity is the largest man made epidemic and is the single most important contributor to metabolic syndrome and type II diabetes. Weight loss is of proven effectiveness in controlling or even reversing these metabolic abnormalities. However, the achievement and sustainability of weight loss continues to be extremely challenging. It has been shown that despite availability of myriads of diets, patients invariably regain the weight they lost and rebound beyond. Furthermore, attributing overweight primarily to an imbalance between energy intake and expenditure is over simplistic, as there are many factors affecting food ingestion behaviour that seriously interfere with weight control. This lecture will explore eating patterns and dietary habits in overweight and obese persons as well as external influences promoting overconsumption. These eating practices may be key elements in sabotaging weight loss and maintenance efforts and may present potential areas for intervention through behaviour modification.

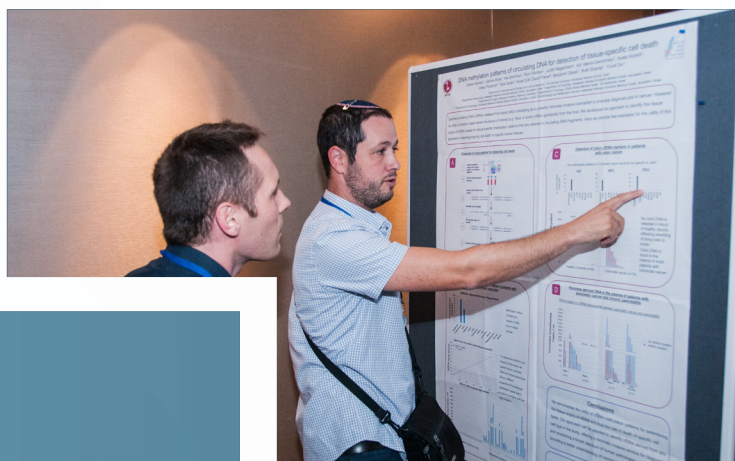
Biography

Abouchacra is a graduate of University of Toronto and has board certification from the Royal College of Physicians of Canada in Internal Medicine and Nephrology as well as American Boards certification in both. She also completed 2-year Clinical Research Fellowship sponsored by the National Kidney Foundation of Canada which served as thesis for Masters in Science (MSc) at Institute of Medical Sciences, University of Toronto, Canada. Dr. Abouchacra is an active membership of Royal College of Physicians of Canada, College of Physicians & Surgeons of Ontario and is a fellow of the American Society of Nephrology (FASN). She is also an affiliate member of the American Heart Association's "Kidney Council", member of the American Society of Nephrology as well as Emirates Medical Association of Nephrology. She has extensive clinical experience in nephrology & internal medicine and has served as Chairperson of Nephrology Department, Tawam Hospital-JHMI. Currently she is seconded as Director of Outpatient services, Al Ain Hospital, Al Ain. She was previously Director of Outpatient services at Tawam Hospital - JHMI, and was also the Chairperson for SEHA Urology & Kidney Disease Service Line Council. Dr Abouchacra is an Adjunct Clinical Professor at Faculty of Medicine and Health Sciences (FMHS) Al Ain, UAE and had previously served as the Chairperson of Academic Affairs Department at Tawam Hospital-JHMI. She actively participates in teaching as well as research activities with numerous publications and scientific projects in peer reviewed journals.

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The impact of high body mass index and gestational weight gain on obstetric complications and fetal outcome in north Lebanon population

Mayssa Adnan Traboulsi¹, Fouad Ziada² and Zainab El Alaoui-Talibi¹

¹Cadi Ayyad University, Morocco

²Lebanese University, Lebanon

Increased rates of obesity among pregnant women are a public health concern. Several studies have reported an association between maternal overweight and obesity and adverse pregnancy outcomes. This study aims to assess the maternal complications in correlation to early pregnancy high body mass index (BMI) and weight gain during pregnancy in North Lebanon. A retrospective cohort study was conducted in North Lebanon in five hospitals and health care centers. Data was collected from 2016-2018. Anthropometric, maternal and fetal health data were obtained from the medical records of 1308 women and their fetuses. Anthropometric data at the beginning of pregnancy and gestational age were collected through two private clinics and one primary health care center. Socio-demographic and lifestyle data were gathered by a questionnaire through a telephone call to each woman individually. Maternal and fetal outcomes were compared by univariate, bivariate and logistics analysis through SPSS 13.0. This study states that in a nearly pregnancy high BMI and weight gain during pregnancy are associated with high risks of pre-eclampsia (p-value<0.0001), eclampsia (p-value<0.024), c section, gestational diabetes, induction of labor, hemorrhage and severe hemorrhage (p-value<0.0001), women aged 25-34 years old, smokers and women with sedentary lifestyle were more likely to undergo complications (p-value<0.0001). Women living in village had more complications than those who live in cities (p-value<0.0001). Low social level was significantly associated with maternal complications (p-value<0.0001). Concerning fetal adverse outcomes, a significant association was found between high maternal BMI, weight gain during pregnancy and macrosomia (p-value<0.0001).

Biography

Mayssa Adnan Traboulsi had completed her Masters in Nutrition and Public Health in 2013 from the University of Holy Spirit kaslik, Lebanon. Currently she is pursuing PhD in Caddy Ayyad University, Morocco. She is an instructor in Lebanese international university since 2013 and has her own private diet clinic.

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A practical approach for assessment and management

Nabil Al-Kayssi

University of Alberta, Canada

It is well known that one of major complications of diabetes is foot infection, which is defined as 'soft tissue or bone infection below the malleoli'. It is the most common complication of diabetes mellitus leading to hospitalization and the most frequent cause of non-traumatic lower extremity amputation. Diabetic foot infections are diagnosed clinically based on the presence of at least two classic findings of inflammation or purulence. Infections are classified as mild, moderate, or severe. Most diabetic foot infections are polymicrobial. This type of infections are serious as most of the patients ignores them until get more serious as the patient usually does not feel any pain or feel minimal pain due to peripheral neuropathy and vasculopathy. In this presentation I will shed a light on this very important and serious diabetic complication and practical methods for management. The presentation will discuss the following points: (1) Clinical assessment of infected foot in diabetic patients and whether it is cellulitis, infected ulcer, septic arthritis and/or osteomyelitis. (2) Investigations, including blood and diagnostic imaging help in reaching the diagnosis. (3) The most common pathogens causes foot infections and appropriate selection and use of antibiotics. (4) Appropriate selection and use of the type of dressing suitable for each wound and infection. (5) When to seek orthopaedic consultation to consider amputation.

Biography

Nabil Al-Kayssi has done his graduation form medical college in Baghdad/ Iraq and granted M.B.Ch.B. in 1984, then he finished a master degree in Human anatomy, embryology and neuroscience in 1994 from Iraq. He was a lecturer and assistance professor of Human Anatomy in Iraq for 12 years. In 1999 Dr. Al-Kayssi immigrated to Canada and obtained a full licence of medical council of Canada in 2005 and then Canadian board in Family medicine in 2009. Dr. Al-Kayssi worked as family and emergency physician and as a Hospitalist at different Canadian hospitals from 2001. Now Dr. Al-Kayssi works as a Hospitalist and intravenous Clinic staff physician, infectious diseases at Sturgeon Hospital, Site Lead, East Edmonton Health Centre and Clinical lecturer at University of Alberta, Faculty of Medicine in Alberta, Canada.

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From weight management via diabetes control to cardiovascular risk reduction

Gerald C. Hsu

EclaireMD Foundation, USA

Introduction: Since 1997, the author has been diagnosed with obesity, type 2 diabetes (T2D), hypertension, hyperlipidemia, and suffered five cardiac episodes. He spent 20,000 hours since 2010 to study and research his chronic diseases in order to save his own life.

Methods: He created a math-physical medicine approach, instead of using the traditional biochemical approach, to conduct his research. Initially, he defined inter-relationships among 11 categories and 500 elements of a human metabolism system. He collected and processed 1.5 million data of his lifestyle details and medical conditions. Furthermore, utilizing physics, mathematics, engineering modeling, and artificial intelligence (AI), he developed four prediction models with 99% accuracy, including weight, fasting plasma glucose, post prandial glucose, and hemoglobin A1C. Finally, he developed a risk probability model of having heart attack or stroke.

Results: From the period of 2013-2018, he has reduced his weight from 220 lbs. to 167 lbs., waistline from 44" to 32", and BMI from 33.1 (obese) to 24.7 (normal). Based on his acquired knowledge, he developed AI-based prediction tools to reduce his average glucose value from 279 mg/dL to 116 mg/dL, A1C from 10% to 6.5%. Since 2016, his hypertension and hyperlipidemia are no longer health concerns along with dropping his cardiovascular risk from 74% to 31%.

Conclusion: Over eight years, the author was finally able to control his weight and T2D along with greatly reducing his cardiovascular risk. In addition to his willpower and persistence, his diligence in acquiring medical knowledge from reading hundreds of textbooks and medical papers has assisted him. More importantly, his knowledge from other disciplines in mathematics, physics, engineering, statistics, computer science, and technology have provided him necessary and useful tools.

Biography

Gerald C Hsu has completed his PhD in Mathematics and has been majored in Engineering at MIT. He has attended different universities over 17 years and studied seven academic disciplines. He has spent 20,000 hours in T2D research. First, he studied six metabolic diseases and food nutrition during 2010-2013, then conducted research during 2014-2018. His approach is math-physics and quantitative medicine based on mathematics, physics, engineering modeling; signal processing, computer science, big data analytics, statistics, machine learning and AI. His main focus is on preventive medicine using prediction tools. He believes that the better the prediction, the more control you have.

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Gastro Intelligence as a driver for weight loss and reconnection with self

Oudi Abouchacra

Parker University, Texas

Obesity has thus become a global epidemic and individuals continue to struggle with this diet and that in efforts to lose weight, prevent further weight gain and get healthy. Despite the myriad of available diets, little success has been achieved as these mainstream diets are restrictive, too regimented and cannot be sustained in the long term. People therefore need to be empowered to find their own way of eating that is effective, sustainable and enjoyable. Humanity's potbelly is not the only issue though. Human beings are severely dis-c-on-n-e-c-t-and with themselves the question is; it is reverible? Despite the fact that this journey of reconnection revolves around food, it has the potential to affect not only ones' body but one's journey of self-mastery in general. This presentation cuts through the complex web of nutritional info to deliver to you a simple eating methodology. With each meal you will uncover and piece together the only sustainable diet out there, your OWN unique diet. By doing so you will be on your way to getting to your ideal weight, staying there for life while avoiding a myriad of common digestive issues. There are factors just as, if not more important than, what you should and shouldn't eat. In this presentation, there will be a focus on when human beings should eat and how many times per day. Intermittent fasting will be discussed, along with the research supporting it. However intermittent fasting will be faced off against a powerful philosophy, simple psychology and solid logic in efforts to discover the superior way of looking at meal timing, meal number, and fasting. Participants will leave with not only a handful of new terms but considerable food for thought surrounding the question of WHEN to eat.

Biography

The founder and chief inspirational officer, dr. Oudi Abouchacra, is an international speaker, author, coach, certified demartini method® facilitator, master nlp certificate awarded by the national federation for neuro-linguistic-psychology, former vp of the emirates chiropractic association and executive director for bni abu dhabi. Dr.Oudi thrives on educating, empowering and enlightening professionals worldwide. From downtown Toronto to Uptown Johannesburg, Australia, Africa, Lebanon, and throughout the UAE – Dr.Oudi has empowered thousands of professionals from around the globe to maximize their health potential.

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Workshop (Day 3)

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Najamunissa Basha

Newcastle Medical Centre, UAE

Diabetes care: Management in primary health care

Diabetes is one of the most common chronic-metabolic disorders that are resulting in unacceptably high human, social and economic costs globally and above all, for the individuals with diabetes and their families. The healthcare systems around the world are facing the challenges of the diabetic pandemic and are struggling to establish effective diabetic care. Primary Health Care (PHC) teams play a central role in diabetes care, both within the health care system by providing diabetes care in the community and as a shared care with secondary health care. For the majority of all diabetes cases, primary care physicians will be the first point of contact. For patients with metabolic abnormalities, assessing the risk and screening for prediabetes is one of the strength of PHC. On the other side of the diabetic disease spectrum the efficient primary care diabetes team can provide high quality, clinical and cost effective diabetes disease management in the community, reducing the burden of secondary healthcare. The PHC diabetes team needs a multi-disciplinary approach which includes a primary care physician (with special interest in diabetes) as well as other health care professionals such as diabetes nurses and educators, dieticians, exercise physiologists, pharmacists and mental health professionals for a holistic and patient-centered diabetic care at community level. There is strong evidence supported by many studies that clinical and cost-effective diabetes care can be achieved in PHC by providing the early prevention, treatment of diabetes and related conditions. This workshop will focus on PHC diabetes model and diabetic clinical care pathway with discussion on the challenges and barriers faced by the primary healthcare team. The clinical discussion with emphasis on initiation and intensification of diabetic management including patients' self-management strategies and clinical recommendations for PHC physicians referring to clinical inertia in diabetic pharmacological treatment. The case discussion will highlight the advanced diabetes treatment in primary care diabetes.

Biography

Najamunissa Basha is a Consultant in Family Medicine with special interest in diabetes working in Newcastle Primary Health Care, Abu Dhabi, UAE. After completing her MBBS from India she moved to the UK where she has joined the specialist training (VTS) and achieved her CCT in general practice/ family medicine. She has completed her MRCP from the Royal College of General Practitioners, London. Apart from family medicine she has experience in home health care and chronic disease care. She has a great interest in diabetes care and has completed her Post Graduate Diploma in Diabetes with distinction and merit award from the University of Leicester, UK. She has been working as a GP in UK from 2005 and moved to KSA in 2011 and has worked in Premier Institutions like King Fahd Medical City and the Ministry of National Guard Hospital, Riyadh. She has moved to Abu Dhabi in 2016 and has started with Healthplus family center. She has also worked as a Clinical Lead for Diabetes Care and has served as a Board Member for the chronic disease care committee in primary health care at the King Abdul Aziz Medical City, Ministry of National Guard, Riyadh, KSA.

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