Уважаемые коллеги!

Мы рады приветствовать Вас на Курсах последипломного образования по клиническому диабету, которые уже во второй раз проводит Европейская ассоциация по изучению диабета (EASD) на территории России.

Казань – столица Республики Татарстан, один из крупнейших и красивейших городов России, входящий в список городов всемирного наследия ЮНЕСКО. Это уникальный город не только на территории России, но и возможно в мире, который легко соединяет в себе культуру и традиции Востока и Запада - рядом с точеными башнями минаретов мирно уживаются старинные православные церкви. В 2005 году Казань отметила свой тысячелетний юбилей. Несмотря на столь почтенный возраст, город растет и динамично развивается во всех отношениях. В последнее время Казань стала центром крупных международных мероприятий и вызывает с каждым годом все больший международный интерес. Именно поэтому Казань была выбрана местом проведения вторых курсов последипломного образования по клиническим вопросам сахарного диабета в России.

Мы надеемся, что участники курсов получат не только хорошую возможность непосредственного общения с ведущими международными специалистами в области сахарного диабета, но и смогут обсудить практические вопросы ведения больных, поделиться собственным опытом и получить бесценные рекомендации в лечении такого сложного заболевания, как сахарный диабет.

С уважением,
Оргкомитет

Dear colleagues!

We are glad to welcome you on the II EASD Postgraduate Course on Clinical Diabetes arranged by EASD in Russia.

Kazan is the capital of the Republic of Tatarstan, one of the largest and most beautiful cities of Russia, which is on the list of UNESCO World Heritage cities. Kazan is the unique city not only in Russia but may be in the world, which easily and peacefully combines the culture and traditions of the East and the West: next to the finely cut minaret towers there are old Orthodox churches. In 2005 Kazan celebrated its millennium jubilee. Despite of such venerable age, the city is growing and dynamically developing in all respects. Lately Kazan became the centre of big world events and attracted considerable international interest. That is why we chose Kazan as the venue of the second EASD Postgraduate Course on Clinical Diabetes.

We hope that the participants of Postgraduate Course will have the great opportunity not only of direct dialogue with the leading international experts on clinical diabetes, but will have chance to discuss methods of treatments of the patients, exchange of the own experience and get precious recommendations of treatments of such complicated disease as clinical diabetes.

Yours faithfully,

Organizing Committee

ПРОГРАММА КУРСОВ ПОСЛЕДИПЛОМНОГО ОБРАЗОВАНИЯ ПО КЛИНИЧЕСКОМУ ДИАБЕТУ ЕВРОПЕЙСКОЙ АССОЦИАЦИИ ПО ИЗУЧЕНИЮ ДИАБЕТА (EASD) КАЗАНЬ, 12-14 СЕНТЯБРЯ 2013 Г.

Четверг, 12 сентября 2013

10:00 – 13:00 Регистрация на стойке регистрации

13:00 **ЦЕРЕМОНИЯ ОТКРЫТИЯ**
А.Аметов, профессор от имени ГБОУ ДПО «Российская медицинская академия последипломного образования» Миндздрава России, Россия
С.Tack, профессор, от имени EASD (Европейской ассоциации по изучению диабета), Нидерланды
И.Гурьева, профессор, от имени Организационного комитета по проведению курсов, Россия
Представители администрации Татарстана и города Казани

СЕССИЯ 1 - Диабет 2013: реальная ситуация
Председатели: К.Так, Л.Чуприняк

13:30 **Новости фундаментальной клинической науки за последние 12 месяцев**
К. Так, Нидерланды

14:00 **Патофизиология сахарного диабета второго типа**
А. Аметов, Россия

14:30 **Патофизиология первого и второго типа диабета у детей, подростков и молодых взрослых**
Т. Баттелино, Словения

15:00 **Эпидемиология сахарного диабета и его осложнений. Организация помощи больным сахарным диабетом в России**
М.Шестакова, Россия

15:30 **КОФЕ- БРЕЙК**

СЕССИЯ 2 - Острые осложнения сахарного диабета
Председатели: А. Аметов, И. Гурьева

16:00 **Гипергликемические неотложные состояния**
Л. Чуприняк, Польша

16:30 **Гипогликемия и нарушение ее распознавания**
П.Чаудхари, Великобритания

17:00 **Диабет и беременность**
Л.Рингхольм, Дания

17:30 **Управление сердечно - сосудистыми рисками**
Л. Чуприняк, Польша

18.00 **Закрытие первого дня работы**

PROGRAM II EASD POSTGRADUATE COURSE ON CLINICAL DIABETES KAZAN, RUSSIA, 12-14 SEPTEMBER 2013

Thursday, 12th of September 2013

10:00 - 13:00 Registration at Welcome Desk

13:00 **OPENING CEREMONY**
Professor A. Ametov, on behalf of Russian Medical Academy of Postgraduate Education Studies under the Federal Agency of Health Care and Social Developement, Russia
Professor Cornelis (Cees) Tack, on behalf of EASD, the Netherlands
Professor I. Gurieva, on behalf of Local Organizing Committee, Russia
Representatives of Tatarstan and Kazan Administration

SESSION 1 - Diabetes 2013: the actual situation
Chairs: C. Tack, L. Czupryniak

13:30 **News from Basic and Clinical Science over the last 12 months**
C. Tack, the Netherlands

14:00 **Pathophysiology of type 2 diabetes**
A.Ametov, Russia

14:30 **Pathophysiology of type 1 and Type 2 diabetes in children, adolescents and young adults**
T. Battelino, Slovenia

15:00 **Epidemiology of diabetes and complications and organisation of health care Diabetes in Russia**
M. Shestakova, Russia

15:30 **COFFEE-BREAK**

SESSION 2 - Acute complications of Diabetes
Chairs: A. Ametov, I. Gurieva

16:00 **Hyperglycemic emergencies**
L. Czupryniak, Poland

16:30 **Hypoglycaemia and hypoglycaemia unawareness**
P. Choudhary, UK

17:00 **Diabetes and pregnancy**
L. Ringholm, Denmark

17:30 **Cardiovascular risk management**
L. Czupryniak, Poland

18:00 **Close of the 1st day**

ПРОГРАММА КУРСОВ ПОСЛЕДИПЛОМНОГО ОБРАЗОВАНИЯ ПО КЛИНИЧЕСКОМУ ДИАБЕТУ ЕВРОПЕЙСКОЙ АССОЦИАЦИИ ПО ИЗУЧЕНИЮ ДИАБЕТА (EASD) КАЗАНЬ, 12-14 СЕНТЯБРЯ 2013 Г.

Пятница, 13 сентября 2013

СЕССИЯ 3 - Лечение диабета, от теории к практике
Председатели: Д.Маурисио, А.Ноуэн

09:00 **Контроль уровня глюкозы при диабете второго типа – цель, какие использовать препараты**
Д.Маурисио, Испания

09:30 **Обучение пациента / приверженность лечению**
А.Ноуэн , Нилерланды

10:00 **КОФЕ-БРЕЙК**

10:30 – 13:00 **Параллельные семинары**
Каждый делегат может посещать 2 из 3 семинаров
Каждый семинар длится 60-70 минут и повторяется 2 раза

1. Диабет и беременность
Л.Рингхольм, Дания и Н.Арбатская, Россия,
2 Пациенты с сахарным диабетом и болезнями сердца: Когда время для консервативного лечения и когда для хирургического вмешательства
Л.Чуприняк, Польша и З. Галеева, Россия
3. Практические аспекты контроля глюкозы, от анализа мочи для непрерывного мониторинга глюкозы
Р.Ховорка, Великобритания и Н.Черникова, Россия

13:00 **ОБЕД**

СЕССИЯ 4 - Долгосрочные осложнения диабета
Председатели:М.Порта, Е. Джуд

14:00 **Диабетическая ретинопатия и ее профилактика**
М.Порта, Италия

14:30 **Диабетическая невропатия: диагностика и лечение (также включая диабетическую стопу)**
Е.Джуд, Великобритания

15:00 **Диабетическая стопа Шарко**
И. Гурьева, Россия

15:30 **КОФЕ-БРЕЙК**

16:00 – 18:00 **Параллельные семинары**
Каждый делегат может посещать 2 из 3 семинаров
Каждый семинар длится 60 минут и повторяется

1. Практические аспекты: Диабет и уход за ногами (с пациентами)
И. Гурьева, Россия; Е.Джуд, Великобритания
2. Пациенты с диабетом и альбуминурей - можем ли мы замедлить процесс и когда обращаться для диализа
Л.Гнуди, Великобритания; А. Максудова, Россия
3. Практические аспекты терапии инсулином и CGM
П.Чаудхари, Великобритания, Е. Патракеева, Россия

PROGRAM II EASD POSTGRADUATE COURSE ON CLINICAL DIABETES KAZAN, RUSSIA, 12-14 SEPTEMBER 2013

Friday, 13th of September 2013

SESSION 3 - Treatment of Diabetes, from theory to practice
Chairs: D. Mauricio, A. Nouwen

09:00 **Glucose control in type 2 diabetes - targets and which drug to use**
D. Mauricio, Spain

09:30 **Patient education / therapy adherence**
A. Nouwen, Netherlands

10:00 **COFFEE-BREAK**

10:30 -13.00 **PARALLEL WORKSHOPS**
Each delegate can attend 2 of the 3 workshops.
Each workshop lasts 60 - 70 minutes twice

1. Diabetes and pregnancy
L. Ringholm, Denmark, N.Arbatskaya, Russia
2. Patients with diabetes and heart disease: when is it time for conservative and intervention treatments
L. Czupryniak, Poland, Z.Galeeva, Russia
3. Practical aspects of glucose monitoring, from urinanalysis to continuous glucose monitoring
R. Hovorka, UK, N. Chernikova, Russia

13:00 **LUNCH**

SESSION 4 - Long-term Complications of Diabetes
Chairs: M. Porta, E. Jude

14:00 **Diabetic retinopathy and its prevention**
M. Porta, Italy

14:30 **Diabetic Neuropathy: diagnosis and treatment - also to including diabetic foot**
E. Jude, UK

15:00 **Diabetic Foot - Charcot**
I. Gurieva, Russia

15:30 **COFFEE-BREAK**

16:00- 18:00 **PARALLEL WORKSHOPS**
Each delegate can attend 2 of the 3 workshops.
Each workshop lasts 60 - 70 minutes twice

1. Practical aspects of Diabetes Foot care (With patients)
I. Gurieva, Russia; E. Jude, UK
2. Patients with diabetes and albuminuria – can we slow the process and when to refer for dialysis
L. Gnudi, UK, A. Maksudova, Russia
3. Practical aspects of insulin therapy and CGM
P. Choudhary, UK, E. Patrakeeva, Russia

ПРОГРАММА КУРСОВ ПОСЛЕДИПЛОМНОГО ОБРАЗОВАНИЯ ПО КЛИНИЧЕСКОМУ ДИАБЕТУ ЕВРОПЕЙСКОЙ АССОЦИАЦИИ ПО ИЗУЧЕНИЮ ДИАБЕТА (EASD) КАЗАНЬ, 12-14 СЕНТЯБРЯ 2013 Г.

Суббота, 14 сентября 2013

СЕССИЯ 5 - Особые ситуации
Председатели: П.Чаудхари, Л.Гнуди

09:00 **Ведение пациентов с диабетом в стационаре**
П.Чаудхари, Великобритания

09:30 **Диабетическая нефропатия**
Л.Гнуди, Великобритания

10:00 **Профилактика гипогликемических состояний с помощью современных технологий**
П.Ховорка, Великобритания

10:30 **КОФЕ-БРЕЙК**

11:00 **ПОСТЕРНАЯ СЕССИЯ**

12:00 **ОБЕД**

СЕССИЯ 6 - Взгляд в будущее
Председатели: К.Так, И.Гурьева

14:00 **Сердечно-сосудистые исходы в клинических исследованиях новых противодиабетических препаратов - что мы имеем на настоящий момент и ожидаемые результаты**
Д.Маурисио, Испания

14:30 **Следующие 12 месяцев в лечении диабета и научных исследованиях: планы на ближайшее будущее**
К.Так, Нидерланды

15:00 **Исследования диабета: между прошлым и будущим**
М.Порта, Италия

15:30 **ЗАКРЫТИЕ.**

PROGRAM
II EASD POSTGRADUATE COURSE ON CLINICAL DIABETES KAZAN, RUSSIA, 12-14 SEPTEMBER 2013

Saturday, 14th of September 2013

SESSION 5 Special situations
Chairs: P. Choudhary, L.Gnudi

09:00 **In hospital management of diabetes**
P. Choudhary, UK

09:30 **Diabetic nephropathy**
L.Gnudi, UK

10:00 **Preventing hypoglycaemia through modern technology**
R. Hovorka, UK

10:30 **COFFEE-BREAK**

11:00 **POSTER PRESENTATION SESSION**

12:00 **LUNCH**

SESSION 6 - A look into the future
Chairs: C. Tack; I. Gurieva

14:00 **Cardiovascular outcome trials with new diabetes drugs – what is ongoing and expected results**
D. Mauricio, Spain

14:30 **The next 12 months in diabetes care & research: expectations for the near future**
C. Tack, the Netherlands

15:00 **Diabetes Research. Between Past and Future**
M. Porta, Italy

15:30 **CLOSING CEREMONY**

Dr. Pratik Chaudhary
Clinical Senior Lecturer at King's College London, UK

Dr. Pratik Chaudhary works within Prof Stephanie Amiel's research group with an interest in hypoglycaemia at the King's College London, UK. He is comparing regional brain responses to hypoglycaemia in hypoglycaemia aware and unaware individuals using PET and also looking at brain responses to nutrient ingestion using fMRI. He has an interest in the modulation of counter-regulatory responses to hypoglycaemia. He is investigating mechanisms by which he can improve awareness and protective hormonal responses to hypoglycaemia in those with impiared responses. The group also has an interest in new technology such as on line glucose sensing and closed loop systems and is currently investigating the role of real time continuous glucose monitoring in prevention of hypoglycaemia.

Старший Преподаватель Королевского колледжа, Лондон, Великобритания
Доктор П. Чаудхари работает в исследовательской группе профессора Стефани Амиэля при Королевском колледже, Лондон, Великобритания, изучает гипогликемию. Проводит сравнительный анализ воздействия гликемии на клетки головного мозга человека с использованием метода ПЭТ. Группа проф. Стефани Амиэля изучает новые технологии в определении уровня глюкозы для профилактики гипогликемии.

Prof. Massimo Porta
Turin University, Turin, Italy

Massimo Porta is Head of the Unit of Internal Medicine 1, at Turin Teaching Hospital (Molinette). Dr. Porta is President-elect of the Study Group on Eye Complications of Diabetes of the European Association for the Study of Diabetes (EASDec), and was Secretary of the Italian Society of Diabetes, Convenor of the Working Group of the Saint-Vincent Declaration for the prevention of Diabetes-Related Blindness in Europe, supported by the World Health Organization and the International Diabetes Federation and Honorary Secretary of the European Association for the Study of Diabetes (EASD) in 1999–2001. Dr. Porta's research interests includes the pathogenesis of diabetic retinopathy, prevention of diabetes-related blindness and Group Care, a new model to manage chronic diseases based upon patient education according to a systemic approach. Dr. Porta has authored over 110 papers in indexed journals, co-edited 11 books/ monographs. He is Co-editor of the series Frontiers in Diabetes published by Karger, Basel, and Editor-in-Chief of the Giornale Italiano di Diabetologia e Metabolismo.

Туринский Университет, Турин, Италия
Профессор М. Порта - руководитель отдела Внутренней Медицины 1, при клинической больнице (Molinette), Турин, Италия. Избран президентом исследовательской группы по изучению осложнений глаз при диабете при Европейской ассоциации по изучению диабета (EASD); был ответственным секретарем Итальянского общества по изучению диабета, руководителем европейской рабочей группы Сент-Винсентской Декларации по профилактики слепоты, вызванной сахарным диабетом при поддержке Всемирной организации здравоохранения и Международной диабетической федерации, был Почетным секретарем Европейской ассоциации по изучению диабета (EASD) в 1999-2001 годах. Круг исследовательских интересов включает патогенез диабетической ретинопатии, профилактику такого осложнения при сахарном диабете, как слепота и оказание междисциплинарной помощи, как новой модели при лечении хронических заболеваний, в основе которой лежит повышение образования пациента. Является автором более 110 статей в соответствующих журналах, соавтором 11 книг и монографий. Он является со-редактором серии сборников по Диабету, опубликованных Каргером, Базель, и главным редактором журнала по Диабету и Метаболизму, издаваемого в Италии.

Prof. Leszek Czupryniak
Professor Dept. of Internal Medicine & Diabetes, University of Lodz, Poland

Dr. Leszek Czupryniak is a physician researcher, involved mostly in clinical studies on pathogenesis and treatment of type 2 diabetes mellitus, hypertension and obesity, with particular interest in mechanisms responsible for their co-existence. He has been also investigating cardiovascular risk factors in diabetes and obese subjects, including

endothelial dysfunction studies in vivo and obstructive sleep apnoea syndrome. He graduated from Medical University of Lodz, Poland, in 1994, is a specialist in internal medicine and diabetology, completed his doctorate thesis on homocysteine metabolism in type 2 diabetes in 2001, and habilitation thesis on blood pressure regulation in type 2 diabetes and obesity in 2008. His medical and research training included scholarship or courses at the United Kingdom Prospective Diabetes Study centre (Oxford Centre for Diabetes, Endocrinology and Metabolism) in Oxford (UK), Maastricht (the Netherlands), King's College, London (UK), Miami (USA). Dr. Czupryniak is currently the president of Diabetes Poland (professional scientific Polish diabetes association) and a member of the Council of the European Association for the Study of Diabetes (EASD), serving the post of the Secretary of the EASD Postgraduate Education Subcommittee.

Доктор Л. Чуприняк, врач-исследователь, который приглашается для проведения клинических исследований патогенеза и лечения больных сахарным диабетом 2 типа, артериальной гипертензии и ожирения. Занимался исследованием сердечно-сосудистых факторов риска при диабете и ожирении. Закончил Медицинский Университет в г. Лодзь, Польша, в 1994 году, по специальности внутренних болезней и диабетологии, защитил докторскую диссертацию на тему нарушения метаболизма при СД 2 типа в 2001 году, и докторскую диссертацию по регулированию артериального давления при СД 2 типа и ожирении в 2008 году. Ведет обучение и клинические исследования в Оксфордском Центре Эндокринологии и Обмена Веществ (Великобритания), учебных центрах в Маастрихте (Нидерланды), Королевском колледже, Лондон (Великобритания), учебном центре в Майами (США). В настоящее время является президентом Диабетического Общества Польши, является членом Совета Европейской ассоциации по изучению диабета (EASD), секретарем комитета EASD по последипломному образованию.

Prof. Cornelis J.Tack
Professor in Internal Medicine, particularly Diabetology and Head of the Diabetes Section at the Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands.

He received his medical degree from the Radboud University of Nijmegen in 1985, where he graduated cum laude, completed his residency in Internal Medicine at St. Elisabeth Hospital, Amersfoort, followed by a Fellowship training at the Radboud University Medical Centre, Nijmegen, The Netherlands. In 1997 he defended his thesis entitled "Cardiovascular effects of insulin. Studies in normal and insulin resistant subjects", which was nominated for the best thesis in diabetes. In 1997, shortly after becoming licensed to practice medicine in the USA, dr. Tack became a Clinical Associate in the Clinical NeuroScience Branch at the National Institute of Health in Bethesda, Maryland. Dr. Tack has acquired several grants as a principal investigator including topics such as insulin resistance in relation to the sympathetic nervous system, vascular changes in response to AMPK activation, hypoglycemia unawareness and recently about the interaction of insulin resistance and fat tissue inflammation. He has published over 150 peer-reviewed articles and has contributed to several books. Dr. Tack is active in several (inter)national organizations and committees in the field of diabetes. In 2011 he was elected as a member of the Executive Council of the EASD and chair of the Post-Graduate Education Committee. Dr. Tack has always kept a strong interest in Clinical Diabetology and in the translation of new research findings into daily clinical practice.

Профессор в области внутренних болезней, в частности диабетологии, Глава Секции по Диабету при Медицинском Центре, Неймеген (Нидерланды).
Получил степень доктора медицинских наук в 1985 году. В 1997 году защитил кандидатскую диссертацию на тему "Влияние инсулина на сердечно-сосудистую деятельность", был номинирован на лучшую дипломную работу в области диабета. В 1997 году, после получения лицензии на медицинскую практику в США, стал врачом Отделения клинической неврологии Национального института здравоохранения в Бетесде, штат Мэриленд. Получил несколько грантов в качестве главного исследователя в том числе за такие темы, как инсулин-резистентность по отношению к симпатической нервной системе, сосудистые изменения после AMPK активации Опубликовал более 150 статей в соответствующих журналах. Принимает активное участие в работе ряда международных и национальных организаций и комитетов в области диабета. В 2011 году был избран членом Исполнительного Совета EASD и председателем комитета по последипломному образованию.

Dr. Lene Ringholm
University of Copenhagen, Denmark

Lene Ringholm is a senior specialist registrar in internal medicine and endocrinology. For the past nine years she has been affiliated with the Center for Pregnant Women With Diabetes, Rigshospitalet, University Hospital of Copenhagen, Denmark, both as a clinician dealing with diabetic women during pregnancy and as a researcher. Her research is mainly focused on type 1 diabetes during pregnancy with a special emphasis on hypoglycaemia, diabetic retinopathy, pancreatic islet function, antihypertensive therapy and pregnancy outcomes. She has published her research results in several international scientific journals and co-authored a number of textbook chapters on diabetes in pregnancy.

Л. Рингхольм - старший специалист по внутренним болезням и эндокринологии.
За последние девять лет была членом Центра для беременных женщин, больных сахарным диабетом, университетского госпиталя Копенгагена, Дания, и проводила клинические исследования женщин больных сахарным диабетом во время беременности. Исследования сосредоточены на диабете первого типа во время беременности, особый акцент на гипогликемии, диабетической ретинопатии. Опубликовала свои результаты исследований в нескольких международных научных журналах, является соавтором ряда учебных глав по диабету во время беременности.

Dr Roman Hovorka
Principal Research Associate
University of Cambridge, UK

As a non-clinical researcher, the career of Dr. Hovorka has been dedicated to gaining insights into physiology through mathematical modelling and developing control algorithms, the step-by-step calculations that lie at the heart of the 'artificial pancreas' currently in development. Dr. Hovorka joined the University of Cambridge in 2004 to pursue his work on the 'artificial pancreas', a medical device that measures blood glucose levels on a minute-to-minute basis using a continuous glucose monitor, and transmits this information to a control algorithm, which instructs an insulin pump to release the required amount of insulin into the body. The work has substantive funding from Juvenile Diabetes Research Foundation, Diabetes UK, National Institute of Health, NIHR, and the European Commission. As a member of the JDRF's Artificial Pancreas Consortium, Dr. Hovorka leads the development and testing of the 'artificial pancreas' in Type 1 diabetes.

Карьера в качестве неклинического исследователя посвящена углубленному изучению физиологической работы поджелудочной железы через математическое моделирование механизмов работы «искусственной поджелудочной железы». Вошел в состав университета Кембриджа в 2004 году, чтобы продолжить работу по моделированию алгоритмов создания «искусственной поджелудочной железы», медицинского прибора для измерения уровня глюкозы в крови ежеминутно на основе непрерывного мониторинга уровня глюкозы, и передачи информации для срочного принятия решения по высвобождению инсулина в организме. Данная работа финансируется Фондом по изучению диабета, Великобритания, Национальным институтом здравоохранения, и Европейской комиссией.

Dr Arie Nouwen
School of Psychology, Middlesex University London, United Kingdom

Dr Nouwen's main research interests focus on two areas: the motivational processes underlying dietary self-care in people with diabetes. Dr Nouwen uses both applied clinical and social as well as experimental laboratory paradigms. He uses a range of methods including neuro-imaging techniques to study the relationship between patterns of eating behaviour and cortical processing of food stimuli. He has written a number of key publications. He is Associate Editor of Diabetic Medicine and was until recently a senior lecturer at the University of Birmingham, UK. He is now based at the School of Health & Social Sciences at Middlesex University, UK.

Исследовательский интерес сфокусирован на изучении механизмов мотивации поддержания диетического самообслуживания людей с диагнозом диабет. Занимается как клиническими так и социальными вопросами. В своей

работе использует различные методы, в том числе создание психологических установок пищевого поведения. Написал ряд ключевых публикаций. Является заместителем главного редактора журнала «Diabetic Medicine» (Великобритания) и до недавнего времени занимал должность старшего преподавателя университета Бирмингема, Великобритания. В настоящее время работает в Школе здравоохранения и социальных наук университета в Миддлсексе, Великобритания.

Prof. Tadej Battelino
Chief Executive of the Dept. of Pediatric Endocrinology/ Diabetology Metabolism

University Children's Hospital, Ljubljana, Slovenia
Tadej Battelino obtained his MD at the Ljubljana Medical Faculty in, where he also passed his board exam in pediatrics. In 1993 and 1994 he completed clinical fellowship in pediatric endocrinology at Loyola University of Chicago, Illinois, USA. After obtaining his PhD, he completed a postdoctoral fellowship in 1996 and 1997 at Hôpital Robert Debré and INSERM U-457, Paris, France. He is currently a tenured professor of pediatrics at the Ljubljana Medical Faculty, and the head of Department of pediatric endocrinology, diabetes and metabolism at the University Children's Hospital Ljubljana, Slovenia. His laboratory for molecular genetics and metabolism is equipped for complete DNA, RNA and protein diagnostics with gas-chromatography-mass-spectrometry, rapid mutation screening equipment, real-time PCR (Taqman), automatic sequencer (ABI Prism) and full access to gene-chip facility (Affimetrix).

Глава кафедры Детской Эндокринологии/Диабетологии и Метаболизма Детской клинической университетской Больницы, Любляна, Словения.
Получил диплом MD лечебного факультета университета в Любляне, где также сдал экзамены по специальности «педиатрия». В 1993 и 1994 году завершил клинические образование по детской эндокринологии при университете Лойолы в Чикаго, штат Иллинойс, США. В настоящее время является профессором педиатрии Медицинского факультета университета в Любляне, заведующим кафедрой детской эндокринологии, диабета и метаболизма в детской клинической университетской больнице (Любляна, Словения). Его лаборатория молекулярной генетики и метаболизма оборудована для полной диагностики на уровне ДНК, РНК и белка с использованием газовой хроматографической масс-спектрометрии и оборудованием для быстрого сканирования мутации генов.

Dr. Didac Mauricio
Chief Physician, Dept. of Endocrinology & Nutrition at Hospital Universitari Germans Trias i Pujol, Badalona

Dr. Mauricio received his medical degree from the University of Barcelona in 1985. He completed his fellowship in Endocrinology & Nutrition at Hospital de Sant Pau, Autonomous University of Barcelona, Spain (1986 – 1990). In 1993, he presented his Ph D thesis, School of Medicine, Autonomous University of Barcelona. He was a post-doc research fellow at the Steno Diabetes Center & Hagedorn Research Institute in Gentofte, Denmark, with Prof. J. Nerup's group (1994 – 1995). He has published 79 peer-reviewed articles in indexed journals and has contributed to multiple books. He has also served as a member in several local and international committees. Dr. Mauricio has been principal investigator of several research projects funded by national and international agencies. He keeps a strong interest on current clinical issues in diabetes and is currently involved in projects dealing with immune and genetic markers of autoimmune diabetes, diabetic microangiopathic complications and the diabetic foot.

Получил степень доктора медицинских наук в Университете Барселоны в 1985 году. Завершил свое образование по специальности эндокринологии и питание в госпитале при автономном университете Барселоны, Испания (1986 - 1990). В 1993 году защитил докторскую диссертацию в Школе медицины автономного университета Барселоны. Работал научным сотрудником в Диабет-Центре Стено при Научно-исследовательском институте в Гентофте Дания в группе профессора Дж. Неруна (1994 - 1995). Опубликовал 79 статей в специализированных журналах, является соавтором нескольких книг. Был членом нескольких местных и международных комитетов. Д-р Маурицио был научным руководителем ряда научно-исследовательских проектов, финансируемых национальными и международными агентствами. Интересуется текущими вопросами лечения сахарного диабета, участвует в проектах, связанных с иммунными и генетическими маркерами аутоиммунного диабета, диабетическими микроангиопатическими осложнениями диабетической стопы.

Dr. Edward Jude
Consultant Physician, Dept. of Medicine, Tameside Hospital NHS Foundation Trust, Ashton under Lyne, UK

Dr. Jude's main research interest is in diabetic complications including peripheral neurophaty, Charcot neuroarthropathy, endothelial dysfunctionand the diabetic foot. He is a consultant Diabetologist at the Tameside Hospital and Reader in Medicine at the University of Manchester as an expert in diabetic foot. Dr. Jude also holds the position as a honorary research fellow at the University of Salford and is Chairman of the European Diabetic Foot Study Group, a subgroup of EASD. He also chairs the North West Diabetes Group in the UK.

Врач-Консультант, кафедра Медицины, госпиталь Tameside Hospital NHS Foundation Trust, Ashton under Lyne, Великобритания
Основной научный интерес заключается изучении осложнений при диабете, в частности периферической нейропатии, нейропатии Шарко, эндотелиальной дисфункции диабетической стопы. Является консультантом по диабетологии при больнице Tameside и читает лекции по медицине в университете Манчестера в качестве эксперта по диабетической стопе. Является почетным научным сотрудником университета Салфорд, и председателем Европейской рабочей группы по диабетической стопе, подгруппа EASD. Является председателем Группы по диабету в Великобритании.

Д.м.н., проф. Аметов Александр Сергеевич
Заведующий кафедрой эндокринологии и диабетологии Российской медицинская академия последипломного образования Минздрава России.

Главные научные исследования последних лет направлены на изучение вопросов патогенеза, диагностики, лечения сахарного диабета, а также разработку мер профилактики этого заболевания.
Автор более 750 печатных работ. Автор 14 изобретений и патентов, в том числе 5 международных. Лауреат Государственной Премии БССР за разработку и создание радиоиммунологических наборов для определения ряда гормонов и онкомаркеров. Член Президиума Всероссийского общества эндокринологов, Президент МОО «Международная программа Диабет», Член Европейской ассоциации по изучению диабета (EASD), Председатель Комитета по образованию Российской Ассоциации Эндокринологов. Член Всемирной Федерации Диабета. Главный редактор международных журналов «Диабет. Образ жизни» и «Диабетография», журнала «Эндокринология: новости, мнения, обучение». Член редколлегий и редсоветов журналов «Остеопороз и остеопатия», «Consilium Medicum», «Сахарный диабет», «Русский медицинский журнал», «Ожирение и метаболический синдром».

Head of the department of endocrinology and diabetology, Russian Medical Academy of Postgraduate Education of Ministry of Health of Russia.
The main scientific researches of the last years are focesed on study of patogenesis, diagnostics, diabetes treatments, and development of measures of prevention of the disease.
Author of more than 750 publications and books. Author of 14 inventions and patents, including 5 international. The winner of the State Award BSSR for development and creation of radio immunological sets for definition of a number of hormones and onkomarkers.
Member of Presidium of the All-Russian Society of Endocrinology,
President of MOO «International Diabetes Program». The member of the European Association for the Study of Diabetes (EASD), Chairman of Committee on Education of the Russian Association of Endocrinology. Member of the World Federation of Diabetes. Editor-in-chief of the international magazines «Diabetes. Way of life» and «Diabetografiya», magazine «Endocrinology: news, opinions, training».
Member of editorial boards of magazines «Osteoporosis and Osteopathy», «Consilium Medicum», «Diabetes», «The Russian Medical magazine», «Obesity and metabolic syndrome».

Prof. Luigi Gnudi
Luigi Gnudi obtained his MD with Honours from the University of Parma (Italy) in 1988.

He subsequently joined the residency programme at the School of Diabetes and Endocrinology at the University of Padua-Italy (1989-1993). During 1993-1995, he worked as a postdoctoral fellow with Prof Barbara B Kahn at Beth

Israel Hospital, Harvard Medical School in Boston. In 1998 he obtained a PhD in Endocrinological Sciences from the University of Milan. He became a Fellow of both the Royal College of Physicians and the American Society of Nephrology in 2005. Dr Gnudi joined the Unit for Metabolic Medicine (within the Department of Diabetes, Endocrinology and Internal Medicine) in 1997 as Senior Lecturer and was promoted to Professor of Diabetes and Metabolic Medicine in 2011. He became Head of the Unit for Metabolic Medicine in 2010. Prof Gnudi is an Honorary Consultant Physician in Diabetes, Endocrinology and Metabolic Medicine at Guy's and St Thomas' Hospital NHS Foundation Trust.
Prof Gnudi is subject editor for Nephrology dialysis and Transplantation, Metabolism, and Journal of the American Society of Hypertension and past President of the Italian Medical Society of Great Britain. Prof Gnudi is a member of Diabetes UK, European Association for the Study of Diabetes, American Diabetes Association, American Society of Nephrology, European Diabetic Nephropathy Study Group, Physiological Society, ERA-EDTA, and also Faculty 1000.

Получил степень доктора MD (с Отличием) в университете города Парма (Италия) в 1988 году. Учился в Школе диабета и эндокринологии при университете Падуи, Италия (1989-1993). В течение 1993-1995 гг., работал в качестве научного сотрудника при профессоре Барбара В Кан в госпитале в Израиле и в Гарвардской медицинской школе в Бостоне. В 1998 году получил докторскую степень в области эндокринологии в университете Милана. Стал членом Королевского медицинского колледжа и Американского общества нефрологии в 2005 году. Стал старшим преподавателем по метаболической медицине (на кафедре Диабета, Эндокринологии и Внутренней Медицины) в 1997 г. и вырос до профессора по сахарному диабету и метаболической медицине в 2011 году. Является почетным врачом-консультантом в области диабета, эндокринологии и метаболической медицины больницы Святого Томаса NHS Foundation Trust.
Является редактором по вопросам нефрологии, диализа и трансплантации, метаболизма в журнале Американского общества гипертонии и экс-президентом Итальянского медицинского общества, Великобритания. Является членом Европейской ассоциации по изучению диабета (EASD), Американской диабетической ассоциации, Американского общества нефрологии, Европейской рабочей группы по диабетической нефропатии.

Д.м.н., проф. Шестакова Марина Владимировна
ГУ Эндокринологический научный центр (ЭНЦ) РАМН

В 1985 г. с отличием закончила I Московский Медицинский институт им. И.М.Сеченова. С 1985 г. по 1990 г. находилась в клинической ординатуре, а затем в аспирантуре на кафедре терапии и профзаболеваний I ММИ по специальности «внутренние болезни». В 1990 г. защитила диссертацию на соискание ученой степени кандидата медицинских наук по теме "Доклиническая диагностика диабетической нефропатии". В феврале 1995 г., будучи ведущим научным сотрудником Эндокринологического научного центра, защитила диссертацию на соискание ученой степени доктора медицинских наук по теме "Диабетическая нефропатия: механизмы развития и прогрессирования, лечение и профилактика". С 1998 г. и по настоящее время является заведующей отделением диабетической нефропатии и гемодиализа ГУ ЭНЦ РАМН. С 2002 г. является заместителем директора института диабета ГУ ЭНЦ РАМН. С 2002 г. М.В. Шестакова ведет активную работу в рамках Федеральной целевой программы «Сахарный диабет».
Фундаментальные и прикладные исследования М.В. Шестаковой касаются практически всех аспектов диабетологии, включая вопросы патогенеза сахарного диабета, механизмов развития и прогрессирования микро- и макрососудистых осложнений сахарного диабета, нарушений липидного обмена и особенностей коррекции артериальной гипертензии при сахарном диабете, изучения дисфункции сосудистого эндотелия и системы ангиогенеза в условиях гипергликемии.
М.В. Шестаковой принадлежит приоритет в изучении проблемы развития диабетического поражения почек (диабетической нефропатии). Под руководством М.В. Шестаковой разработаны алгоритмы ранней диагностики и предложены методы профилактики и активного лечения этого осложнения.
М.В. Шестакова является автором 255 научных публикаций (из них 147 за последние 5 лет. М.В. Шестакова является членом Европейского общества по изучению сахарного диабета (EASD) , Американской диабетической ассоциации (ADA), национальным координатором ряда международных исследований в области сахарного диабета. М.В. Шестакова с 2001 г. является Ученым секретарем общественной организации Российская ассоциация эндокринологов.
М.В. Шестакова является заместителем главного редактора журнала «Сахарный диабет», членом редколлегии журналов «Терапевтический архив», «Ожирение и метаболизм», «Клиницист»

Endocrinology Scientific Center (ESC) of the Russian Academy of Medical Science
In 1985 with honors graduated from the I Moscow Medical Institute named I.M.Sechenov. From 1985 to 1990 was in clinical internship, and then in postgraduate study in therapy and profeccional diseases of the I MMI in «internal medicine». In 1990 defended the MD thesis «Preclinical Diagnostics of a Diabetic Nephropathy». In February, 1995, defended the doctor thesis « Diabetic Nephropathy. Development and treatment and prevention». Since 1998 is the chief of dept. of a diabetic nephropathy and a hemodialysis of ESC. Since 2002 is the deputy director of Institute of Diabetes of ESC. Her basic researched connected with all aspects of a diabetology, including patogenesis of diabetes, development of micro and macrovascular complications of diabetes, violations of a lipidic exchange and features of correction of arterial hypertension at diabetes, study of disfunction of vascular endoteliya and antigenesis systems in hyperglycemia.
M. V. Shestakova possesses a priority in study of diabetic nephropathy.
M. V. Shestakov is the author of 255 scientific publications. Member of the European Association for the Study of Diabetes (EASD), the American Diabetic Association (ADA). She is the deputy editor-in-chief of the magazine "Diabetes', the associate editor of magazines «Therapeutic Archive», «Obesity and Metabolism», «Clinical physician»

Д.м.н., проф Гурьева Ирина Владимировна
Заведующая сектором медико-социальной экспертизы и реабилитации при эндокринных заболеваниях ФГБУ Федеральное бюро медико-социальной экспертизы Минтруда России (Руководитель д.м.н.М.А.Дымочка), профессор кафедры эндокринологии и диабетологии Российской медицинской академии последипломного образования (зав. кафедрой – профессор А . С. Аметов).

С 1991 года деятельность посвящена организации и развитию междисциплинарной помощи больным сахарным диабетом и диабетической стопой в России. С 1991 г. – директор некоммерческой организации «Центр диабетическая стопа Международной программы «Диабет». Основное направление деятельности Центра – профилактическая, лечебная и реабилитационная помощь больным сахарным диабетом и диабетической стопой, профилактика ампутаций, научные исследования и последипломная подготовка врачей. Область научных интересов и публикаций – диабетическая автономная и сенсомоторная нейропатия, диабетическая стопа, осложнения сахарного диабета, медико-социальная экспертиза и реабилитация больных с эндокринными заболеваниями. Избиралась членом Комитета Европейской ассоциации по изучению диабета (EASD), 2003-2007, комитета Группы по изучению дибетической стопы (2001-2008), являлась представителем России в Международной рабочей группе по диабетической стопе – консультантом секции (IWG DF). Является членом Международной федерации по диабету, представителем различных международных организаций по изучению пробем сахарного диабета, рецензентом международных журналов: Diabetes Medicine (UK), Diabetes Science and Technology (US), членом редакционной коллегии журнала Diabetic Foot Journal (UK). Автор более 180 статей. Участница и руководитель научной программы медико-биологических исследований женской высокоширотной полярной лыжной антарктической экспедиции 1988-1989 гг.

Head of department of Endocrinology, Federal Bureau of Medical and Social Expertise for people with disabilities, professor of department of Endocrinology and Diabetology, Russian Medical Academy of Postgraduate Education.
She was trained in diabetic foot in University Clinic of Geneva, Manchester Royal Infirmary and University of Virginia (rehabilitation and technology). She is a Director of "Diabetes Foot Centre" of "International Diabetes Programm" scince 1991, she is a national representative in International Working Group of Diabetic Foot. She was elected as Council Member of European Association for the study of Diabetes (EASD) (2003-2007) and as Committee Member of Diabetic Foot Study Group of EASD (DFSG) (2001-2008). Fields of research interests: diabetic foot, diabetic sensory-motor and autonomic neuropathy, diabetic complications. She is reviewer of Diabetes Medicine (UK), Diabetes Science and Technology (US), member of editorial board of Diabetic Foot Journal (UK). She organized several International Diabetic Foot meetings (2005, 2008, 2011) and 1st Postgraduate Course in Diabetes for EASD (2007) in Russia.
She participated in several polar expedition, head of biomedical research program of women expedition in Antarctica in 1988-89.

К.м.н Арбатская Наталья Юрьевна
Врач-эндокринолог. Кандидат медицинских наук.

Окончила в 1997 г. Владивостокский Государственный Медицинский Университет. Клиническая ординатура по специальности «эндокринология» на базе кафедры эндокринологии ММА им. И.М. Сеченова в 1997-1999 гг.
Защита диссертации по теме: «Сахарный диабет и беременность»
Работала в ГКБ № 1 им. Н.И. Пирогова с 2000 по 2012 гг. Занимается научно-исследовательской работой в области «Сахарный диабет и беременность» на базе кафедры эндокринологии и диабетологии факультета усовершенствования врачей Российского научно-исследовательского медицинского университета с 2003 г по н.в. Сертифицированный специалист по диабетологии, тиреоидологии, помповой инсулинотерапии и круглосуточному мониторированию глюкозы в терапии различных типов сахарного диабета.

Doctor-endocrinologist. Candidate of medical sciences.
Graduated from Vladivostok State Medical University in 1997. Clinical internship in «Endocrinology» at MMA named I.M.Setchenov in 1997-1999. Defended thesis on a subject: «Diabetes and pregnancy».Joined Hospital named Pirogov from 2000 till 2012. Engaged in research for diabetes and pregnancy on the basis of endocrinology dept. of postgraduate education in medicine at the Russian Research Medical University since 2003. The certified expert in a diabetology, tireoidologiya, pump insulinotherapy and glucose everyminute monitoring.

К.м.н. Черникова Наталья Альбертовна
Доцент кафедры эндокринологии и диабетологии ГБОУ ДПО «Российская медицинская академия последипломного образования Минздрава России».

На кафедре с 1995 года, с 1997 г. - директор Центра «Образ жизни», организованного в эндокринологическом отделении ЦКБ Гражданской авиации под эгидой МОО «Международная программа Диабет». С 2003 г. ведет направление на кафедре по обучению врачей и пациентов новым технологиям в диагностике и лечении сахарного диабета (методы непрерывного мониторирования гликемии (CGMS), помповой инсулинотерапии, глюкокардиомониторированию). С 2010 года разработала и ежемесячно проводит курс обучения для «продвинутых пациентов» с сахарным диабетом. Автор около 100 печатных работ. Член Всероссийского общества эндокринологов, Член Европейской ассоциации по изучению диабета (EASD), Член Американской диабетической ассоциации.

Associate professor of endocrinology and diabetology department of Russian Medical Academy of Postgraduate Education of Ministry of Health of Russia».
Since 1997 - the director of the Center "Way of life" organized on the basis of Endocrinology Department of Civil aviation Hospital, the part of "International Diabetes Program». Since 2003 conducts training of doctors and patients of new technologies in diagnostics and diabetes treatment (methods of continuous monitoring of a glycemia (CGMS), a pump insulinotherapy. Since 2010 monthly conducts a course for «the advanced patients» with diabetes. Author about 100 publications. The member of the All-Russian Society of Endocrinology, the Member of the European Association for the Study of Diabetes (EASD), American Diabetic Association.

К.м.н. Патракеева Евгения Михайловна

Ассистент кафедры факультетской терапии с курсом эндокринологии Санкт-Петербургского медицинского университета им. акад. И.П.Павлова, консультирующий эндокринолог городской многопрофильной больницы №2 г. Санкт-Петербурга.
С отличием закончила СПбГМУ им. акад. И.П.Павлова в 2005 году, проходила клиническую ординатуру на кафедре факультетской терапии, тема кандидатской диссертации посвящена вопросам вариабельности уровня глюкозы при различных режимах инсулинотерапии. Научные исследования касаются вопросов инсулинотерапии, терапевтического обучения пациентов, психологических аспектов в лечении сахарного диабета, вопросам использования новых технологий у молодых пациентов с сахарным диабетом (проводится работа по выявлению факторов, определяющих успешный перевод пациентов на постоянную подкожную

инфузию инсулина (ППИИ), по использованию непрерывного мониторирования уровня глюкозы в различных клинических ситуациях). Сфера научных интересов также включает в себя вопросы, касающиеся использования интернет-ресурсов и социальных сетей в лечении сахарного диабета. С 2012 года является членом совета экспертов обучающего сайта для российских врачей-диабетологов (www.diaeuni.ru).

Teaching Assistant in Endocrinology, Saint-Petersburg Medical University and Consultant Endocrinologist at City Hospital #2, Saint-Petersburg.
She received her medical degree from the Saint-Petersburg Medical University in 2005, where she graduated cum laude and completed her residency in endocrinology and internal medicine, research fellowshipon glucose variability theme at faculty therapy department of this University. Her research interests include insulin therapy, patient education, psychological issues in diabetes care, the use of new technologies in diabetes, especially for young adults (she is investigating factors by which it will be possible to improve results in switching patients on CSII therapy, the role of continuous glucose monitoring in different clinical situations). She also has an interest in development of web-based resources and social media useas a components of diabetes therapy and patients' psychological support.Since 2012 has been a member of advisory board of the educational site for Russian diabetologists (www.diaeuni.ru). She has organized on a regular basis the course of continuous postgraduate education for young diabetologists in Saint-Petersburg with the aim of recent international research findings translation into everyday clinical practice. Member of Russian Endocrinology Society, European Association for Study in Diabetes (EASD) and American Diabetes Association (ADA)

Доцент Максудова Аделя Наилевна

ГБОУ Казанский государственный медицинский университет (КГМУ).
С отличием закончила КГМУ (ранее Казанский государственный медицинский институт) по специальности "лечебное дело", после окончания интернатуры работала врачом-терапевтом. Прошла обучение в ординатуре и аспирантуре в КГМУ на кафедре госпитальной терапии, стажировку по вопросам нефрологии и внутренним болезням в Йельской медицинской школе, позже – обучение по «Стенфордской модели клинического обучения». В 1990 г. защитила диссертацию на соискание ученой степени кандидата медицинских наук, в 2013 – на соискание ученой степени доктора медицинских наук. А.Н.Максудова с 1998 г. - ассистент, с 2007 и по настоящее время – доцент кафедры госпитальной терапии с курсом эндокринологии КГМУ.Признана «Лучшим преподавателем клинических дисциплин» КГМУ в 2007 году.Доцент А.Н.Максудова автор и соавтор более 84 печатных работ, в том числе монографии (2013 г.), учебно-методических работ, карманных справочников, редактор перевода монографии «Секреты неотложной помощи». Основная деятельность связана с преподаванием нефрологии, кислотно-щелочных нарушений, доказательной медицины студентам, ординаторам, курсантам, обучающимся как на русском языке, так и на языке-посреднике; с проведением клинических испытаний. Научный интерес и основные научные публикации связаны с изучением механизмов прогрессирования хронической болезни почек, поражением почек при ревмтологического профиля. А.Н. Максудова член Российского и Европейского общества нефрологов.

Associated professor in the Department of Hospital Medicine and Endocrinology of Kazan State Medical University (KSMU). A.Maksudova graduated from KSMU (earlier - Kazan State Medical Institute), she has completed her clinical education (internship, residency, fellowship) in same University, completed PhD thesis in 1999. Medical and research training included training in nephrology and internal disease in Yale Medicine School, teaching course "Oxford model of medical education". A. Maksudova is involved to the education process of students and postgraduates in the field of nephrology, acid-base disorders, evidence-based medicine; principal investigator and investigator in several clinical trials (nephrology, rhematology). In 2007Maksudova was nominated as a best clinical professor in KSMU. Her research interest and publications are dedicated to mechanisms of Chronic kidney disease progression and kidney involvement in rheumatology disorders. A.Maksudova is a member of Russian and European Societies of Nephrology.

Brian Carey

Executive Administrator of EASD, organiser of EASD Postgraduate Education, EASD Virtual Meeting (www.easdvirtualmeeting.org), Online Media and EASD Press Liaison Officer

Брайан Кэрри

Исполнительный администратор Европейской Ассоциации по изучению диабета (EASD), организатор курсов последипломного образоваия по клиническому диабету, видеоконференций.

Доцент Галеева Зульфия Марсельевна

Доцент кафедры факультетской терапии и кардиологии Государственного Казанского Медицинского Университета (КГМУ)
Область интересов - терапия и кардиология.
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Interests - Therapy and cardiology

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МЕСТО ПРОВЕДЕНИЯ КУРСОВ ПОСЛЕДИПЛОМНОГО ОБРАЗОВАНИЯ ПО КЛИНИЧЕСКОМУ ДИАБЕТУ ЕВРОПЕЙСКОЙ АССОЦИАЦИИ ПО ИЗУЧЕНИЮ ДИАБЕТА (EASD) КАЗАНЬ, 12-14 СЕНТЯБРЯ 2013 Г.

МЕСТО ПРОВЕДЕНИЯ:

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ПЛЕНАРНЫЕ ЗАСЕДАНИЯ\СЕССИИ: БОЛЬШОЙ КОНФЕРЕНЦ – ЗАЛ (2ЭТАЖ)

ПАРАЛЕЛЬНЫЕ СЕМИНАРЫ 13 СЕНТЯБРЯ:
- БОЛЬШОЙ КОНФЕРЕНЦ-ЗАЛ (2 ЭТАЖ)
- ПРЕЗИДЕНТСКИЙ ХОЛЛ (2 ЭТАЖ)
- ЗАЛ СОВЕЩАНИЙ (2 ЭТАЖ)

VENUE OF THE II EASD POSTGRADUATE COURSE ON CLINICAL DIABETES KAZAN, RUSSIA, 12-14 SEPTEMBER 2013

VENUE OF THE EVENT:

Adress: KAZAN HOTEL GROUP
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Kazan, 7, Universitetskaya St

CEREMONIES AND SESSIONS: BIG CONFERENCE HALL (2ND FLOOR)

WORKSHOPS IN THE 13TH OF SEPTEMBER 2013:
-BIG CONFERECNCE HALL (2ND FLOOR)
-PRESIDENT HALL (2ND FLOOR)
-MEETING HALL (2ND FLOOR)

ABSTRACTS/POSTERS

DIABETES TYPE 1

DIABETES TYPE 2

EASD European Association for the Study of Diabetes ABSTRACTS

COMPLICATIONS

P1 TYPE 1 DIABETES MELLITUS SELF-CONTROL BY PREGNANT WOMEN

Atadjanova M.M.
Teritary Center of Endocrinology, Uzbekistan Public Health Ministry.

Aim: to assess effect of intensive type 1 diabetes mellitus self-control on outcomes of pregnancy.

Methods: We examined 2 groups of pregnant patients with type 1 diabetes mellitus (DM). 25 pregnant women performing self-control of fasting and postprandial glycemia and correcting insulin doses were included into the 1st group, 25 females controlling and correcting glycemia irregularly and missing regular visits for examination and blood sampling comprising the 2nd one.

Results: Compensation in 1st group patients was achieved by 4-5 weeks of gestation to be maintained by the patients. 22 (88%) deliveries of viable fetuses were registered in the group, 6 (27.3%) stimulated and 12 (54.5%) spontaneous deliveries, respectively, as well as 4 (18.2%) cesarean sections among them. There were 2 (8%) miscarriages and 1(4%) abortion. The newborns' weight ranged from 2750 to 4000g, assessment by Apgar scale scored 5-8. In the 2nd group diabetes compensation was achieved by 12-14 weeks of gestation being unstable. In this group the pregnancy oucomes included 18 (72%) deliveries of viable fetuses, 5 (27.7%) stimulated and 4 (22.3%) sponaneous deliveries, respectively as well as 9 (50%) cesarean sections among them. There were 6 (24%) miscarriages and one (4%) intrauterine death of a fetus. In this group signs of diabetic fetopathy were observed in 2 (10%) newborns, 4 (20%) newborns weighing 4 kg and more; 3 (15%) cases of fetal hypotrophy were registered. The Apgar score reached 5-7.

Conclusion: Regular self-control of carbohydrate metabolism facilitates increase in the percentage of favorable pregnancy outcomes in patients with type 1 DM.

P2 INTERLEUKIN 6 AND TUMOR NECROSIS FACTOR FAMILY GENES ARE ASSOCIATED WITH TYPE 1 DIABETES MELLITUS

Z.R. Balkhiyarova, T.V.Morugova1, D.S.Avzaletdinova1, Y.R.Timasheva2, T.R. Nasibullin2, O.E.Mustafina2
Bashkir State Medical University, Ufa, Russia; Institute of Biochemistry and Genetics, Ufa Scientific Centre of Russian Academy of Sciences, Ufa, Russia

Background and Aims: Presently, the cytokines are thought to play a major role in the development of type 1 diabetes mellitus (T1DM). Some of them have direct cytotoxic effect on pancreatic beta-cells. The aim of the present study was to investigate an association between genes, encoding inflammatory mediators, and T1DM.

Materials and Methods: Seven loci [-572G>C (rs1800796, IL6), -627C>A (rs1800872, IL10), 1159 A>C (rs3212227, IL12), -308G>A (rs1800629, TNF), 252A>G (rs909253, LTA), –511C>T (rs16944, IL1B), 36A>G (rs909253, TNFRSF1A)] were genotyped in 105 T1DM patients and 226 controls in the ethnic group of Tatars residing in Bashkortostan Republic, Russia. Genotyping data were analyzed using AP Sampler algorithm (P<0.05 was considered significant).

Results: The analysis has shown clear distinctions between T1DM patients and controls in LTA rs909253 and TNFRSF1A rs909253 allele and genotype frequency distribution. LTA *A/A genotype and *A allele occurred at a significantly lower frequency in T1DM patients than in control group (36.80% vs. 51.90%, P=0.010, and 60.80% vs. 70.46%, P=0.010, respectively). Thus, LTA *A/*A genotype and LTA *A allele can be considered markers of lower T1DM risk in Tatar ethnic group (OR 0.54, 95%CI: 0.35–0.84 and OR 0.65, 95%CI: 0.47–0.90, respectively). TNFRSF1A rs767455*A/A genotype frequency was decreased in the group of T1DM patients compared to the controls (16.15% vs. 26.00%, P=0.04), indicating a lower T1DM risk in Tatars (OR 0.55, 95%CI: 0.32-0.95). Multiple logistic regression analysis with step-by-step inclusion of the most significant predictors found on earlier stages of the analysis was performed next. IL6 rs1800796, TNF rs1800629 and LTA rs909253 SNPs were included in the final model. Significant synergic interaction was observed between IL6 and LTA polymorphic markers. IL6*G/G and LTA*A/G genotypes combination carriers were at increased risk of T1DM (OR=1.85, 95%CI: 1.21-2.84, R=0.02), and those carrying IL6*G/G and LTA*G/G genotypes combination had lower risk of T1DM development (OR=0.52, 95%CI: 0.28-0.98, R=0.02).

Conclusion: We report an association between T1DM and LTA rs909253 and TNFRSF1A rs767455 polymorphisms in Tatars, Russia. Synergic interaction of IL6 rs1800796 and LTA rs909253 has been found to contribute to the disease development

P3 MINERAL AND BONE DISORDERS ROLE IN CARDIAC AND KIDNEY DYSFUNCTION DEVELOPMENT IN PATIENTS WITH LONG HISTORY OF TYPE 1 DIABETES AND CHRONIC KIDNEY DISEASE

Biragova M., Gracheva S., Glazynova A., Martynov S., Manchenko O., Ulianova I., Ilin A., Shamkhalova M.,Shestakova M.
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Aims: To estimate the role of mineral and bone disorders (MBD) in development and progression of cardiacand kidney pathology in patients with long history(more than 20 years) of type 1 diabetes(T1D) and chronic kidney disease(CKD).

Materials and methods: 96 patientswith T1D and different CKD stages, including hemodialysisand kidney transplantation(KT) patients. We have estimated the arterial hypertension(AH) presence and intensity, left ventricular hypertrophy(LVH), MBD markers (calcium(Ca), phosphorus(P), calcium phosphorus product(PxCa), parathormone(PTH), vitamin D, fibroplast growth factor23(FGF23)), cardiovascular collapse marker(atrial natriuretic peptide(NTpro-BNP)), the level of hemoglobin(Hb), made a multispiral computed tomography of heart with Agatston index definition.

Results: Kidney function decreasewas associated with P,PTH,FGF 23,NTpro-BNP level increase and vitamin D deficiency; AH, LVH aggravation, anemia. Hemodialysis patients have the largest deviations of MBD markers (higher risk of cardiovascular risks).Patients with KT showed normalization of phosphorus-calcium metabolism and NT-proBNP, but some changes are saved (LVH, coronary artery calcification (CAC)),which may indicate some irreversible cardiovascular damage. P level growth, PTH, NTpro-BNP, vitamin D shortage were associated with LVH, systolic and diastolic blood pressure level, AH duration, anemia. NTpro-BNP positively correlated with PTH,FGF-23,P,PxCa, which is the direct influence confirmation of MBD on cardiovascular system condition.

Conclusions: MBD arising in CKD, leads to the development and progression of cardiac disease and aggravate renal dysfunction. Preservation of damage to the cardiovascular system in patients with transplanted kidney may indicate the need for early kidney transplantation at a predialysis stage of chronic kidney disease.

EASD European Association for the Study of Diabetes
ABSTRACTS/
DIABETES TYPE 1

P4 EDUCATION OF TYPE 1 DIABETES PATIENTS ON INSULIN PUMP THERAPY, WHAT IS BETTER: GROUP OR INDIVIDUAL

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National Research Centre for Endocrinology, Moscow, Russia

Aim: To assess glycemic control and Quality of Life (QoL) among users of continuous subcutaneous insulin infusions (CSII) with Type 1 diabetes after group education or individual training.

Methods: cross-sectional study included 73 patients (30 male, mean age 28.8±8.5years) with Type 1 diabetes (duration of diabetes 12.1±7.9years) transferring to CSII. All subjects were divided into two study groups. Patients from the 1st group (n=44) had a special structured group education programme for CSII. Patients from the 2nd group (n=29) had individual training. QoL was evaluated by ADDQoL, SF-36, WB-Q12.

Results: Both groups were not significantly differed in age, diabetes duration, BMI and HbA1c at baseline. After 4 months HbA1c was significantly lower in the 1st group: 7.5% [7.0;7.9] vs 8.6% [7.8;9.2],p=0.0012. Frequency of hypoglycemia was similar in both groups. Significantly differences in some aspects of QoL between groups were observed accordingly ADDQoL (Table 1). QoL by Social functioning scale (SF36) was higher in the 1st group (87.5 [62.5;100]) compared to the 2nd group (75 [62.5;87.5]), p=0.022. There was no difference in all WB12 scales.

ADDQoL scales	1st group	2nd group	p
Social life	-054±1.16	-1.66±2.66	0.030
Sex life	-0.79±1.61	-1.69±2.05	0.006
Motivation	-0.44±1.64	-0.86±2.98	0.016
Society reaction	-0.17±0.56	-0.72±1.53	0.004
Dependence	-1.02±1.94	-1.55±2.26	0.008
Living conditions	-0.22±1.42	-0.66±1.40	0.001

Conclusion: Glycemic control and some aspects of QoL among users of CSII were better after special structured programme for group education. So it recommended to educate patients about basic principles of general diabetes self-management in group transferring to CSII.
Acknowledgments: this study was supported by Medtronic.

P5 CLINICAL EFFECTIVENESS OF THE "DISTANT SUPPORT PROGRAM" IN TYPE 1 DIABETIC (T1D) PATIENTS USING DIFFERENT INSULIN REGIMES

Valitov Bulat.
Russian Medical Academy of Postgraduate Education Studies under The Ministry of Health Care.

Background: The main objective of effective and safe management of diabetes mellitus is to achieve long-term glycemic control, that is virtually impossible without the active participation of the patient in treatment process. Thus, today we need not only improvement in pharmacological approaches, but also creation and implementation into clinical practice a new structured training programs for diabetic patients.

Methods: The 12-month study included 69 T1D patients aged 18-66 years, using subcutaneous continuous insulin infusion (SCII) with insulin pump and multiple daily injections (MDI). All the patients have been trained in carbohydrates counting, self-control, physical activities, insulin dose changes. After that the study participants were randomised into 4 groups. The first two were patients on MDI (group 1, n=20) and SCII (group 2, n=10), receiving traditional outpatient care. The subjects from groups 3 (n=22) and 4 (n=17) used MDI and SCII respectively and were connected to "Distant Support Program" – a new real-time system of outpatient control, education and training with two-way feedback. HbA1c was measured before and 3, 6, 9 and 12 months after the onset of the study. The CGM (continuous glucose monitoring) was held before and at the end of the study. The frequency of DKA and severe hypoglycemia was also recorded.

Results: According to mean HbA1c level and CGM data at baseline in all groups the poor glycemic control was observed. After 1 year, in "main" - 3 and 4 - groups mean HbA1c level dropped from 8,94±2,06% to 7,44 ±1,53% (p 0,05) and from 8,66±1,71% to 6,74±0,97% (p 0,05) respectively. In group 1 HbA1c decreased from 8,9±1,97% to 8,27±1,58% (p 0,05) and from 8,77±2,46% to 7,84±2,04% (p 0,05) in group 4. CGM data showed reducing in glucose variability, episodes of hypo- and hyperglycemia, increase of normoglycemic periods in all groups, but mostly in 3 and 4 of them. There was no any cases of DKA and severe hypoglycemia in "main groups" as compared with 7 DKA and 2 severe hypoglycemia in traditional control groups.

Conclusions: The implementation of the "Distant support program" showed it`s high clinical effectiveness in T1D patients on insulin pump and MDI regimens: the decrease in HbA1c levels, glucose variability, episodes of hypo- and hyperglycemia, increase of normoglycemic periods and no DKA and severe hypoglycemia cases were registered.

EASD European Association for the Study of Diabetes
ABSTRACTS/
DIABETES TYPE 1

P6 SOME HORMONAL FEATURES OF HYPOPHYSIS-GONADAL SYSTEM IN MEN WITH DIABETIC NEPHROPATHY

A.N.Vydrych., S.B.Shustov., Velicanova L.I.
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Objective: The aim of this study was to investigate the hormonal feaders of hypophysis-gonadal system in men with different stages of diabetic nephropathy, including diabetic hemodialysis patients .

+Design and Methods: We examined 117 men with type 1 and 2 diabetes mellitus(DM)18-50 years old.All patients were separated on 5 groups: 1 group-10 diabetic normoalbuminuric patients (43,8±5.2 yers), 2 group-40 microalbuminuric patients(39±1.4), 3 group- 37 proteinuric patients without disturbance of renal function (52±1.5 yers), 4 group-10 patients with cronic renal failure(CRF) stage 1-2 due diabetic glomerulosclerosis (39.2±4.85), 5 group-20 patients with DM on hemodialysis maintenance (38.3±1.8). Control group included 10 healthy people (31±7.1). All patients underwent hormonal assay studies: plasma testosteron(T), prolactin(Prl),luteinizing(LH) and follicle-stimulating hormone(FSH), clinical analysis of androgen function perfomed with AMS questionnaire.

Results: Normo and microalbuminuric patients had normal range of T,Prl,but LH and FSH were elevated. Patients with proteinuria and CRF had decresed levels of testoserone($p< 0.05$,$p< 0.01$), high LH,FSH levels($p< 0.05$). Patients with CRF had clinical sings of androgen defficiency(AMS) and elevation of LH,FSH were more than second group. There was a significant Spearman correlation of daily proteinuria with plasma T($rs= -0.34$; $p=0.01$), Prl ($rs= 0.31$;$p=0.05$), AMS value ($rs=0.52$; $p<0.001$). In hemodialysis patients concetrations of T was reduced 14,2 ± 2.6 ng/ml($p< 0.05$), but higher than proteinuric and CRF group. Still, LH,FSH in hemodialysis men were significant increased($p< 0.01$) and 80% patients had high value per AMS scale. The levels of Prl in CRF and hemodialysis men was raised ($p<0.01$). The levels of T after hemodialysis session significant decreased($p< 0.05$). Therefore, hemodialysis session enhanced androgen defficiency in this patients. Conclusions: CRF and hemodialysis diabetic patients have increased values of LH,FSH,Prl, high quantity of AMS, that indicates of androgen isufficiency. Normal range of T in this patients can be explored of retarding metabolism of this hormone.

P7 POST-INJECTION LIPODYSTROPHY IN TYPE 1 DIABETES MELLITUS (T1DM) PATIENTS USING CONTINUOUS INSULIN INFUSION (CSII) AND MULTIPLE DAILY INJECTIONS (MDI) REGIMENS

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Aims: To evaluate the frequency of lipodystophy in patients with T1DM using different insulin regimens (CSII, MDI), the form of lipodystrophy in these patients using ultrasound method (USM) with analysis of factors, involving in lipodystrophy formation

Materials and methods: 14 patients (age 27 years, diabetes duration 13.7±2.1, HbA1C7.9±0 3%) with T1DM on CSII (during period more than 6 months) (group 1) and 15 patients(age 28±6years, diabetes duration9.8±4.2years,HbA1C6.8±0 9%) on MDI regimen (group2) were examined by USM after medical history and continuous glucose monitoring performing with following glucose variability measurement. USM characteristics of abnormally changed adipose tissue were define as avascular rounded elements (diffusive, nodular and combined form).
Results: In group 1 – 10 patients had pathological findings on US investigation, in group 2-12 pts.
There was no correlation between duration of T1DM and lipodystrophy occurrence, but it was shown the strong correlation of lipodystrophy and HbA1Clevel (R=0.7), glucose variability measurements (SD) (R=0.8) and some violations in insulin injection technique/infusion set changing (frequency of change of needle/catheter rotation of insulin injection/infusion place) (R=0.7)

Conclusions: According to our findings insulin regimens (CSII, MDI) has no effect on frequency and severity of lipodystrophic skin lesions. More data will require larger studies with longer duration

P8 PRANDIAL REPLACEMENT ON PUMP INSULIN THERAPY

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Background: Nowdays using continious subcutaneous insulin infusion (CSII) recognized as one of the best methods for reaching good glycaemic control, however educating using different types of boluses patients still do not mandatory.

Aims: To study the impact of using different types of boluses (normal, duo-wave, square) on quality of glycaemic control (HbA1c, glucose variability parameters (GVP), total daily insulin dose (TDID), ratio of basal and bolus components of insulin therapy (RBB))

Methods: 32 T1DM trained patients after initiation pump therapy were randomized into 2 groups (visit I): group 1 – 16 patients used only normal bolus for control postprandial glycaemia; group 2 – 16 patients passed additional training on the use of variable bolus. After 3 months (visit II) CGMS was carried out, the parameters of glycemic control (HbA1c, GVP (SD, MAGE), number of hypoglycaemic episodes, TDID, RBB) were estimated and all patients were re-trained on the principles of selecting the type of bolus. After 3 months 2 groups were combined (visit III) and analysis of patients achieved or not glycaemic target was held.

Results: 3 months later after patient randomization difference in HbA1c wasn't significant (group 1 – 7,5%±1,3, group 2 – 7,4% ±1,1), parameters of glucose variability (SD: group 1 – 2,8±1,7 mmol/l, group 2 – 1,6±0,8 mmol/l, MAGE: group 1 – 1,43±0,7, group 2 – 1,1±0,3) and number of hypoglycaemia episodes were significantly lower in group of patients using variable boluses. No significant difference in TDID and RBB was observed.

Conclusions: Using variable boluses helps reduce number of hypoglycaemia episodes and associated with more frequent achiviement of HbA1c target by means of continuous observation and repeated education.

P9 LACTAT LEVEL IN BLOOD OF TYPE 2 DIABETES PATIENTS TREATED WITH METFORMIN

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Background: Real ratio of lactate acidosis in patients treated with metformin is unknown. The aim of the present study was to assess the influence of metformin intake on blood lactate levelof diabetic patients.

Methods: Case reports of 37 type 2 diabetes patients aged 64,9±10,3 years oldwere analyzed. 14 patients were treated with metformin and 23 with other hypoglycemic drugs. Lactate level was detected in venous blood using enzymatic analyzer “Biosen”, reference range was 0,5-2,2 mmol/l.

Results: Lactate level in blood of patients taking metformin (N=14) was 2,2±0,4 (0,7-3,7)mmol/land the same one of patients using other antidiabetic medicines was 1,9±0,2 (0,9-2,9)mmol/l, the difference was not statistically significant(p=0,18). The correlation between daily metformin dosage and lactate level was not revealed (R=0,9, p=0,59).
Patients treated metformin were divided into 2 subgroups depending on presence of cardiovascular diseases. Lactate level was not significantly differed in these sub-groups and was 2,7±1,1mmol/l in patients with ischemic heart disease and/or chronic heart failure (N=5) and 1,9±0,2mmol/l in those who had no cardiovascular diseases (N=9, p=0,58).

Conclusion: Several authors reported metformin therapy does not followed by lactate level increasingeven in persons having contra-indications (R. Shelley et al., 2003; G. Sterner et al., 2012). Present study has shown that metformin intake does not cause high blood lactate level in type 2 diabetes patients including those with cardiovascular pathology.

P10 TYPE 2 DIABETES GENETIC MARKERS AND THEIR ASSOSIATIONS WITH BIOCHEMICAL CHARACTERISTICS IN RUSSIAN POPULATION

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Introduction: Type 2 diabetes (T2D) is a multifactorial disease in which environmental factors appear to interact with multiple genetic variants in modulating the predisposition to the disease. Several single nucleotide polymorphisms (SNPs) for T2D risk have been identified.

Aim: To investigate a predisposing role of Type 2 Diabetes genetic markers and their associations with metabolic characteristics.

Materials and methods: In this study we assessed the association of several SNPs of KCNJ11, ADIPOR1, ADIPORQ, TCF7L2 and PPARG genes with Type 2 Diabetes in 108 russian affected patients and 115 normoglycemic controls using a Tagman-based allelic discrimination assay. Biochemical measurements: a standard 75-g OGTT according to the World Health Organization recommendations, HbA1c, Cholesterol profile, Insulin, Leptn, Adiponectin levels. Data were analyzed with the STATISTICA program (version 7.0).

Results: We found associations of allele T of rs11061971 (OR=1.29; p=0.04), allele C of rs1801282 (OR=3.16; p=0.0001). However a biochemical interpretation for the role of these SNPs remains challenging. These limited results led to the second phase of the study where we expand the set of genes to cover different pathway mechanisms of T2D such as insulinresistance, B-cells dysfunction, low insulinsensitivity and incretins response. We are now testing 192 individuals (96 T2D cases and 96 controls) using Illumina GoldenGate Genotyping Assay (low density DNA chip with 96 SNPs).

Key words: type 2 diabetes, single nucleotide polymorphism, association, odds ratio

P11 CLINICAL CASE: A DIAGNOSTIC CHALLENGE, OR IS IT?

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Patient C. Caucasian male, 53 years old came to our clinic in May 2013 with complaints of numbness in toes, cramps, swelling and hyperemia of the feet, all the symptoms started suddenly 2 weeks ago.

Anamnesis: in January 2013 he was first found hyperglycemia up to 14 mm/l during a standard medical examination. He was then recommended a diet with low carbohydrates intake, nevertheless he didn't undergo any further examination. Within 3 month he managed to loose almost 17 kg, and he also performed fasting plasma glucose (FPG) self-monitoring regularly (4,3 – 9,2 mm/l). On the 2th of May he had an episode of prolonged hypothermia while wearing tight rubber boots and on the next day all the symptoms mentioned above appeared. The surgeon in the outpatient department diagnosed freezing injury of the feet and recommended vasoactive drugs such as Pentoxyphylline and Sulodexide, but with no effect.

Physical examination : Height – 176 cm, Weight – 87 kg, BMI – 28,0, Pulse rate – 70, BP – 150/90 mm Hg.

St. localis: both feet with the signs of edema, hyperemia, normothermia, dorsalis pedis artery pulsation - normal.

Neurological tests: VAS – 9; TSS – 11,98; NDS – 5

Stimulation electromyography: decrease of the M - response of sensory fibers

Doppler of the lower limb arteries – within normal limits, Ankle-Brachial Index (ABI) -1,0nkle-

Laboratory tests: HbA1C - 7,0% , FPG - 8,1

Diagnosis: T2DM, diabetic polyneuropathy.

Treatment: Thioctic acid T 600 mg i/v №10, Metformine 1000 mg/daily

Results: after 2 weeks of treatment edema and hyperemia of the feet significantly reduced, as well as numbness in toes and cramps. VAS – 1; TSS –4,01; NDS – 5, FPG – 6,1 mm/l

Conclusion: although diabetic polyneuropathy is rather common nowadays, but still the correct diagnosis sometimes remains a challenge.

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ABSTRACTS/
DIABETES TYPE 2

P12 HYPOGLYCEMIC EXCURSIONS DURING CONTUNIOUS GLUCOSE MONITORING IN ELDERLY TYPE 2 DIABETIC PATIENTS TREATED WITH INSULIN

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Background and Aim. Continuous glucose monitoring (CGM) systems provide new opportunities for detection of hypoglycemia in diabetic patients. The aim of this study was to estimate determinants of CGM-defined hypoglycemic episodes in elderly insulin-treated type 2 diabetic patients.

Material and methods: 76 hospitalized patients >65 years of age were observed. Use of basal insulin (47%), premixed insulin (16%) or basal-bolus insulin regimen (37%) was followed by metformin (58%), glimepiride (18%) and DPP-IV inhibitors (18%). 3-days CGM was performed in all patients. During CGM, 3 fasting and 3 2-h postprandial finger-prick glucose values were obtained daily with glucometer.

Results: Hypoglycemic excursions (<3.9 mmol/l) were detected in 55 (72%) patients by CGM and in 17 (22%) patients by glucometer. Basal-bolus regimen was associated with the highest rate of hypoglycemia (79%). Patients with hypoglycemia as compared to those without demonstrated higher glucose variability (p=0.0008) and lower mean interstitial glucose (p=0.01). In discriminate analysis age and insulin treatment duration, but not HbA1c, daily insulin dose, BMI, diabetes duration, heart failure and CKD, were predictors for hypoglycemia.

Conclusions: Asymptomatic hypoglycemia is a common complication in elderly type 2 diabetic patients treated with insulin. Age, insulin treatment duration, mean glucose level and glucose variability is associated with hypoglycemic episodes in these patients.

P13 OBESITY AS FACTOR OF EFFECTIVENESS IN GLUCOSE-LOWERING TREATMENT IN PATIENTS WITH TYPE 2 DIABETES MELLITUS (T2DM) STARTING INSULIN TREATMENT

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Background: Obesity is widespread in T2DM patients and is likely to affect effectiveness of management. This study is aimed at evaluation of influence of obesity in T2DM patients starting insulin treatment.

Materials and methods: 60 T2DM patients who started insulin treatment were observed monthly for 3 months and after that for 3 months were treated by primary care physician with final visit in 6 months after initiation of insulin. BMI, HbA1c, patients diaries were evaluated. Spearman rank-order correlation, Pearson Chi-square and Mann-Whitney U-test were used for statistical analysis.

Results: At baseline obese patients had lower HbA1c (8.8(1.07)vs.9.6(1.48)% p=0.02) and BMI negatively correlated with HbA1c (R=-0.37 p=0.004). In three months they had tendency to smaller decrease in HbA1c (-1.7(1.12)vs.-2.4(1.27)% p=0.08) and similar resulting level of 7.2%. At 6 months there was higher rise of HbA1c in a non-obese group with higher HbA1c (8.0(1.38)vs.7.4(0.86)% p=0.038). As a result only 13% of patients in non-obese group achieved target HbA1c vs. 42% in obese (p=0.035). Non-obese patients had lower adherence to treatment evaluated on 5-point scale (2.4(1.05)vs.3.3(1.11) p=0.0033)
At 3 months obese patients had tendency to less weight gain (+1.5(1.12)vs.+2.8(1.27)kg p=0.15) and less number of hypoglycemia (6(9.8)vs.11(15.7) p=0.08). It persisted at 6 months.

Conclusions: Lower BMI was associated with higher HbA1c as possible result of weight loss in decompensated diabetes. With intensive management this patients achieved same HbA1c but with tendency to higher weight gain, hypoglycemia frequency. In primary care non-obese patients had less effective treatment which could be a result of poorer adherence.

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ABSTRACTS/
DIABETES TYPE 2

P14 MEDICO-SOCIAL REHABILITATION OF DESABLED PERSONS WITH DIABETES MELLITUS IN MOSCOW

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Introduction: Diabetes mellitus despite successes of modern endocrinology continues to take one of the leading positions in the structure of morbidity, mortality and disability of the population in the world and in Russia. The able-bodied age of diabetic patients, multiple micro- and macrovascular complications (diabetic retinopathy, nephropathy, neuropathy, diabetic foot, amputations, etc) and connected with them great social-economical losses allow to consider diabetes mellitus in general as the state socially significant problem, requiring complex medico-social rehabilitation. After the statistical study of amount and structure of disabled persons in consequence of diabetes in Moscow we investigated their needs in various types of rehabilitation and designed complex program, included medical, social and vocational rehabilitation.

Material and methods: The time of this investigation is a period of 6 years. There has been carried out the study of statistical and medico-expert documentation of the disabled persons with diabetes. Then a random sample of 512 disabled persons with diabetes was recruited in the bureaus of medico-social expertise. The special form was developed, and all patients were questionnaired. We estimated their needs in various types of rehabilitation and considered all factors in forming comprehensive individual programs of disabled persons rehabilitation.

Results: Total amount of the persons recognized as invalids for above-mentioned period comprised 5567 men. Dynamics of the indexes of disability for the given period was characterized by the increase on 28,9%. Analysis of structure of primary and general disabled persons with diabetes mellitus in the region has shown that the disability in consequence of this disease is characterized by gradual growth, predominance of young able-bodied persons with the set second degree of limitation of capacity to labour activity. The need in medical rehabilitation is 100%, in professional rehabilitation – 60,2%, the need in provision with technical means of rehabilitation is 32,9%.The new organizational principles of medical, social and professional rehabilitation have been developed. They included a big complex of different algorythms of corrective traditional therapy, diet, adequate hypoglycemizing therapy, treatment of complications, which limit the patients' ability to a normal life, psychotherapy to form a right behavior pattern, correct attitude to the disease and disability, therapeutic physical training, reconstructive surgery, provision of orthopedic footwear and various prosthetic-orthopaedic articles, usage of new informative-communicative technologies, professional orientation, possibility of professional study and re-study, recommendations on indicated and contra-indicated kinds of work, help in job placement, etc.

Conclusion: It is necessary to underline that the developed standards of medical, vocational and social rehabilitation can allow to increase the effectiveness of disabled persons rehabilitation, provide a specific style of their adaptation and integration into the community together and equally as the healthy people.
Keywords: disabled persons, diabetes mellitus, rehabilitation

P15 THE DIABETIC NEUROPATHY AND IMBALANCE IN PATIENTS WITH DIABETES MELLITUS

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Background: The aim of this study was to assess posture stability using computerised dynamic posturography (CDP) in type 1 and type 2 diabetes mellitus patients and to identify the association between diabetic neuropathy and deterioration of balance.

Methods: The 102 (age between 22 and 74 years) type 1 and type 2 DM patients participated. The postural stability was evaluated using sensory organisation test (SOT), motor control test (MCT) of CDP. Neurological disability score (NDS) and neuropathy impairment score of the lower limbs (NIS-LL) were used to determinate specific somatosensory loss. Trail making test was used to assess the role of frontal dysfunction in posture stability.

Results: Patients were divided into 3 groups: 1) without reduction of proprioception, vibration or tactile sensation (n=27); 2) with reduction of vibration or tactile sensation, but without reduction of proprioception (n=37); 3) with reduction of proprioception, vibration and tactile sensation (large fiber dysfunction) (n=38). Equilibrium scores in SOT 1, 2, 3 conditions and the composite muscle response latencies in MCT were significantly worse ($p \leq 0.03$) in the group 3 as compared to the group 1.
There were not significant differences between three groups in age, BMI, levels of HbA1c, in presence of vestibular syndrome and trail making test parameters.
Large fiber dysfunction was associated with increased risk of history of falls (1.6, 95% CI 0.9 to 2.8) and with increased risk of imbalance complaints (1.4, 95% CI 1.1 to 1.9).

Conclusion: Peripheral neuropathy with large fiber dysfunction is independent risk factor of postural instability in diabetic patients. The large fiber dysfunction with the reduction of proprioception leads to instability in enviroments of low lighting, visual movement and in case of unexpected external disturbances.

P16 PLEIOTROPIC EFFECTS OF THE THERAPY BASED ON COMBINATION EXENATIDE, METFORMIN, FIBRATE AND STATINE AT PATIENTS WITH TYPE 2 DIABETES MELLITUS AND NEUROPATHY.

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The aim was to study the effectiveness of pleiotropic combination therapy of type 2 diabetes for a polyneuropathy.

Materials and methods. During study, the clinical group was formed of 29 patients with T2DM and DPN who received combined treatment: metformin 1 500 mg/day, exenatide 20 mg/day, fenofibrate 145 mg/day and simvastatin 20 mg/day. Treatment was carried out for 3 months. The age of the patients was on average 60,9 1,16 years. Duration of T2DM was on average 9,2 1,2 years. For the diagnosis of DPN applied a standard clinical neurological examination, special clinical questionnaires - NDS, TSS, NSS, NTSS-6, Pain de Test, QOL-DN.

Results. After 3 months patients have scale scores NSS decreased by 56,4% ($p < 0,001$). Index on a scale TSS decreased by 47,4% ($p < 0,001$). There was a reduction of the NDSm index by 34,2% ($p < 0,05$). On a scale NTSS-6 there was a decrease severity of burning - by 22,6% ($p < 0,05$), tingling - by 32,1% ($p < 0,05$), numbness - by 30,3% ($p < 0,05$), piercing pain - by 37,9% ($p < 0,05$), allodynia - by 29,6% ($p < 0,01$). Scale scores pain de test decreased by 27,7%. Quality of life was increased by 35,6% ($p < 0,05$).

Conclusions. Taking combination therapy for three months in patients with T2DM and DPN leads to a significant improvement of the current DPN that is shown a marked reduction in the intensity of neuropathic complaints and improving the quality of life.

P17 PERSPECTIVES OF BIOIMPEDANCEMETRY IN ESTIMATION OF ISCHEMIA IN DIABETIC ANGIOPATHY

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Background. Currently, it is difficult to reveal the extent of ischemic damages in organs of patients with diabetes. The aim of this study was to evaluate the prospects of using bioimpedance for assessment of critical ischemia in diabetic angiopathy.

Methods. As a critical stage model of diabetic angiopathy it was used experimental acute mesenteric ischemia in 73 rats. It was found normal level of impedance of intestine wall in control group (n=24). Next step was relaparotomy and measurement the impedance of the pathological part of animal model. After resection histological examination was performed. Bioimpedancemetry produced by a device for measuring the electrical impedance of biological tissues (Pat. № 2414169 Russia).

Results. Impedance values in control group were more than 2 kOm. Impedance values in main group progressively decreased in comparison with control group ($p<0,05$). Histological conclusion depended on bioimpedance values: below 2 kOm meant necrosis, more than 2 kOm necrosis was not found.

Conclusions. Bioimpedancemetry is an effective method of assessment the extent of ischemia in the mesenteric ischemia model. Bioimpedancemetry can be used for diagnostic ischemic injury in diabetic angiopathy.

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ABSTRACTS/ COMPLICATIONS

P18 AGE ANDROGEN DEFICIENCY AND DIABETES MELLITUS

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The aim of study is to examine the relationship of testosterone with the presence of coronary heart disease and certain metabolic parameters of men with diabetes type 2

The object of the study were 70 patients with diabetes type 2 who were in endocrinology department of the regional Orenburg hospital for the period 2007-2009. Mean age of men was 46 + / -5 years. Patients with type 2 diabetes - withoul were divided into 2 groups with signs of age with androgen deficiency and them. All patients were measured in serum total testosterone, estradiol, luteinizing hormone, follicle-stimulating hormone, prolactin, and lipid profile, glycemic profile, the level of glycated hemoglobin, prostate specific antigen, blood count was tasted, calculated body mass index, measured by waist circumference, electrocardiography, Holter monitoring electrocardiography.

53 men with diabetes type 2 showed a reduction of total testosterone. The presence of ischemic disorders in this group, 3 patients showed according to elektokardiografii and according to the Holter monitoring - 10 patients, also had higher levels of total cholesterol, low density lipoprotein, triglycerides. In the group with normal testosterone levels, the frequency of ischemic disorders was significantly lower (4 patients according to ECG, and 1 on Holter monitoring)

Thus, a low concentration of testosterone increases the risk of cardio - vascular disease and may contribute to the progression of coronary heart disease, atherosclerosis. We can assume that normal levels of testosterone lead to regression of metabolic disorders.

P19 SCREENING RESULTS FOR DIABETIC FOOT SYNDROME IN UZBEKISTAN

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Aim: To study the quality of a medical care rendered to rural people with DM and frequency of occurrence of diabetic foot syndrome (DFS) in Uzbekistan.

Materials and methods: Within the framework of the project WDF 08-379 «Prevention of the lower limb amputations in people with diabetes mellitus in Uzbekistan» Charity Public Organization «UMID» of Tashkent carried out DFS screening in rural people with DM in 6 pilot rural regions. Glycemia, HbA1c, USI – Doppler, ECG were studied; patients were examined by the endocrinologist, surgeon and podiatrist.

Results: In 6 pilot rural regions screening was undertaken in 1262 people (184 patients with DM type 1 and 1078 ones with type 2) which revealed: 90% of PDM were in decompensation (HbA1c> 9.7%) that was associated with bad supply of insulin and sugar-decreasing drugs; 96% of patients were with diabetic polyneuropathy; 14% with DFS (55.3% in patients with type 2, 31.7% with 1 type); 13.3% had trophic ulcers; 4.0% had amputations (the greatest percent of amputations of the lower limbs were found in patients with diabetes type2 being 3.8% and repeated amputations in 2.0%);1.3% patients had Charcot foot; 0.3% of patients had gangrene; 5.2% ones had ischemia of lower limb vessels. Direct dependence between a degree of diabetes compensation and DFS was revealed despite of disease long standing.

Conclusions: The results of the screening undertaken in 6 pilot regions demonstrated a direct relation between a high level of decompensation (HbA1c> 9.7%), and development of DFS (14%) and amputations (4%) in rural people with DM, irrespective of prescription of disease (5-10 yrs) and also a low level of training of rural PDM in foot care rules.

P20 THE PREVALENCE OF SECONDARY HYPERPARATHYROIDISM IN PATIENTS WITH DIABETIC NEPHROPATHY, LOCATED ON CHRONIC HEMODIALYSIS

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Aim: Diabetes mellitus (DM) is a widespread disease, that rises the number of patients with severe vascular complications. The greatest threat for life is diabetic nephropathy with the terminal stage of chronic kidney disease (CKD) formation. Development secondary hyperparathyroidism (SHPT) and violation of calcium and phosphorus metabolism lead to renal osteodystrophies.
The aim was to determine the prevalence of SHPT and PH relationship with the duration of dialysis and calcium level in patients with DM, located on chronic hemodialysis (CHD).

Methods
The retrospective analysis of 56 patients (50 men and 6 women, median age 52,5 years) case history with type 1 DM, located on CHD (1 - 7 years) was conducted. The analysis of PH were performed by RIA, using the target ranges level of PH (pg/ml) for 3-5 stage of CKD (RDS, 2010).

Results
The patients were divided into two groups: PH level below (n=16) and more than 300 pg/ml (n=40). In second group - 9 of patients have severe SHPT (PH>1,000 pg/ml) and 31 - mild to moderate SHPT (PH=300-1000 pg/ml). In first group the negative correlation in pairs SHPT/ionized calcium (r=-0,40, p<0,05) and SHPT/ hemodialysis duration (r=-0,31, p<0,05) was found. In second group the positive relationship between the above indices, respectively, r=+0,10, p<0,05 and r=+0,27, p<0,05, were determine.

Conclusion
The most patients have a level of PH higher target values. In the group with the critical level of PH 77,5% of patients is need for drug therapy and 22,5% for topical exception of standalone parathyroid glands function.

FOR NOTES

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