

Teaching Pearls 16 of 24 (Contd.)

7. If the driver has the habit of starting out late on a trip and driving fast to 'make up time on the road' to reach 'on time'. He is more likely to ignore safety norms and end up causing an accident at some point.

8. If the driver is not familiar with your destination, and keeps searching for directions while the vehicle is moving. Mentally challenging tasks including calculations such as this while driving can also lead to temporary functional blindness as described above. For example, the driver might not actually see a red traffic light even though they are looking directly at it. There are recorded instances of people driving through red lights with eyes wide open, due to this phenomenon. It is safer to stop the vehicle on the road side, and then decide on directions rather than do it while driving.

9. If the driver operates the vehicle during the dangerous hours of the day: 10 PM-6 AM, when the relative risk of accidents is highest. They are more likely to sleep off, or get hit by another vehicle whose driver slept off or violated basic road safety rules. People are more prone to breaking road rules at odd hours. For example, they often decide to go in the wrong direction on a one-way road to 'save time' or 'save mileage' and then end up with a major accident with an unsuspecting vehicle coming in the correct direction.

10. Underage or inexperienced driver.

World Aids Day Observation



World Aids day Skit by staff and CME by Dr Sheeta Cochin IMA / Sunrise Hospital

At Sunrise Hospital

District Level inauguration by Dr Junaid Rahman at GH Ernakulam.



Dr. Manju at a medical camp.



Dr Rajeev Jayadevan receives memento from Surg. Rear Admiral Dr Girish Gupta for chairing the CCS meeting at INS Sanjeevani on 11.12.14

Important Days to remember

Jan. 15th	Palliative Day	Jan. 26th	Republic Day
Jan. 20th	DTF Meeting	Jan. 28th	IMA Monthly Meeting
Jan. 22nd	CCS Meeting at Aster Medcity	Feb. 8th	WIMA Meeting
Jan. 25th	Anti-Leprosy Week	Feb. 12th	CCS meeting at PVS Hospital
		Feb. 15th	IMA SWC & reception to National & State leaders



Dec 16 - Medical Camp at Palarivattom and in association with GH Ernakulam, Sudheendra Medical Mission, Medical College Kalamassery. Organized By BPCL and Cochin Corporation. Dr Junaid and Dr Haneesh coordinated. Another Camp at Champakkara in association with MRRA. Dr Mahadevan coordinated. Dr Haneesh and others participated.



IMA Monthly Meeting on 17th Dec. 2014 : Panel discussion on Type 2 diabetes. Chaired by Prof. R.V. Jayakumar. Panelists : Dr. Shyamala Menon, Dr. Jayaprakash, Dr. Arun Menon and Dr. K. Hari.



Megaphone

Monthly Newsletter from Indian Medical Association, Cochin Branch

IMA COCHIN NEWS



Issue 136
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2015

Cochin IMA for the Community



Active interactions with the community on various health topics including prevention of NCDs (Non-communicable diseases), Road accident prevention, Healthy Lifestyle. Photos from BSES Reliance Power plant Kalamassery, St Theresa's College Ernakulam, and other locations. Dr. Sunny Orathel, Dr. Joy Joseph, Dr. Rajeev Jayadevan and Dr. Haneesh are seen here, interacting with the community.

President's Message

Dear friends,

IMA Kerala State with more than 28000 members is diversifying its activities in 9 streams. State President Dr. Sreejith N Kumar and State Secretary Dr. A. V. Jayakrishnan has requested all branches to implement the programmes with commitment. The nine streams of IMA are Academic, various Schemes, Public Health and Social Services, Projects, Publications, Finance, Medical Practice, Association & Administration and Recreation. It's not possible to elaborate on various streams and schemes in this column. But, Arogya Mythri with School and Village adoption, Arogyajalakam which empowers local self government on providing modern health care are noteworthy programmes.

Even though doctors are doing commendable jobs in the hospital, the message is not reaching to the community in the proper sense. This brings in lot of chaos in the public and complaints against doctors and hospitals are mounting up - IMA plans to form a grievance redressal forum which will bring a better doctor - patient - hospital friendly atmosphere.

Medicare Service and Technology is changing fast. People's behavior, mood and thinking are also changing. Hence, IMA has to move with the time and changing trends of the people, country and science. The motto of the programmes designed by IMA Kerala State is to address the expectations of the Society. But, for this and everything we need your support and help of our colleagues in Cochin IMA.

"A word of big thanks for your enthusiasm and support in the New Year Celebration".

Dr Sunny P. Orathel
President, IMA Cochin



JANUARY CME

Date : 28th Jan. 2015, Wednesday
Time : 8.00 pm; Venue : IMA House

TRAUMA CARE : An Overview

Moderator : Dr C.G. Raghu
MS FRCSed FRCS(Glasg) DMIRCSEd

Thoracic & Paediatric Trauma
Dr P.S. Binu FRCS (Lond), FRCSEd, DCH (Lond)

Abdomen & Genitourinary Trauma
Dr. Sanel Varghese Chandappillai
MS DNB (Uro.), MNAMS, FICS

Head & Spine Trauma
Dr. CI Johnson MS (Gen. Surg), MCh (Neurosurgery)

Musculoskeletal Trauma
Dr. Alex Jacob D. Ortho, Dip. N.B. (Orth)

Critical care Aspects
Dr. Deepak Nair MD, DA, DNS

Meeting organised by
ERNAKULAM MEDICAL CENTRE

6th World Congress of Diabetes India
9 - 12 April, 2015
Hotel ITC Grand Chola Convention Centre
Chennai (Tamilnadu, India)

Theme: Toward better Diabetes Prevention & Control

Visit: www.diabetesindia2015.com
to avail Early Bird Registration Discount & more details

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Category	Up to 17 th Nov. 2015	Up to 17 th Dec. 2015	SPOT
Indian Delegates	Rs. 8000	Rs. 10000	Rs. 15000
Accompanying	Rs. 4000	Rs. 6000	Rs. 10000
Foreign Delegates	US \$ 250	US \$ 300	US \$ 400
Accompanying Person	US \$ 200	US \$ 250	US \$ 300
Corporate Delegates	Rs. 4000	Rs. 5000	Rs. 7000
Healthcare Professionals (Doctors & Nurses Excluded)	Rs. 3000	Rs. 4000	Rs. 5000
Residential Registration**	Rs. 2000	Rs. 4000	Rs. 5000

***Standard subject the certificate of Letter from host been issued during the course then are valid.
** Residential registration includes 3 night accommodation on four sharing basis.
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Last Date for Abstract Submission - 15th February, 2015
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WIMA Cochin Activities



Premarital Education, Kaloor



AHE at Panayappally School by Dr. Gracy Thomas

MEDICINE BANK

We sincerely acknowledge all the donors of medicines to our Medicine Bank. However, kindly ensure that the medicines that you donate have at least 6 months before expiry. *Dr Satish Bhat*

SERVICE CHARGE

Rs. 1000 service charge annually will be levied per year from all life members of Cochin IMA according to executive committee and General Body decision. This is to offset printing, stationery and communication expenses.



Dr Sunny took a class on blood donation at Udayamperoor

Congratulations

Dr Sheela Nampoorhiri, winner of IMA AMS EAPEN SAMUEL AWARD 2014 won the Dr D.S. Munagekar Award from National IMA for the best original research paper award 2014 at the National Level.



Dr George Thayil won the "Deva Matha Ratna Award" by High court Justice Sri T R Ramachandran Nair for his service in the field of Cardiology and for writing health-awareness books.



Dr Rajeev Jayadevan received the National Best Branch secretary award at the National IMA conference, Ahmedabad. He is thus the recipient of a rare triple honour of Best Branch Secretary in the Ernakulam DTF district, Kerala state and at National levels.



From the Editors Desk

Dear friends,

This week marks the Road Safety Week launched by the Government of Kerala. Cochin IMA has long been involved with this public health topic, trying to educate the general public about dangerous human behavior as a major cause of road accidents, and to identify and eliminate such behaviours. This week, several activities were conducted by Cochin IMA on this topic and other NCD.s (Non-communicable diseases). Road accidents that kill or disable over 36,000 people in Kerala annually, tops the list of preventable NCD.s in Kerala.

Recently, a group of six Engineering college students were killed instantly as their car rammed head-on into a bullet tanker while trying to overtake another vehicle, at about 2 o'clock in the morning, soon after a New Year party at Varkala. A calamity of enormous proportions, this accident left several families devastated, not being able to even begin to comprehend the tragedy.

Getting driven in a vehicle by someone else brings on a situation not unlike getting admitted to hospital for surgery. Just as we place our lives in a doctor's trustworthy hands, we unknowingly place our precious lives in the hands of the person sitting behind the wheel. People often endlessly 'research' the capability and reputation of the surgeon or the anesthetist before going in for an operation, but hardly bother about the capability or quality of the driver who will be operating our vehicle! Driving a vehicle is often taken in a casual vein. In fact, it is much easier for a bad driver to kill us than by an operation or medication.

Like most other road accidents, this also was a preventable tragedy. If the driver is unfit for driving or gets distracted by conversation that happens in the car, such accidents can easily occur. This week's road safety pearl addresses the sensitive issue of 'How safe is your driver?'



Best regards,
Dr Rajeev Jayadevan



Dr Salini Sudhindran

What next after Metformin in treatment of type 2 diabetes? Focus on newer therapies

Summary of last month CME prepared by **Dr. Arun S. Menon**

Management of type 2 diabetes has become increasingly complex in the last decade with the approval of many new medications. However, it is important to realise that not all medications are suitable for all patients and an individualised approach in patient care is essential for successful management.

Metformin remains the safest and the best oral hypoglycaemic agent in type 2 diabetes and should always be commenced first. Gastrointestinal side effects can be a limiting factor and the only real contraindication is renal failure.

Once glycaemic control cannot be achieved with metformin alone, many options remain and any of the below mentioned therapies can be added depending on the patients needs.

Sulphonylureas (Glimiperide, Gliclazide etc) are time tested and cost effective and still remains the second choice in most clinical scenarios. However, certain adverse effects like weight gain, hypoglycemia and an increase risk of cardiac events are issues

that need to be considered. Rosiglitazone and Pioglitazone came out more than a decade ago and made a remarkable difference to the life of many type 2 diabetes patients. Over time concerns regarding cardiac effects, fluid retention and malignancy has made them less popular choices. However, they still remain effective and safe in small doses in a carefully chosen group of patients ie those without heart failure or active cardiac disease.

Understanding the role of incretin hormones (Glucagon like peptide) in glucose metabolism has helped development of newer drugs to treat type 2 diabetes. GLP -1 analogues are fairly powerful agents which augment insulin release and at the same time cause weight loss. These are available only as injections but the advent of once a week preparation is bound to increase the acceptance among patients. Another promising groups of drugs, DPP 4 inhibitors act by reducing degradation of incretin hormones and are now extremely popular agents. (Saxagliptin, Sitagliptin, Linagliptin, Vildagliptin) They are safe and well tolerated and effective alone or

in combination with other OHAs.

The newest kid on the block is SGLT2 inhibitors (Cangliflozin, Dapagliflozin) which prevent reabsorption of glucose from the kidneys and thus reduce blood glucose. These are unique in causing weight loss and seem to be safe with any of the other agents.

Insulin is always the fall back option when life style and oral hypoglycaemic agents fail. Intolerance to tablets or patient choice are reasons to use them early. Except for hypoglycaemia, they are the safest and most powerful agents. Many human and analogues insulin are available and one could cater the insulin to the need of the patient.

One should consider many aspect before prescribing medications ie motivation of the patient, compliance to medications, co-morbidities, weight, tendency for hypoglycaemia etc. Judicious use of all these agents either alone or in combination make them absolutely safe. It is also important that we convey this message to the patients for their long term benefit and that they are fully involved in the decision making process.

New year celebrations at Cochin IMA



Christmas Celebrations at Cochin IMA



First Aid and BLS class by Dr Haneesh at MES College Marambilly in association with Help for Helpless.



Class on First Aid by Dr Haneesh on 26.12.14



Class on First Aid for Drivers by Dr Joy Joseph at Naipunya Public School

Teaching Pearls 16 of 24
(This is part of an ongoing awareness series for road accident prevention. Please use this to educate teenagers and younger drivers in particular)

Will your driver kill you? (How safe is your driver?)
We often travel in a vehicle that's driven by another person.



The following situations pose high risk for you to have an accident as a passenger when someone else is driving.

1. When that person is drunk. Their responses during an emergency will be sluggish, resulting in greater collision velocity even after braking. A drunk person also is more likely to speed on the road, again increasing the collision velocity and risk of death. The greater the collision velocity, the greater the exchange of kinetic energy at collision ($\frac{1}{2} MV^2$) and the higher will be the mortality. The risk of death of a pedestrian hit by a car is only 10% at 30 kmph, but 50% at 45 kmph.
2. When that person has not slept in a long time, for example, when the person is tired after a night shift or after a long spell of driving. He can fall asleep at the wheel and cause an accident, which will most likely be a fatal one due to its high speed nature. Many accidents happen during late hours due to this reason. Not infrequently, drivers also fall asleep while driving in broad daylight, especially after lunch.
3. When that person is distracted by events happening in the car. For example, if your friend is driving, he or she may be tempted to join in with the conversation and jokes, leading to temporary functional blindness while driving due to inattention. It is therefore important not to distract the driver with conversation involving them.
4. When that person is under the influence of medication that causes drowsiness. Many of the accidents that happen abroad are due to people using sedatives.
5. If that person is constantly talking on the mobile phone. Use of mobile phone while driving, as discussed in an earlier issue, can lead to temporary blindness even though the eyes are wide open. This is due to failure of images from the retina to reach the visual centers of the brain.
6. If the driver has the habit of using unreasonably high speed in congested areas. The speed limit should be decided by road conditions, not by the level of urgency shown by the driver.

(Contd. to next page)