



**RUFAIDA COLLEGE OF NURSING**  
**SCHOOL OF NURSING SCIENCES AND ALLIED HEALTH**  
**JAMIA HAMDARD**  
**(Deemed to be University)**  
**New Delhi**

**WEBINAR**  
**REPORT**

**ON**  
***Current evidence-based practices in***  
***cholesterol management among***  
***diabetic patients***

**(10 February, 2022)**

# INDEX

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## **EXECUTIVE SUMMARY**

Rufaida College of Nursing, School of Nursing Sciences and Allied Health, Jamia Hamdard organized one day webinar on “Current evidence-based practices in cholesterol management among diabetic patients” on 10<sup>th</sup> of February 2022.

Target audience for the webinar was M.Sc. Nursing students, Nursing officers and faculty members of various hospitals and teaching institutes of Delhi with an objective to spread awareness about cholesterol management among diabetic patients.

234 participants registered for the webinar and participated actively and zealously. This webinar provided the platform for the students and faculty to clarify their doubts revolving around the disease, its management and clinical practice.

The webinar was the result of the efforts of organizing committee under the guidance of Ms. Veena Sharma, Principal, Rufaida College of Nursing. The committee consisted of faculty members, Mr. Eke Lama Tamang (Organizing Secretary), Ms. Uzma Anjum (Co-Organizing Secretary), Ms. Fareha Khan (Assistant Professor, Rufaida College of Nursing), Ms. Nahid Zebi, Ms. Saliqa Sehar, Ms. Rajlaxmi, Ms. Sweta, Ms. Deepali, Ms. Babita, Ms. Sheeba Annie Chacko (Tutors, Rufaida College of Nursing).

The webinar started with the welcome address by Prof. (Dr.) Manju Chhugani, Dean, School of Nursing Sciences and Allied Health. The webinar included one session deliberated by eminent speaker Prof. (Dr.) Annie Thomas, from the field of Medical Surgical Nursing, from prestigious institute.

The session was taken by Prof. (Dr.) Annie Thomas, Professor at Marcella Niehoff School of Nursing, Loyola University, Chicago, on the topic “Best evidence to manage cholesterol in patients with diabetes”.

The session was ended with concluding remarks by Ms. Veena Sharma, Principal, Rufaida College of Nursing, SNSAH, Jamia Hamdard followed by vote of thanks by Mr. Eke Lama Tamang, (Assistant Professor, Rufaida College of Nursing). The session was highly appreciated by the participants as they could share their experiences and made the session interactive by asking questions to the speaker.

Pre-test and post-test on clinical practice guidelines to manage cholesterol in diabetes was conducted by Ms. Rajlaxmi, Ms, Uzma Anjum and Ms. Saliqua Sehar before and after the webinar.

Although participants expressed that they got best evidence to manage Cholesterol in Diabetes from the webinar. Participants also gave the significant feedback about the webinar through predesigned feedback form. Participants were appreciative of the webinar topic and speaker for her expertise. They also suggested in the feedback that similar webinar on Gestational diabetes mellitus, cardiovascular diseases, health related care, public health, heart attack and its prevention, Nursing aspects regarding insulin handling and management, Hypertension, Respiratory Diseases and Communicable disease, Ventilator related issues and how to minimize it, ECMO patient management, management of DM in critically ill patients should be conducted.



# DIGNITARIES

## Welcome address by: Prof. (Dr.) Manju Chhugani

- Dean, School of Nursing Science and Allied Health
- HOD of Rehab Sciences at Jamia Hamdard.
- Versatile leader, researcher and academician in the field of Nursing and Midwifery for three decades
- Certified assessor of NAAC, UGC and NHSRC
- Steering group member at state of world's midwifery 2021
- Country contact of Midwifery Today
- Board member of Midwives Alliance of Asia
- Member of National Task Force of Nurse Practitioner in Midwifery
- Executive member of White Ribbon Alliance India
- Member of TRG in MoHFW, GoI
- Nodal head of Skills Lab
- Recently been awarded with prestigious Marie Goubran Agent of Change by ICM



Prof. (Dr.) Manju Chhugani introduced the speaker, participants with the theme of the webinar and acknowledged the Prof. (Dr.) Mohammad Afshar Alam, Vice Chancellor, Jamia Hamdard and also appreciated the organizers as well as the IT department for their contribution in the webinar.

As the incidence of diabetes across the globe is increasing substantially, there is a need to address this issue about the complications of diabetes mellitus and managing good and bad cholesterol. By managing cholesterol within normal range, one can prevent the complications and reduce the burden of the disease.

# DIGNITARIES

## Concluding remarks by: Ms. Veena Sharma

- Currently serving as Principal, Ruffaida College of Nursing, School of Nursing Sciences and Allied Health, Jamia Hamdard.
- Master of Nursing from R.A.K. College of Nursing, Delhi University.
- M.Phil. in Education from Central Institute of Education, Delhi University.
- More than 50 publications in various national, international and indexed journals.
- Presented research and scientific papers at various platforms and forums.
- Chief Editor of Journal of Psychiatric Nursing.
- Participated in faculty student exchange program under Athena Higher Education project, at Sweden.
- Member of Sigma Theta Tau International Honor Society of Nursing, Indian Society of Psychiatric Nursing.
- Having professional association with American Society of Higher Education



Ms. Veena Sharma concluded the webinar and appraised the speaker, Prof. (Dr.) Annie Thomas for imparting knowledgeable session and also appreciated the organizers and highlighted the topics, that is related to alteration of cholesterol metabolism among the diabetic patients, clinical practice guidelines for the management of Atherosclerotic cardiovascular diseases (ASCVD) based on current evidences and stress management to avoid the leading cause of diabetes or any other risk factors, thereby preventing further complications.

# SESSION

## Topic: Best Evidence to Manage Cholesterol in Patients with Diabetes

### Prof. (Dr.) Annie Thomas



#### United States:

- Professor at Marcella Niehoff School of Nursing, Loyola University Chicago, since 2008 (12 years).
- Prior to relocating to Chicago, she was a faculty at Texas Tech University Health Sciences Center, Texas for 4 years (2005-2008)
- Taught many courses. Current teaching/advising focus is Research for both undergraduate and graduate level students.

#### India:

- Lecturer at Ruffaida College of Nursing, Jamia Hamdard (1998-2004)
- Clinical Instructor at RAK College of Nursing (1993-1996)

#### Education

- Ph.D. from Chaudhary Charan Singh University, India (2005)
- Master's in Nursing: Rajkumari Amrit Kaur College of Nursing (1996-1998)
- Master of Arts: Psychology (1993-1996/Part time)
- B.Sc. (Hons) Nursing: (1986-1990): Rajkumari Amrit Kaur College of Nursing.

#### Research and Scholarship

- Her current research focus is to understand the obesity prevention behaviors among Asian Indian adolescents in the US and to institute obesity/overweight intervention strategies in reducing the risk factors for type 2 diabetes and coronary heart disease in later life.
- Other research interests include Type 2 diabetes risk assessment and preventative measures among Asian Indian adults; immigrant health; cross cultural studies; knowledge related to risk factors of coronary heart disease and preventative measures among adolescents; Research Utilization gap in India settings.
- She is currently seeking collaboration and networking to continue her research interests among South Asians living in the US.
- She has mentored many students in completing the research projects and research presentations in the US and abroad.
- She is also a reviewer of grants, books, manuscripts, and abstracts for various publishing companies, organizations/associations.
- She has presented and published many papers on various topics at the national and international level.

Topics covered under the session were overview of diabetes, cholesterol and atherosclerotic cardiovascular disease(ASCVD); associated risk factors, complications; diabetes scenario in India with research evidence and next step; main objectives of management; evidence based clinical practice guidelines to manage cholesterol in diabetes; classification, class (strength) and level (quality) of evidence; AHA/ACC clinical practice guidelines; follow heart healthy lifestyle; medications; 10 year ASCVD risk calculator; recommendations for primary, secondary prevention

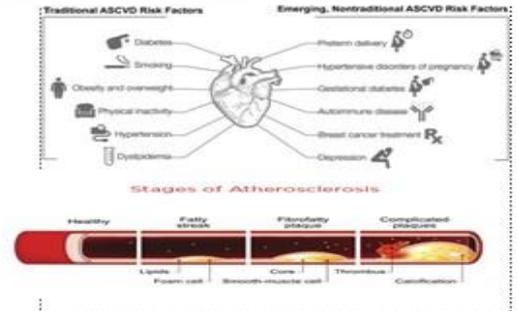
and adherence to treatment. After the session, Question Answer session was held, where the participants actively participated and resolved their doubts and concerns by the speaker.



## Diabetes and Atherosclerotic Cardiovascular Disease

**Atherosclerotic Cardiovascular Disease (ASCVD)** is the leading cause of morbidity and mortality in diabetes.

Diabetes is a major contributor to the development of ASCVD in the population.



## Diabetes: Overview

A group of diseases that result in too much sugar in the blood (high blood glucose)

### > Type 1 diabetes

Type 1 diabetes is thought to be caused by an autoimmune reaction (the body attacks itself by mistake) that stops your body from making insulin. Pancreas produces little or no insulin.

### > Type 2 diabetes

The body either doesn't produce enough insulin, or it resists insulin.

### > Gestational diabetes

A form of high blood sugar affecting pregnant women. Those who develop gestational diabetes are at higher risk of developing type 2 diabetes later in life. Placental hormones can increase blood sugar.

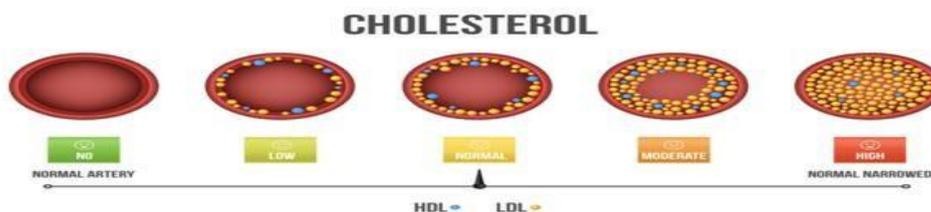
**DIABETES**



## Diabetes Poses Risk in Cholesterol Mechanism

Cholesterol metabolism is altered in diabetic states. Three Mechanisms cause this alteration:

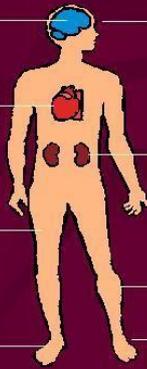
- an increased glycation of cholesterol-rich lipoproteins
- an insulin-resistant state, which is mainly present in overweight type 2 diabetic patients
- changes in insulin secretion (depends on the clinical type of diabetes)



# Diabetes: Complications

## Macrovascular

Stroke  
Heart disease and hypertension  
Peripheral vascular disease  
Foot problems



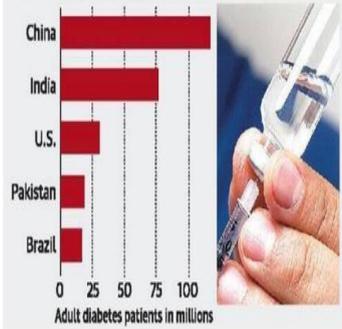
## Microvascular

Diabetic eye disease (retinopathy and cataracts)  
Renal disease  
Neuropathy  
Foot problems

## Diabetes Scenario in India

### Not so sweet

India has the second-highest number of diabetes patients aged 20-79 years as of 2019



# Diabetes in India (Some studies)

### A 10-year follow-up to the Chennai Urban Rural Epidemiology Study (CURES):

Found 26% of subjects with normal glucose tolerance converting to prediabetes, and another 20% converting to diabetes, with an overall dysglycemia conversion rate of 45%. No sex-wise differences observed.

### A recent cross-sectional analysis of subjects from a South-Asia study and another for South Asians living in America:

-It showed a higher age-adjusted diabetes prevalence among Indians in India (38%) than among Indians residing in the United States.

**Another recent study in Maharashtra, India:** -It assessed the risk factors for T2D among three different social and demographic class groups: affluent medical students, rural subjects, and subjects from urban slums.

-It demonstrated that the rural subjects, although the least sedentary and significantly more active than the medical students, were most centrally obese and at a higher risk for T2D compared with the two other groups.

Not only is the disease spreading at an alarming rate, but it also seems to be cutting across all social, demographic, and age groups in India. It also leads to huge economic burden.



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## LEVELS OF EVIDENCE

1. **Meta-analysis/systematic reviews:** Collection of Randomized Control Trials
2. **Randomized Control Trial:** True interventional study with sample randomization
3. **Quasi-experimental studies:** interventional study without sample randomization
4. **Non-experimental Studies:** observation/analytic, correlation, descriptive
5. **Meta-synthesis:** Collection of Qualitative studies
6. **Qualitative:** When you don't know enough about a phenomena. A single study
7. **Expert Opinion:** Usually an educated opinion



## Clinical Practice Guidelines: Recommendations for Primary Prevention

### People aged 40–75 years

#### High intensity statin therapy (Above 50% LDL-C lowering): What is the rationale?

- People with diabetes have a higher trajectory of lifetime risk than do those without diabetes.
- The morbidity and mortality associated with a first event is increased in diabetes, and the residual risk among the statin-treated groups in the primary prevention trials of people with diabetes remained high.
- There is evidence of benefit from high-intensity statin treatment in primary prevention among men above 50 years of age and women above 60 years of age.
- Based on these considerations, high-intensity statin therapy to maximize risk reduction is preferred in patients with diabetes as they age or develop risk enhancers.
- In those who have a high ASCVD risk score of > 20%, a risk discussion may be held on the benefits of achieving ≥50% LDL-C lowering.
- In those high-intensity statin cannot be tolerated or does not lower LDL-C as expected by ≥50%, addition of ezetimibe 10 mg/day to moderate-intensity statin therapy can achieve the same percent LDL-C lowering as that achieved with high-intensity statin therapy.

# Clinical Practice Guidelines: Classification, Class (Strength) and Level (Quality) of Evidence

Table 1. Applying ACC/AHA Class of Recommendation and Level of Evidence to Clinical Strategies, Interventions, Treatments, or Diagnostic Testing in Patient Care\* (Updated August 2015)

CLASS (STRENGTH) OF RECOMMENDATION	LEVEL (QUALITY) OF EVIDENCE <sup>‡</sup>
<b>CLASS I (STRONG)</b> Benefit >>> Risk Suggested phrases for writing recommendations: • Is recommended • Is indicated/useful/effective/beneficial • Should be performed/administered/other • Comparative Effectiveness Phrases: ◦ Treatment/strategy A is recommended/indicated in preference to treatment B ◦ Treatment A should be chosen over treatment B	<b>LEVEL A</b> • High-quality evidence <sup>‡</sup> from more than 1 RCT • Meta-analyses of high-quality RCTs • One or more RCTs corroborated by high-quality registry studies
<b>CLASS IIa (MODERATE)</b> Benefit >> Risk Suggested phrases for writing recommendations: • Is reasonable • Can be useful/effective/beneficial • Comparative Effectiveness Phrases: ◦ Treatment/strategy A is probably recommended/indicated in preference to treatment B ◦ It is reasonable to choose treatment A over treatment B	<b>LEVEL B-R (Randomized)</b> • Moderate-quality evidence <sup>‡</sup> from 1 or more RCTs • Meta-analyses of moderate-quality RCTs
<b>CLASS IIb (WEAK)</b> Benefit ≥ Risk Suggested phrases for writing recommendations: • May/might be reasonable • May/might be considered • Usefulness/effectiveness is unknown/unclear/uncertain or not well established	<b>LEVEL B-NR (Nonrandomized)</b> • Moderate-quality evidence <sup>‡</sup> from 1 or more well-designed, well-executed nonrandomized studies, observational studies, or registry studies • Meta-analyses of such studies
<b>CLASS III: No Benefit (MODERATE)</b> Benefit = Risk <small>(Indicates LOE A or B only)</small> Suggested phrases for writing recommendations: • Is not recommended • Is not indicated/useful/effective/beneficial • Should not be performed/administered/other	<b>LEVEL C-LD (Limited Data)</b> • Randomized or nonrandomized observational or registry studies with limitations of design or execution • Meta-analyses of such studies • Physiological or mechanistic studies in human subjects
<b>CLASS III: Harm (STRONG)</b> Risk > Benefit Suggested phrases for writing recommendations: • Potentially harmful • Causes harm • Associated with excess morbidity/mortality • Should not be performed/administered/other	<b>LEVEL C-EO (Expert Opinion)</b> Consensus of expert opinion based on clinical experience

COR and LOE are determined independently (any COR may be paired with any LOE). A recommendation with LOE C does not imply that the recommendation is weak. Many important clinical questions addressed in guidelines do not lend themselves to clinical trials. Although RCTs are unavailable, there may be a very clear clinical consensus that a particular test or therapy is useful or effective.  
<sup>‡</sup> The outcome or result of the intervention should be specified (an improved clinical outcome or increased diagnostic accuracy or incremental prognostic information).  
<sup>†</sup> For comparative-effectiveness recommendations (COR I and IIa; LOE A and B only), studies that support the use of comparative verbs should involve direct comparisons of the treatments or strategies being evaluated.  
<sup>‡</sup> The method of assessing quality is evolving, including the application of standardized, widely used, and preferably validated evidence grading tools; and for systematic reviews, the incorporation of an Evidence Review Committee.  
 COR indicates Class of Recommendation; EO, expert opinion; LD, limited data; LOE, Level of Evidence; NR, nonrandomized; R, randomized; and RCT, randomized controlled trial.



**Summary Highlights**  
 Follow heart healthy lifestyle; Adhere to pharmacotherapeutic treatment options; Normalize Blood Sugar; Lower LDL-Cholesterol; Prevent Atherosclerotic Cardio-Vascular Disease (ASCVD) In Diabetes Patients

## Save Your Heart and Arteries Prevent ASCVD



# ANNEXURE I

## BANNER FOR THE WEBINAR



RUFAIDA COLLEGE OF NURSING  
SCHOOL OF NURSING SCIENCES & ALLIED HEALTH (SNSAH)  
JAMIA HAMDARD (DEEMED TO BE UNIVERSITY)

**MEDICAL SURGICAL NURSING DEPARTMENT ORGANIZES AN INTERNATIONAL WEBINAR ON**  
*Current Evidence Based Practices in Cholesterol Management Among Diabetic Patients*



9:45 am- 12:15 pm IST | 10 February, 2022



Resource Person  
Prof. (Dr.) Annie Thomas  
Professor  
Marcella Niehoff School of Nursing,  
Loyola University, Chicago, USA



Prof. (Dr.) Manju Chugani  
Dean  
SNSAH  
Jamia Hamdard



Ms. Veena Sharma  
Organizing Chairperson  
Principal  
RCN, SNSAH  
Jamia Hamdard



Mr. Eke Lama Tamang  
Organizing Secretary  
Assistant Professor  
RCN, SNSAH  
Jamia Hamdard

# ANNEXURE II

## SCHEDULE OF THE WEBINAR

### PROGRAMME SCHEDULE FOR THE WEBINAR ON

#### *Current Evidence Based Practices in Cholesterol Management Among Diabetic Patients*

**9:45 am- 12:15 pm IST | 10 February, 2022**

TIME	TOPIC	EXPERTS
9:45 am to 10:00 am	Joining the meeting through the link provided	Ms. Deepali, Tutor, RCON, SNSAH, Jamia Hamdard Ms. Babita, Tutor, RCON, SNSAH, Jamia Hamdard
10:00 am to 10:15 am	Welcome address	Prof. (Dr.) Manju Chhugari Dean, SNSAH, Jamia Hamdard
10:15 am to 10:30 am	Pre-Webinar Knowledge Check	Ms. Raj lakshmi, Tutor, RCON, SNSAH, Jamia Hamdard Ms. Uzma Anjum, Tutor, RCON, SNSAH, Jamia Hamdard
10:30 am to 11:30 am	Best evidence to manage cholesterol in patients with Diabetes	Prof. (Dr.) Annie Thomas, Professor, <u>Marcella Niehoff School of Nursing</u> , Loyola University, Chicago, USA.
11:30 am to 11:45 am	Question and Answer session in context to the topic	Ms. Shweta, Tutor, RCON, SNSAH, Jamia Hamdard
11:45 am to 12:00 pm	Post Webinar Knowledge Check	Ms. Saliqua Sehar, Tutor, RCON, SNSAH, Jamia Hamdard Ms. Sheeba Annie Chacko, Tutor, RCON, SNSAH, Jamia Hamdard
12:00 pm to 12:10 pm	Concluding Remarks	Ms. Veena Sharma Principal, RCON, SNSAH Jamia Hamdard
12:10 pm -12:15 pm	Feedback of participants Vote of Thanks	Ms. Railaxmi, Tutor, RCON, SNSAH, Jamia Hamdard Mr Eke Lama Tamang, Assistant Professor, RCON, SNSAH, Jamia Hamdard

# ANNEXURE III

## ORGANISING COMMITTEE

RUFAIDA COLLEGE OF NURSING  
SCHOOL OF NURSING SCIENCES AND ALLIED  
HEALTH, JAMIAHAMDARD

Committees for International Webinar titled “Current Evidence Based Practices in Cholesterol Management Among Diabetic Patients”

Date: 10<sup>th</sup> Feb 2022

<b>Chairperson</b>	Ms. Veena Sharma, Principal, Rufaida College of Nursing
<b>Organizing Secretary</b>	Mr. Eke Lama Tamang
<b>Co-organizing Secretary</b>	Ms. Uzma Anjum
<b>Treasurer</b>	Ms. Saliqua Sehar
<b>Registration &amp; Feedback</b>	Ms. Rajlaxmi
<b>E-Certificate, Programme -Schedule, Invitation letter to speakers</b>	Ms. Uzma Anjum Ms. Saliqua Sehar
<b>Anchoring</b>	Ms. Sweta Mary Jacob
<b>Slides, E-Banner, Room Arrangement</b>	Ms. Deepali
<b>Pre-Test</b>	Ms. Rajlaxmi Ms. Uzma Anjum
<b>Post Test</b>	Ms. Fareha Ms. Saliqua Sehar
<b>E-Certificate distribution</b>	Ms. Babita Ms. Sheeba Annie Chacko
<b>Report writing</b>	Ms. Nahid Ms. Sheeba Annie Chacko

# ANNEXURE IV

## Pre-test and post-test on clinical practice guidelines to manage cholesterol in diabetes

Instructions: This test is taken to assess your knowledge about clinical practice guidelines to manage cholesterol in diabetes.

1. Please answer each question carefully.
2. Each question has single correct response.
3. All questions are compulsory.

### PRETEST FOR WEBINAR

"Current Evidence based practices in Cholesterol Management among Diabetic Patients"

Email \*

Valid email

This form is collecting emails. [Change settings](#)

1. What dietary component has been shown to improve hypertension in humans? \*

- Polyunsaturated fatty acids
- Sodium
- Potassium
- Cholesterol

3. Type 2 diabetes can cause long-term damage in the... \*

- Kidneys
- Nerves
- Eyes
- All of the above

4. Two of the main types of diabetes are type 1 and type 2. How many people with diabetes have type 2? \*

- 10% to 15%
- 45% to 50%
- 30% to 50%
- More than 90%

5. Why is insulin important for your body to use blood sugar? \*

- It helps blood sugar enter your cells
- It lowers your blood pressure
- It raises your cholesterol levels
- It keeps your sucrose levels normal

6. Type 1 diabetes happens when cells that make insulin (beta cells) in the pancreas are destroyed. What destroys them? \*

- Toxin in environment
- immune system
- Free Radicals

7. High blood pressure can be a side effect of some medicines. Which of these can raise blood sugar? \*

- Ibuprofen
- Antidepressants
- Thyroid medicines
- Oral steroid medicines

8. An assessment tool to assess risk for cardiovascular diseases is \*

- Jones Criteria
- APACHE II
- Framingham Risk Score
- Ranson Score

9. Which of the following is wrongly matched? \*

- Total cholesterol : < 200 mg/dL
- Low-density lipoproteins : < 100 mg/dL
- High-density lipoproteins : > 40 mg/dL for men and > 50 mg/dL for women
- Triglycerides: 200 < mg/dL

10. Aspirin therapy (75 to 162 mg/d) should be recommended as a primary prevention strategy in those with diabetes at increased cardiovascular risk, including those who are >40 years of age \*

- Yes
- No

19. According to the recommendations for the nutritional management of patients with diabetes, the consumption of saturated fat should be: \*

- <10% of total daily calories
- <20% of total daily calories
- <12% of total daily calories
- <15% of total daily calories

20. All of the following are oral hypoglycemic drugs except: \*

- Sulphonyl urease
- Metformin
- Thiazolidinedione
- Insulin

17. All of the following are included in diabetic teaching plan except: \*

- Change position frequently to increase circulation
- Keep the unused insulin in the refrigerator
- Inspect feet and legs daily for any changes
- Keep legs elevated on 2-pillows while sleeping

18. All of the following are the clinical manifestations of diabetes mellitus except: \*

- Hyperglycaemia
- Glycosuria
- Hypoglycaemia
- Polyuria

19. According to the recommendations for the nutritional management of patients with diabetes, the consumption of saturated fat should be: \*

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# ANNEXURE V

## FEEDBACK FORM

### FEEDBACK FORM

International Webinar titled " Current Evidence Based Practices in Cholesterol Management among Diabetic Patients"

NAME \*

Short answer text

Email ID \*

Short answer text

Contact Number \*

Short answer text

University/ College/Hospital \*

Short answer text

Designation \*

Short answer text

State/ Country \*

Short answer text

1. What is your overall evaluation for the webinar ? \*

- Excellent
- Very good
- Good
- Fair
- Poor

2. What is your rating of the overall effectiveness of the presentations and speakers you heard ? \*

- Excellent
- Very good
- Good
- Fair

3. What is your over all evaluation of the Webinar organisation ? \*

- More than satisfactory
- Satisfactory
- Less than Satisfactory

4. What are the areas of improvement related to organization of the webinar ? \*

Long answer text

5. What is your rating of the speaker ?



Multiple choice



Very Good



Good



Average



Poor



Add option or [add "Other"](#)



Required



6. Please suggest some topics which you want to attend for future webinar or workshop. \*

Long answer text

# ANNEXURE VI

## CERTIFICATE



RUFAIDA COLLEGE OF NURSING  
SCHOOL OF NURSING SCIENCES & ALLIED HEALTH (SNSAH)  
JAMIA HAMDARD (DEEMED TO BE UNIVERSITY)

### *Certificate of Participation*

This is to certify that Dr. /Mr./ Ms. \_\_\_\_\_ has participated in International webinar on the theme '*Current Evidence Based Practices in Cholesterol Management Among Diabetic Patients*' held on February 10, 2022 organized by Rufaida College Of Nursing, School Of Nursing Sciences & Allied Health, Jamia Hamdard, New Delhi.

Mr. Eke Lama Tamang  
Organizing Secretary  
Assistant Professor  
RCON, SNSAH, Jamia Hamdard

Ms. Veena Sharma  
Organizing Chairperson  
Principal  
RCON, SNSAH, Jamia Hamdard

Prof.(Dr.) Manju Chhugani  
Dean  
SNSAH, Jamia Hamdard

# ANNEXURE VII

## GLIMPSES





**Diabetes in India: What are the next steps?**

With a genetic predisposition to insulin resistance and T2D and associated complications, it is imperative that South Asian Indians adopt lifestyle modifications. It will help in delaying prediabetes onset and managing the disease.

Nutrition is an important aspect of a healthy lifestyle. A recent review of the nutrient intake of Asian Indians and South Asian diets reveals a low intake of monounsaturated fatty acid (MUFA), polyunsaturated fatty acid (PUFA), and fiber and high intake of saturated fats, trans-fatty acids, and carbohydrates.

Example: Almonds fit the requirements of a food item that is not only culturally trusted and accepted for its nutritional value. It is clinically proven to help manage dysglycemia and its disease manifestations which are known to impact cardiometabolic health.

Annie is presenting

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Uzma

You

Annie 106 others

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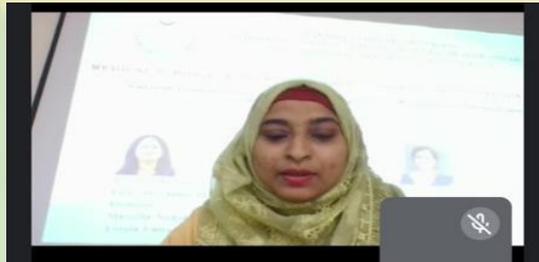
V  
Veena

You

Uzi 72 others

You

r  
raj 78 others



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Annie is presenting

manisha Uzma

You Annie 106 others

**Evidence Based Clinical Practice Guidelines to Manage Cholesterol in Diabetes**

**Clinical Practice Guidelines**

- The American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines recently published its 2018 recommendations on management of LDL cholesterol (LDL-C) in people with diabetes (AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines).
- Achievement of low-density lipoprotein cholesterol goals in 18 countries outside Western Europe: The International Cholesterol management Practice Study (ICLPS).

Anne Thomas

# AHA/ACC Clinical Practice Guidelines

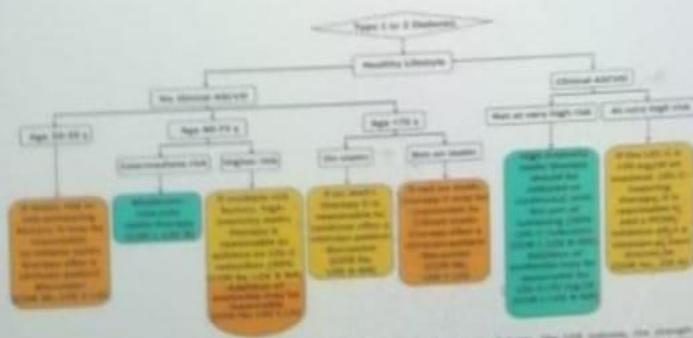


Figure 2. Recommended individualized A1C guidelines for individualized management to people with diabetes. The A1C reflects the average of hemoglobin A1c measurements. Recommended target ranges are provided at the top of the flowchart. The A1C target for the average glucose level is provided at the bottom of the flowchart. Severity and persistence of hyperglycemia (acute and chronic symptoms) (1,2,3,4) — strong general recommendation. Controlled A1C (5) — moderate strength. Uncontrolled A1C in high-risk patients (multiple high-risk factors) (6) — moderate strength. Uncontrolled A1C in older patients (7) — moderate strength. Uncontrolled A1C in older patients (8) — moderate strength. Uncontrolled A1C in older patients (9) — moderate strength.



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Thank you mam 🙏🌸 and all the organizers for organizing this webinar. 👍

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