

A Certificate Programme for Diabetes Care and Hypertension Management

An educational initiative by

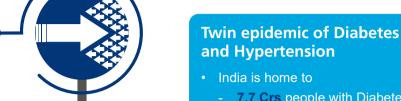




Diabetes & Hypertension: The rapidly growing twin epidemics in India

Changing trend

The burden of diseases is shifting from communicable to noncommunicable diseases (NCDs) due to increased urbanization.1



- 7.7 Crs people with Diabetes9
- 20.7 Crs people with Hypertension⁹
- By 2045, the Diabetes population is expected to increase to 15.1 Crs making India the Diabetes capital of the world¹⁰
- By 2025, the number of hypertensives in India is expected to increase to 21.1 Crs¹¹
- Poorer the control of blood glucose and/or blood pressure higher is risk of complications¹²

Suboptimal management

- A significant proportion of people with Diabetes or Hypertension²
 - Unaware of their condition, hence not receiving treatment
 - Live with uncontrolled disease despite being on treatment

Gaps in Diabetes care in India

- · Limited number of doctors treating Diabetes3
- Lead sedentary lifestyle and are more prone to Diabetes4
- Lack of specialised training/ learning of doctors^{5,6}
- Standard of care is getting impacted due to suboptimal treatment and therapeutic inertia7

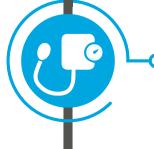


- · Only half of the people with Diabetes or Hypertension are diagnosed 13-15
 - Only half of them are treated
 - Only half of the treated population achieve disease control



- diagnosis, masked Hypertension, clinical inertia and lack of evidence-based treatment protocols)16
- Patient reality (less awareness and poor self-management)¹⁷
- Lack of specialised training of doctors^{5,6}
- Less than half of those classified as hypertensives are aware of their problem¹⁷
- Inadequate in-clinic time for doctors to educate patients







Nursing homes are a key pillar of healthcare system in India







- Biggest reach: ~85% private healthcare institutions are nursing homes/small hospitals, contributing to ~44% of beds¹⁹
- Good credibility in the micro-community
- Established ecosystem suitable for chronic care

Diabetes and Hypertension are so widely rampant that it continuously demands to build capabilities, thus there is an immediate need to equip doctors and paramedics working in nursing homes with the right tools for effective diagnosis and management of these conditions.









SPIRE A capacity building programme

OBJECTIVE: To empower healthcare professionals to facilitate diagnosis and management of Diabetes and Hypertension, including early identification of complications for better patient outcomes. This may ultimately aid the overall reduction in the burden of NCDs in our community.



This course aims to



Improve understanding and build capacity to manage NCDs like Diabetes and Hypertension



Diagnose and treat people with Diabetes and Hypertension



Identify high-risk patients and initiate early care to prevent complications



Help educate patients on lifestyle, diet, exercise and medication















Doctors

Tailored specifically for practising doctors with minimal off-work learning

50 h: Self study sessions (online/Web based learning)

20 h: Live sessions (Face-to-face/virtual)



Paramedics

Supplementary course for paramedics to assist doctors

30 h: Self study sessions (online/Web based learning)

10 h: Live sessions (Face-to-face/virtual)



- Clinical practice oriented
- · Case-based learning
- Mentoring by top experts in the field of Diabetes and Hypertension





Classroom learning

- Face-to-face/Virtual/ Live workshops
- Webinars



Web-based learning

- Discussion forums
- Self-learning modules
- Patient case simulations







Course curriculum

Curriculum: 4 overarching areas



Introduction to Diabetes Mellitus and Hypertension

Basics of Diabetes & Hypertension, including diagnosis & management



Management of Diabetes and Hypertension: Focus on Lifestyle Modifications and Pharmacotherapy

Various management strategies, including lifestyle modifications & pharmacotherapy of both Diabetes & Hypertension



Management of Diabetes: Role of Insulin

Key aspects of insulin therapy, including types of insulin, initiation, optimisation & intensification



Management of Complications of Diabetes and Hypertension

Early identification, prevention & management of complications







Programme steered by top experts in the field of Diabetes & Hypertension



Dr. AH Zargar Jammu & Kashmir



Dr. AK Das Puducherry



Dr. Ambrish Mithal Delhi



Dr. Bipin Sethi Telangana



Dr. Manoj Chadha Maharashtra



Dr. Nikhil Tandon Delhi



Dr. Prasanna Kumar Karnataka



Dr. SK Sharma Rajasthan



Dr. SK Wangnoo



Dr. Subhankar Chowdhury West Bengal



Dr. Sudip Chatterjee West Bengal



Dr. Sushil Jindal Madhya Pradesh



Dr. V Mohan Tamil Nadu

Note: The names of core committee members are mentioned in alphabetical order.

Programme certificate









About...

Novo Nordisk Education Foundation (NNEF)

Novo Nordisk Education Foundation (NNEF) is a non-profit organisation established in 1997 as a trust registered under section 80G of the Income tax Act 1961. The key purpose of the foundation is increasing diabetes awareness and education. NNEF aims to provide comprehensive education and awareness on diabetes and other healthcare issues. Some of the major initiatives by NNEF include:

- · Changing Diabetes Barometer (CDB)
- Changing Diabetes® in Children
- IMPACT India

Novo Nordisk India Pvt. Ltd.

- · A global healthcare company with 95 years of innovation and leadership in diabetes care
- This heritage has given the experience and capabilities that also enable to help people defeat other serious chronic conditions: haemophilia, growth disorders and obesity
- Headquartered in Denmark, Novo Nordisk has its presence in 80 countries and markets its products in more than 170 countries, including India

Indegene Pvt. Ltd.

- A global healthcare solutions company that enables healthcare organizations address complex challenges to improve health and business outcomes
- Has footprints in innovations and advanced technologies like artificial intelligence, machine learning and advanced analytics
 catering to productivity, reduced marketing spend and improved 'go-to-market' time
- Extensively works on ideation, strategy and end-to-end execution of medico-marketing and digital solutions for doctor and patient engagement
- · Global operations spread across Europe, APAC, MEA and India

European CME-CPD Academy

- · Division of Siyemi Learning, University of Manchester Innovation Center
- European CME-CPD Academy follows the principles of the Good CME Practice group (www.gCMEp.org)
- All education presented are developed following a carefully derived needs assessment, informing suitable learning objectives appropriate for the considered profile of the target audience
- All programmes are peer-reviewed and assessed for quality, ensuring that any relevant relationships are disclosed to the learners

References

1. Indian Council of Medical Research, Public Health Foundation of India, Institute for Health Metrics and Evaluation. India: Health of the Nation's States—The India State-Level Disease Burden Initiative [Internet]. 2017 [2019 cited 02 December] Available from https://www.healthdata.org/sites/default/files/files/policy_report/2017/India. Health_of_the_Nation%27s_States_Report_2017.pdf.
2. Gabert R, Ng M, Sogarwal R, et al. Identifying gaps in the continuum of care for hypertension and diabetes in two Indian communities. *BMC Health Serv Res.* 2017 Dec 27;17(1):846. 3. Yawn B, Goodwin MA, Zyzanski SJ, et al. Time use during acute and chronic illness visits to a family physician. *Fam Pract.* 2003 Aug 20(4):474-47. 4. Popkin BM, Horton S, Kim S, et al. Trends in diet, nutritional status, and diet-related noncommunicable diseases in China and India: the economic costs of the nutrition transition. *Nutr Rev.* 2011;59(12):379-390. 5. Tripathy JP, Sagili KD, Kathirvel S, et al. Diabetes care in public health facilities in India: a situational analysis using a mixed methods approach. *Diabetes Metab Syndr Obes.* 2019;12:1189-1199. 6. Gupta R, Khedar RS, Panwar RB, et al. Strategies for better hypertension control in India and other lower middle income countries. *JAPI.* 2016;64:58-64. 7. Valensi P, Benroubi M, Borzi V, Gumprecht J, Kawamori R, Shaban J, Shab S, Shestakova M, Wenying Y; IMPROVE Study Group Expert Panel. The IMPROVE study a multinational, observational study in type 2 diabetes: baseline characteristics from eight national cohorts. *Int J Clin Pract.* 2008 Nov;62(11):1809-1819. doi: 10.1111/j.1742-1241.2008.01917.x. Epub 2008 Sep 22. *Erratum in Int J Clin Pract.* 2009 Mar;63(3):532. 8. IDF Diabetes Atlas. Ninth edition 2019 [Internet]. 2019 [2019 cited 17 December]. Available from https://lobaetesatias.org/upload/resources/2019/IDF_Atlas_9th_Edition_2019.pdf. 9. Gupta R, Khedar RS, Panwar RB, et al. Strategies for better hypertension control in India and other lower middle Income countries. *JAPI.* 2016

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