

## **PLENARY**

1. HYPOGLYCAEMIA IN DIABETES: MORBIDITY, PREVENTION AND CARE
2. GUIDELINES FOR THE MANAGEMENT OF DIABETIC FOOT ULCERS IN GENERAL PRACTICE
3. NON-ALCOHOLIC FATTY LIVER DISEASE: A TARGET FOR TREATMENT IN DIABETES
4. PREVENTION OF DIABETIC FOOT ULCERS
5. CURRENT AND FUTURE TREATMENT TARGETS OF DIABETIC COMPLICATIONS
6. CARDIAC COMPLICATIONS OF DIABETES IN MALAYSIA
7. EARLY AND AGGRESSIVE TREATMENT OF CVD RISK FACTORS IN T2DM
8. MODERN DRESSING AND WOUND MANAGEMENT

## **MAIN SYMPOSIUM**

1. RECENT ADVANCES
  - 1.1 On the Forefront of Managing Diabetic Retinopathy - Diagnostic and Treatment Advances
  - 1.2 Stem Cells for Complications of Diabetes
  - 1.3 Surgical Debridement for Diabetic Foot Ulcers
2. ADDRESSING RISK FACTORS TO MACROVASCULAR COMPLICATIONS
  - 2.1 BP Control: Drug Choice and Consensus BP Levels
  - 2.2 The Role of Anti Platelet Therapy in Diabetes
  - 2.3 Inflammation: Enough Evidence to Treat?
3. DIABETIC NEUROPATHY
  - 3.1 Diabetic Neuropathic Arthropathy
  - 3.2 Diabetic Peripheral Neuropathy: Current and Novel Therapeutic Approaches
  - 3.3 Methylcobalamin: Established, for (Diabetic) Neuropathy (*sponsored*)
4. ALTERNATIVE THERAPY FOR DIABETIC ULCERS: LOCAL EXPERIENCE
  - 4.1 Anodyne Therapy
  - 4.2 Hyperbaric Oxygen Therapy - Adjunctive Treatment of Diabetic Ulcers
  - 4.3 Natural Honey Therapy
5. HEART FAILURE IN DIABETICS
  - 5.1 Diabetes with Heart Failure: Common, Under-diagnosed
  - 5.2 Diastolic or Systolic Dysfunction: Does It Matter in Management?
  - 5.3 Diabetics with Heart Failure: Choice of Drugs
6. ORAL CAVITY AND GUT MANIFESTATIONS OF DIABETES
  - 6.1 Investigating and Treating Diabetic Diarrhoea
  - 6.2 Gut Hormone Changes in Type 2 Diabetes: Implications for Treatment
  - 6.3 Oral Implications of Diabetes
7. ISCHAEMIC HEART DISEASE IN PEOPLE WITH DIABETES
  - 7.1 Practical Strategies in Minimising CV Complications
  - 7.2 When and How to Assess IHD in Diabetics
  - 7.3 Therapy of IHD in Diabetics (Medical, PCI or CABG?). Factors to Consider

**8. MANAGING DIABETIC RETINOPATHY**

- 8.1 Clinical Features and Early Diagnosis of Diabetic Retinopathy
- 8.2 Assessment of Diabetic Eye Diseases: Imaging and Biomarkers
- 8.3 Diabetic Macular Oedema: Urgent Diagnosis and Treatment
- 8.4 Glaucoma & Diabetes: What's the Correlation? (*sponsored*)

**9. METABOLIC SYNDROME**

- 12.1 MS: Prevalence and Patterns in Malaysia
- 12.2 Diagnosis of MS: Which Criteria to Use for Asians?
- 12.3 The Clinical Significance of Metabolic Syndrome

**10. THE ISCHAEMIC LEGS**

- 8.1 The Diagnosis of Ischaemic Foot - A Disasterous Outcome if Missed
- 8.2 Preventing Complications of PVD in Diabetics
- 8.3 Vascular Interventions of Peripheral Vascular Disease

**11. KIDNEY DISEASES IN DIABETICS**

- 9.1 Glycaemic Control in Stage 3-4 CKD: Choice of Drugs and Targets
- 9.2 Protecting the Kidneys in Diabetics: Lessons from Randomised Controlled Trials
- 9.3 Should Albuminuria Be Treated?

**12. DIABETES AND THE BRAIN**

- 10.1 Brain Changes in People with Diabetes: Clinical Implications
- 10.2 Depression: Complication of Diabetes?
- 10.3 Alzheimer's Disease: A Type 3 Diabetes?

**13. COMPLEMENTARY AND ALTERNATIVE THERAPIES**

- 11.1 Homeopathy in Managing Diabetes
- 11.2 Yoga for The Management of Diabetes
- 11.3 Nutritional Challenges in Patients with Dual Conditions of Chronic Kidney Disease and Diabetes

**14. INFECTIONS IN DIABETICS**

- 13.1 Tuberculosis and Diabetes: An Unholy Alliance
- 13.2 Meliodosis: The Need for Effective Diagnosis and Treatment
- 13.3 Infections and Other Skin Changes in Diabetics

**WORKSHOP**

- 1. Wound Care and Dressing for GPs
- 2. Assessment and Self-Care of Diabetic Peripheral Neuropathy

**GRAND ROUND**

- 1. **CONTRAST-INDUCED AKI IN A 65-YEAR OLD PATIENT WITH LONG-STANDING DIABETES**
  - i. Kidney Changes in Diabetic Nephropathy
  - ii. Contrast Agents in Radiology
  - iii. Minimising AKI in Diabetics

2. **12-YEAR OLD TYPE 1 WITH FREQUENT HYPOS AND HYPERS (PAEDIATRIC EMERGENCY CASE)**
  - i. **Reasons for Brittleness in Control**
  - ii. **Consequences of Brittle Diabetes and Management Strategies**
  
3. **A 42-YEAR OLD OBESE, HYPERTENSIVE, DYSLIPIDAEMIA TYPE 2 DIABETIC WITH ASYMPTOMATIC ISCHAEMIA HEART DISEASE (CHANGES ON ROUTINE ECG)**
  - i. **Optimising Hypertension Control in Diabetics**
  - ii. **Optimising Dyslipidaemia to Reduce CVD**
  
4. **A TYPE 2 PERSON WITH POORLY-CONTROLLED DIABETES (OCCULT INFECTION)**
  - i. **Reasons for Poor Control of Diabetes**
  - ii. **Occult Infections in Diabetics**