DEPARTMENT OF COMMUNITY MEDICINE

Cordially welcomes all the Faculties and, CRRIs For The SEMINAR ON PREVENTION ON LIFESTYLE DISEASES

DATE: 25TH AND 27TH JANUARY 2020
TIME: 2.00PM – 3.00PM

Dr. N. Gunasekaran M.D., DTCD
Dean, TMCH

Dr. Kumudha Lingaraj M.D., D.A
Medical Director

Dr. K. Ravindran M.D
Dean Academic

Dr. Sivaprakasam M.S.,
Medical Superintendent

Dr. A. Balaji MD
Professor & HOD, Community Medicine.
<table>
<thead>
<tr>
<th>DATE</th>
<th>PRESENTATION</th>
<th>TOPIC</th>
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<tbody>
<tr>
<td>25/01/2021</td>
<td>DR.SUDHA PRIYA and DR.SURYA</td>
<td>CANCER AND ITS PREVENTION</td>
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<td>DR.SUSHMITHA V and DR.TAMIZARASI</td>
<td>CARDIOVASCULAR DISEASE AND ITS PREVENTION</td>
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<td>DR. A. BALAJI, PROFESSOR &amp; HOD</td>
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<td>27/01/2020</td>
<td>DR.SURYA PRAKASH and DR.STEPHEN</td>
<td>DIABETES AND ITS PREVENTION</td>
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<td></td>
<td>DR.VISHNUPRIYA</td>
<td>MODERATOR FOR GROUP DISCUSSION</td>
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<td></td>
<td>DR. A. BALAJI, PROFESSOR &amp; HOD</td>
<td>CONCLUSION</td>
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Organizing Committee Members

ORGANISING CHAIRMAN:
Dr A. Balaji, Prof & HOD, TMCH

EVENT ORGANISERS:
Dr. A. BALAJI, PROFESSOR & HOD, TMCH
Dr. Sivagurunathan, ASSOCIATE PROFESSOR, TMCH
Dr. A. Radhakrishnan, ASSISTANT PROFESSOR, TMCH
Dr. Vikram, ASSISTANT PROFESSOR, TMCH

SEMINAR PRESENTATION:

1. DR. SURYA PRAKASH
2. DR. SUDHA PRIYA
3. DR. SURYA K
4. DR. SUSHMITHA V
5. DR. STEPHEN
6. DR. TAMIZHARASI
Dr. SUDHAPRIYA and Dr. SURYA presenting
On CANCER AND ITS PREVENTION
Dr. SUSHMITHA and Dr. TAMIZHARASI presenting on CARDIOVASCULAR DISEASE AND ITS PREVENTION
Dr. SURYA PRAKASH and Dr. STEPHEN
PRESENTING ON DIABETES and ITS PREVENTION
GROUP DISCUSSION ON
LIFESTYLE DISEASE
AND ITS PREVENTION
BY
ALL THE CRRI AND
Dr. VISHNUPRIYA as MODERATOR
Summary of the following Diseases

★ Cancer

★ Hypertension

★ Cardiovascular disease

★ Diabetes
### Summary of Cervical Cancer Screening Recommendations:

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<tbody>
<tr>
<td>&lt;21 years</td>
<td>Not recommended</td>
<td>Not recommended</td>
<td>Not recommended</td>
</tr>
<tr>
<td>21-29</td>
<td><strong>Start at 25 years</strong>&lt;br&gt;Primary HPV testing alone every 5 years (preferred)&lt;br&gt;OR&lt;br&gt;Co-testing every 5 years&lt;br&gt;OR&lt;br&gt;Cytology alone every 3 years</td>
<td><strong>Start at 21 years</strong>&lt;br&gt;Cytology alone every 3 years</td>
<td><strong>Start at 21 years</strong>&lt;br&gt;Cytology alone every 3 years</td>
</tr>
<tr>
<td>30-65</td>
<td>Primary HPV testing alone every 5 years (preferred)&lt;br&gt;OR&lt;br&gt;Co-testing every 5 years&lt;br&gt;OR&lt;br&gt;Cytology alone every 3 years</td>
<td>Co-testing every 5 years (preferred)&lt;br&gt;OR&lt;br&gt;Cytology alone every 3 years&lt;br&gt;OR&lt;br&gt;Primary HPV testing alone every 5 years (alternative)</td>
<td>Cytology alone every 3 years&lt;br&gt;OR&lt;br&gt;Primary HPV testing alone every 5 years&lt;br&gt;OR&lt;br&gt;Co-testing every 5 years (alternative)</td>
</tr>
<tr>
<td>&gt;65</td>
<td>Not recommended *</td>
<td>Not recommended ‡</td>
<td>Not recommended ‡</td>
</tr>
<tr>
<td>Hysterectomy (with no history of cervical cancer or high-grade pre-cancerous lesion)</td>
<td>Not recommended</td>
<td>Not recommended</td>
<td>Not recommended</td>
</tr>
</tbody>
</table>

*No CIN 2 or greater within 25 years and documented negative screening in prior 10 years*

† Acceptable in women ≥ 25 years

‡ History of adequate screening: 3 consecutive negative cytology results or 2 consecutive negative co-testing results within 10 years with the most recent test within 5 years
TRIPLE ASSESSMENT

- Clinical
  - Age
  - Examination

- Imaging
  - USS
  - Mammography

- Pathology
  - FNAC
  - Corecut

Confident diagnosis in 99.9% of cases
SECONDARY PREVENTION

**EARLY DIAGNOSIS:-** (SCREENING)
- B.S.E. By Patient
- Palpation By Physician
- Thermography-NO radiation
- Mammography-Most Sensitive & Specific
- Ultrasound Imaging
- Doppler Ultrasound
- MRI-Tumor Size,Staging
- FNAC-Should be done after Mammography/ Ultrasound

**TREATMENT:-**
- Lumpectomy
- Radical Mastectomy
- Postoperative Radiotherapy and Chemotherapy
- Hormone Therapy

**THE ANGELINA EFFECT**

**HEALTH EDUCATION**

Aware people about the disease entity & to prevent the modifiable risk factors by:-
- Early Parity
- Avoid Early Menarche & Late Menopause
- Avoid long term use of OCPs before age 25yrs/1st pregnancy
- Increase Duration of Breastfeeding
- Avoid HRT post menopause
- Specific Groups:-Chemo

**LIFESTYLE & BEHAVIORAL CHANGES**
- Increase in Physical Activity
- Decreased FAT Intake
- NO Alcohol
- NO Cigarette Smoking
- Regular Exercise
- Keep Check On Weight

**SPECIFIC PROTECTION (Esp for High Risk Pts.)**

Fundamental Public Health Programs must be carried out for protection against OCCUPATIONAL HAZARDS i.e. for a woman working in a RADIATION THERAPY CENTRE- She should be made AWARE for Periodic Medical Checkups, Regular Working Hours & Include Proper Use of Lead Shield & Lead Rubber Aprons For Protection Against Radiation
Oral cancer:
* Intensive public education and motivation for changing lifestyle
* Supported by legislative measures

HYPERTENSION

The "Rule of Halves" in Hypertension

- Only 1/2 have been diagnosed
- Only 1/2 of those diagnosed have been treated
- Only 1/2 of those treated are adequately controlled

Only 12.5% overall are adequately controlled
Blood Pressure Categories

<table>
<thead>
<tr>
<th>BLOOD PRESSURE CATEGORY</th>
<th>SYSTOLIC mm Hg (upper number)</th>
<th>DIASTOLIC mm Hg (lower number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORMAL</td>
<td>LESS THAN 120</td>
<td>and</td>
</tr>
<tr>
<td>ELEVATED</td>
<td>120 – 129</td>
<td>and</td>
</tr>
<tr>
<td>HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1</td>
<td>130 – 139</td>
<td>or</td>
</tr>
<tr>
<td>HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2</td>
<td>140 OR HIGHER</td>
<td>or</td>
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<tr>
<td>HYPERTENSIVE CRISIS</td>
<td>HIGHER THAN 180</td>
<td>and/or</td>
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Life Style Modification

<table>
<thead>
<tr>
<th>Modification</th>
<th>Recommendation</th>
<th>~SBP Reduction</th>
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<tbody>
<tr>
<td>Weight Reduction</td>
<td>BMI: 18.5–24.9 kg/m2</td>
<td>5–20 mmHg/10kg</td>
</tr>
<tr>
<td>Adopt DASH eating plan</td>
<td>•High fruits, vegetables, and low fat dairy products</td>
<td>8–14 mmHg</td>
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<tr>
<td></td>
<td>•Low fat</td>
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<tr>
<td>Dietary sodium reduction</td>
<td>&lt;100 mmol per day (2.4 g Na or 6 g NaCl)</td>
<td>2–8 mmHg</td>
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<tr>
<td>Physical activity</td>
<td>regular aerobic physical activity (at least 30 min per day, most days of the week)</td>
<td>4–9 mmHg</td>
</tr>
<tr>
<td>Alcohol consumption</td>
<td>&lt;=3 units/ day-M, &lt;=2 units/ day-F</td>
<td>2–4 mmHg</td>
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</table>
CARDIOVASCULAR DISEASE:
• Age:
  Men ≥ 45;
  Women ≥ 55
• Sex
• Race
• Family History

• High Cholesterol
• Smoking
• High Blood Pressure
• Diabetes
• Obesity
• Alcohol
• Physical Inactivity
<table>
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<tr>
<th>Test</th>
<th>Threshold</th>
<th>Qualifier</th>
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<tr>
<td>Hemoglobin $A_{1c}$ or</td>
<td>$\geq 6.5%$</td>
<td>Lab NGSP-certified, standardized DCCT assay</td>
</tr>
<tr>
<td>Fasting glucose or</td>
<td>$\geq 126\text{ mg/dL}$</td>
<td>No caloric intake for at least 8 hours</td>
</tr>
<tr>
<td></td>
<td>(7.0 mmol/L)</td>
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<tr>
<td>2-hour glucose or</td>
<td>$\geq 200\text{ mg/dL}$</td>
<td>After 75 g of anhydrous glucose</td>
</tr>
<tr>
<td></td>
<td>(11.1 mmol/L)</td>
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<tr>
<td>Random glucose</td>
<td>$\geq 200\text{ mg/dL}$</td>
<td>Plus classic hyperglycemia symptoms or crisis</td>
</tr>
<tr>
<td></td>
<td>(11.1 mmol/L)</td>
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</table>

NGSP, National Glycohemoglobin Standardization Program; DCCT, Diabetes Control and Complications Trial.

$^a$ Results must be confirmed by repeated testing.
Discussion on Lifestyle Disease Prevention by Dr. A. Balaji, Prof & HOD

POINTS EMPHASISED:

DIABETES MELLITUS:

- GOLD STANDARD TEST FOR DIABETES-GLUCOSE TOLERANCE TEST.
- IMPORTANCE OF SELF CARE FOR DIABETIC PATIENTS WAS EXPLAINED.
- IDRS -INFORMATION ABOUT INDIAN DIABETIC RISK SCORE WAS GIVEN.

HYPERTENSION:

- IMPORTANCE OF TRACKING OF HYPERTENSION WAS GIVEN
- DASH DIET
- TREATMENT PROTOCOL ACCORDING TO AGE CRITERIA WAS EXPLAINED CLEARLY

CANCER:

- IMPORTANCE OF HEALTH CARE WORKERS IN SCREENING
- IMPORTANCE OF SCREENING FOR INCREASING SURVIVAL
- IMPORTANCE OF NPCDCS

CORONARY ARTERY DISEASE:

- IMPORTANCE OF DRUG COMPLIANCE IN ALREADY PATIENT DIAGNOSED WITH CAD AND IMPORTANCE OF REGULAR MEDICATIONS WAS EXPLAINED.
QUOTES BY CRRI's

This session helped us to know the clinical aspects and methods available for screening for lifestyle diseases and the importance of educating the general public.

- V.Sudhapriya [CRRI]

The importance of risk factors and its elimination were emphasized in this seminar and group discussion session.

- K.Surya[CRRI]

The seminar and group discussion on the topic prevention of lifestyle diseases was very useful for me. this session taught me how to educate the patient about lifestyle diseases.

- S.SuryaPrakash[CRRI]

Being the moderator for the first time helped me to gain confidence in public speaking and through preparing for this session I got a cumulative knowledge on lifestyle diseases and its prevention. I am very thankful for Dr.Balaji Sir HOD Dept of Community medicine.

- S.Vishnupriya[CRRI]

I really found this session to be useful. I learnt a lot for HOD sir and my friends.

- V.Sushmitha[CRRI]

The seminar was so wonderful. I learnt a lot from it.

- Stephen [CRRI]

Both these seminar and group discussion session have boosted our self esteem and we have obtained a lot of knowledge through this.

- M.Tamizharasi[CRRI]