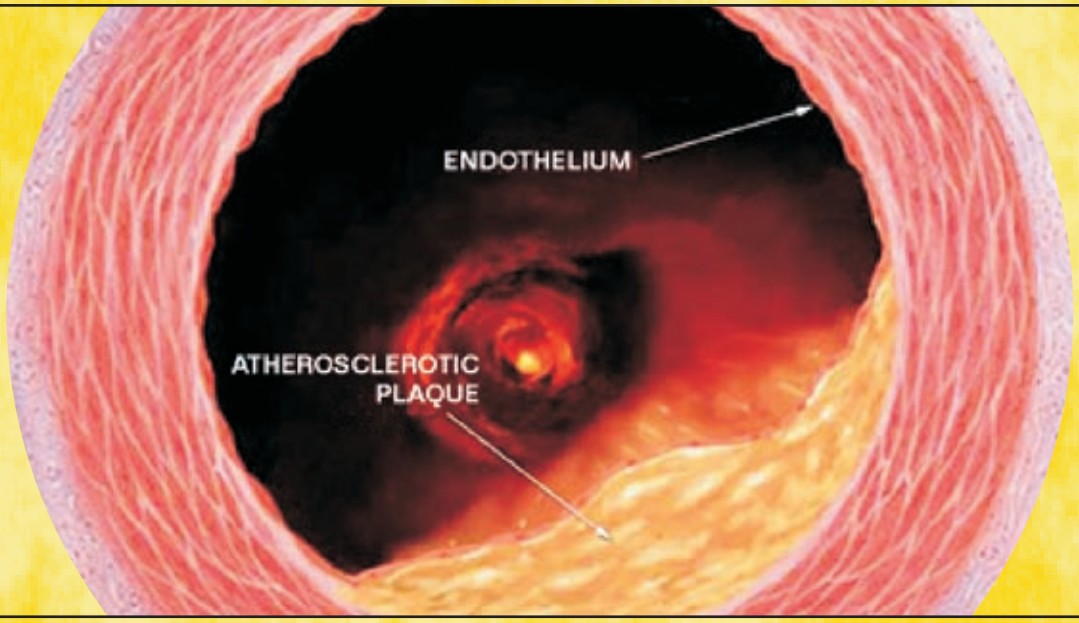
INDIAN SOCIETY FOR ATHEROSCLEROSIS RESEARCH
NEWS BULLETIN

An Official Publication of Indian Society
for Atherosclerosis Research (ISAR)

Volume - XIII Number - 1 July - 2010



Contents

ISAR EXECUTIVE COUNCIL OFFICE BEARERS (2010 – 2011)

President
Dr. Rama Gopalan
Department of Pathology,
PGIMS, Taramani,
Chennai – 600 113
Office Phone : 044-24547120
Resi. Phone : 044-24918002
E-mail : rama_gopalan@rediffmail.com

Vice-President
Dr. S. B. Sharma
Department of Biochemistry,
UCMS & GTB Hospital,
Shahadra, Delhi – 110 095
Mobile: +91 9818041119
E-mail : drsbs08@hotmail.com

Secretary
Dr. Anupam Prakash
Deptt. of Medicine,
Lady Hardinge Medical College & Hospital,
New Delhi-110001
Mobile : +91 9868329333
Email : secretaryisar@gmail.com

Joint Secretary
Dr. Rosalind Marita
Deptt. of Pharmacology, Nicolas Piramal India ltd. 1, Nirlon Complex, Goregaon East, Mumbai - 400 063
Phone : + 91 9820419623
E-mail : rosalind.marita@piramal.com

Treasurer
Dr. Jasvinder Kaur Gambhir
Department of Biochemistry,
University College of Medical Sciences,
Shahdara, Delhi -1100095
Mobile : + 91 9811641277
Phone : 0120-2510365
E-mail : jassigambhir@yahoo.co.in

President-Elect
Dr. Jayashree Bhattacharjee
Department of Biochemistry,
Lady Hardinge Medical College,
New Delhi-110 001
Office-Phone : 011-23741722
Mobile : +91 9810350956
E-mail : jayabhatta@gmail.com

Immediate Past President
Dr. P.R. Sudhakaran
Department of Biochemistry,
University of Kerala, Kariavattom,
Trivandrum – 695 581
Office Phone : 0471-2418078
Resi. Phone : 0471-24325149
E-mail : prsudhakaran@vsnl.com

ISAR EXECUTIVE COUNCIL MEMBERS (2010 – 2011)

Dr. Ritu Singh
Deptt. of Biochemistry
Lady Hardinge Medical College,
Shaheed Bhagat Singh Marg,
New Delhi - 110001
Mobile: +91 9811173213
E-mail : drritusingh@rediffmail.com

Dr. N. Nalini,
Deptt. of Biochemistry & Biotechnology
Annamalai University,
Annamalai Nagar – 608 002. (T,N)
Phone : 04144-238343
Mobile: +91 94424-24249
E-mail : nalininam@yahoo.com

Dr. Niranjali Devraj
Deptt. of Biochemistry
University of Madras
Guindy Campus
CHENAI - 600025
E-mail : niranjali@yahoo.com

Prof. K. V. Pugalendi,
Deptt. of Biochemistry,
Annamalai University,
Annamalai nagar – 608002.
Tamilnadu, India.
E-mail : drkvp232@rediffmail.com

Dr. B. S. Vishwanath
Deptt. of Studies in Biochemistry,
University of Mysore,Manasagangothri,
Mysore 570 006. India.
Phone : +91 8212 515525 Extn 52 (Office)
E-mail : vishmy@yahoo.co.uk

Dr. Durgaprasad Rajasekhar
Deptt. of Cardiology,
SVIMS, Tirupati – 517 507
Phone : 0877-2287777-2369
Mobile: +91 98492216850
E-mail : drdrsekhar@yahoo.co.in

Dr. V. Mallika
Deptt. of Biochemistry,
G.B.Pant Hospital
New Delhi – 110 002
Mobile : +91 9818813993
E-mail : drvmallika@gmail.com

Dr. Madhab Lamsal
Deptt of Biochemistry,
BPKIHS,
Dharan,
NEPAL.
E-mail : madhablamsal@yahoo.co.uk

MESSAGE FROM THE PRESIDENT ISAR

Dear Members,

This is my first communication after assuming the post of the President of the ISAR. I am deeply touched by the confidence that you have reposed in me. I take this opportunity to thank all the members for bestowing this honour by nominating me as the President of our association for 2010-11. The memories of ISARCON 2009 held at Mysore are still lingering in our mind. Our heartiest congratulations to Dr.B.S.Viswanath , Dr. Cletus D'Souza and to their young team of students and research scholars who had toiled day and night to give us a feast for our body, mind and soul. On behalf of the society and its members I wish to place on record our sincere thanks for a hugely successful conference.

We have indeed come a long way from the initial meeting of a few of our illustrious predecessors who met in July 1987 to decide to have a society and have an annual meeting of the same. Our first president Late Dr R.N.Chakravarthi, Dr. Chatterjee and Dr.Taskar were the stalwarts who met on that important day in Mumbai (Bombay those days). I was also a part of that historical meeting as I was representing Dr. Malathy Madhavan.. It almost humbles me to think that I witnessed the birth of a very important association which would bring together all the great minds in the field of experimental medicine, biochemistry, cardiology, pharmacology, pathology and nutrition.

As we stand a decade old in the new millennium we must introspect as to whether the objectives for which our society was founded have been fulfilled or not. Tremendous advances have been made in the various fields of medicine and I am happy to note that we are striving to keep abreast of them. It is also essential that we optimally utilize the incompletely tapped potential of our young investigators and encourage them to take part in the deliberations in large numbers.

The past has given us a sound tradition, the present is witnessing great achievement and advancement ,and the future beckons us to a bright new world. We must try our best to reach the heights and the standards our predecessors have set for us.

With best regards and good wishes,

CHENNAI JULY 2010

DR. RAMA GOPALAN

MESSAGE FROM THE SECRETARY ISAR

Dear ISAR Members,

Greetings. This is the first newsletter since I have assumed charge as Secretary of the esteemed Indian Society for Atherosclerosis Research; the society of which we all are members. As has been decided in the previous general body meeting at Mysore, the print version of the newsletter has been dispensed with and the e-newsletter is here to stay.

It has been my constant endeavour to maintain an updated membership directory. The same is reflected on the ISAR website (www.isar.co.in). All the details are periodically updated for each member on the website. To keep contact with the members and update the list, I had sent emails to the addresses I had, SMS to the mobile numbers asking them to send in their e-mail ids, and even rang up members whose landline numbers only were available. I had posted letters to the addresses of ISAR members whose phones/e-mails were not available in the records, and even used some of my colleagues to do the job. But despite all this, I still must have left out on some and I apologise for the same. It is my sincere request to all members to ask your fellow ISAR members to check their details on the website and update the same, by writing an e-mail to the undersigned, if there is any discrepancy. In the last GBM it was decided that all correspondence will be through e-mails only and I don't want that any ISAR member should miss out on any information.

An important piece of information is that the Secretary ISAR has a new e-mail id- secretaryisar@gmail.com I have opened this e-mail account which will be transferred from one Secretary to the other Secretary over the years. I have e-mailed all of you through this e-mail id and have compiled all ISAR member addresses in its contact list. All members should find it convenient to henceforth communicate with the Secretary ISAR, irrespective of who is elected as the Secretary. All future correspondence to the Secretary ISAR may kindly be sent to this e-mail id only.

The dates for the Annual Conference of ISAR 2010 have been finalised as November 13 & 14, 2010 and the venue is University College of Medical Sciences & GTB Hospital complex, Delhi-95. I exhort all to kindly make it to the conference. The conference website is www.isarcon2010.in and e-mail id of the ISARCON 2010 is isarcon2010@gmail.com The details of the conference are available on the website.

A number of ISAR members have not paid the IAS membership fee, which needs to be paid every two years. All of us should now onwards ensure that we deposit a sum of Rs. 300/- every two years. Kindly send the amount of Rs. 300/- by Demand Draft in name of "Treasurer, ISAR" payable at Delhi..

I request all the ISAR members to feel free to write to me and to send their suggestions and critical/constructive comments so as to ultimately take the ISAR to greater heights.

Kind regards and best wishes,

DELHI JULY 2010

DR. ANUPAM PRAKASH

Report of the 22nd Annual Conference of the ISAR (ISARCON 2009)

The 22nd Annual Conference of the Indian Society for Atherosclerosis Research was organised by the Department of Studies in Biochemistry, University of Mysore, Manasagangothri, Mysore, Karnataka from December 17-19, 2009 with the central theme as "Cardiovascular Diseases Secondary to the metabolic Disorder: Mechanisms and Therapy". The ISARCON 2009 was successfully conducted by the Orgnasing Committee with Prof. B.S. Vishwanath as the Organising Secretary, Dr. K. Kemparaju as Joint Secretary, ably convened by Prof. Cletus JM D'Souza and Prof. M. Karuna Kumar and Dr. K.S. Girish as the Treasurer. The students and the other members of the organising team and various committees along with the advisory board deserve all praise for the successful conduct of this international conference.

The inauguration of the conference was very well planned and conducted at the Rani Bahadur Auditorium, BIMS, Manasagangothri on the evening of 17th December, 2009 followed by dinner.
The next day morning session began with the plenary lecture from Prof. S. Dwivedi titled, "Look early and beyond: Atherosclerosis is preventable" followed by Oration of Dr. Gambhir on "Evaluation of lipoprotein (a) and Apo (a) polymorphism as risk factor for coronary artery disease in Asian Indians: A journey through the last decade". There were a number of invited lectures delivered by eminent scientists with noteworthy contributions in the field of atherosclerosis, a few noteworthy among them were "Alcohol and heart" by Dr. S.R. Gupta, "Role of PTEN and HSP-27 in atherosclerosis" by Dr. Rama Gopalan, Moringa oleifera: a natural source of hypolipidemic agent" by Dr. Asna Urooj, "Serum high sensitivity C-reactive protein (hs-CRP) and nitrites in hypertension" and "Lipid-lowering and HDL-cholesterol increasing bioactivity of non-saponifiable fraction of Avocado fruit (Persia Americana)".
The General Body meeting and the Executive Committee meeting were held in the evening, which was followed by a fabulous cultural programme and sumptuous dinner.

The next day began with the Plenary lectures of Prof. P.R. Sudhakaran and Prof. Jayashree Bhattacharjee on "Inflammation, MMPs and bulnerable plaque" and "The journey in search of etiopathological factors of pregnancy induced hypertension (pre-eclampsia)" respectively. The day also had several important invited lectures, few of which were- "ApoA/ApoB ratios associated with gene polymorphism in the promoter region (G-75A) of Apo A1 gene in patients of myocardial infarction and hypertension" by Dr. Ritu Singh, "Metabolic syndrome: an enigma" by Dr. Anupam Prakash, "Emerging targets in the treatment of obesity- moving away from the CNS" by Dr. Rosalind Marita, and "Coronary artery disease in Indians: Why do we suffer more?" by Dr. Premanath Manjunath.

A number of other important invited lectures and several oral presentations were the hall mark on both days of the conference. Another important and commendable session which was running parallel to the oral sessions was the poster session which covered a wide range of topics and the participation by Ph.D. students was truly laudable. Awards were also given to the students to encourage them in their research endeavours.

The Valedictory function was held late in the evening on the 19th of December, 2009 and was followed by High tea.

Overall the conference was a grand success with participation from all quarters.

Salt Sensitivity, Insulin Resistance, and Public Health in India

Endocrine Practice DOI 10.4158/EP10103.OR

Objective: High blood pressure is the most common cause of cardiovascular disease and mortality globally. Although salt sensitivity is a frequent determinant of hypertension, a strong link between salt sensitivity and cardiovascular disease associated with insulin resistance has not received adequate attention. This may be particularly relevant to the public health challenges of increasing prevalence of obesity, diabetes, and cardio-metabolic syndrome in India where, according to recent estimates, there are ~60% of the cases of cardiovascular disease in the world, and the salt consumption is among the highest in any large population

Methods: An extensive search of literature from PubMed and Cochrane Library was carried out. Pathophysiologic basis of the relationship between sodium and insulin sensitivity in various populations is reviewed.

Results: There is evidence for a strong link between increased salt sensitivity and insulin resistance leading to metabolic syndrome, and cardiovascular disease. This may be particularly relevant to the escalating epidemic of cardiovascular disease in south Asian Indian population.

Conclusion: A broad-based community action to achieve at least a modest salt restriction can provide huge health benefits, and is urgently needed.

Risk of Acute Myocardial Infarction, Stroke, Heart Failure, and Death in Elderly Medicare Patients Treated With Rosiglitazone or Pioglitazone

JAMA. 2010;304(4):(doi:10.1001/jama.2010.920)

Context Studies have suggested that the use of rosiglitazone may be associated with an increased risk of serious cardiovascular events compared with other treatments for type 2 diabetes.

Objective To determine if the risk of serious cardiovascular harm is increased by rosiglitazone compared with pioglitazone, the other thiazolidinedione marketed in the United States.

Design, Setting, and Patients Nationwide, observational, retrospective, inception cohort of 227 571 Medicare beneficiaries aged 65 years or older (mean age, 74.4 years) who initiated treatment with rosiglitazone or pioglitazone through a Medicare Part D prescription drug plan from July 2006-June 2009 and who underwent follow-up for up to 3 years after thiazolidinedione initiation.

Main Outcome Measures Individual end points of acute myocardial infarction (AMI), stroke, heart failure, and all-cause mortality (death), and composite end point of AMI, stroke, heart failure, or death, assessed using incidence rates by thiazolidinedione, attributable risk, number needed to harm, Kaplan-Meier plots of time to event, and Cox proportional hazard ratios for time to event, adjusted for potential confounding factors, with pioglitazone as reference.

Results A total of 8667 end points were observed during the study period. The adjusted hazard ratio for

rosiglitazone compared with pioglitazone was 1.06 (95% confidence interval[CI], 0.96-1.18) for AMI; 1.27 (95% CI, 1.12-1.45) for stroke; 1.25 (95% CI, 1.16-1.34) for heart failure; 1.14 (95% CI, 1.05-1.24) for death; and 1.18 (95% CI, 1.12-1.23) for the composite of AMI, stroke, heart failure, or death. The attributable risk for this composite end point was 1.68 (95% CI, 1.27-2.08) excess events per 100 person-years of treatment with rosiglitazone compared with pioglitazone. The corresponding number needed to harm was 60 (95% CI, 48-79) treated for 1 year

Conclusion Compared with prescription of pioglitazone, prescription of rosiglitazone was associated with an increased risk of stroke, heart failure, and all-cause mortality and anincreased risk of the composite of AMI, stroke, heart failure, or all-cause mortality in patients 65 years or older.

You can access the full text article at: http://jama.ama-assn.org/cgi/content/full/jama.2010.920v1
And the accompanying editorial "Rosiglitazone and the Case for Safety Over Certainty" at : http://jama.ama-assn.org/cgi/content/full/jama.2010.954v1

Reference values for serum creatinine in children younger than 1 year of age

Pediatr Nephrol **DOI 10.1007/s00467-010-1533-y**

Reliable reference values of enzymatically assayed serum creatinine categorized in small age intervals are lacking in young children. The aim of this study was to determine reference values for serum creatinine during the first year of life and study the influence of gender, weight and height on these values. Serum creatinine determinations between 2003 and 2008 were retrieved from the hospital database. Strict exclusion criteria ensured the selection of patients without kidney damage. Correlation analysis was performed to evaluate the relation between height, weight and serum creatinine; the Mann-Whitney test was used to evaluate the relation between gender and serum creatinine. A broken stick model was designed to predict normal serum creatinine values. Mean serum creatinine values were found to decrease rapidly from 55 µmol/L on day 1 to 22 µmol/L in the second month of life; they then stabilized at 20 µmol/L until the seventh month, followed by a slight increase. No significant relation was found between serum creatinine and gender, weight and height. We present here reference values of serum creatinine in infants not at risk of decreased renal function. The absence of a relationship with gender, weight and height confirms that height-based equations to estimate glomerular filtration rate are less useful in patients of this age group.

You can access the full text article (free access) at :
http://www.springerlink.com/content/1844547104h82855/fulltext.pdf

---

Dietary Therapy in Hypertension

N Engl J Med 2010:362:2102-12.

This Journal feature begins with a case vignette that includes a therapeutic recommendation. A discussion of the clinical problem and the mechanism of benefit of this form of therapy follows. Major clinical studies, the clinical use of this therapy, and potential adverse effects are reviewed. Relevant formal guidelines, if they exist, are presented. The article ends with the authors' clinical recommendations.

Beta-Blockers May Lower Risk for Exacerbations and Improve Survival in COPD

Laurie Barclay, MD

May 25, 2010 - Beta-blockers may lower the risk for exacerbations and improve survival duration in patients with chronic obstructive pulmonary disease (COPD), possibly as a result of dual cardiopulmonary protective properties, according to the results of an observational cohort study reported in the May 24 issue of the Archives of Internal Medicine.

"Physicians avoid the use of ß-blockers in patients with...COPD and concurrent cardiovascular disease because of concerns about adverse pulmonary effects," write Frans H. Rutten, MD, PhD, from University Medical Center in Utrecht, the Netherlands, and colleagues. "We assessed the long-term effect of ß-blocker use on survival and exacerbations in patients with COPD." The study cohort consisted of 2230 patients who were at least 45 years old from 23 general practices in the Netherlands and who had been diagnosed or were diagnosed with COPD between 1996 and 2006. Mean age was 64.8 ± 11.2 years when the study began, and 53% were men. The investigators reviewed electronic medical record data including standardized information concerning daily patient contacts, diagnoses, and drug prescriptions. Mean follow-up was 7.2 ± 2.8 years.

During follow-up, 1055 patients (47.3%) had 1 or more COPD exacerbations, and 686 patients (30.8%) died. With use of Cox regression analysis, the crude hazard ratio (HR) for mortality with beta-blocker use was 0.70 (95% confidence interval [CI], 0.59 - 0.84), and the adjusted HR was 0.68 (95% CI, 0.56 - 0.83). For COPD exacerbation with beta-blocker use, crude HR was 0.73 (95% CI, 0.63 - 0.83), and adjusted HR was 0.71 (95% CI, 0.60 - 0.83). With propensity score methods, the adjusted HRs were even lower. Subgroup analyses revealed that findings were similar for patients with COPD but without overt cardiovascular disease.

"Treatment with ß-blockers may reduce the risk of exacerbations and improve survival in patients with COPD, possibly as a result of dual cardiopulmonary protective properties," the study authors write. Limitations of this study include possible misclassification of COPD, possible confounding by indication, lack of spirometry in all patients, and possible residual confounding. "The results of our study suggest that the use of ß-blockers may reduce mortality as well as the risk of exacerbations of COPD in a broad spectrum of patients with COPD with concurrent hypertension or cardiovascular disease," the study authors conclude. "A meta-analysis of randomized trials has already shown that (cardioselective) ß-blockers are well tolerated by patients with COPD. The time has come to confirm these results in a randomized controlled trial."

Editorial: Beta-Blocker Saga Can Be Turned Around

In an accompanying editorial, Don D. Sin, MD, MPH, and S. F. Paul Man, MD, from the University of British Columbia and the Providence Heart and Lung Institute in Vancouver, Canada, note that beta-blockers may unnecessarily be withheld from patients with cardiovascular conditions and comorbid COPD. They agree that a large, well-conducted, randomized controlled trial is needed to confirm the study findings. "[This study] provocatively suggests that the use of ß-blockers, contrary to classic teaching, is not only safe but also can prolong survival and reduce exacerbations in COPD, providing new hope for patients with COPD," Drs. Sin and Man write. "[These data] provide a rationale for the practicing clinicians to use ß-blockers (even noncardioselective ones such as carvedilol) cautiously in their patients with COPD who also

have a coexisting cardiovascular condition for which a beta-blocker is required. To this end, Rutten and coauthors' study has turned the story of ß-blockers in COPD into a curious case of a foe becoming a potential friend to millions of patients with COPD worldwide." Arch Intern Med. 2010;170:880-887, 849-850.

Role of diabetes, hypertension, and cigarette smoking on atherosclerosis

Ram K Mathur

Hyperosmolar food causes atherosclerosis. Hyperosmolal food hypothesis encompasses all the factors involved under one heading and, that is, the generation of heat in the body. The involvement of cigarette smoking is obvious. High glycemic index food and diabetes result in high levels of blood glucose, which raises the core body temperature. The ingestion of hyperosmolal salt, glucose, and amino acids singularly or synergistically raise the core body temperature, forcing abdominal aorta to form an insulation wall of fatty material causing atherosclerotic plaques. The osmolarity of food, that is glucose, salt, and amino acids is reduced when water is ingested with food. The incidence of atherosclerosis goes down with increasing intake of water.

You can access full text at http://www.jcdronline.com/article.asp?issn=0975-3583;year=2010;volume=1;issue=2;spage=64;epage=68;aulast=Mathur

---

Effects of positive acceleration on the metabolism of endogenous carbon monoxide and serum lipid in atherosclerotic rabbits

Huilan Luo, Yongsheng Chen, Junhua Wang

Background: Atherosclerosis (AS) is caused mainly due to the increase in the serum lipid, thrombosis, and injuries of the endothelial cells. During aviation, the incremental load of positive acceleration that leads to dramatic stress reactions and hemodynamic changes may predispose pilots to functional disorders and even pathological changes of organs. However, much less is known on the correlation between aviation and AS pathogenesis. **Methods and Results:** A total of 32 rabbits were randomly divided into 4 groups with 8 rabbits in each group. The control group was given a high cholesterol diet but no acceleration exposure, whereas the other 3 experimental groups were treated with a high cholesterol diet and acceleration exposure for 4, 8, and 12 weeks, respectively. In each group, samples of celiac vein blood and the aorta were collected after the last exposure for the measurement of endogenous CO and HO-1 activities, as well as the levels of total cholesterol (TC), triglyceride (TG), high-density lipoprotein cholesterol (HDL-C), and low-density lipoprotein cholesterol (LDL-C). As compared with the control group, the endocardial CO content and the HO-1 activity in aortic endothelial cells were significantly elevated at the 4th, 8th, and 12th weekend, respectively ($P < 0.05$ or <0.01). And these measures tended upward as the exposure time was prolonged. Levels of TC and LDL-C in the experimental groups were significantly higher than those in the control group, presenting an upward tendency. Levels of TG were found significantly increased in the 8-week-exposure group, but significantly declined in the 12-week-exposure group (still higher than those in the control group). Levels of the HDL-C were increased in the 4-week-exposure group, declined in the 8-week-exposure group, and once more increased in the 12-week-exposure group, without significant differences with the control group. **Conclusions**: Positive acceleration exposure may lead to a significant

increase of endogenous CO content and HO-1 activity and a metabolic disorder of serum lipid in high-cholesterol diet-fed rabbits, which implicates that the acceleration exposure might accelerate the progression of AS.

You can access full text at http://www.jcdronline.com/article.asp?issn=0975-3583;year=2010;volume=1;issue=2;spage=75;epage=80;aulast=Luo;type=0

Prevalence, Awareness and Control of Hypertension in Rural Communities of Himachal Pradesh

Purpose : There is no community based study of prevalence of hypertension from Himachal Pradesh, so we undertook this study.

Methods and Results : Population based survey was done in three villages of Himachal Pradesh of different Districts. Total 1092 adults of ⩾18 years of age were examined. 507 (46.42%) were males and 573 (52.47%) were females. 392 (35.89%) were found to have hypertension (39.8% in males and 33.15% in females). 267 had their blood pressure in pre-hypertensive range (24.45%). Only 433 (39.6%) had their blood pressure in normal range. 84 (21.98%) of 392 hypertensive persons were aware of their hypertensive status and only 17 of these 84 (20.23%) had their blood pressure under control.

Conclusion : Prevalence of hypertension was higher than the national average. Only one fifth of hypertensive persons were aware of their disease and only fifth of these had their blood pressure under control.

Calcium channel blockers versus other classes of drugs for hypertension

From the Cochrane Library, published in Issue 8, 2010.

Background : Calcium channel blockers (CCBs) are a relatively new antihypertensive class. The effect of first-line CCBs on the prevention of cardiovascular events, as compared with other antihypertensive drug classes, is unknown.

Objectives : To determine whether CCBs used as first-line therapy for hypertension are different from other first-line drug classes in reducing the incidence of major adverse cardiovascular events.

Search strategy : Electronic searches of the Cochrane Central Register of Controlled Trials, MEDLINE, EMBASEand the WHO-ISH Collaboration Register (up to May 2009) were performed. We also checked the references of published studies to identify additional trials.

Selection criteria : Randomized controlled trial (RCT) comparing first-line CCBs with other antihypertensive classes, with at least 100 randomized hypertensive participants and with a follow-up of at least two years.

Data collection and analysis : Two authors independently selected the included trials, evaluated the risk of bias and entered the data for analysis.

Main results : Eighteen RCTs (14 dihydropyridines, 4 non-dihydropyridines) with a total of 141,807 participants were included. All-cause mortality was not different between first-line CCBs and any other first-line antihypertensive classes. CCBs reduced the following outcomes as compared to ß-blockers: total cardiovascular events (RR 0.84, 95% CI [0.77, 0.92]), stroke (RR 0.77, 95% CI [0.67, 0.88]) and cardiovascular mortality (RR 0.90, 95% CI [0.81, 0.99]). CCBs increased total cardiovascular events (RR 1.05 , 95% CI [1.00, 1.09], p = 0.03) and congestive heart failure events (RR 1.37, 95% CI [1.25, 1.51]) as compared to diuretics. CCBs reduced stroke (RR 0.89, 95% CI [0.80, 0.98]) as compared to ACE inhibitors and reduced stroke (RR 0.85, 95% CI [0.73, 0.99]) and MI (RR 0.83, 95% CI [0.72, 0.96]) as compared to ARBs. CCBs also increased congestive heart failure events as compared to ACE inhibitors (RR 1.16, 95% CI [1.06, 1.27]) and ARBs (RR 1.20, 95% CI [1.06, 1.36]). The other evaluated outcomes were not significantly different.

Authors' conclusions : Diuretics are preferred first-line over CCBs to optimize reduction of cardiovascular events. The review does not distinguish between CCBs, ACE inhibitors or ARBs, but does provide evidence supporting the use of CCBs over ß-blockers. Many of the differences found in the current review are not robust and further trials might change the conclusions. More well-designed RCTs studying the mortality and morbidity of patients taking CCBs as compared with other antihypertensive drug classes are needed for patients with different stages of hypertension, different ages, and with different co-morbidities such as diabetes.

Please access the full text at :
http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/CD003654/pdf_fs.html

ORATION AWARDS

ORATIONS

Nominations are invited for **Dr. P.A. Kurup Oration (Basic Research in Atherosclerosis)** which will be awarded. The awardee so selected will have to deliver the Oration in the forthcoming Annual Conference of the ISAR, ISARCON 2010 at UCMS-GTBH, Delhi.

Scientists who have contributed significantly to atherosclerosis research may be nominated by life members of the society for the oration award. The scientist nominated must have been a member of ISAR for a continuous period of 5 years. It is important to send the following information to the **Secretary, ISAR by e-mail (secretaryisar@gmail.com) before September 30, 2010-**

1. Bio-data of the nominee

2. Abstract of oration (about 250 words)

3. ISAR membership status of the nominee

4. Recommendations from the ISAR life member who is proposing the nomination.

The selected nominee will be required to provide in triplicate a full oration manuscript before the Conference. The oration awardee will receive in appreciation of his/her contribution a plaque and a certificate. His/her local hospitality will be borne by the ISAR Conference Committee.

BEST PAPERS (Awards for Research papers presented during the conference)

Two medals for best papers in the following will be awarded at the 23rd Annual Conference of the ISAR, ISARCON2010.

1. Balaji Endowment Medal for Basic experimental research in atherosclerosis

2. Sri Venkateswara cardiac research medal for Clinical research on atherosclerosis and allied aspects

Criteria for Awards-

1. The candidate should be a member of the society for at least two years.
2. He/she should be the first author of the paper.
3. The work should have been carried out in India and should be original in content. The author should indicate whether his work should be considered for award on basic research or clinical research.
4. The awarded should be 35 years of age or less, and working in an organisation for a minimum period of 3 years.
5. He/she should obtain a certificate from the head of the Institute/Department that the work

was primarily carried out by the applicant. The paper should not have been already been published in any scientific journal. However, the authors will be free to publish the paper elsewhere after presentation, provided that it is acknowledged that the paper was presented at the Annual meeting of the ISAR. Only the abstract of the paper will be prepared in the proceedings of the Society.

6. A member who has won the medal against a particular award will nt be eligible for a second time, although such a member can be a co-author of a paper for the subsequent award.

7. No member can present more than one paper for the award.

8. The abstract of not more than 200 words indicating the name of the medal/award for which it is submitted at the top of the paper should be sent to the Secretary, ISAR by e-mail only (secretaryisar@gmail.com)

9. The paper submitted for the award will be screened and judged by a panel of three judges.

10. The decision of the panel of judges will be final and binding on all concerned.

11. The papers so selected for the awards will be presented at the Annual meeting of the Society and 15 minutes will be given to each paper for presentation.

12. In case an award is not given to the paper after presentation, then a certificate of merit will be given.

13. A paper, if selected but not presented at the conference will not be considered for the award.

14. The last date for receipt of the abstracts/applications is September 30, 2010.

Details of Travel grants and conference specific details are available on the ISARCON2010 conference website www.isarcon2010.in

INDIAN SOCIETY FOR ATHEROSCLEROSIS RESEARCH

www.isar.co.in

APPLICATION FORM FOR MEMBERSHIP

1. Name: Dr. /Mr./Mrs. _____ _____ _____
   Surname Middle Name First Name

2. Designation : _____

3. Office Address : _____

   _____ PIN _____

   Phone _____ E-mail _____

4. AcademicQualifications : _____

   _____

   _____

5. Student : Yes ☐ No ☐

6. Membership : _____

7. | | | | |
   |---|---|---|---|
   | Patron / NRI | Rs. 5300/- | Annual | Rs. 100/- |
   | Life member | Rs. 1300/- | Student | Rs. 50/- |

(Please note –Rs.300/- has to given every 2 yrs by all life members for membership of international Atherosclerosis society .)

Note :

1. Cheque /DD Payable to Treasurer, ISAR
2. Add Rs. 50/- for outstation cheque

Dr Anupam Prakash
Secretary, ISAR
Department of Medicine,
Lady Hardinge Medical College
Shaheed Bhagat Singh Marg, New Delhi .
Phone : + 91–9868329333
E-mail : prakashanupam@hotmail.com

Prof (Dr) J.Gambhir, PHD
Treasurer, ISAR
Department of Biochemistry
University College of Medical Sciences
Shahadara, Delhi -11000 95
Phone : +91- 9811641277, 0120-2510365
E-mail : Jassigambhir@yahoo.co.in
gambhir@del2.vsnl.net.in

23rd Annual Conference of the Indian Society for Atherosclerosis Research

AN INTERNATIONAL SYMPOSIUM ON

ATHEROSCLEROSIS
FROM BENCH TO BEDSIDE

13 - 14 NOVEMBER 2010

UNIVERSITY COLLEGE OF MEDICAL SCIENCES
(UNIVERSITY OF DELHI) & GURU TEG BAHADUR HOSPITAL
DELHI, INDIA

www.isarcon2010.in

CALL FOR PAPERS

Word-processed abstracts, not exceeding 250 words written in Introduction, Methods, Results, conclusions format may be submitted as email attachments to org.secisar2010@gmail.com before 1700 hours (Indian Standard Time), 15th September, 2010. After a peer-review process, the abstracts would be selected for a poster or oral presentation during the congress.

Authors of papers selected for presentation would be required to submit the full paper (2500 words) before 12th November 2010 for publication.

REGISTRATION

	Registration Early (01 Apr 30 Jun)	Registration Late (01 Jul 30 Oct)	Registration Sport (1 Nov. Onward)
Members ISAR	INR 1500	INR 1700	INR 2000
Non - Members	INR 2000	INR 2500	INR 3500
Student/ P.hD Students/ Resident/ Interntship	INR 1000	INR 1000	INR 1200
Membership ISAR & Registration Package	INR 2300	INR 2300	INR 2300

Student/P. hD students / Resident / Interntship registration rates will be granted only to those who document their position by attaching an official statement from the head of their Department of Institution.

Invitation

Dear Colleagues,

It is our privilege to invite you to Delhi in November 2010 for 23rd Annual Conference of Indian Society for Atherosclerosis Research & International Symposium on Atherosclerosis. The conference would review the state of the art in the field of atherosclerosis and would set standards for future research and discuss in depth the latest work in the subject. We are especially sensitive to the need for clinical researchers and for scientists in the life sciences to work hand in hand towards a better understanding of the pathophysiology of atherosclerosis, towards the development of new diagnostic markers, and equally towards the development of new therapeutic strategies. The program is spread over two days, Saturday and Sunday in the month of November 2010. Your support and participation are critical to its success! We look forward meeting you.

Yours sincerely,

Dr. S B Sharma

Dr. Amitesh Aggarwal

Themes and focus areas

- Molecular biology & nanotechnology giving a new dimension to atherosclerosis
- Newer diagnostic techniques for assessment of atherosclerosis
- Emerging therapeutic modalities
- Holistic approach of Ayurveda in Atherosclerotic diseases

Patrons
Prof. Deepak Pental
Prof. SK Tandon

Co Patrons
OP Kalra
UC Varma

Conveners
S Dwivedi
JK Gambhir

Organizing Secretary
SB Sharma

Joint Organizing Secretary
Amitesh Aggarwal

Treasurer
Ashish Goel

Invited Faculty and Advisory Board
A Mathur (Jodhpur)
AB Dey (Delhi)
Alka Ganesh (Vellore)
Aman Nanda (USA)
Amit Arora (UK)
Anupam Prakash (Delhi)
BM Hegde (Mangalore)
BS Vishwanath (Mysore)
G Subramaniam (Nepal)
Gundu Rao (USA)
Hitendra Jain (USA)
IS Gambhir (Varanasi)
Jayshree Bhattacharjee (Delhi)
J David Spence (Canada)
Kiran Patel (UK)
N Nalini (Annamalai)
Nalini M Rajamanan (USA)
Nehal N Mehta (USA)
PR Sudhakaran (Trivandrum)
PS Shankar (Gulbarga)
Rama Gopalan (Chennai)
Raja Vashisth Tripathi (USA)
Ritu Singh (Delhi)
Ruchika Kuba (Delhi)
SR Gupta (Tirupati)
Stephen Allen (UK)
VP Menon (Annamalai)

Registration Form

23rd Annual Conference of the Indian Society for Atherosclerosis Research

An International Symposium on Atherosclerosis
From Bench to Bedside

13 - 14 NOVEMBER 2010

Name: _____

Designation :_____

Organisation:_____

Mailling Address:_____

_____

_____

Age:_____ ☐ Male ☐ Female

Phone: (O)_____ (R)_____

Mobile:_____

mail:_____

Accommodations Need : ☐ Yes ☐ No

Type of Accommodations :

☐ Hostel ☐ Guest House ☐ Hotel (Single/Double Room)

Payment Details:

Amount: _____Draft No.: _____

Drawn on Bank: _____

Branch_____

Dated: _____ Place_____

(Signature of the Applicant)

Demand Draft to be made in favor of
'ISARCON2010' Payable at Delhi

Please visit website www.isarcon2010.in for details.

Use Separate form for each individual

The SECRETARIAT - ISARCON 2010
Room No. 223, Department of Biochemistry
University College of Medical Sciences Guru Teg Bahadur Hospital
Dilshad Garden,
Delhi 110095 INDIA

Phone - + 91 11 22582971 Extn. 5204
isarcon2010@ucms.ac.in