

17th - 21st JULY 2019
International Hotel, Sinaia



NeuroDIAB

Society for
Diabetic
Neuropathy

SUMMER SCHOOL

Stop amputation! Act now! Your contribution to diabetic foot care!

ORGANIZED BY

Neurodiab - Society for Diabetic Neuropathy

www.neurodiab.org



Coming together is a beginning,
Keeping together is a progress,
Working together is success.
- Henry Ford



You are not alone!

Be part of our Community for Diabetic Neuropathy!

www.neurodiab.org
www.facebook.com/neurodiab



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Norina Gâvan

Administration \ Administrare

Anda CORDOȘ, Cluj-Napoca | +40 743 999 333
Email: anda.cordos@neurodiab.org, anda.cordos@podiatrie.ro
Antonina POP, Bucharest | +40 744 300 567
Email: antonina.pop@neurodiab.org

E: secretariat@neurodiab.org
W: www.neurodiab.org
E: secretariat@podiatrie.ro
W: www.podiatrie.ro

Messages





Dear colleagues,

We are proud to be hosting the 8th edition of the Neurodiab Summer School officially organized under the umbrella of the Society for Diabetic Neuropathy.

The Summer School is organized on a regular basis (yearly) and its goal being to increase the awareness of diabetic neuropathy and diabetic foot among the young doctors who are directly involved in the care and treatment of patients with diabetic neuropathy and diabetic foot.

The objective is to train the young doctors in the practical approach of those patients, to learn from the experts and to benefit from the best practice shared experiences. The participants will have a unique opportunity to listen and discuss with leading specialists within their fields in an informal and unofficial atmosphere, during lectures and workshops. We are extremely grateful to all faculty members who have kindly accepted our invitation to come to Sinaia and talk about diabetic neuropathy and diabetic foot.

The program is addressed mainly to young doctors (residents or young specialists) who have practice in the field of diabetes, neurology, surgery and orthopaedics. We do hope that all the participants will benefit from the content of the program improving their knowledge and skills.

It is my honour to announce during this event the young doctors, winners of 2019 Neurodiab Award. As you know, this award consists in the full sponsorship of the participation to the Annual Meeting of the European Association for the Study of Diabetes, which will be held this year on 16th-20th of September in Barcelona, Spain. The Neurodiab Award is sponsored by Wörwag Pharma.

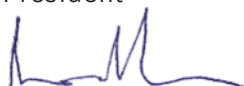
The Summer School organization would not be possible without considerable support of our partners from the pharmaceutical industry.

Greatest words of gratitude should be addressed to you, the course participants, whose turnout has always exceeded our expectations. This has been sufficient evidence that the meetings like Neurodiab Summer School are truly necessary and widely expected by health care providers in modern world.

Welcome to Sinaia, welcome to the Neurodiab Summer School 2019!

Gabriela Radulian

President



Gabriela RADULIAN

M.D., Ph.D.

President of the Society for Diabetic Neuropathy

Professor of Medicine at
"N. Malaxa" Adults
Hospital, Discipline
Diabetes, Nutrition and
Metabolic Diseases

Department of Clinical
Education 2 - Infectious
Diseases, Epidemiology,
Microbiology, Parasitology,
Virology, Sugar Diabetes,
Endocrinology
Faculty of Medicine, UMF
"Carol Davila" Bucharest



Stimați participanți, stimați oaspeți,

În calitate de Președinte al Asociației de Podiatrie, sunt onorat și în același timp bucuros să vă urez "Bun venit!" la Școala de Vară în Podiatrie 2019, organizată în România, în aceste zile.

Podiatria este încă un teritoriu neexploatat în România. Ne lipsesc atât cultura îngrijirii medicale a piciorului, cât și specialiștii pregătiți în acest sens. Luând în considerare aceste două aspecte, suntem cu atât mai mândri că am reușit să organizăm în acest an două evenimente majore care, sperăm noi, contribuie la dezvoltarea unei baze solide de specialiști în domeniul podiatriei, și anume: Congresul de Podiatrie din România, cu participare internațională, care a avut loc în luna iunie a acestui an la București și Școala de Vară în Podiatrie, eveniment la care ne bucurăm să vă avem astăzi prezenți.

Principalul scop al Școlii de Vară în Podiatrie este acela de a consolida o bază în domeniul îngrijirii medicale a piciorului, în rândul medicilor, asistenților medicali și a fizio-kinetoterapeuților, categorii profesionale din domeniul sanitar care intră, poate cel mai ades, în contact direct cu pacienții.

Școala de Vară în Podiatrie dorește să fie exact ceea ce promite, adică o veritabilă școală pentru profesioniști, menită să ofere atât informații teoretice cât și ateliere practice, ambele indispensabile unei îngrijiri medicale profesionale a piciorului în general și a piciorului diabetic în special.

Păstrând acest deziderat în minte, vă mulțumim pentru interesul acordat și vă dorim ședere plăcută!

Ioan A. Vereşiu
Președinte al Asociației de Podiatrie din România

A handwritten signature in blue ink, appearing to read "Ioan Vereşiu". The signature is fluid and cursive, with a long horizontal stroke at the end.

General information



Neurodiab Summer School

The goal of the Neurodiab Summer School is to increase the awareness of diabetic neuropathy and diabetic foot among the young doctors, who are directly involved in the care and the treatment of patients with diabetic neuropathy and diabetic foot.

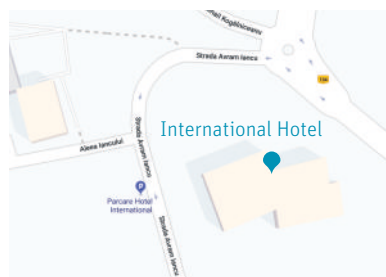
The objective is to train the young doctors in the practical approach of those patients, to learn from the experts and to benefit from the best practice to shared experiences.

This year's program is addressed mainly to young doctors (residents or young specialists) who have practice in the field of diabetes, neurology and all the connected specialities.

Most of the programme will be in English. This is why the participants are required to have the necessary fluency to communicate in English at least at medium level.

Venue

All scientific sessions, lunch, dinner and coffee breaks are organised only at International Hotel, Sinaia.



International Hotel
1st Avram Iancu Street
Sinaia 106100, Romania

Phone: +4 0344 403 841
+4 0344 403 842
Front desk: +4 0344 403 850
+4 0760 780 181
E-mail: marketing@hotelinternational.ro

The main topic of the 2019 Neurodiab Summer School is Stop amputation! Act now! Your contribution to diabetic foot care!

The registration for the Neurodiab Summer School can be performed **ONLY** online individually by each participant. The participants will receive the confirmation of registration from the secretariat of Neurodiab which they will submit at the registration desk.

The registration becomes valid only after receiving the bank transfer confirmation or the proof of payment done via EuPlatesc.

Registration fee without accommodation (Only for romanian citizens)	Members	Non-members
Residency	350 lei	500 lei
Specialist	550 lei	700 lei

Registration fee with accommodation (Only for romanian citizens)	Members	Non-members
Residency	700 lei	900 lei
Specialist	1000 lei	1200 lei

The registration fee with accommodation includes:

- 1 place in a double room for 4 overnights from 17.07 to 21.07.2019
- Access to all courses within the scientific event
- The materials of the Neurodiab Summer School
- Access to the exhibition area
- Meals and coffee breaks from 17.07 to 20.07.2019

Very important:

- The number of participants is limited to 160 persons due to organizational budget.
- Access to the scientific program, lunch and dinner of the Summer School is made **ONLY** on the personal badge.
- After the event, the online link with a Feedback Form will be sent to all registered participants. The Certificate of Attendance will be emailed to you immediately after you fill in all fields and complete the Feedback Form.
- The link to the Feedback Form will be available to the participants registered to all Summer School sessions. Make sure to sign in every day.

Clinical cases presented by the students. The clinical cases were submitted until 30.06.2019

- 4 case reports will be selected by the Scientific Committee.
- These clinical case reports will be presented in plenary.
- The clinical cases have to be submitted in word format and in English.
- The clinical cases will be sent to the email address:
scoaladevara@neurodiab.org
- 2 clinical case presentations will be awarded by faculty lectures.

Local organizing Committee

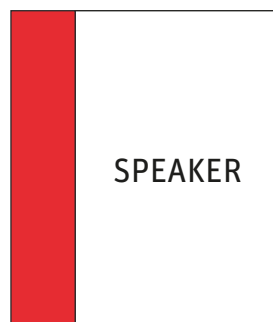
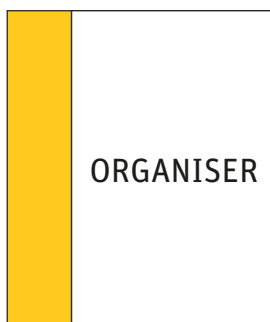
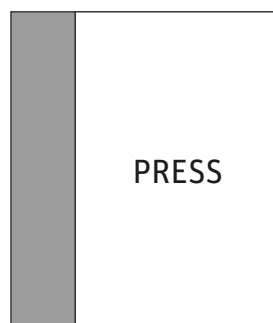
For any details regarding the organizational topics, please contact
secretariat@neurodiab.org

Hotel Reservations

New Star Services is pleased to help you.

BADGES

The name badges for delegates serve as an admission pass to all scientific sessions and exhibition. Delegates are asked to keep their name badges displayed at all time during the meeting. Lost badges can be replaced in special situations and will be charged 100 lei.



Asociația de Podiatrie
Organizează

Școala de Vară în Podiatrie 2019

• Noțiuni de biomecanică a piciorului

• Îngrijirea plăgilor

• Examinarea piciorului diabetic

• Recomandare de încălțăminte

• Analiza mersului

• Neuropatia diabetică

Înscrieri la
www.podiatrie.ro

18-21 iulie 2019
Hotel Internațional, Sinaia

Parteneri științifici:

Școala de Vară în Podiatrie

Scopul Școlii de Vară în Podiatrie este de a crește gradul de conștientizare a îngrijirii piciorului în general și a piciorului diabetic în special, în rândul medicilor, asistenților medicali și a fiziokinetoterapeuților.

Obiectivul este de a instrui medicii, asistenții medicali și fiziokinetoterapeuții în abordarea practică a acestor pacienți, pentru a învăța și beneficia de la experții din domeniu cele mai bune practici profesionale.

Temele principale ale Școlii de Vară în Podiatrie 2019 sunt: Noțiuni de biomecanică a piciorului; Îngrijirea plăgilor; Examinarea piciorului diabetic; Recomandarea de încălțăminte; Analiza mersului; Neuropatia diabetică.

Înregistrarea pentru Școala de Vară în Podiatrie se face **DOAR PERSONAL** de către fiecare participant. Participanții vor prezenta la biroul de înregistrare, confirmarea înscrierii, primită pe e-mail de la secretariatul Asociației de Podiatrie.

Înregistrarea este valabilă doar după transmiterea pe e-mail a dovezii efectuării transferului bancar sau după ce este confirmată plata prin sistemul EuPlatesc.

Taxe de înregistrare fără cazare	Membri	Non-membri
Asistenți medicali	150 lei	250 lei
Fiziokinetoterapeut	250 lei	450 lei
Kinetoterapeut	250 lei	450 lei
Podiatru	250 lei	450 lei

Taxe de înregistrare cu cazare	Membri	Non-membri
Asistenți medicali	350 lei	500 lei
Fiziokinetoterapeut	600 lei	900 lei
Kinetoterapeut	600 lei	900 lei
Podiatru	600 lei	900 lei

Taxa de participare cu cazare include:

- Loc în cameră dublă pentru 3 nopți în perioada 18.07 – 21.07.2019
- Acces la toate cursurile evenimentului științific
- Materialele Școlii de Vară în Podiatrie
- Acces în zona expozițională
- Mese și pauze de cafea în perioada 18.07 – 20.07.2019

Foarte important:

- Numărul de participanți este limitat la 60 de persoane.
- Accesul la programul științific se face DOAR în baza ecusonului personal.
- Diplomele de participare pentru toți participanții vor fi eliberate numai după completarea online a formularului de feedback. După completarea formularului de feedback, diploma de participare va fi primită automat pe email.
- Linkul va fi disponibil pe email pentru toți participanții care au fost prezenți la toate sesiunile Școlii de Vară. Nu uitați să semnați zilnic pentru prezență.
- Certificatele de participare pentru asistenții medicali vor fi trimise prin poștă la filialele locale ale Ordinului Asistenților Medicali Generaliști, Moașelor și Asistenților Medicali din România, după emiterea lor de către Școala Națională de Sănătate Publică, Management și Perfecționare în Domeniul Sanitar București.

Informații generale

Toate sesiunile științifice, mesele și pauzele de cafea sunt ținute doar la Hotel Internațional, Sinaia.

Asociația de Podiatrie

Cluj-Napoca, România

Telefon: +40 743 999 333, Fax: +40 264 438 359

E-mail: secretariat@podiatrie.ro

www.podiatrie.ro

Organizatori

Pentru orice detalii cu privire la organizare, vă rugăm să contactați secretariat@podiatrie.ro

Persoană contact: Anda Cordoș

Mobil: +40 743 999333

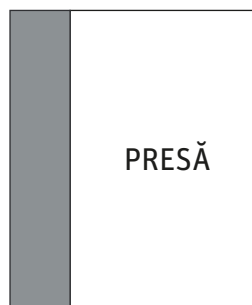
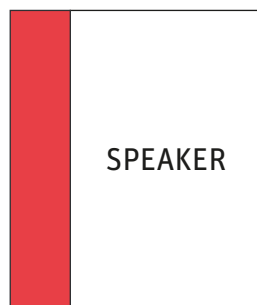
E-mail: anda.cordos@podiatrie.ro, secretariat@podiatrie.ro

Rezervări hotel

Rezervările de cazare se fac prin New Star Services.

ECUSOANE

Participarea la toate sesiunile științifice și expozițiile din cadrul Școlii de Vară în Podiatrie se face pe bază de ecuson nominal al fiecărui delegat. Delegații sunt rugați să păstreze ecusoanele la vedere în timpul evenimentului. Ecusoanele pierdute pot fi înlocuite în situații speciale și va fi percepută o taxă de 100 de lei.





Scientific programme

Wednesday 17 July 2019

17:00 - 19:00 Registration of participants
 19:00 - 22:00 Dinner

Thursday 18 July 2019

09:00 - 09:15 Welcome speech:
 Gabriela Radulian,
 Rodica Pop-Buşui

Chairs: Gabriela Radulian, Bruce Perkins

09:15 - 09:45 Brief Intro and New trends in
 the Epidemiology of Diabetic
 Neuropathy
Rodica Pop-Buşui, USA

09:45 - 10:15 Neuropathy in Diabetes: More
 than Just the Feet
Bruce Perkins, Canada

10:15 - 10:45 What physicians absolutely
 need to know about the
 screening and diagnosis of
 Diabetic Neuropathies. Distal
 symmetrical neuropathy.
Bruce Perkins, Canada

10:45 - 11:15 What physicians absolutely
 need to know about the
 screening and diagnosis of
 Diabetic Neuropathies.
 Autonomic Neuropathies.
Rodica Pop-Buşui, USA

11:15 - 11:30 Plenary discussion

11:30 - 11:50 Coffee Break

Chairs: Alin Ştirban, Armand Frăsineanu

11:50 - 12:20 Tips and tricks in diabetic
 neuropathy approach
Armand Frăsineanu, Romania

12:20 - 13:00 Practical approach to diabetic
 neuropathy and diabetic foot: a
 German perspective
Alin Ştirban, Germany

13:00 - 13:15 Plenary discussion

13:15 - 14:15 Lunch

Chairs: Gabriela Radulian, Rodica Pop-Buşui
 14:15 - 14:45 Methodology insights in
 neuropathy-related research
Bogdan Timar, Romania

14:45 - 15:15 Benfotiamine in the treatment
 of diabetic neuropathy
Alin Ştirban, Germany

15:15 - 15:45 How to approach the
 management of painful
 diabetic neuropathy
Rodica Pop-Buşui, USA

15:45 - 17:00 Case presentations
 Summer School Awards
 Neurodiab Awards

17:10 - 17:30 Coffee Break

Chairs: Rodica Pop-Buşui, Bruce Perkins
 17:30 - 19:00 Jeopardy game
 Interactive contest

19:15 - 22:00 Dinner

Friday 19 July 2019

09:00 - 09:15 Welcome speech:
Ioan Vereşiu, Frank Bowling

Chairs: Frank Bowling, Lee Rogers

09:15 - 10:00 Overview of Diabetic Foot.
Interactive session.
Ioan Vereşiu, Romania

10:00 - 10:30 3 Minute Foot Exam
Lee Rogers, USA

10:30 - 11:00 Neurological Foot Exam
Bogdan Florea, Romania

11:00 - 11:15 Panel discussions

11:15 - 11:35 Coffee Break

Chairs: Frank Bowling, Iulia Drăgoi

11:45 - 13:15 Gait analysis. From theory to
practical approach. Workshop.
Frank Bowling, UK
Iulia Drăgoi, Romania

13:15 - 14:00 3 Minutes Foot Exam.
Workshop.
Lee Rogers, USA

14:00 - 14:50 Lunch

Chairs: Lee Rogers, Frank Bowling

15:00 - 16:00 PAD in diabetic foot.
Vascular Exam of the Lower
Extremity. Workshop.
Naseer Ahmad, UK

16:00 - 16:15 Coffee Break

16:15 - 17:45 Offloading the Diabetic Foot.
Workshop. From theory to
practical approach.
Matthew Allen, UK

18:00 Pioneers in Diabetic Foot Care
Ioan Vereşiu, Romania
Lee Rogers, USA
Frank Bowling, UK

19:30 Dinner

Saturday 20 July 2019

Chairs: Cynthia Formosa, Alfred Gatt

09:00 - 09:45 Podiatry in a modern health
system. Pros and cons.
Ioan Vereşiu, Romania
Alfred Gatt, Malta
Cynthia Formosa, Malta
Lee Rogers, US
Frank Bowling, UK

09:45 - 10:30 Top 10 foot conditions seen by
podiatrists. Part 1
Alfred Gatt, Malta

10:30 - 11:15 Top 10 foot conditions seen by
podiatrists. Part 2
Cynthia Formosa, Malta

11:15 - 11:35 Coffee Break

Chairs: Lee Rogers, Naseer Ahmad

11:45 - 12:30 Amputations of the Diabetic Foot
Lee Rogers, USA

12:30 - 13:15 Musculoskeletal foot and ankle
conditions
David Dunning, UK

13:15 - 13:30 Panel discussions

13:30 - 14:20 Lunch

Chairs: Frank Bowling, Alfred Gatt

14:30 - 16:00 Clinical Biomechanics. From
theory to practical approach.
Hannah Jarvis, UK

16:00 - 16:30 Coffee Break

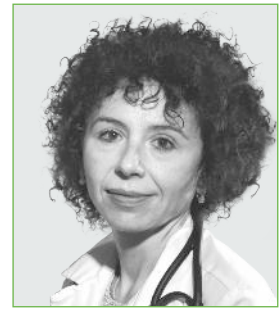
16:30 Live session. Panel discussions.
David Armstrong, USA
Robert Frykberg, USA

Closing speech

19:00 Dinner

Abstracts





Brief Intro and New trends in the Epidemiology of Diabetic Neuropathy

Diabetic neuropathies are serious and prevalent chronic complications of diabetes, presenting with diverse clinical manifestations. This session will highlight recent evidence on the prevalence and the risk factor associated with various forms of neuropathy, particularly distal symmetric polyneuropathy (DPN) and autonomic neuropathies in contemporary cohorts of patients with diabetes.

What physicians absolutely need to know about the screening and diagnosis of Diabetic Neuropathies. Autonomic Neuropathies.

Autonomic neuropathies are complex disorders with variable clinical phenotypes and with high risk of comorbidities including cardiovascular complications, sudden death, gastrointestinal complications and low quality of life. They also have an impact on daily diabetes management. Though there is not an agreed-upon “gold standard” approach for screening and diagnosis, this session will help you to develop your own approach for screening, diagnostic confirmation and personalized management based on a strategies that include risks stratifications, presence of comorbidities and access to care, in an interactive approach.

How to approach the management of painful diabetic neuropathy

Up to 30% of patients with diabetic neuropathy may develop pain. No compelling evidence exists in support of glycemic control or lifestyle management as therapies for neuropathic pain in diabetes or pre-diabetes, which leaves only pharmaceutical interventions. A large evidence-base supports pharmacological treatment of neuropathic pain in diabetic neuropathy using agents of different classes, as documented by several recent guidelines and systematic reviews. This lecture will provide clinicians with the tools and evidence for a timely and efficient management of pain and other symptoms associated with diabetic neuropathy, and will review the available

Rodica POP-BUȘUI

M. D., Ph. D.

Professor of Internal Medicine

Department of Internal Medicine

Division of Metabolism, Endocrinology and Diabetes

Associate Chair of Clinical Research

Co-Director, Neuropathy Center

University of Michigan
Ann Arbor, MI, USA



Neuropathy in Diabetes: More than Just the Feet

“Diabetic neuropathy” is an umbrella term that encompasses a variety of types of injury to the peripheral nervous system in patients with diabetes that are not attributable to causes other than the diabetes itself. The types can be classified into diffuse symmetrical neuropathies and into focal asymmetric neuropathies. Through brief clinical cases, this session will highlight the clinical presentation of the subtypes of diffuse neuropathies (distal symmetric polyneuropathy and the autonomic neuropathies) and the focal neuropathies (mononeuropathies and radiculopathies). Though the evaluation and management of these neuropathies can be complex and often involve specialist care, this session aims to help you feel more confident in initiating clinical management of these less-common neuropathies.

Bruce PERKINS

M. D., Ph. D.

Associate Professor,
Clinical Epidemiology,
University of Toronto,
Institute of Health Policy,
Management and
Evaluation, Toronto,
Ontario, Canada

Associate Professor,
University of Toronto,
School of Graduate Studies
(SGS), Toronto,
Ontario, Canada

Associate Professor,
Endocrinology and
Metabolism, Medicine,
University of Toronto,
Toronto, Ontario, Canada

Staff Physician,
Endocrinology, University
of Toronto, Canada, Mount
Sinai Hospital (Active
Staff Appointment) and
University Health Network
(Associate Staff
appointment), Toronto,
Ontario, Canada

Clinician-Scientist,
Lunenfeld Tanenbaum
Research Institute and
Toronto General Research
Institute (Associate
Appointment), Toronto,
Ontario, Canada

Scientist, Toronto General
Research Institute,
Toronto, Ontario, Canada

What physicians absolutely need to know about the screening and diagnosis of Diabetic Neuropathies. Distal symmetrical neuropathy.

Diabetic distal symmetric polyneuropathy (diabetic DSP) is a complex disorder with variable clinical phenotypes and with high risk of foot complications. Though there is not an agreed-upon “gold standard” approach for screening and diagnosis, this session will help you to develop your own approach for diabetic DSP screening, for diagnostic confirmation of polyneuropathy, for confirmation that the polyneuropathy is caused by diabetes and not other factors, to understand which less-common patients to refer for specialized neurological assessment, and to have a strategy for stratifying patients into lower- and higher-risk for foot complications and what patient education and assessment is needed for prevention of foot complications.



Tips and tricks in diabetic neuropathy approach

This presentation describes some of the difficulties encountered during diagnosis and treatment management of diabetic neuropathy/polyneuropathy. Clinical clues are highlighted and less frequent entities are reviewed, emphasizing the importance of the clinical diagnostic. Sensitive polyneuropathy represents the most common form of diabetic neuropathy and so it is important to understand the underlying pathological mechanisms in order to choose the right medical treatment. Also reviewed here are motor neuropathy and polyneuropathy and large fiber sensitive polyneuropathy. Differential diagnosis and coexistence of other pathology (amyloidosis, alcoholism, B12 vitamin deficiency, folate deficiency) are also highlighted. At the end of the presentation we draw special attention to some of the most common errors and mistakes met in clinical practice.

Armand FRĂȘINEANU

M. D., Ph. D.

Senior neurologist at
Clinical Colentina Hospital,
Bucharest

Member of Movement
Disorder Society (US), EAN
and Romanian National
Neurological Society

Methodology insights in neuropathy-related research



Bogdan TIMAR

M. D., Ph. D.

Associate Professor "Victor
Babes" University of
Medicine and Pharmacy,
Timisoara, Romania

Since in the results of a biological or medical experiment a long series of confounders and individual variations are involved, the creation and demonstration of new bio-medical information during the scientific research has some particularities which are mandatory to be followed exactly to reach valid results.

In order to be subsequent used, the experiment's results have to be demonstrated that they are reproducible in the population from which the analyzed sample is part of. The process of generalizing the results observed in a sample for the population which contained it is called statistical inference. We know that the population's characteristics cannot be calculated in practice but only estimated based on the results found on the analyzed sample. The inference process aims to provide as outcomes the intervals of values in which the population's characteristics are to be found with different levels of confidence and also to analyze the probability that the observed results were caused by other factors than the studied ones.

This presentation aims to briefly describe the usefulness of statistical inference in the bio-medical research and to explain which mechanisms are making this mathematical approach possible in bio-medical estimations and results generalizing. Also, we aim to explain a series of terms frequently used in interpreting and description of scientific data.

Practical approach to diabetic neuropathy and diabetic foot: a German perspective



Alin ŞTIRBAN

Dr. med.,

Sana-Klinikum Remscheid
GmbH, Remscheid,
Germany

Teaching at the Heinrich-
Heine University
Duesseldorf

President of the German-
Romanian Association for
the Study of Diabetes
Complications

Founder member of the
Society for Diabetic
Neuropathy

Member of the Directory
Council of Society for
Diabetic Neuropathy

Due to an increasing number of diabetic patients, as well as the need to reduce medical costs, during the last decades a trend to treat diabetic patients rather in outpatient units than in hospitals was set. This challenged the entire infrastructure, with new entities evolving. In Germany, the regular therapy of diabetic subjects is based on the so-called “Disease management program (DMP) – Diabetes”. The main actor in this program is the general practitioner in tide collaboration with the diabetologist.

The DMP Diabetes also regulates the screening and treatment of patients with diabetic neuropathy and diabetic foot syndrome. For the treatment of the latter, there is a special emphasis on education of so-called “podologists” and “wound managers” that assist the physician in the treatment of diabetic foot. But the interdisciplinary approach to the diabetic foot syndrome is not possible without the acting of angiologists, vascular surgeons, orthopaedists, general surgeons, etc.

The particularities within the German system of the above mentioned health care providers that act to treat patients with the diabetic foot syndrome will be highlighted. Also, some case reports are meant to practically demonstrate how the interaction between different actors works.

Appropriate footwear for patients with SDNP is mandatory for the prevention and healing of diabetic ulcers. The case reports presented will also highlight these aspects.

Benfotiamine in the treatment of diabetic neuropathy

Hyperglycemia induces several pathomechanisms that contribute to the development of diabetic complications. One of them is the increased generation of the so-called Advanced Glycation Endproducts (AGEs). AGEs result from the non-enzymatic glycation of proteins, lipids or amino acids and imply protein damage inducing cell dysfunction and apoptosis. By these means, AGEs play a major role in the development of diabetic complications and among them of diabetic neuropathy. Indeed, increased AGEs accumulation is found in the skin of subjects with diabetic neuropathy.

Thiamine (vitamin B1) represents a cofactor for several enzymes among them the enzyme transketolase that directs glucose to the non-toxic pentose 5-phosphate degradation path, thus reducing the hyperglycemia-induced flux through several pathways that are involved in the development of diabetic complications. Benfotiamine is a thiamine prodrug with a high bioavailability and thus preferred for clinical use.

Both in experimental as well as in human studies, benfotiamine was able to reduce AGEs concentrations. Another protective mechanism of thiamine/benfotiamine in diabetic neuropathy is the alleviation of thiamine deficiency, a situation that often occurs in patients with diabetes mellitus.

Clinical studies have demonstrated that benfotiamine in monotherapy, or in combination with other B-vitamins alleviate symptoms of diabetic neuropathy and especially neuropathic pain. The effects on neuropathic symptoms seem to increase with the duration of therapy during up to one year of continuous administration.

Overall, evidence from clinical studies demonstrates that benfotiamine has beneficial effects in the treatment of diabetic neuropathy, having at the same time a very good safety profile.



Overview of Diabetic Foot

Critical to the management of diabetic foot disorders and complications is a working knowledge of the underlying pathophysiology. Several key risk factors including neuropathy and trauma underly diabetic foot ulceration (DFU) development. These and other metabolic and cellular perturbations existing in the diabetic lower extremity lead to the high risk foot condition often termed as the “diabetic foot syndrome”. This lecture shall discuss the determinants, distribution, and frequency of diabetic foot disorders including DFU, infections, and amputations with an emphasis on current evidence from the literature.

Ioan-Andrei VEREȘIU

M. D., Ph. D.,

Associated Professor of
Diabetes, Nutrition and
Metabolic Diseases
Department, “Iuliu
Hațieganu” University of
Medicine and Pharmacy,
Cluj-Napoca, Romania

President of the Romanian
Diabetes Federation

Founder member of the
Society for Diabetic
Neuropathy

Former president of the
Society for Diabetic
Neuropathy

Founder member of the
Association for Podiatry

President of the
Association for Podiatry

Member of Neurodiab
EASD

Podiatry in a modern health system

Pros and cons with Ioan Vereșiu - Romania, Alfred Gatt - Malta, Cynthia Formosa - Malta, Lee Rogers - US, Frank Bowling - UK.



3 Minute Foot Exam

Foot ulcers and other lower-limb complications secondary to diabetes are common, complex, costly, and associated with increased morbidity and mortality.¹⁻⁶ Unfortunately, patients often have difficulty recognizing the heightened risk status that accompanies the diagnosis of diabetes, particularly the substantial risk for lower limb complications.⁷ In addition, loss of protective sensation (LOPS) can render patients unable to recognize damage to their lower extremities, thus creating a cycle of tissue damage and other foot complications. Strong evidence suggests that consistent provision of foot-care services and preventive care can reduce amputations among patients with diabetes.⁷⁻⁹ However, routine foot examination and rapid risk stratification is often difficult to incorporate into busy primary care settings. Data suggest that the diabetic foot is adequately evaluated only 12% to 20% of the time.

In response to the need for more consistent foot exams, an American Diabetes Association (ADA) task force lead by 2 of the authors of this article (AB and DA) created the Comprehensive Foot Examination and Risk Assessment.⁵ This set the standard for the detailed investigation of lower limb pathology by a specialist, but was not well suited for other practice settings, including primary care. One reason is that it would be difficult to complete the comprehensive examination during a typical 15-minute primary care office visit. In addition, certain examination parameters require the use of neurologic and vascular assessment equipment and training not available in all health care settings. With these thoughts in mind, we set out to develop an exam that could be done by a wide range of health care providers—one that takes substantially less time to complete than a comprehensive exam and eliminates common barriers to frequent assessment. The exam, which we'll describe here, consists of 3 components: taking a patient history, performing a physical exam, and providing patient education. And best of all, it should only take 3 minutes.

Lee C. ROGERS

D. P. M., M. D., Ph. D.

Medical director of the
Amputation Prevention
Centers of America

Elected member of the
board of directors of the
American Board of Podiatric
Medicine

Chair of the subcommittee
on Certification in
Amputation Prevention

Past chair of the foot care
council for the American
Diabetes Association

Amputations of the Diabetic Foot

Diabetic Foot Ulcers, neuropathy, and infections are major predisposing risk factors for diabetic lower extremity amputations. Partial foot amputations, while not optimal outcomes, are often limb salvaging procedures when optimally performed. Unfortunately, such amputations can themselves be important risks for subsequent DFU, amputation, and even mortality. It is therefore important to understand not only the pathways leading to amputation, but the various levels of partial foot amputation that have been found successful in these high risk patients. This lecture will provide an overview of this topic and discuss proper evaluation, indications and basic techniques commonly employed for these limb salvaging procedures.



Neurological Foot Exam

Neurological examination of the diabetic patient is a mandatory investigation that brings into the light as much knowledge as possible regarding the central and/ or peripheral nerves function. The clinical exam can not be replaced with any complementary examination, but could be supported with valuable quantitative data regarding the diabetic neuropathy. The gait, motor function tests, sensitive function tests will be presented in a logical manner during a practical demonstration.

Bogdan FLOREA

M.D.

Senior Specialist in
Neurology

Scientific Director of the
Society for Diabetic
Neuropathy

Founder member of the
Society for Diabetic
Neuropathy

Founder member of the
Association for Podiatry

Secretary of the
Association for Podiatry

Managing director of the
“Clinica de Podiatrie”, Cluj-
Napoca, Romania



Gait analysis

Sensory-motor impairment attributable to diabetic peripheral neuropathy affects control of the accelerator pedal during a driving simulator task.

32 active drivers, 11 with diabetic peripheral neuropathy, 10 with diabetes but no neuropathy and 11 healthy individuals without diabetes, undertook a test on a dynamometer to assess ankle plantar flexor muscle strength and ankle joint proprioception function of the right leg, in addition to a driving simulator task. Variables measured: maximal ankle plantar flexor muscle strength; speed of strength generation and ankle joint proprioception. In the driving simulator task, driving speed accelerator pedal signal and the duration of specific 'loss-of-control events' (s) were measured during two drives.

Participants with diabetic peripheral neuropathy had a lower speed of strength generation, lower maximal ankle plantar flexor muscle strength and impaired ankle proprioception compared to healthy participants. The diabetic peripheral neuropathy group drove more slowly compared with the healthy group: Drive 2 and showed marked differences in the use of the accelerator pedal compared to both the diabetes group and the healthy group. Participants with diabetic peripheral neuropathy had the longest duration of loss-of-control events, but after one drive, this was greatly reduced ($P=0.023$).

Muscle function, ankle proprioception and accelerator pedal control are all affected in people with diabetic peripheral neuropathy, adversely influencing driving performance, but potential for improvement with targeted practice remains possible.

Frank BOWLING

Dr., D.Sc., M.Sc., D.P.M.,
Ph.D., F.F.P.M., R.C.P.S.

University of Manchester,
Faculty of Medical &
Human Sciences, UK

Manchester Royal
Infirmary,
Depts. Vascular Surgery &
Diabetes, UK

"Nicolae Testemițanu"
State University of
Medicine & Pharmacy,
Chișinău, Moldova



Gait analysis

Clinical qualitative and quantitative biomechanical parameters assessment are generally used in foot care practice. Quantitative data with regards to foot function evaluation are of major importance to better understand how treatment can be planned and how treatment results can be measured.

Gait analysis needs consistent protocol and specific techniques to capture parameters of interest.

Pressure mapping and in shoe pressure analysis are one of the most common ways to measure what happens underneath the foot while walking.

Pressure analysis needs correlation with gait inspection, temporospatial parameters and clinical biomechanical examination in order to set up an intervention plan, whether this is physiotherapy, orthosis or footwear prescription.

Iulia DRĂGOI

Certified physiotherapist in the University of Medicine and Pharmacy Victor Babes, Timisoara, Romania

1st level Master in Assessment and Treatment of Musculoskeletal Disorders, University of Medicine Genova, Italy

Master in Implants, Prosthetics and Biomechanical Assessment, Mechanical Faculty, University of Polytechnical Sciences, Timisoara, Romania

Certified Physiotherapist in Sport Rehabilitation, Curtin University, Perth, Australia

Ph. D. student under the supervision of Vascular Surgery Department, University of Medicine and Pharmacy, Timisoara, Romania and assistance of Manchester University, Manchester, UK

Speaker and trainer for Foot Biomechanics for Romania for Vasyli Medical International, group of research and developer of foot functional orthotics

Trainer in biomechanics of foot for the Romanian Association of Podiatry

PAD in diabetic foot. Vascular Exam of the Lower Extremity. Workshop.

Diabetes is an independent risk factor for peripheral arterial disease and with an aging population the prevalence of both conditions is increasing rapidly. Over the past 30 years or so there has been a change in the aetiology of diabetic foot ulcers seen in clinics from mainly neuropathic to neuro-ischaemic. The different aetiology means that treatments vary with far more diabetic foot ulcers requiring vascular input. Revascularisation methods vary dependent on the disease pattern as well as the experience and tools available to specialists. At our institution in Manchester, UK, we have reduced major amputations by 23% over three years. This has occurred as a result of many factors but mainly the collaborative nature of vascular surgeons working with podiatrists and podiatric surgeons. The key to reducing amputations is early diagnosis and treatment of not only the peripheral arterial disease but also additional co-morbidities e.g. cardiovascular disease. The lectures concentrate on the 'whole systems analysis' required to reduce amputations and the revascularisation decision making tree employed to ensure the correct patient gets the correct treatment.



Naseer AHMAD

B. Sc. (Hons), M. B. Ch. B.,
F. R. C. S., M. D.

Consultant Vascular
Surgeon - Manchester
University Foundation
Trust, UK

Honorary Senior Lecturer -
Faculty of Biology,
Medicine and Health,
University of Manchester,
UK

(UoM) and Manchester
Metropolitan (MMU), UK
Honorary Clinical Advisor -
Greater Manchester and
East Cheshire Strategic
Clinical Network, UK

Offloading the Diabetic Foot. Workshop. From theory to practical approach.

The workshop will demonstrate and discuss the principles of offloading the diabetic foot. In particular, there will be a focus on Below Knee Casting (BKC) techniques for the management of plantar, neuropathic ulcerations and Charcot Neuroarthropathy. There will be a practical demonstration of the application of a BKC as well as discussion around the consideration of safe application of cast in the neuropathic and high risk foot.



Matthew ALLEN

B. Sc. (Hons), M. Sc.

B. Sc. (Hons) Podiatry 2:1
University of Huddersfield,
UK

M. Sc. modules in
Orthopaedic knowledge
and skills, Rheumatology

Principal podiatrist in MSK
and high risk biomechanics
at Salford Royal NHS trust



Top 10 Foot Conditions seen by podiatrist. Part 1

The feet take a lot of daily abuse from walking, running, jumping, and climbing, making them susceptible to many different types of pathologies. Through activities of living, the feet can change structurally over time, causing a reshaping of the feet. This can give rise to a number of medical conditions and deformities. In addition, the feet are susceptible to infections—including bacterial, fungal, and viral infections. Systemic illnesses can also affect and change the feet, which can limit daily activity and quality of life.

From injuries to inflammation, several different types of damage and malfunctions can lead to foot problems. Improper footwear, diabetes, and aging are some of the chief contributors to foot problems. These 2 papers highlight some of the most common foot concerns, their causes, treatment and advice given by the podiatrist. Some of the conditions presented will include musculoskeletal conditions of the foot such as plantar fasciitis, Morton's Neuroma, hallux valgus amongst others. Ingrown toenail surgery will also be discussed together with vascular and neurological conditions affecting the foot.

Alfred GATT

Ph. D.

Manager of Podiatry
services in Malta

Founding President of the
Association of Podiatrists
of Malta, the Diabetes Foot
Research Group at the
University of Malta and
Maltese Health
Professionals in
Rheumatology

President of ENPODHE –
the European Network of
Podiatry in Higher
Education.



Top 10 Foot Conditions seen by podiatrist. Part 2

The feet take a lot of daily abuse from walking, running, jumping, and climbing, making them susceptible to many different types of pathologies. Through activities of living, the feet can change structurally over time, causing a reshaping of the feet. This can give rise to a number of medical conditions and deformities. In addition, the feet are susceptible to infections—including bacterial, fungal, and viral infections. Systemic illnesses can also affect and change the feet, which can limit daily activity and quality of life.

From injuries to inflammation, several different types of damage and malfunctions can lead to foot problems. Improper footwear, diabetes, and aging are some of the chief contributors to foot problems. These 2 papers highlight some of the most common foot concerns, their causes, treatment and advice given by the podiatrist. Some of the conditions presented will include musculoskeletal conditions of the foot such as plantar fasciitis, Morton's Neuroma, hallux valgus amongst others. Ingrown toenail surgery will also be discussed together with vascular and neurological conditions affecting the foot.

Cynthia FORMOSA

Ph.D., M.Sc. (Brighton),
F.F.P.M., R.C.P.S. (Glasg.)

Senior Lecturer/ Head
Podiatry Department
University of Malta

State Registered Podiatrist
from the Department of
Health, Malta



Musculoskeletal foot and ankle conditions

It is estimated that 15% of all Accident and Emergency consultations in the UK are for foot and ankle conditions. These range from sporting trauma to chronic ulcerations. All have their origin in some form or another in excessive stress on bone and soft tissue that is unable to deal with it. Stress comes in many forms and how the body deals with this stress depends on many factors. This presentation will briefly illustrate the structure and function of the foot and how this relates to the “mechanism of injury” of Musculoskeletal (MSk) injuries. It will briefly advise of some of the main predisposing factors with a bias towards the diabetic patient. Glycosylation is not just a problem of diabetes but affects us all by varying degrees through the ageing process. This presentation will refer to some of the more destructive conditions and show how, coupled with the effects of glycation, they can contribute to the susceptibility of the patient to foot complications. This will be illustrated by highlighting the pathological process of Posterior Tibial Tendon Dysfunction (PTTD) and Adult Acquired Flat Foot (AAFF). The one condition can lead to the other and result in one of the more common and insidious conditions of the foot which can cause debilitating pain and dysfunction in not just the foot, but many other structures of the skeletal system.

David N. DUNNING

DipPodM. MSc. FCPodM.
FFPM RCPSGlasg.

Masters Degree in Sports
Injury and Therapy



Clinical Biomechanics

Hannah JARVIS

M. D., Ph. D., B. Sc. (Hons)
Podiatry

Post-Doctoral Research
Associate, Department of
Life Sciences, Manchester
Metropolitan University, UK

Clinical biomechanics is the application of biomechanics to the human body. We can use biomechanics to better understand the affect a condition has on the body, in particular how our ability to walk or run is affected. It can help to determine the best treatment and management plan of different health conditions.

This will be an interactive seminar and workshop which aims to cover many different aspects of clinical biomechanics. It will be split into four main sections, i. A presentation about using clinical gait analysis (three-dimensional motion analysis and two-dimensional video analysis) in different health conditions to measure walking performance and develop treatment options, ii. Question the reliability and validity of static based biomechanical assessment of the foot and ankle, iii. Interactive session involving group-based activities to develop a clinical biomechanical assessment of case study patients to use in your own clinical practice, iv. Derive a consensus on what clinical biomechanical assessments we should use in clinical practice.

It will explore how different health conditions such as stroke, amputation of a lower limb, diabetes and surgery affect the ability to walk and how we can use novel technologies to assess biomechanical function, develop treatment and rehabilitation options. It will include how to interpret clinical gait analysis data such as temporal and spatial parameters (including walking speed, stride length, stride width), metabolic cost (how efficient an individual is able to walk) and joint kinematics and joint kinetics of the foot, ankle and lower limb in a series of case-studies. The aim will be through group-based working to develop a clinical biomechanical assessment that you can then use to guide your clinical practice.

This session will also provide an updated description of how the joints in the foot move when we walk and aim to determine which podiatric static biomechanical assessments of the foot and ankle are reliable and valid for clinical practice and how we can use those assessments for orthotic therapy.

The final part of this session will involve bringing together the knowledge we have learnt from today's session and aim to derive a consensus on what clinical biomechanical assessments we should use in clinical practice and determine future research questions.

Case presentations



Treatment particularities of a type 2 diabetes mellitus patient with diabetic neuropathy and increased cardiovascular risk



Andra NICA

M.D.

Diabetes, Nutrition and
Metabolic Diseases,
"Nicolae Malaxa" Clinical
Hospital, Bucharest,
Romania

Introduction: Diabetic neuropathy (ND) is a term that refers to a generalized, relatively heterogeneous process of nerve damage in diabetes mellitus (DM). Manifestations include dysfunctions in the somatic and vegetative nervous system. It affects more than 50% of the patients with type 1 or 2 DM, and the frequency of this complication increases with the progression of the disease. We will present the case of a patient with cardiovascular autonomic neuropathy, peripheral polyneuropathy and multiple microvascular complications, occurring relatively briefly after the onset of DM, amid a chronic glycemic imbalance.

Materials and Method: Patient, 52 years old, diagnosed with DM in 2007, with chronic metabolic imbalance (HbA1c ranging between 7.5 and 10.7% over the years), under insulin therapy with lispro and detemir plus metformin 2g per day. The patient associates sensory peripheral diabetic polyneuropathy, optic atrophy, high blood pressure, dyslipidemia and peripheral artery disease.

Results: Clinical examination revealed abdominal hypertrophic lipodystrophy, weak pulse in the dorsalis pedis artery and peripheral polyneuropathy of the lower limbs (modified pressional and vibrational sensitivity). Paraclinically, the patient has chronic glycemic imbalance (HbA1c - 10.2% and glycemia - 379 mg/dl), mixed dyslipidemia and microalbuminuria. The ophthalmologic examination detects mild non-proliferative diabetic retinopathy. ABI: right <0.5; left 0.62. The Ewing test revealed a score of 8 (abnormal) signifying severe cardiac autonomic neuropathy. The Sudoscan test revealed symmetrical distal polyneuropathy. The ASCVD score is 15.5% - a very high risk of cardiovascular events over the next 10 years.

Discussions and Conclusions: The particularity of this case is the presence of multiple microvascular complications within 10 years after the onset of DM; also, autonomic cardiac neuropathy may increase the cardiovascular risk in this patient. Under appropriate treatment according to current guidelines (ADA-EASD 2018 consensus) - SGLT-2 inhibitor or GLP-1 receptor agonist added to the current treatment regimen and avoiding clinical inertia, this patient's cardiovascular risk may be decreased.



Poor adherence, poor outcome

Introduction: The ulcerations in people with diabetes are many times followed by amputations, putting huge pressure both on healthcare providers and insurance system. A history of foot ulcer leads to an annual incidence of re-ulceration of 30-50%.

Case presentation: A 71-year-old female, diagnosed with type 2 diabetes at the age of 56, with all diabetes microvascular complications and a history of right foot ulcer, was referred to our center for: hyperglycemia on self-monitoring, fever ($T_{max}=39.5^{\circ}C$), chills, dyspnea on low exertion, panic attacks, repeated syncope when switching to orthostatism, ulceration on the left amputation stump and left plantar abscess spontaneously evacuated. At admission: $P=100$ beats/min, $BP=110/50$ mmHg, rhythmic cardiac sounds with holosystolic murmur in the mitral area irradiating towards axilla, bilateral varicose veins, abdominal obesity, ecchymosis post-insulin therapy on the left lumbar region, dry skin and mucous membranes, right hallux onychomycosis. Labs exams revealed: inflammatory syndrome, hyperglycemia, hyperuricemia, mild anemia, hepatocytolysis and nitrogen retention syndromes, poor glycemic control ($A1c=8.3\%$). X-rays displayed structural changes in the soft tissues of the left foot, lysis of the left amputation stump and fracture of the proximal epiphysis of the 3rd proximal phalanx. During hospitalization two surgical interventions were performed: the correction of the left amputation stump with abscess drainage followed by soft tissues debridement and the resection of the 3rd left TMT joint. The culture was consistent with *Staphylococcus aureus* and Ciprofloxacin was switched from oral to i.v. administration and Ceftriaxone was also initiated. Reviewing her medication, showed that her prandial insulin taken for lunch had been expired since last year. She wasn't able to detect it because of her poor vision, a consequence of the bilateral vitreous hemorrhage. Mixtard30® was switched to NovoMix30® with good glycemic control. Her BP values were normalized by adding Ramipril 10mg to her previous medication. The repeated labs exams revealed significant improvement since admission.

Conclusion: This case typically illustrates the consequences of poor adherence to the medical therapy and foot care in a single living female patient. The family involvement in her medical management led to significant improvement in her adherence and medical condition.

Daniel COSMA

M.D.,

Diabetes, Nutrition and
Metabolic diseases

Diabetes Educator

Sport Nutritionist

Romania Diabetes Futsal
Team Physician
(DiaRomania)

Member of the Exercise
and Physical Activity Study
Group (ExPAS)

Member of the European
Association for the Study of
Diabetes (EASD)

Member of the Society for
Diabetic Neuropathy
(NeuRoDiab)

The Charcot neuroarthropathy as onset of type 2 diabetes – a diagnostic challenge

Introduction: The Charcot neuro-osteoarthropathy is a devastating complication of diabetes, with negative impact on both prognosis and quality of life. Moreover, the diagnostic is often missed or delayed.[1]

Case report: 50 years old, male patient, overweight, with dyslipidemia, hypertensive, was referred to diabetes, nutrition and metabolic diseases department in the context of newly diagnosed diabetes (HbA1C=11.7%), 4 days after left hallux trans metatarsal amputation and debridement of the dorsal collection, for wet gangrene of the left hallux, with dorsal extension. The diagnostic of diabetic neuro-osteoarthropathy of the left foot was delayed several months. Insulin Glargine and Metformin obtained good glycemic control. We look further to introduce modern antidiabetic drugs, with proven cardiovascular benefit, but also with good impact on weight. The patient will need podiatric and surgical follow-up.

Conclusions: This case suggest the importance of rising diabetes awareness in all medical fields.

Alexandru-Madalin
BUȘE

National Institute of
Diabetes, Nutrition and
Metabolic Diseases "N.
Paulescu", Bucharest,
Romania

Hemichorea-Hemiballismus Associated with Hyperglycemia: A Case Report

Introduction: The ulcerations in people with diabetes are many times followed by amputations, putting huge pressure both on healthcare providers and insurance system. A history of foot ulcer leads to an annual incidence of re-ulceration of 30-50%.

Case presentation: A 71-year-old female, diagnosed with type 2 diabetes at the age of 56, with all diabetes microvascular complications and a history of right foot ulcer, was referred to our center for: hyperglycemia on self-monitoring, fever ($T_{max}=39.5^{\circ}C$), chills, dyspnea on low exertion, panic attacks, repeated syncope when switching to orthostatism, ulceration on the left amputation stump and left plantar abscess spontaneously evacuated. At admission: P=100beats/min, BP=110/50mmHg, rhythmic cardiac sounds with holosystolic murmur in the mitral area irradiating towards axilla, bilateral varicose veins, abdominal obesity, ecchymosis post-insulin therapy on the left lumbar region, dry skin and mucous membranes, right hallux onychomycosis. Labs exams revealed: inflammatory syndrome, hyperglycemia, hyperuricemia, mild anemia, hepatocytolysis and nitrogen retention syndromes, poor glycemic control ($A1c=8.3\%$). X-rays displayed structural changes in the soft tissues of the left foot, lysis of the left amputation stump and fracture of the proximal epiphysis of the 3rd proximal phalanx. During hospitalization two surgical interventions were performed: the correction of the left amputation stump with abscess drainage followed by soft tissues debridement and the resection of the 3rd left TMT joint. The culture was consistent with *Staphylococcus aureus* and Ciprofloxacin was switched from oral to i.v. administration and Ceftriaxone was also initiated. Reviewing her medication, showed that her prandial insulin taken for lunch had been expired since last year. She wasn't able to detect it because of her poor vision, a consequence of the bilateral vitreous hemorrhage. Mixtard30® was switched to NovoMix30® with good glycemic control. Her BP values were normalized by adding Ramipril 10mg to her previous medication. The repeated labs exams revealed significant improvement since admission.

Conclusion: This case typically illustrates the consequences of poor adherence to the medical therapy and foot care in a single living female patient. The family involvement in her medical management led to significant improvement in her adherence and medical condition.

A. M. GRĂDINARU

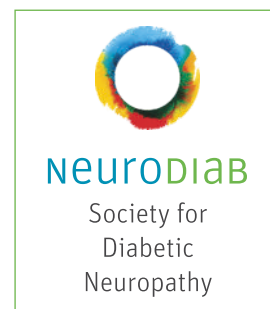
Department of Neurology,
Prof. Dr. N. Obu,
Emergency Clinical
Hospital, Iasi, Romania

A. ROMANOV

Department of Neurology,
Prof. Dr. N. Obu,
Emergency Clinical
Hospital, Iasi, Romania

Exhibitor profiles





Society for Diabetic Neuropathy

The Society for Diabetic Neuropathy (NEURODIAB) was established in August 2012 by a national and international group of clinicians and basic researchers, in order to promote a strong collaboration platform for interdisciplinary medicine and to strengthen the knowledge flow from the academic community towards practitioners.

NEURODIAB is a scientific organization that focuses on basic and clinical research creating a discussion platform to contribute to a better understanding of endogenous basic biological processes and, consequently, to the development of pharmacological and non-pharmacological strategies against the complications of Diabetes Mellitus, especially against diabetic neuropathy and diabetic foot.

In order to provide an accurate framework for the future and to accomplish the goals of our Society, annually, the 3rd week of October is dedicated to diabetic neuropathy, and it is called Diabetic Neuropathy Week. With this opportunity, we organize round tables with general practitioners and patients, which are led by specialists in diabetes, neurology, and also surgeons. In the last days of the 3rd week of October we organize an international conference to open the stage for debates and updated theories in the discussed field. Once every year, in the 3rd week of July, we organize the Summer School for Diabetic Neuropathy and Diabetic Foot. This event is relying on the top opinion leaders and it is dedicated to young doctors who specialize in diabetes, neurology, internal medicine, and orthopedy, being structured as an interactive academic forum for them.

NEURODIAB is also involved in post-graduate educational projects that aim to create bridges between the academic community, researchers, and practitioners.

Young doctors can benefit from scholarships while basic and clinical researchers can benefit from grants. NEURODIAB can also provide other complex communication approaches.

The Society for Diabetic Neuropathy is an association recognized by the Romanian College of Physicians as a provider of continuous medical education.

If you have a question about something you read on this presentation, or you are interested in starting a collaboration, please feel free to contact us by email at secretariat@neurodiab.org

www.neurodiab.org



/neurodiab





Wörwag Pharma GmbH&Co.KG

The modern treatment of diabetes employs a holistic approach that also includes the treatment of its concomitant diseases. Thus, the treatment area of diabetic polyneuropathies, the leading cause of diabetic foot syndrome and diabetes related amputations, has emerged as an area of interest over the last several years. Within the last 40 years, Wörwag Pharma has developed its international competence and reputation in the treatment area of diabetes and its sequelae – it has developed a specialized portfolio of micronutrients, called biofactors that covers both the pathogenetic and the symptomatic treatment of diabetic neuropathies.

From now on, Wörwag Pharma wants to take the opportunity to support and to continue as a partner of all the activities concerning the diabetic neuropathies and diabetic foot, in the benefit of all the people involved in this pathology: patients, nurses, doctors.

Renowned international Key Opinion Leaders will present findings from local scientific projects and will share their expertise and its connection to your daily work with you. We appreciate this opportunity to share these results with you and hope you will find them useful as well.

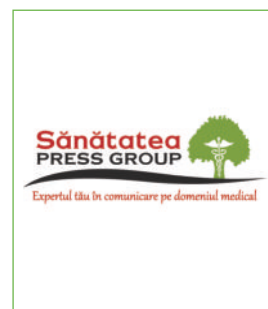
We would like to invite you to visit Wörwag Pharma Exhibition in all scientific and marketing events where we will meet.

Wörwag Pharma,

21 de ani dedicați tratamentului
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Eliberează-te din capcana
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The Romanian Association for Education in Diabetes (ARED)

The Romanian Association for Education in Diabetes (ARED) was established in 2001 as a non-governmental organization that supports the development and promotion of the professional role of educators in diabetes in Romania and, at the same time, aims to raise awareness of the importance of specialized care for people with diabetes.

The ARED members are:

- Nurses specially trained in diabetes, nutrition and metabolic diseases, dietetics nurses;
- Doctors with competence in diabetes, nutrition and metabolic diseases;
- Chiropodists, psychologists with competence in diabetes, nutrition and metabolic diseases;
- Nurses or doctors in other specialties who support the association in achieving its purpose and attributions.

The activities carried out by the Romanian Association for Education in Diabetes aim to increase the level of medical education among the nurses involved in the care of people with diabetes and the diabetes educators; Optimizing the care of people with diabetes by informing the medical staff on the latest methods, techniques and treatments for people with diabetes.

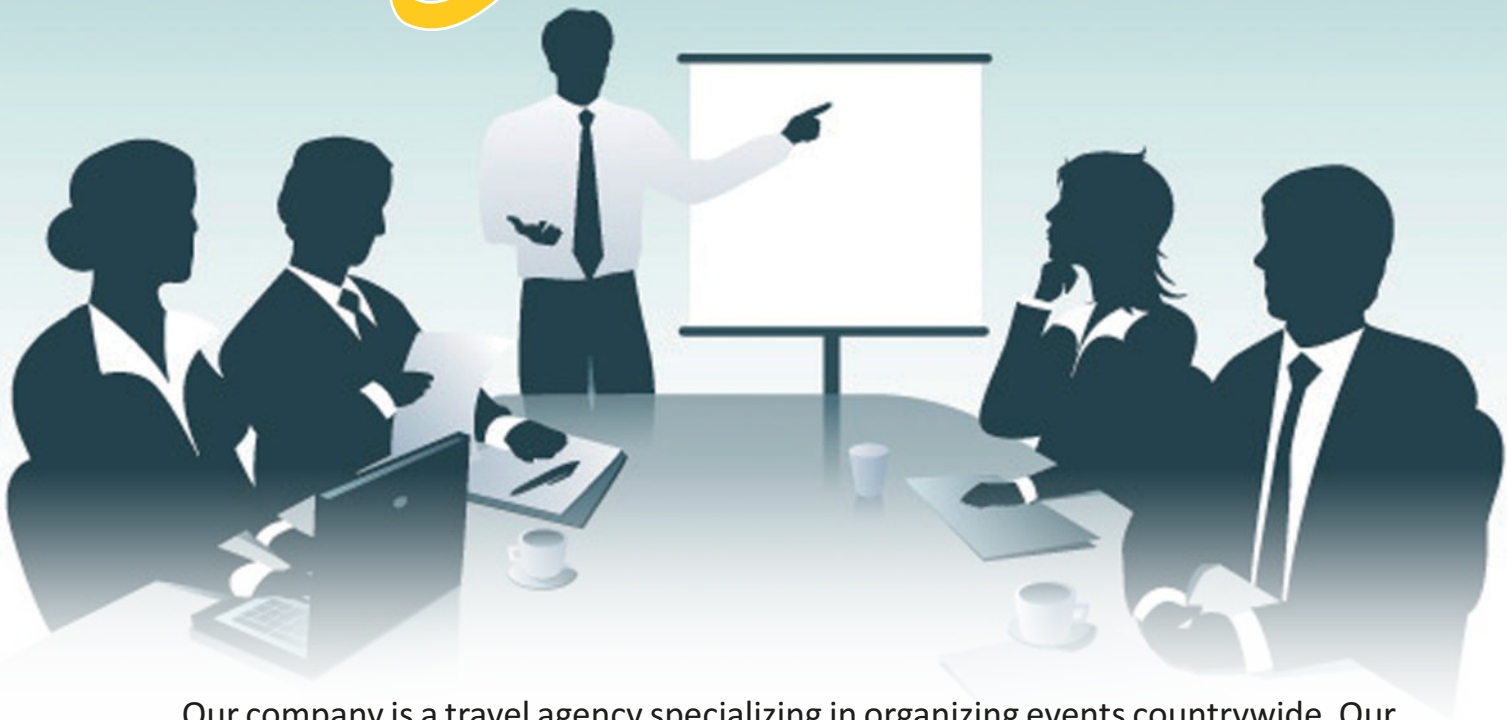
The Romanian Association for Education in Diabetes has been involved in information and education campaigns for the general public about the importance of diabetes prevention, effective diabetes control and of lifestyle improvement for people affected by this disease. Also, the Association has conducted courses dedicated to educators in diabetes.

Considering that the education of people with diabetes represents a challenge in achieving an effective management of diabetes in Romania, the Romanian Association for Education in Diabetes has developed the guide "Control your Diabetes" - which is one of the most important sources of education for people with diabetes in Romania, with information from authorized medical sources.

For more information about ARED: www.educatie-diabet.ro



/AsociatiaRomanaEducatieDiabet



Our company is a travel agency specializing in organizing events countrywide. Our mission is to have satisfied clients and this is why during the twelve years of activity, we continuously improved our services so that we can deliver services that exceed expectations in every way.

The company's success is due to the honest relationship we have with our clients, the anticipation of their needs and the delivery of services that ensure successful events. New Star Services plans and manages all types of events, taking care of every organizational detail, so you don't have to worry about anything. You can count on us for efficiency and professionalism.

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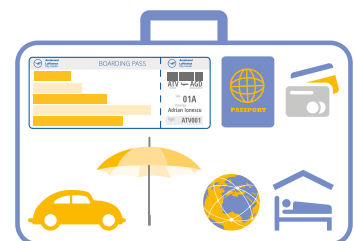
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Society for
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7th NATIONAL CONGRESS OF

Diabetic Neuropathy and Diabetic Foot

WITH INTERNATIONAL PARTICIPATION

Event management:

Sănătatea
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Expertul tău în comunicare pe domeniul medical

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SAVE THE DATE

June 18-20, 2020

Grand Hotel Italia
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The Association of Podiatry

Opens the debates on foot care and organizes

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With international participation

2 days of intensive workshops
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Event Management:



15th - 19st JULY 2020
International Hotel, Sinaia



neuroDIAB

Society for
Diabetic
Neuropathy

Summer School

ORGANIZED BY

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www.neurodiab.org

Asociația de Podiatrie
Organizează

Școala de Vară în Podiatrie 2020

• Noțiuni de biomecanică a piciorului

• Îngrijirea plăgilor

• Examinarea piciorului diabetic

• Recomandare de încălțăminte

• Analiza mersului

• Neuropatia diabetică

Înscrieri la
www.podiatrie.ro

16-19 iulie 2020
Hotel Internațional, Sinaia

Parteneri științifici:



Neurodiab

Societatea de
Neuropatie
Diabetică

Premiul Neurodiab EASD 2020 Viena

CONDIȚII DE PARTICIPARE

Premiul se adresează tinerilor medici rezidenți și specialiști, având activități sau lucrări în domeniul neuropatiei diabetice sau al piciorului diabetic. Pentru înscriere, vă rugăm să trimiteți lucrarea în extenso însoțită de un CV și o scrisoare de recomandare la adresa secretariat@neurodiab.org până la data de 31 mai 2020.

PREMIUL

Constă în sponsorizarea participării la EASD 21-25 septembrie 2020, Viena, Austria.

Premiul este sponsorizat de Wörwag Pharma.





Asociația de Podiatrie

Profesioniști în îngrijirea piciorului

Pășește cu încredere!

www.podiatrie.ro

*Pentru un om cu picioarele goale, fericirea este o pereche de pantofi.
Pentru un om care poartă pantofi vechi, fericirea este o pereche de pantofi noi.
Și, desigur, omul care nu are picioare ar fi fericit să meargă desculț.
Măsoară fericirea cu ceea ce ai, nu cu ceea ce îți lipsește.*

Michael Josephson

Podiatrii
vă pot
ajuta să vă
mențineți
sănătatea
picioarelor
pe tot
parcursul
vieții...



...de la naștere

Podiatrii vă pot asista copiii în diverse afecțiuni ale piciorului, inclusiv în probleme legate de mers.

.....



...pe timpul vârstei adulte

Controalele regulate ale picioarelor vor ajuta la identificarea timpurie a problemelor și la păstrarea sănătății lor.

.....



...până la vârstă înaintată

Podiatrul poate să asiste persoanele vârstnice într-o varietate de moduri, inclusiv pentru a preveni căderile.



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Many thanks to all who helped us organize the Neurodiab Summer School - 2019

Mulțumim tuturor celor care ne-au ajutat în organizarea Școlii de Vară în Podiatrie - 2019

EVENT MANAGEMENT
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Teme de dezbatere:

Discuții specifice despre Podiatrie, îngrijirea piciorului în general și a piciorului diabetic, în special, analiza mersului, piciorul athletic, alegerea încălțăminte, orteze funcționale și altele.

Informații pe:



www.podiatrie.ro



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