



15th Meeting of the Mediterranean Group for the Study of Diabetes Athens (Greece), April 27 – 29, 2017

www.mgsd.org

Call for abstracts - Deadline for submission: January 2, 2017

On the occasion of the **15th MGSD Congress**, the Scientific Committee suggests you make public your latest results by submitting abstracts on the following topics:

- Mediterranean diet
- Microbiome
- α and β cell differentiation
- Metabolic/bariatric surgery
- Artificial pancreas
- Hormone replacement therapy and diabetes
- Vascular disease and diabetes
- Diabetes management in the elderly
- Insulin pump and type 2 diabetes
- Stress and insulin resistance
- Incretins

Please send your abstract by email, before **January 2, 2017**, to: mail.mgsd@fr.netgrs.com

The first author of each of the 15 best abstracts selected by the Scientific Committee will be granted €1500 for attendance at the congress. Other abstracts accepted can be displayed as posters during the 15th MGSD Congress.

The authors of the 15 best abstracts will have to give a five-minute talk during the chaired poster sessions on April 28 (from 10.15 to 11.15 or from 15.30 to 16.30), during the congress. Following the poster sessions, **the Scientific Committee** will award the **Hippocrates Prize** to the best poster from the North bank of the Mediterranean, and the **Averroes Prize** to the best poster from the South bank. The awardees will receive an **invitation to attend the 2019 MGSD Congress**.

In addition, in order to highlight their work, the winners of the Hippocrates and Averroes Prizes will have the opportunity to give a **short oral communication during a plenary session of the congress, on Saturday April 29, 2017.**

The decision of the Scientific Committee will be delivered in February 2017.

Congress Organizing Committee

*J. Vassallo
S. Liatis
P. Visentin*

Scientific Committee

*J. Vassallo
A. Avogaro
M. Khattab
N.M. Lalic
C. Savona-Ventura
P. Conthe
L. Ben Salem Hachmi
Z. Arbouche
G. Crepaldi
H. Ilkova
S. Liatis
M. Marre
A. Jotic
J. Silva Nunes
A. Chadli
R. Medlej*



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Instructions for abstracts submission

General information

The first author is responsible for the abstract content.

The text of the abstract should briefly state:

- ✓ **Objectives:** purpose of the study or epidemiological survey
- ✓ **Methods:** protocol, type of patients, response criteria, statistical analysis
- ✓ **Results**
- ✓ **Discussion:** significance of the results

Typing

Abstract for poster presentation should be prepared according to the following instructions:

- Abstracts must be submitted in **English or French**.
- **1 page maximum** (Word format, A4, 21x29.7 cm)
- The text should be in **Arial** (character size: **12**)
- **The title** of the Abstract should be in **Bold** (character size 12) and written in **capital letters**
- List the names of all authors and their affiliations with the first author's name in bold (omit degrees and titles), in accordance to the following example:

Kennedy SH¹, Young AH², Blier P³.

¹University Health Network, Department of Psychiatry, University of Toronto, Toronto, ON, Canada; ²Department of Psychiatry, University of Ottawa, Ottawa, ON, Canada; ³Department of Psychiatry, University of British Columbia, Vancouver, BC, Canada.

- The abstract should have a maximum of 350 words
- **New line after each paragraphs**
- It is not allowed to use figures or graphics
- The use of **underlined and italics is not permitted**. Words that need emphasis should be bold-type.
- Use standard abbreviations. Place unusual abbreviations in parentheses after the first time the full word appears.

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| <i>A. Avogaro</i> | <i>H. Ilkova</i> |
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Example

HbA1c CORRELATES WEAKLY WITH FRUCTOSAMINE IN LATE PREGNANCY

Ali Abdulnabi Mohamed¹; Mohammad Sadiq Hurmatalli¹; Jessica Spiteri Paris¹; Gerald Buhagiar²; Charles Savona Ventura¹

¹Department of Obstetrics and Gynecology and ²Department of Clinical Chemistry, Mater Dei Hospital, Malta

Objectives:

A good correlation has been demonstrated between glycated haemoglobin (HbA1c) and glycated protein (fructosamine) and the overall glycaemic control of diabetic patients. While HbA1c has been shown to be a useful correlate to glycaemic control in pregnant women, the role of fructosamine in managing pregnant diabetics is still not established. The influence of altered proportions of haemoglobin types as occurs in thalassaemia states on the glycaemic assessment role of HbA1c is also unknown. The aim of this study was to investigate the correlation between fructosamine and HbA1c in diabetic and non-diabetic pregnant women in the third trimester of pregnancy thus assessing whether glycated protein assessments can be used during pregnancy to assess glycaemic status; and to investigate the influence of altered proportions of haemoglobin types on the use of HbA1c as a glycaemic index.

Methods:

A prospective cohort of 71-pregnant women at 26-36 weeks' gestation were enrolled into the study between October 2013 and June 2014. Patient age, gestational age, parity, diabetes status and type of diabetes, family history of diabetes, weight and height were documented. HbA1c, fructosamine and haemoglobin electrophoresis were measured. The majority of women had normal haemoglobin electrophoresis. Only four patients were found to have thalassaemia while a further two has thalassaemia trait. Correlation and multiple regression statistics were used for analysis.

Results:

The 65 women with normal haemoglobin electrophoresis showed a weak but statistically significant correlation between fructosamine and HbA1c ($r=0.283$, $P=0.014$). However, no statistical correlation was demonstrable in those six women with abnormal haemoglobin electrophoresis ($r=0.265$, $P=0.49$). A multiple regression was run to predict fructosamine levels from age, BMI and HbA1c. All these variables statistically and significantly predicted fructosamine level - $F(3,61)=5.256$, $P=0.003$, $R^2=0.205$.

Discussion:

It would appear that, in the third trimester of pregnancy, fructosamine correlates significantly with HbA1c and thus can be used judiciously to assess long-term glycaemic control. Fructosamine on the other hand correlated poorly with HbA1c in women with thalassaemia or thalassaemia trait suggesting that the altered proportions of haemoglobin types may influence the glycaemic relationship of the HbA1c assay. In these circumstances fructosamine assay may be the better alternative.

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