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19th Annual Conference on
Nephrology
&
3rd International Conference on
Chronic Diseases

May 20-21, 2019 London, UK

Keynote Forum
Day 01

P Umesh Prabhu

Edge Hill University, United Kingdom

Patient safety in nephrology

Health is the wealth of the nation. To create a thriving economy every nation needs healthy people to work with skills and jobs. It is the duty of each and every nation to create an excellent healthcare which is safest and the best and is affordable. NHS is a great Institution and each year 360 million patients are seen by 1.3 Million staff. Most staff work hard and most patients receive safest and the best care. However, sadly culture of bullying is common in NHS. Staff survey shows that 20 to 30% of staff report being bullied or seen someone being bullied in the NHS. Bullying culture is common not only in NHS but throughout the World in healthcare sector. There are complex reasons for the culture of bullying. When I was the Medical Director of Wrightington, Wigan and Leigh FT (2010-2016) I had to deal with culture of bullying and we transformed the culture of bullying to kind caring compassionate learning and supportive culture, we reduced harm to patients by 90% over 8 years. We empowered staff to speak up and 70 staff raised concerns with me and other Directors and this helped us to transform the culture. The Trust appointed kind caring compassionate leaders to each and every department, created good team working, implemented good governance and duty of candour. Trust received 45 awards and 450 more patients survive each year and for staff happiness Trust improved from bottom 20% in 2011 to third best by 2016. In my presentation I will be presenting as to how we transformed the culture and I will be focusing on some of the nephrology cases like Diabetes, renal surgery and acute kidney injury and how we reduced harm and how we learnt lessons. Leadership is honesty, sincerity, integrity and courage to protect patients and to support staff. Happy staff – Happy patients is the culture we created to transform the Trust.

Biography

Umesh Prabhu is a senior lecturer at Edgehill University, England. He has been a consultant Paediatrician (1992-2010); Clinical Director of Paediatrics (1992-1998); Medical Director of Bury NHS Trust (1998-2003); Board Member of National Patient Safety Agency UK (2001-2003) (Now part of NHS Improvement); National Adviser for National Clinical Assessment Service (2003-2015) (Now part of NHS Resolution); National Adviser for Paediatric Complaints (CHAI – now called Care Quality Commission); Medical Director of Wrightington, Wigan and Leigh FT (2010-2017). He was twice nominated as the top 50 Influential/Pioneering BME leader 2013 and 2014. In 2017, he received Life Time achievement Award for work on Patient Safety. He has been also an adviser to GMC, DOH, BMA, NCAS at various stages of my career on BME issues and inclusion and diversity.

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Dipak P Ramji

Cardiff University, United Kingdom

Atherosclerosis: Mechanisms, current therapies and the potential of natural products in the prevention and treatment of the disease

Atherosclerosis, a chronic inflammatory disorder of medium and large arteries and the underlying cause of heart attacks and stroke, is responsible for more global deaths than any other disease. A slight reduction in morbidity and mortality from atherosclerosis and its complications has been seen recently, at least in the western world, due to lifestyle changes and pharmaceutical interventions (e.g. statins). However, the global burden from this disease is expected to worsen in the near future because of recent increases in risk factors such as diabetes and obesity. Current pharmaceutical treatments for atherosclerosis are associated with considerable residual risk for cardiovascular disease together with various side effects. With the exception of few successes (e.g. ezetimibe, PCSK9 inhibitors), many pharmaceutical leads against established targets have proved disappointing at the clinical level. It is therefore important that further research is carried out on the molecular basis of atherosclerosis together with alternative therapies for its prevention and treatment.

Natural products have received substantial recent interest in the prevention and treatment of atherosclerosis. However, more research is required that addresses the molecular mechanisms underlying the beneficial effects of natural products together with large clinical trials that evaluate their efficacy. We have recently initiated studies on the effects of many natural products, including certain polyunsaturated fatty acids, polyphenols and probiotics, on several key monocyte/macrophage processes associated with atherosclerosis in vitro and various risk factors in vivo together with the underlying mechanisms. These will be presented in the context of molecular mechanisms underlying atherogenesis together with current therapies and those that are being developed.

Biography

Dipak P Ramji is Professor of Cardiovascular Science at the School of Biosciences in Cardiff University. He received his BSc (Hons) degree (Biochemistry) and his PhD (Molecular Biology) from the University of Leeds. This was followed by post-doctoral research at the European Molecular Biology Laboratory (Heidelberg) and the Istituto di Ricerche di Biologia Molecolare P. Angeletti (Rome) with fellowships from the Royal Society and the EU. He joined Cardiff University in 1992 and completed 25 years of service in August 2017. His research is focused on understanding how the immune and inflammatory responses regulate cellular processes in heart disease with the goal of attaining deeper mechanistic insight and identifying preventative/therapeutic agents. His research has been funded by several organisations and received continuous funding from the British Heart Foundation since 1997. He has published over 150 research articles (h index 34 and i10 index 68 with over 5700 citations). He is an Editorial Board member of 16 international journals; regular organising committee member, speaker and track/session chair at international conferences on heart disease; involved in grant evaluation for over 20 organisations; and supervised over 25 PhD students. In addition to research, he is involved in teaching and administration, including Postgraduate Tutor for the Biomedicine division at the School of Biosciences and external examiner for Biochemistry and Biomedical Sciences at the University of Reading and King's College London.

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Francesco Lippi

University of Pisa, Italy

Autoimmune thyroid diseases

The autoimmune chronic thyroiditis or Hashimoto' thyroiditis is an inflammatory autoimmune disease of the thyroid, characterized by a lymphocytic chronic infiltration. This pathology is frequently silent, often hands to a gradual but progressive and irreversible hypo-function of the thyroid. It is the most frequent cause of hypothyroidism in the guilty ones of the world to enough contribution of iodine, while it is relatively being rare in the zones to lack iodine. The greatest incidence is the women it is calculated around 3,5 cases for 1000 inhabitants a year. At the base of the pathology there is an inflammatory autoimmune process that brings to the destruction of the thyroid follicles, caused both from a cells-mediate mechanism and from organ specific antibodies. Once activated the lymphocytic T helper it produces different cytokines that perpetuates and the inflammatory process they make autoimmune chronic. Therefore, both the inflammatory process and the lymphocytic infiltration leads to a reduction of the synthesis of the thyroid hormones. The bio-humoral mechanism seems to have a secondary role. Sometimes in some occasions we can also be found some antibodies anti TSH receptor blocking (TSHRblokingAb) responsible of the atrophy variant (idiopathic myxedema) or even more rarely anti Receptor of the TSH antibodies (TRAB) responsible of the condition of transient hyperthyroidism or at times permanent that rarely can be found in patients with Hashimoto' thyroiditis (Hashitoxicosis) due to the release of the thyroid hormones from the destroyed thyroid cells. Often the chronic thyroiditis can be are associated with other autoimmune diseases (poly-glandular autoimmune syndrome). The diagnosis founds him on the data of laboratory that underline elevated values of specific antibodies (overall AbTPO). Nevertheless in a low percentage of cases 5-10%, we can find a condition of chronic thyroiditis in absence of specific antibodies. In such case the diagnosis is sustained by the aid of the sonography. The typical picture in fact it is peculiar with a markedly hypoechoic thyroid with poor intra-thyroidal vascularization. In many cases is not in demand some treatment because the gullet is small the patient it is often asymptomatic with levels of TSH in the range of the norm and in absence of antibodies. In that case it is not required any therapy a part the use of selenium as anti-oxidant agent and Vitamin D. In patients with hypothyroidism (both subclinical than clinical) the pharmacological treatment was mandatory as the administration of the substitutive therapy with levo-thyroxine especially in children and in the women that are in pregnancy or to the search of pregnancy. The purpose of the hormone-therapy is that to normalize the TSH values with a first control to 45-60 days and once reached the therapeutic remuneration they are enough hormonal

controls TSH and FT4 every 6-12 months. Lasting the therapy in the 50- 90% of the cases is assisted to a reduction of the thyroid volume and consistence both for the normalization of the values of TSH and for the reduction of the lymphocytic infiltrate. Besides it is also assisted to a reduction of the antibodies title, to which has been shown the association it contributes using selenium and vitamin D.

Biography

Francesco Lippi has completed his M.D degree from the University of Pisa Medical School in 1978 and has completed his speciality degree from University of Pisa Postgraduate School of Endocrinology in the year 1983. He also holds a speciality degree in nuclear medicine from the University of France. He is currently the Professor of Endocrinology in the School of Endocrinology, University of Pisa. He is also the Editorial Board of EC Endocrinology and Metabolism

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Notes:

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Day 02

Ruth Kander

Imperial College Healthcare NHS Trust, Your Diet Matters, UK

Faddy diets, vegan diets and healthy eating in CKD: Which do you choose for your patient?

There are millions of people in the world with CKD. About 1 in 10 people have some form of CKD. People with chronic kidney disease stages 1-4 do often do not have access to dietetic / specialised nutrition care and they can be searching around for special diets to help "cure" their kidney disease. In the vast world of the world wide web with many websites and videos on how and what to eat, it can be dangerous and confusing for the CKD patient. Nutritional advice for the CKD patient from a trained renal dietitian can help delay in CKD progression, by improvement in co morbidities such as obesity, diabetes and hypertension, the patient can learn how to self-manage by eating the corrects foods and having a lifestyle that helps the patient to perhaps delay their progression of CKD and allow them to be as healthy as they can be for as long as possible. This session will discuss the various diets that exists, what patients should be doing to help themselves and what the current literature advocates. In the early CKD stages 1-4 it's all about self-management and helping patients to feel empowered to self- manage and for them to know where to look for information and what information is useful to them.

Biography

Ruth Kander qualified with a BSc in Nutrition from Kings College London in December 1994 and went on to study a postgraduate diploma in dietetics at Kings College London and graduated December 1995. She started her career at St George's Hospital in Tooting and worked there for 6 years. During that time, she was involved with general medicine and general surgery. In April 1999 Ruth started a role in renal dietetics. Ruth went on to work at Imperial College healthcare in 2002 and continues to be a dietitian at The West London Kidney and transplant centre. She currently specializes in haemodialysis and nephrology patients. She has a 300-dialysis caseload and a large nephrology population. She is passionate about helping people be the best they can be through nutrition and lifestyle. She has been involved with national guidelines for salt and fluid management in haemodialysis patients and dietary management of kidney stones. She is a reviewer for the Journal of Kidney Care. Aside from the NHS, she has a busy private practice in central London. In the past 6 months she has started a social media account called Kidney dietitian trying to educate the public and people not within a renal unit on Nutrition and the kidney.

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Meg Mangin, R N

Chronic Illness Recovery, USA

Intracellular bacteria cause chronic disease by altering the immune response

Patients with chronic diseases have elevated 1,25-dihydroxyvitamin-D and low 25-hydroxyvitamin-D. The absence of hypercalcemia, hypercalciuria, elevated parathyroid hormone, and chronic kidney disease indicates extra-renal production of excess 1,25-dihydroxyvitamin-D. In normal immune function, extra-renal 1alpha-hydroxylase (CYP27B1) catalyzes 25-hydroxyvitamin-D to 1,25-dihydroxyvitamin-D in immune cells, leading to transcription of antimicrobial peptides via the vitamin D receptor (VDR). CYP27B1 transcription in macrophages is regulated by cytokines (e.g., Interferon-y). L-form bacteria invade immune cells and use strategies to avoid phagocytosis. Parasitization of macrophages by these pathogens is the stimulus for persistent production of cytokines which induce CYP27B1 activity and excess 1,25-dihydroxyvitamin-D production. Down-regulation of the VDR by intracellular bacteria interferes with 1,25-dihydroxyvitamin-D production regulatory processes and thus, prevents transcription of antimicrobial peptides to allow bacterial persistence. Bacterial interference with enzymatic traffic patterns allows production of excess 1,25-dihydroxyvitamin-D and prevents normal 1,25-dihydroxyvitamin-D functions which inhibit the expression of inflammatory cytokines. In summary, non-resolving inflammation associated with many common chronic diseases is caused by survival strategies of intracellular bacteria and is evidenced by elevated 1,25-dihydroxyvitamin-D and depleted 25-hydroxyvitamin-D as markers of an infectious disease process.

Biography

Meg Mangin, R.N. is the founder and Executive Director of Chronic Illness Recovery. She has served on a National Institutes of Health State of the Science panel and an NIH Data, Safety and Monitoring Board. Ms. Mangin has presented at numerous conferences, including Days of Molecular Medicine in Karolinska, Sweden, the International Conference on Autoimmunity in Porto, Portugal, the American Society of Hypertension Annual Meeting, Enabling Future Pharma, Perspectives in Rheumatic Diseases, Immunology Summit, ILADS and 8th Global Summit on Microbiology & Infectious Diseases. She is the co-author of a chapter in the medical textbook Vitamin D: New Research and the lead author of a ground-breaking review article on vitamin D, inflammation and infection published in the October 2014 issue of Inflammation Research.

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