

Letters to the Editor

[The Editor is not responsible for the views expressed by the correspondents]

Motivating the Medical Journal Editors to Upgrade their Journals — Brief report of JIMA National Assembly of Editors of Medical Journals

SIR, — Apropos to your "Brief report of JIMA National Assembly of Editors of Medical Journals, 3rd edition, published in the JIMA August, 2024 issue. It is the fulfilment of a strong desire to inspire the "Editors" of Medical Journals. True to the spirit of IMA, you have provided the leadership, conceived the idea, contacted the stakeholders, organized the event, arranged for guest experts and took A to Z care of all the participants from various parts of the country, true, a herculean task in a short frame of time!!! All work by you, and your colleagues on JIMA committee. Kudos to you all sir!

The various topics chosen in 15 different scientific sessions and specially –

How to upgrade one's writing skills for Medical Journals

How to Write a Scientific Paper - An Overview

Panel Discussion : Writing An Original Article-Do's and Don'ts

Open Forum Editor's Meet, How to Upgrade Journal

How To Secure Funded Research Projects from Government of India

Many Editors of different medical journals across the country came and exchanged their views as well.

They are stimulating and tail twisting. We are sure, few of them will quickly upgrade their Journal to new standard, transparent, high quality so that Indian medical researchers find a good platform to publish their work and get international visibility.

Then of the tricky issues like- There was an issue of high registration charges & relatively less attendance, can cause some headaches.

There are over 750 medical colleges in our country, and equally talented faculty forming huge author base, struggling to publish their work, in a catch 22 situation, besides NMC mandate, paucity of reviewers, problem of soliciting middle men, many substandard journals, but few countable upgraded Medical Journals to give international visibility to research work¹⁻⁵. It is right time, right forum you have raised the issue and lit the torch, let the light enlighten us!!!

Alas, we had no hint of this event, we were left behind, and missed a fabulous occasion of meeting, participating and contributing in this conference.

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Correlation of B-type Natriuretic Peptide and HbA1c in Heart Failure

SIR, — Recently I read the article titled "Study of the Prevalence of Type 2 Diabetes Mellitus in Patients with Heart Failure in a Tertiary Care Hospital in Eastern India" published in Volume 121, No.4, April 2023 of Journal of Indian Medical Association. I congratulate the authors for the research work done. Heart Failure (HF) is one of the emerging health problems not only in India but globally as well. The prevalence of Type 2 Diabetes Mellitus (T2DM) is also increasing at an alarming rate. Both these conditions may coexist with T2DM being a risk factor for HF and vice versa. Various studies (Kaiser Permanent, Danish nationwide cohort study, CHARM program, EMPHASIS-HF trial) have been conducted and have found that the incidence of T2DM was higher in HF when followed up over a period of 3 to 5 years. The study has reported prevalence of prediabetes, Diabetes and their association with ejection fraction. It would have been better if information regarding duration and age at onset of heart failure, T2DM in this study was reported.

Diagnostic test for Heart Failure and Type 2 Diabetes Mellitus

: B-type Natriuretic Peptide (BNP) levels are increased in heart failure. Glycated hemoglobin or HbA_{1c} levels indicates the glycemic control and is one of the diagnostic criteria for diagnosis of Diabetes Mellitus according to the American Diabetes Association guidelines. HbA_{1c} may be a predictor of mortality in both T2DM and HF as per GISSI-HF study. It has also been shown that glycemic control affects BNP levels. Increased BNP levels may be caused due to poor glycemic control. The exact mechanism of relationship between hyperglycemia and BNP is not understood. It has been postulated that plasma glucose may induce cardiac myocytes which in turn leads to secretion of BNP. Hence, in HF patients with increased BNP levels, plasma glucose and HbA_{1c} should be evaluated³. However, in a multiple regression analysis study, the authors Inoue Y, *et al* have found no correlation between HbA_{1c} and HF. They also did a multivariate analysis which showed that BNP levels improve insulin resistance and in fact decrease the progression of DM. Since obesity is implicated in development of insulin resistance, relation of Body Mass Index (BMI) to BNP levels was studied and it was found to be inversely correlated⁴.

Evaluation and correlation of BNP and HbA_{1c} would have been beneficial to understand the utility of these investigations for screening and management of heart failure and T2DM.

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Sunkad MS, Javali SB. Upgrade their Journals. & Takale LR, Padwal MK. Correlation of B-type Natriuretic Peptide and HbA_{1c}.