

2nd INTERNATIONAL SYMPOSIUM ON HUMAN'S HEALTH AND AGING SCIENCES

*"The Role of Hormone and Hormonal Disorder
Management for Healthy Human Kind in Aging Population"*

SECRETARIAT

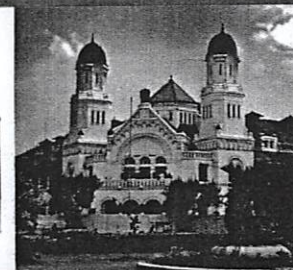
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PROGRAM BOOK

2nd INTERNATIONAL SYMPOSIUM ON HUMAN'S HEALTH AND AGING SCIENCES

*"The Role of Hormone and Hormonal Disorder
Management for Healthy Human Kind in Aging Population"*



January 27 - 29th, 2017

Aston Semarang Hotel Convention Center
Semarang - INDONESIA

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Welcome Message

Assalamu'alaikum warahmatullahi wabarakatuh

Medical Faculty of UNISSULA is one of the long running and established private faculty of medicine in Central Java Indonesia. One of the International Program will be held in 2017 by Faculty of Medicine UNISSULA is **INTERNATIONAL SYMPOSIUM OF HUMAN'S HEALTH AND AGING SCIENCES (ISHHAS)**. ISHHAS is a serial symposium program which is held once every two years organized by Faculty of Medicine UNISSULA. ISHHAS has the unique characteristics which differentiate with other similar events in other institutions because the broad scoop of knowledge about health, aging sciences, and elderly care itself. The theme for the 2nd ISHHAS is: **The Role of Hormone and Hormonal Disorder Management fFor Healthy Human Kind in Aging Population.**

For the 2nd ISHHAS, we would like to discuss about several updates about endocrine especially with elderly problems. The 2nd ISHHAS will be collaborating with Indonesian Endocrinology Association. The output for ISHHAS will be for the publication purposes for international researchers. Furthermore, to extend the market for the targeted audience the preparation for sub themes and speakers appointment who will participate in this event, we would like to organize a pre conference meeting by inviting the Steering Committee from 4 countries which are **Indonesia, Malaysia, Netherland, Jordan and Turkey**, and also representatives from **Indonesian Endocrinology Association** in order to prepare the 2nd ISHHAS.

Wassalamu'alaikum warahmatullahi wabarakatuh

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2nd International Human Health and Aging Sciences

DR. Ir. Titiek Sumarawati, M.Kes

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- **Dra. Endang Lestari, M.Pd., M.Pd.Ked**

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- **Eva Lutfiana**

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- **Slamet**

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SCIENTIFIC PROGRAMME

FRIDAY, JANUARY 27th, 2017

07.00-08.00	Registration
08.00-08.05	Preparation Opening Ceremony
08.05-08.15	Reciting Holy Qur'an
08.15-08.25	Welcome Address from Chairman of Committee Dr. Ir. Titiek Sumarawati, M.Kes
08.25-08.35	Welcome Address from Rector of Sultan Agung Islamic University H. Anis Malik Toha Lc, MA, Ph.D
08.35-08.45	Brief Remarks From FIMA Prof. Dr. Abdul Rashid Abdul Rahman
08.45-08.55	Opening Speech from Governor of Central Java H. Ganjar Pranowo, S.H, M.IP
08.55-09.00	Official Opening of Ishhas H. Ganjar Pranowo, S.H, M.IP., with dr. Iwang Yusuf, M.Si, H. Anis Malik Toha, Dr. Ir. Titik Sumarawati, M.Kes
09.00-09.15	Traditional Dance "Indonesian Heritage" Students of Sultan Agung High School
09.15-09.20	Announcement of Whole Activity Master of Ceremony
09.20-09.40	COFFEE BREAK
09.40-10.00	Plenary: Bioethics and Patient Safety in Elderly Patients Dr. dr. Setyo Trisnadi, Sp.KF., S.H
10.00-10.30	Plenary: Are You Addicted to Sugar? The Role of Sugar Intake in The Obesity Pandemic Prof. dr. A. J. van Der Lely (Netherland)
	PANEL DISCUSSION SESSION I, Moderator: dr. Minidian F., M.Sc, Sp.GK
10.30-10.50	Epidemiology of Thyroid Function Disorder in Aging Perspective Dr. dr. Kuntjoro Harimurti, Sp.PD -K.Ger

10.50-11.10	Pathophysiology of Thyroid Function Disorder in Aging Dr. dr. Tjokorda Gde Pemayun, Sp.PD -KEMD, FINASIM
11.10-11.30	Management of Thyroid Dysfunction in The Aging Population Prof. Dr. Nor Azmi Kamaruddin
11.30-12.00	DISCUSSION
11.30-13.00	Poster Presentation
12.00-13.00	Lunch, Dhuhur Prayer
	PANEL DISCUSSION SESSION II, Moderator : dr. Meidona N. Milla, MCE
13.00-13.20	Role of The Elderly Empowerment to Sustain Family Solidarity BKKBN
13.20-13.40	The Role of Growth Factor in Reproductive & Aging Management Prof. Dr. dr. Susilo Wibowo, Sp.And
13.40-14.00	Issues in Male Reproductive Disorder: Testosterone With & Without Hypogonadism Dr. dr. Taufiq RN., M.Kes, Sp. And
14.00-14.20	Issues in Female Reproductive Disorder Prof. dr. Samsulhadi, Sp.OG(K)
14.20-14.50	DISCUSSION
14.50-15.30	Tea Break And Ashar Prayer
15.30-16.30	Oral Presentation
18.30-21.30	Gala Dinner (ALL PARTICIPANTS)

SCIENTIFIC PROGRAMME

SATURDAY, JANUARY 28th, 2017

08.00-08.30	Registration
	PANEL DISCUSSION SESSION III
	Moderator : dr. Nur Anna C. S., Sp.PD, FINASIM
08.30-08.50	Evidence of Incretin Physiology in Diabetes: Any Difference Between Asia & The West? Prof. Dr. Mustafa Kanat (Turkey)
08.50-09.10	The Burden of Diabetes Mellitus in Indonesia Prof. Dr. dr. Ahmad Rudijanto, Sp.PD -KEMD, FINASIM
09.10-09.30	Type 1 Diabetes in Older Adults: Current Concepts on Pathogenesis and Management Prof. Dr. Aly A. Mishal, MD, FACP (Jordan)
09.30-09.50	DISCUSSION
09.50-10.50	Oral Presentation
09.50-10.40	Coffee Break
	PANEL DISCUSSION SESSION IV
	Moderator : Dr. dr. Agung Putra, M.Si.Med.
10.40-11.00	Screening of Family Member in Breast Cancer Development Dr. Bert. Van Geel (Netherland)
11.00-11.20	The Role of BRCA-1 & BRCA-2 in Breast Cancer Dr. dr. Samuel J. Haryono, Sp.B, Sp.B (K) Onk
11.20-11.40	DISCUSSION
11.40-13.00	Poster Presentation
12.00-13.00	Lunch, Dhuhur Prayer
	PANEL DISCUSSION SESION V
	Moderator : dr. Bagus Herlambang, Sp.BTKV, Ph.D
13.00-13.20	Coronary Heart Disease in Asian Population Prof. Dr. Abdul Rashid Abdul Rahman (Malaysia)
13.20-13.40	Management of Hypertention in The Elderly Patients With Diabetes Mellitus Prof. Dr. Abdul Rashid Abdul Rahman (Malaysia)

13.40-14.00	The Role of Testosterone in Coronary Heart Disease dr. MA Sungkar, Sp.PD -KKV., Sp.JP
14.00-14.20	Recent Trends on Acute Coronary Syndrome Treatment Based on Esc Guidelines dr. M. Saugi Abduh, Sp.PD-KKV., FINASIM
14.20-15.00	DISCUSSION
15.00-15.05	Preparation for Closing Session
15.05 -15.20	Announcement of Best Oral and Best Poster Presentation
15.20-15.30	Closing Remarks: Dean Faculty of Medicine Sultan Agung Islamic Univerity
15.30-15.35	Closing : Master of Ceremony
15.35-16.00	Farewell Tea and Ashr Prayer
19.00-21.00	Dinner for Speakers

WORKSHOP

SUNDAY, JANUARY 29th, 2017

08.00-08.30	Registration
08.30-09.00	Opening
	WORKSHOP
09.00-09.30	Insulin for Diabetes Management: an Update and in Special Condition (Renal Diseases and Elderly Patients) Prof. Dr. Nor Azmi Kamaruddin
09.30-10.00	Insulin Injection Technique for Clinical Practice dr. Nur Anna C. S., Sp.PD., FINASIM
10.00-10.30	DISCUSSION
10.30-11.00	how to manage dementia in elderly people with degenerative diseases Dr. Maddy Stienstra Liem
11.00-11.30	Epidemiology of Osteoporosis in Elderly Dr. dr. Kuntjoro Harimurti, Sp.Pd-K.Ger
11.30-12.00	DISSCUSSION
12.0-13.00	Lunch and Prayer Break
13.00-END	City Tour

**Comparison of Yoghurt and Yoghurt-Tempeh (TEGHURT)
Effects on Serum Fasting Blood Glucose
and Insulin in Hyperglycemia Wistar Rats**

**Nyoman Suci Widyastiti^{1,a)}, Natalia Desy Putriningtyas², Kartika Nugraheni³,
Rebriarina Hapsari⁴, Siti Harnina Bintari⁵**

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⁴Department of Clinical Microbiology, Faculty of Medicine Diponegoro University

⁵Department of Biology, Faculty of Mathematics and Natural Science, Semarang State University

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ABSTRACT

Background: Hyperglycemia in the metabolic syndrome lead to increased production of free radicals. Fermented milk (yoghurt) have been shown to improve antioxidant status and revealed significant reduction of fasting blood glucose (FBG) in diabetic probands. Isoflavones aglycones of tempeh (fermented soy product) has an antioxidant effect and antihyperglycemia activity. This study aimed to compare the effects of yoghurt and yoghurt-tempeh (teghurt) consumption on serum FBG and insulin in hyperglycemia Wistar rats.

Methods: Yoghurt was prepared by fermentation of the cow milk with a native strain of *Lactobacillus acidophilus* dan *Lactobacillus casei*. Thirty hyperglycemia induced Wistar rats were divided into 6 groups ; administered with Yoghurt (Y), Yoghurt with 2,5%, 5%, 7,5%, 10% tempeh flour (T1-T4) and control group (C). The Y and T groups were fed with 3,6 ml/day of either Y or T for 28 days. The serum FBG and insulin levels were analyzed at baseline and the end of the intervention period.

Results: FBG decreased significantly in Y and all T groups ($p < 0,001$). Although insulin level was increased in Y and T groups, insulin level in all T groups shown significantly increased insulin level than Y groups ($p=0,001$ and $p=0,008$ respectively)

Conclusion: Teghurt could modulate blood fasting glucose and insulin levels in hyperglycemia.

Keywords: Hyperglycemia, Yoghurt, Tempeh, Fasting Blood Glucose, Insulin.

**Correlation between Leukosituria,
Bakteriuria and Glucose in Diabetes Mellitus (DM) Patients**

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ABSTRACT

Diabetes mellitus are increasing in globally in the world every year and its cause many complications. DM causes several abnormalities of immune system and it might result in a higher risk of certain infections, including Urinary Tract Infection (UTI). Glucose, leucocyte and bacteria finding in the urine are suggestive in the urine of diabetic patient with UTI. This study was aim to find the prevalence and the correlation between glucose, leucocyte and bacteria in the urine of diabetic patients of Hospital dr. Kariadi Semarang in Semarang. Cross -seccrional study desain was conducted on patients with DM. Among that 30 sample in the age of > 20 years. And chi square tests were used to analyze the data, p value of < 0,05 was considered statistically significant, with the confidence interval of 95 %.

Keywords: Glucose, urinalisis, diabetes mellitus, leucocyturia, bakteriuria.

CORRELATION BETWEEN LEUKOCYTURIA, BACTERIURIA AND GLUCOSURIA IN DIABETES MELLITUS (DM) PATIENTS.

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INTRODUCTION

Diabetes mellitus in the world increased faster in the last decade, it is about 50 million cases in 1985 to 177 cases in 2000 and is forecast to be 360 million cases in 2030. 1) Diabetes mellitus is not only a well known as a metabolic disease characterized by hyperglycemia as the resulting from defects in insulin secretion and / or insulin action. 2) Diabetes is also associated with increased levels of sensitive marker of subclinical systemic inflammation. Several DM causes abnormalities of the immune system and it might result in higher risk as Urinary tract infection Infection (UTI) 3) Urinary tract infection (UTI) is one of the most common disease, and is a major cause of sepsis in hospitalized patients: 4) Glucose, leukocytes and bacteria in the urine finding in diabetes patients

Table 1. Table of frequency of sex and age.

Variable	Mean	Standard deviation	Median	N (%)
Age (years)	55,83	13,45	54	
Gender				
Male				13(43,3)
Female				17(56,7)
Blood sugar (GDS)	201,2	721,95	210	30
<u>Glucosa urin</u>	116,67	108.16	00	30
<u>Lekosituri</u>	278,43	721.95	47,90	30
<u>Bakteri uri</u>	2491,65	4655,26	189,10	30

METHODS

Research conducted at the hospital dr. Kariadi Semarang in the period of October to December 2016. The target population is people with Type 2 diabetes regardless of ethnic differences. The samples studied were 30 people who have agreed to participate. This study aim was to find the prevalence and the correlation between glucose, leukocyte and bacteria in the urine of diabetic patients. Cross-sectional design study was conducted on patients with DM. Among that 30 samples in the age of > 20 years, were taken blood and urine to be examined blood glucose, urine glucose, urine leukocyte and urine bacteriuria. Test were assessed using chemistry automatic analyzer and automatic analyzer. Spearman tests and regression test were used to analyze the data, the p value of <0.05 was considered statistically significant, with the confidence interval of 95%.

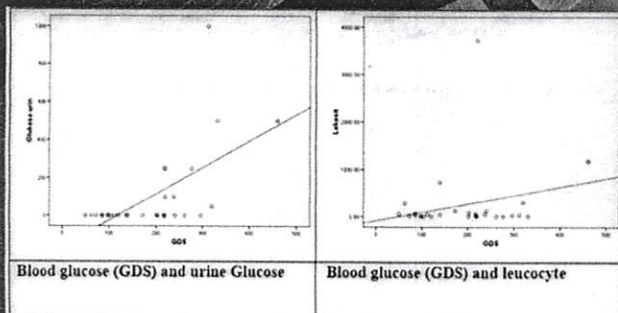


Figure 1. Regressi linier between blood glucose and urine glucose, leucocyte

RESULTS

The data of the basic characteristics of the 30 study subjects is shown in Table 1. The result is the basic characteristic of the study subjects with a mean age of 55.83 consists of men 13.3 (43.3%) and women 17 (56.7%).

Results of the study in DM patients with random blood glucose (GDS) was 11.67 ± 721.95 , whereas the mean urinary glucose levels was 116 ± 108.16 , the mean leukocyte uri 278.43 ± 721.93 , the average bacteriuri was 2491.65 ± 4655.26 .

Results: data, testing normality premises with Shapiro-Wilk test because the sample size of 30. Results scattered all data is not normal, statistical analysis used was Spearman Rho correlation analysis followed by linear regression analysis to analyze the relationship between GDS levels, urine glucose, leukositiuri and bacteriuria at UTI 5). See Table 2.

Table 2. Descriptif dan Normality of Data

Variable	F (%)	Mean $\pm$ SD	Median (min - max)	P
Gender				
Male	13 (43.3)			
Female	17 (56.7)			
Age (years)		55.83 $\pm$ 13.46	54 (33 - 81)	0.408
GDS		201.2 $\pm$ 108.16	210 (50 - 460)	0.051
Glucose urin		116.67 $\pm$ 231.31	0 (0 - 1000)	0.000
Lekocyte		278.43 $\pm$ 721.95	47.9 (4.1 - 3723.4)	0.000
Bacteri		2491.7 $\pm$ 4655.3	189.1 (14.5 - 18468)	0.000

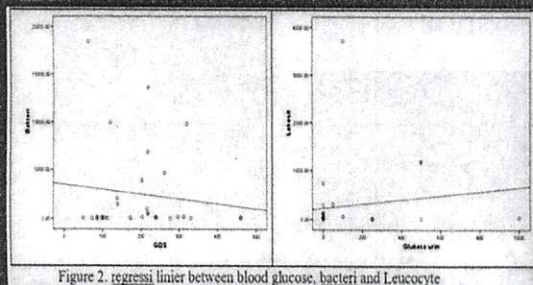


Figure 2. regressi linier between blood glucose, bacteri and Leucocyte

CONCLUSION AND SUGESTION

Based on this carefully results situations it can be concluded that with a 95% confidence interval, that there are a significant relationship between leucocyteuria, bacteriuria, glucoseuria and blood sugar in patients with DM.

There is a need to be investigated further with a different design and samples were divided into 3 groups with normal blood sugar group, pre-diabetic group, diabetic group. Normal patients, prediabetic, and diabetic to be examined the risk of ITI.

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