

# השמנה - המחלה השקופה

## מדיניות מניעה וטיפול

כנס בין מועצתי בשיתוף כלל המועצות הלאומיות  
הגישה הכוללנית לטיפול באנשים החיים עם השמנה

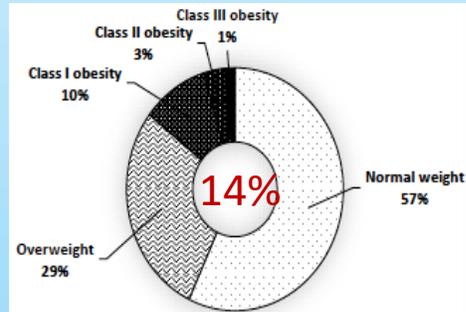
### ד"ר דרור דיקר

מנהל פנימית ד' והמרכז הרב תחומי לטיפול  
במשקל עודף, בי"ח השרון-מרכז רפואי רבין  
הפקולטה לרפואה ע"ש סקלר אוניברסיטת  
ת"א.

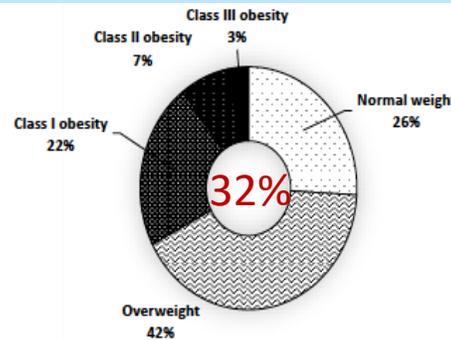
יו"ר כוח המשימה האירופאי לטיפול  
בהשמנה מטעם ה EASO



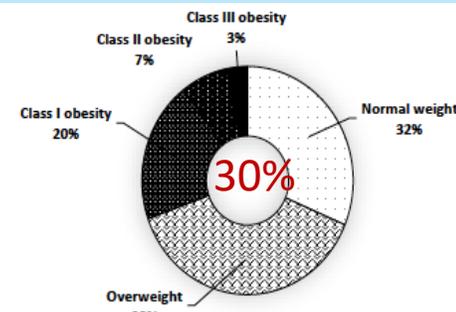
# השמנה - שכיחות



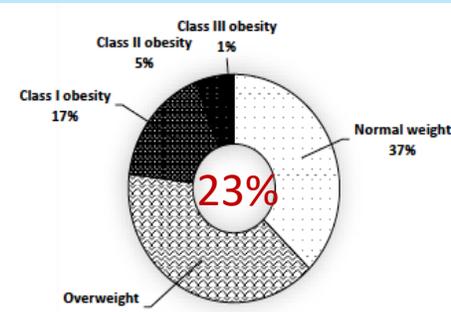
Age group 25-34 (n=282,256)



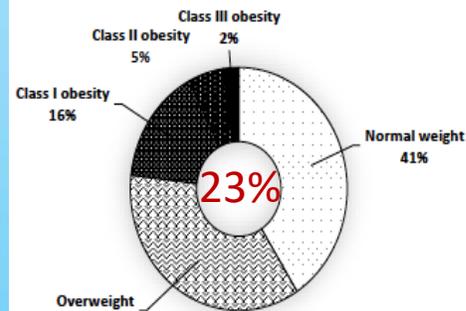
Age group 65-74 (n=267,936)



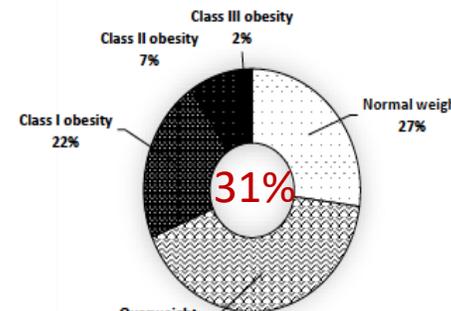
Age group 45-54 (n=290,602)



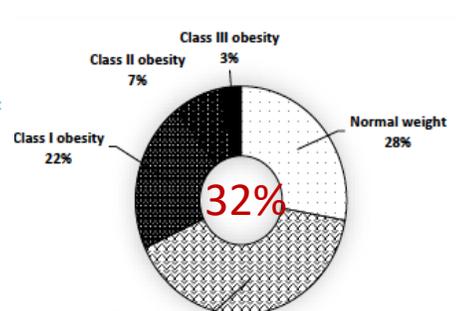
Age group ≥85 (n=76,387)



Age group 35-44 (n=283,952)



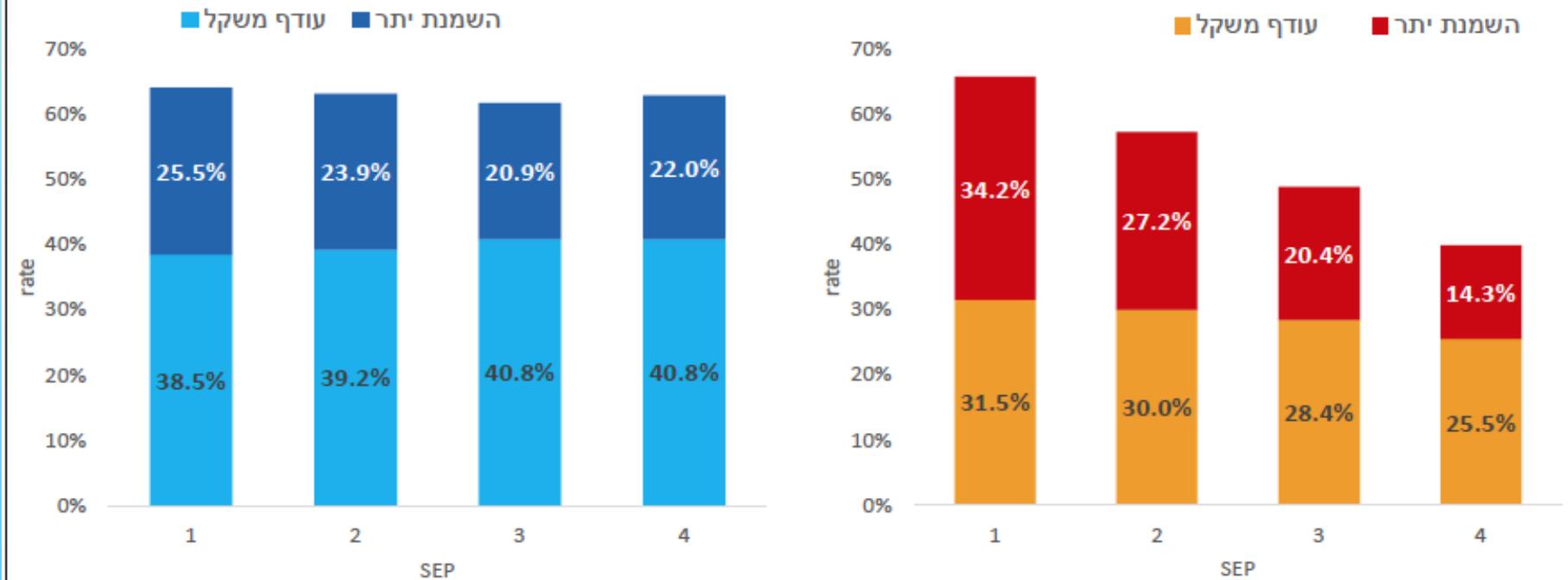
Age group 75-84 (n=182,424)



Age group 55-64 (n=373,234)

# השמנה - שכיחות

## שיעורי ההימצאות של עודף משקל והשמנת יתר בקרב נשים וגברים בני 20-64 לפי מצב חברתי כלכלי ומין



# השמנה הוכרה כמחלה

## WOF

World Obesity Federation

“The World Obesity Federation takes the position that obesity is a chronic, relapsing, progressive disease process and emphasizes the need for immediate action for prevention and control of this global epidemic”<sup>1</sup>

## AMA

American Medical Association

“American Medical Association recognizes obesity and overweight as a chronic medical condition (de facto disease state) and urgent public health problem...and work towards the recognition of obesity intervention as an essential medical service...”<sup>2</sup>

## FDA

Food and Drug Administration (US)

“Obesity is a chronic relapsing health risk defined by excess body fat”<sup>3</sup>

## AOASO

Asia Oceania Association for the Study of Obesity

“We hereby propose a concept for international recognition of a pathological state (obesity disease) in which a person suffers health problems caused by or related to obesity thus making weight loss clinically desirable and requiring treatment as a disease entity”<sup>7</sup>

## OC

Obesity Canada

“Obesity is characterized by excess body fat that can threaten or affect your health. Many organizations including the Canadian Obesity Network, now consider obesity to be a chronic disease.”<sup>4</sup>

## EASO

European Association for the Study of Obesity

“A progressive disease, impacting severely on individuals and society alike, it is widely acknowledged that obesity is the gateway to many other disease areas...”<sup>5</sup>

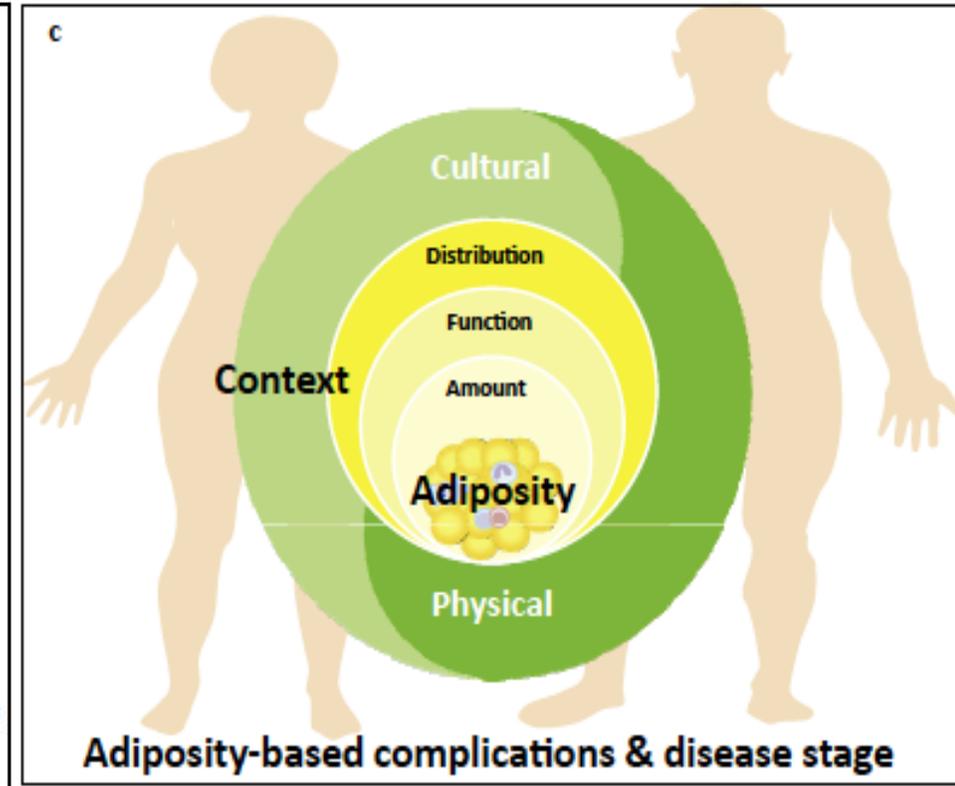
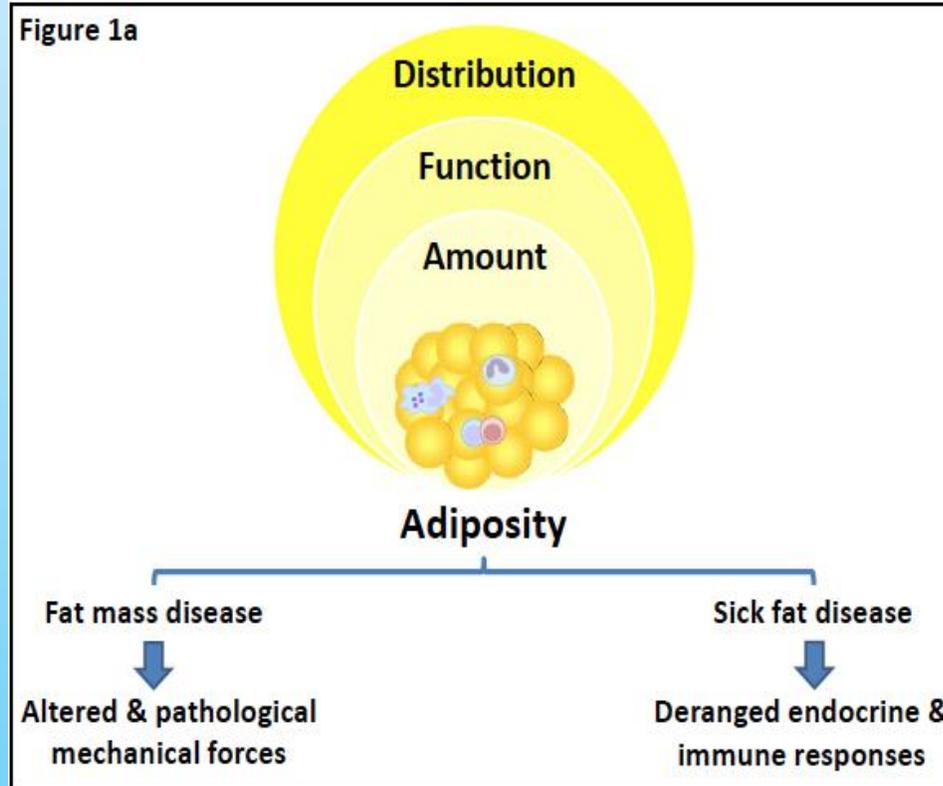
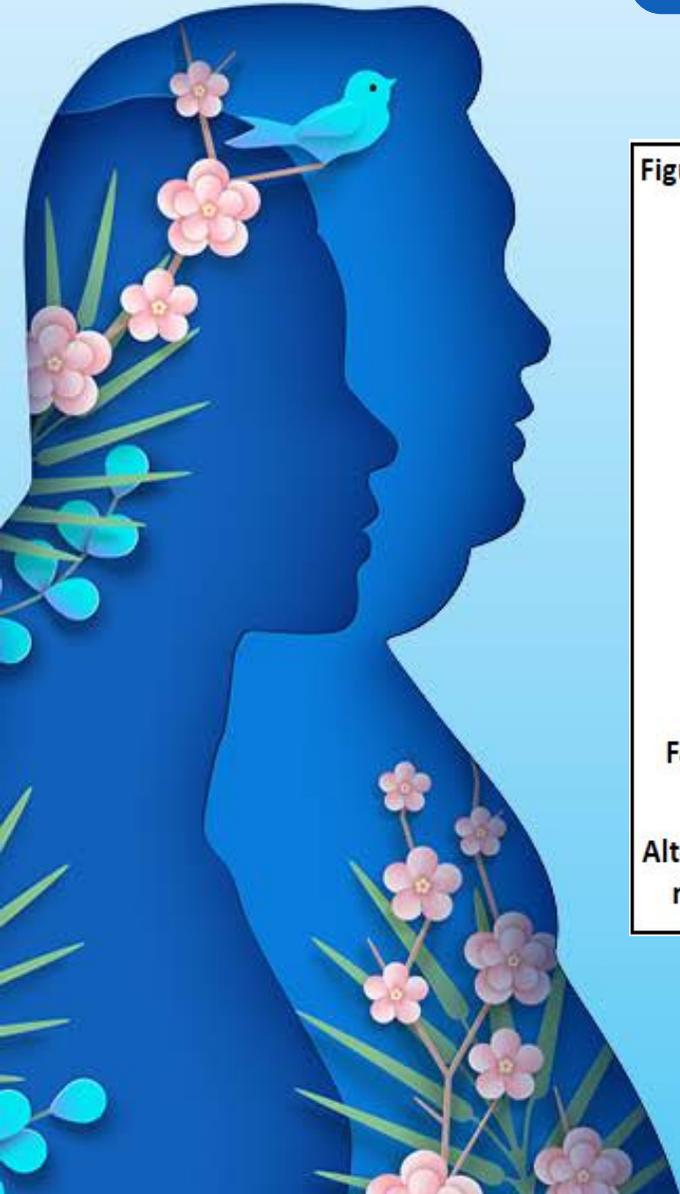
## RCP

Royal College of Physicians (UK)

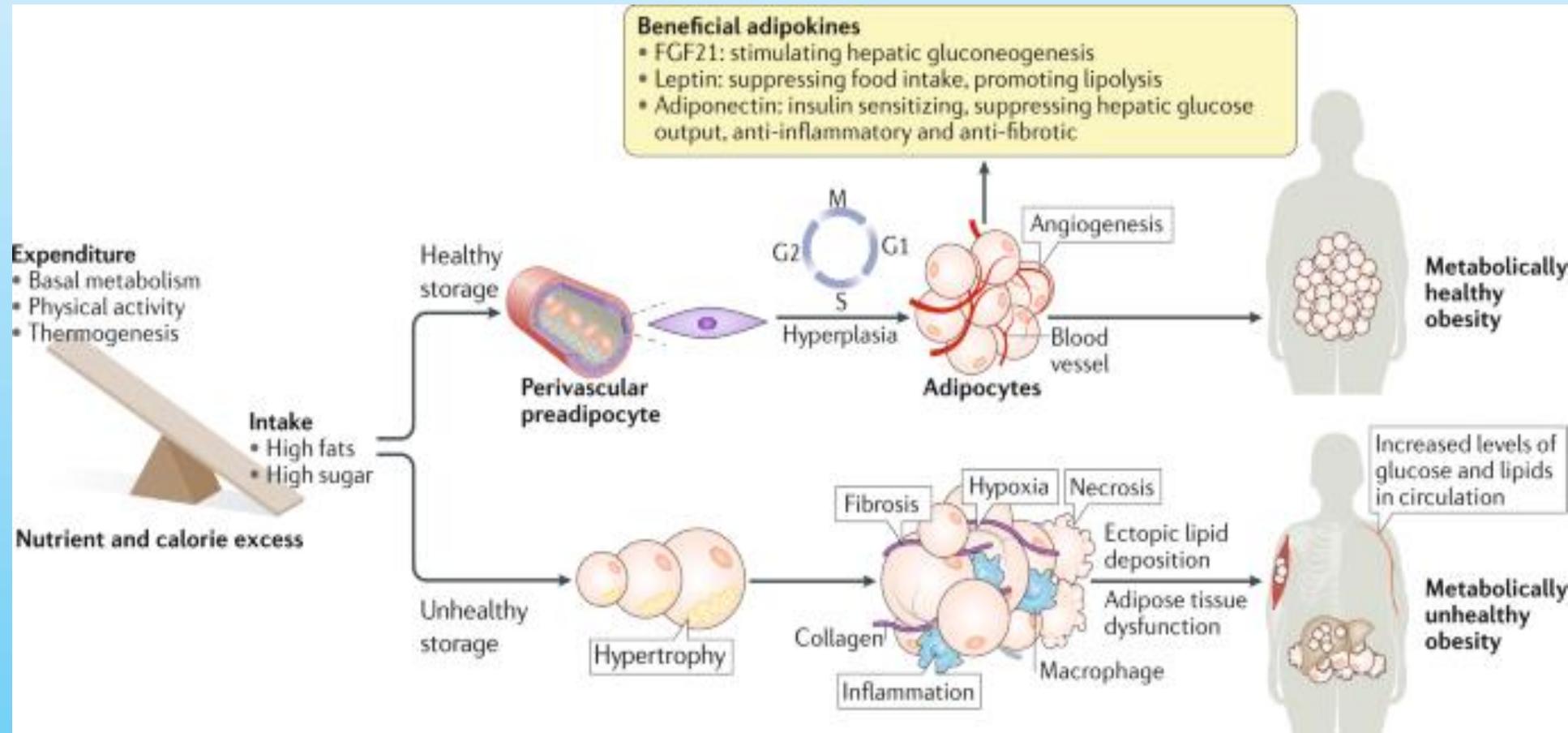
“Obesity is a chronic progressive disease caused by an imbalance between energy intake and energy expended, with a wide range of damaging effects on the body.”<sup>6</sup>

1. Bray GA et al. Obes Rev 2017;18:715–23; 2. AMA memorial resolutions. Available from [https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/hod/a12-resolutions\\_0.pdf](https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/hod/a12-resolutions_0.pdf). Accessed May 2020; 3. Food and Drug Administration. Guidance for Industry Developing Products for Weight Management. Available from <https://www.fda.gov/media/71252/download>. Accessed May 2020; 4. Obesity Canada. Available from <https://obesitycanada.ca/obesity-in-Canada/>. Accessed May 2020; 5. 2015 Milan Declaration: A Call to Action on Obesity. Available from <https://cdn.easo.org/wp-content/uploads/2018/12/16195534/EASO-Milan-Declaration-FINAL.pdf>. Accessed May 2020; 6. RCP calls for obesity to be recognised as a disease. Available from <https://www.rcplondon.ac.uk/news/rcp-calls-obesity-be-recognised-disease>. Accessed May 2020; 7. AOASO position statement, Nagoya Declaration 2015. Available from [http://www.maso.org.my/nagoya\\_declaration2015\\_en.pdf](http://www.maso.org.my/nagoya_declaration2015_en.pdf). Accessed May 2020.

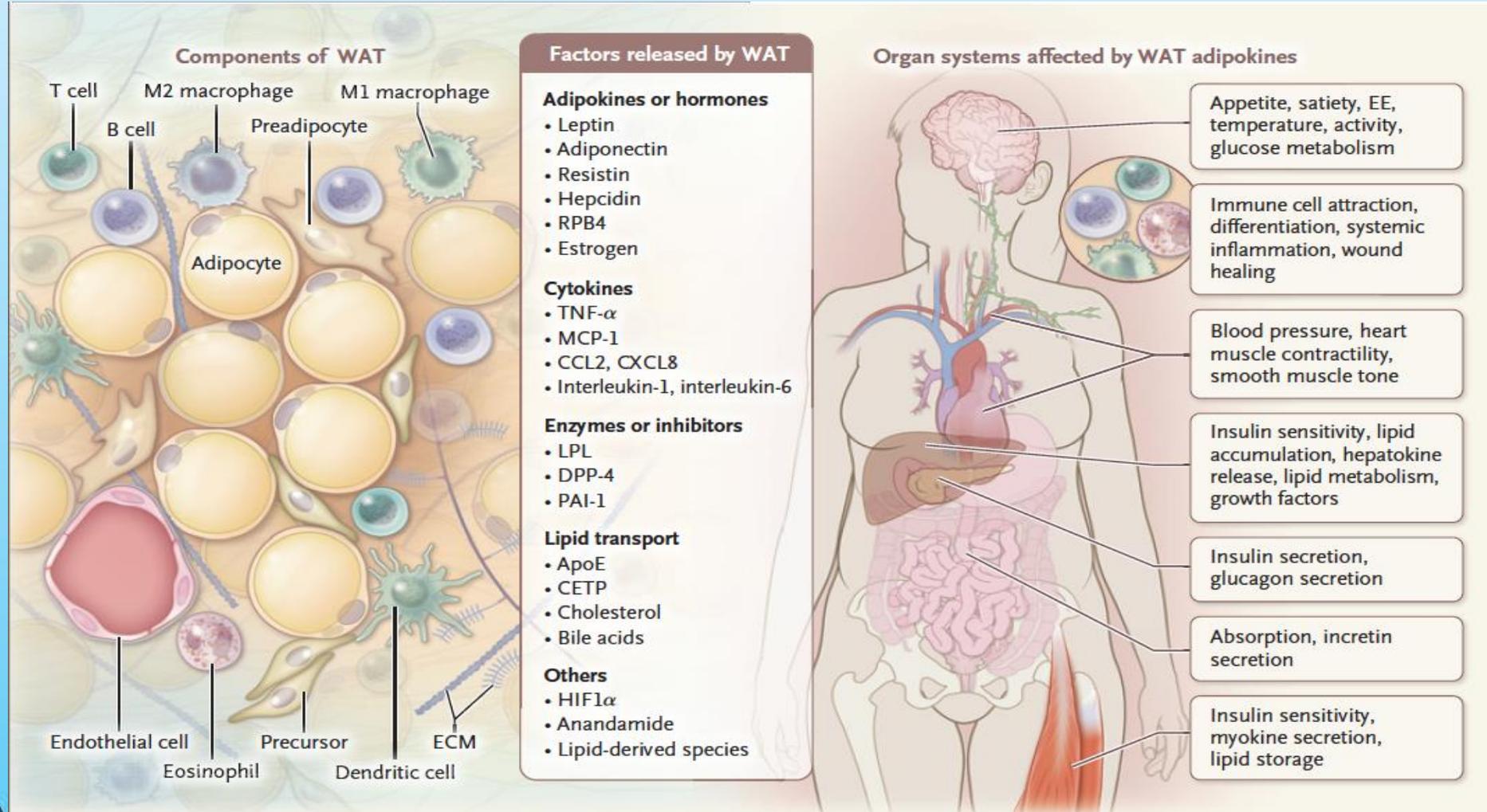
# מחלת ההשמנה



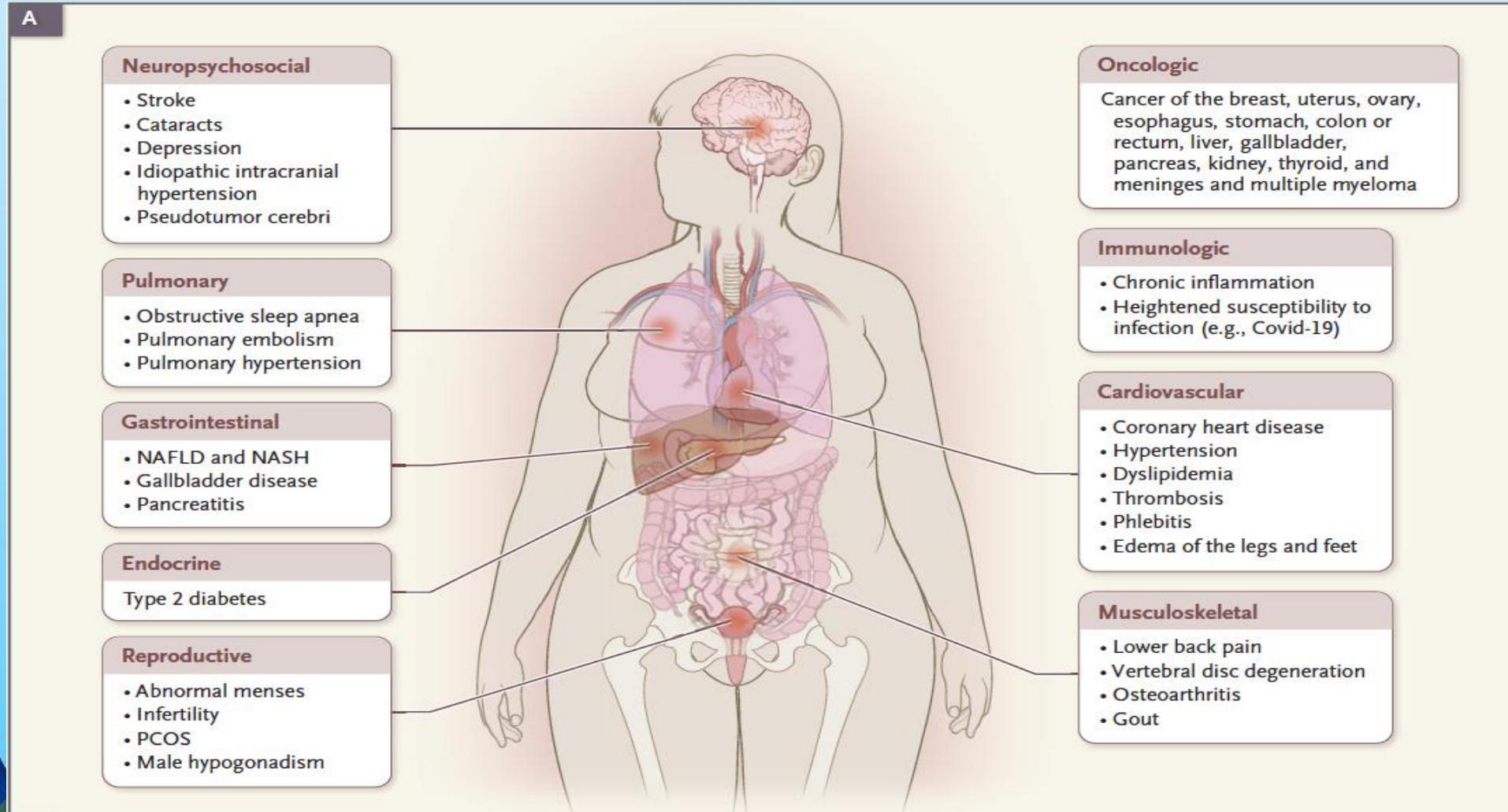
# מחלת ההשמנה



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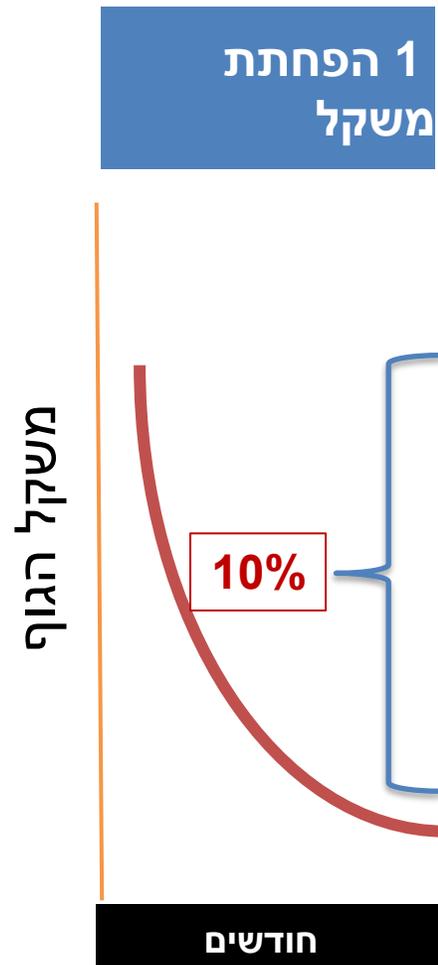
# מחלת ההשמנה



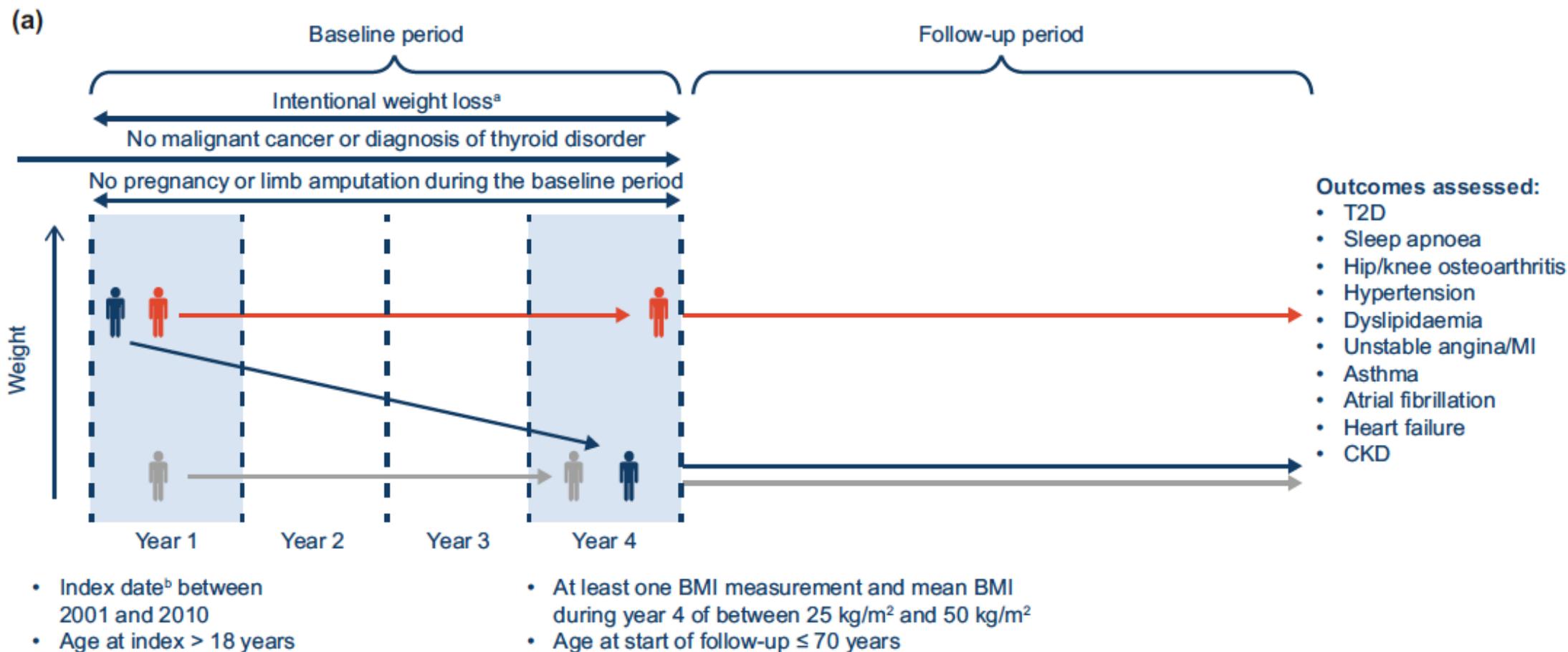
# סיבוכי מחלת ההשמנה

	Normal weight	Overweight	Class I obesity	Class II obesity	Class III obesity	Total patients with elevated BMI	Total study population
<b>BMI (kg/m<sup>2</sup>)</b>	18.5-<25	25-<30	30-<35	35-<40	≥ 40	25-≥ 40	≥18.5
<b>Total</b>	<b>619 504</b>	<b>661 131</b>	<b>323 094</b>	<b>106 917</b>	<b>46 145</b>	<b>1 137 287</b>	<b>1 756 791</b>
<b>Metabolic disorders, n (%)</b>							
Pre diabetes	64 720 (10.4)	105 876 (16.0)	59 605 (18.4)	20 095 (18.8)	8 626 (18.7)	194 202 (17.1)	258 922 (14.7)
Diabetes	61 012 (9.8)	136 023 (20.6)	100 071 (31.0)	41 033 (38.4)	19 667 (42.6)	296 794 (26.1)	357 806 (20.4)
Dyslipidemia	240 662 (38.8)	381 644 (57.7)	211 259 (65.4)	71 495 (66.9)	29 875 (64.7)	694 273 (61.0)	934 935 (53.2)
Hyperthyroidism	15 334 (2.5)	17 696 (2.7)	9 794 (3.0)	3 555 (3.3)	1 574 (3.4)	32 619 (2.9)	47 953 (2.7)
Hypothyroidism	55 346 (8.9)	66 138 (10.0)	38 226 (11.8)	14 751 (13.8)	6 938 (15.0)	126 053 (11.1)	181 399 (10.3)
<b>Any of the above metabolic disease</b>	<b>293 357 (47.4)</b>	<b>439 082 (66.4)</b>	<b>244 224 (75.6)</b>	<b>84 532 (79.1)</b>	<b>36 864 (79.9)</b>	<b>804 702 (70.8)</b>	<b>1 098 059 (62.5)</b>
<b>Cardiovascular disease (CVD), n (%)</b>							
Myocardial infarction	21 756 (3.5)	38 597 (5.8)	20 670 (6.4)	6 097 (5.7)	2 217 (4.8)	67 581 (5.9)	89 337 (5.1)
Unstable angina	15 065 (2.4)	28 948 (4.4)	16 782 (5.2)	5 407 (5.1)	2 105 (4.6)	53 242 (4.7)	68 307 (3.9)
Stable angina	16 554 (2.7)	33 101 (5.0)	19 975 (6.2)	6 755 (6.3)	2 655 (5.8)	62 486 (5.5)	79 040 (4.5)
Angioplasty (PTCA)	21 976 (3.5)	41 464 (6.3)	22 622 (7.0)	6 787 (6.3)	2 351 (5.1)	73 224 (6.4)	95 200 (5.4)
Coronary artery bypass graft	10 403 (1.7)	18 659 (2.8)	9 648 (3.0)	2 728 (2.6)	886 (1.9)	31 921 (2.8)	42 324 (2.4)
Ischemic heart disease (IHD)	51 999 (8.4)	94 359 (14.3)	53 867 (16.7)	17 661 (16.5)	7 185 (15.6)	173 072 (15.2)	225 071 (12.8)
Atrial fibrillation	19 869 (3.2)	31 406 (4.8)	19 382 (6.0)	7 332 (6.9)	3 413 (7.4)	61 533 (5.4)	81 402 (4.6)
Ischemic stroke	31 025 (5.0)	45 360 (6.9)	24 991 (7.7)	8 270 (7.7)	3 259 (7.1)	81 880 (7.2)	112 905 (6.4)
Congestive heart failure	16 722 (2.7)	27 002 (4.1)	18 635 (5.8)	7 983 (7.5)	4 433 (9.6)	58 053 (5.1)	74 775 (4.3)
Pulmonary embolism	2 175 (0.4)	3 330 (0.5)	2 260 (0.7)	1 054 (1.0)	643 (1.4)	7 287 (0.6)	9 462 (0.5)
Peripheral artery disease	23 669 (3.8)	36 238 (5.5)	20 615 (6.4)	7 116 (6.7)	3 192 (6.9)	67 161 (5.9)	90 830 (5.2)
Hypertension	135 541 (21.9)	256 027 (38.7)	165 270 (51.2)	62 262 (58.2)	28 602 (62.0)	512 161 (45.0)	647 702 (36.9)
<b>Any of the above CVD disease</b>	<b>166 739 (26.9)</b>	<b>293 596 (44.4)</b>	<b>180 749 (55.9)</b>	<b>66 445 (62.1)</b>	<b>30 073 (65.2)</b>	<b>570 863 (50.2)</b>	<b>737 602 (42.0)</b>

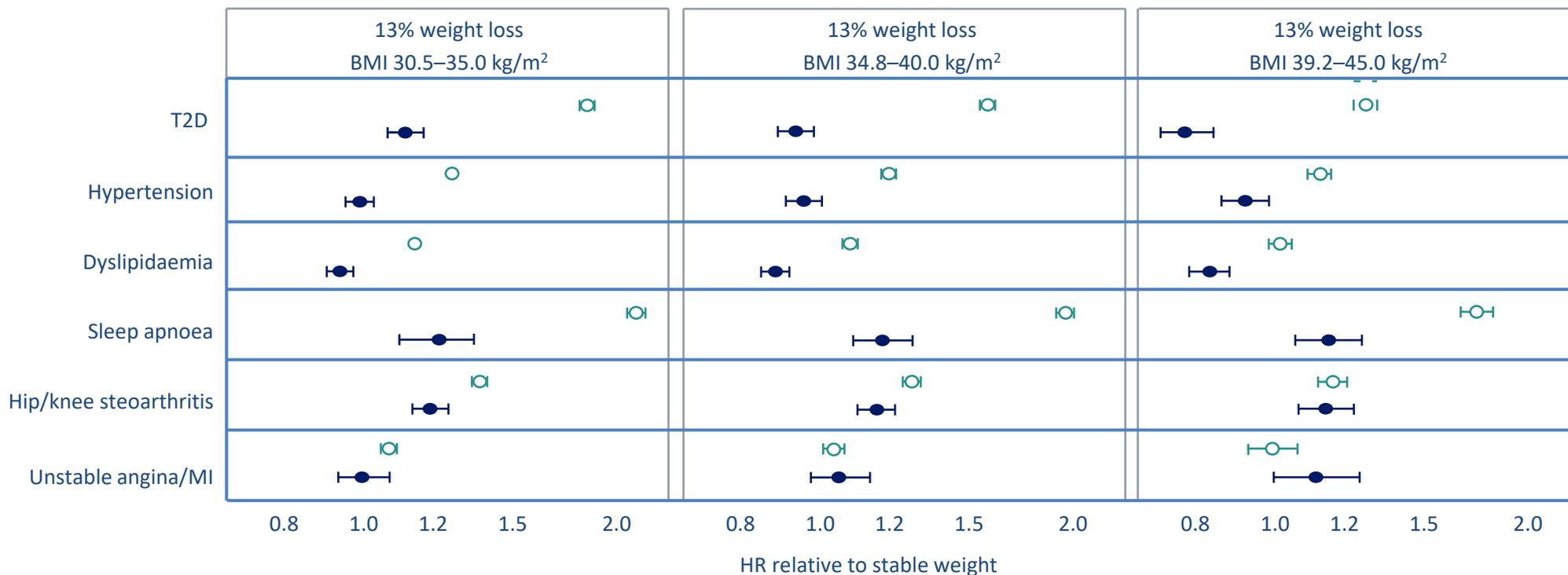
# מטרות בטיפול במחלת ההשמנה



# הערכת הסיכון שארי לאחר הפחתת משקל (=500,000n)



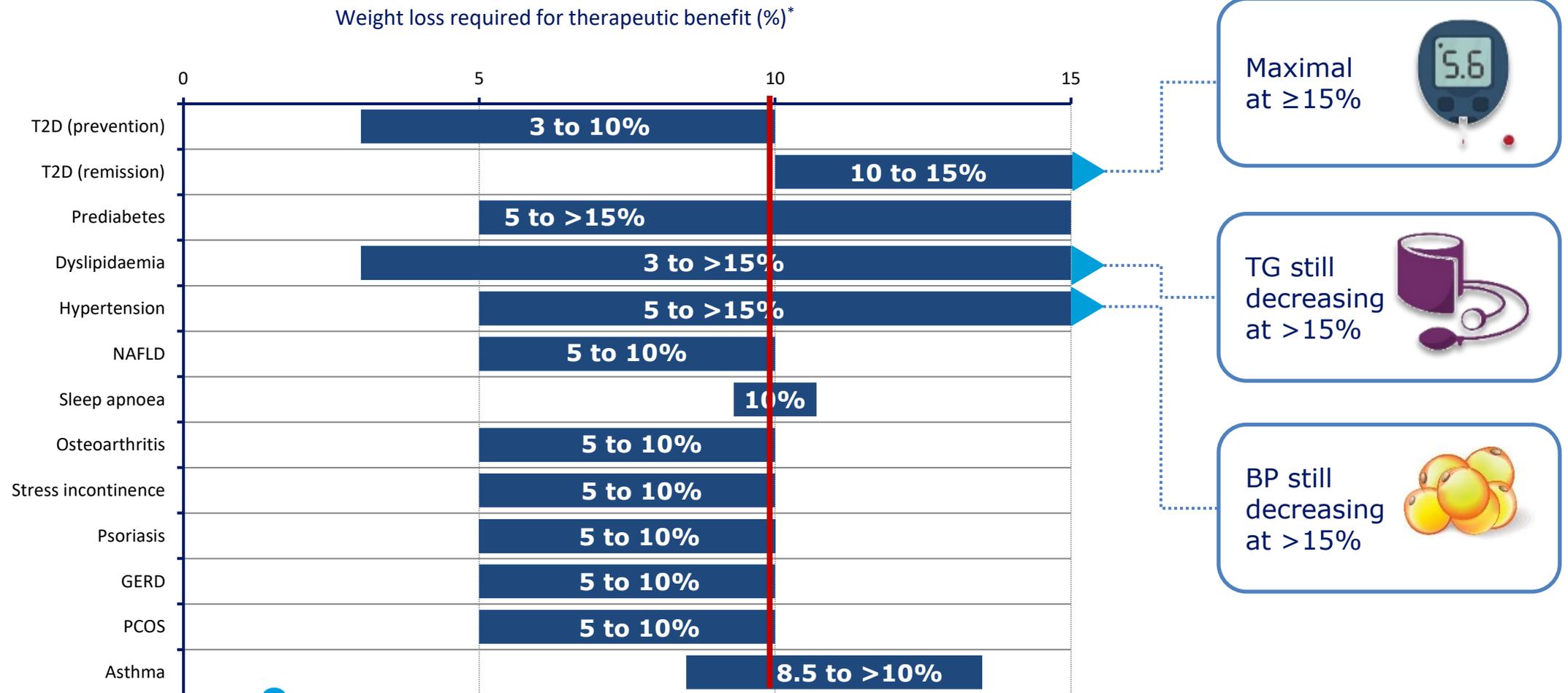
# הערכת הסיכון השארי לאחר הפחתת משקל (n=500,000)



Additional benefit of weight loss compared with maintaining a stable weight was observed for T2D, hypertension and dyslipidaemia

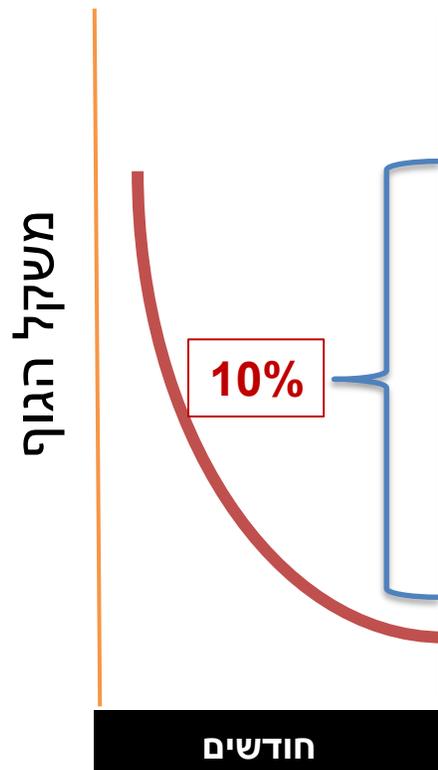
Risk before weight loss  
 Risk after weight loss

# ירידת משקל משמעותית משפרת את סיבוכי הסוכרת



# מטרות בטיפול במחלת ההשמנה

## הפחתת משקל



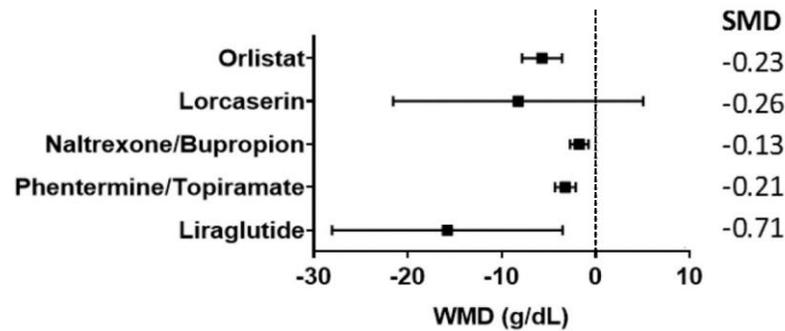
## יצירת השפעה על התחלואה הנלוות

- הפחתת הסיכון להתפתחות סוכרת
- הפחתת הסיכול לתחלואת לב וכלי דם
- הפחתת המוגבלות התנועתית
- שיפור באיכות החיים
- הפחתת הסטיגמה החברתית

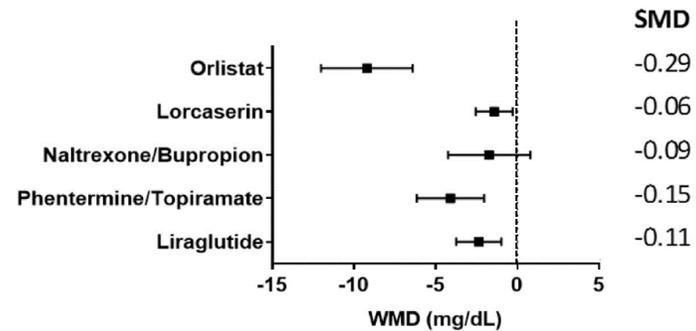


# השפעת טיפולים תרופתיים להפחתת משקל על גורמי סיכון קרדיווסקולריים

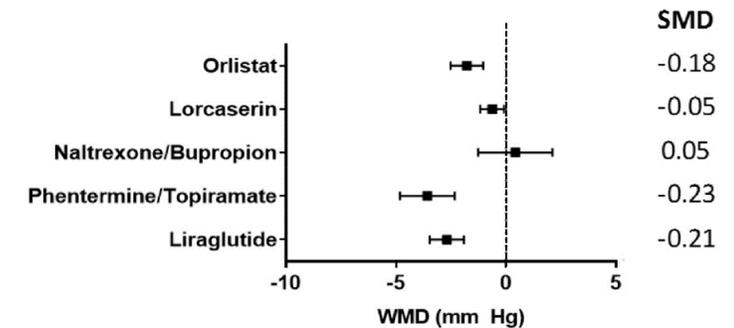
## Low-density lipoproteins



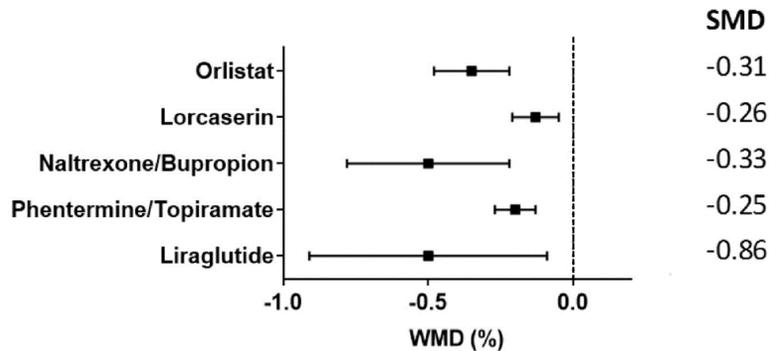
## Systolic blood pressure



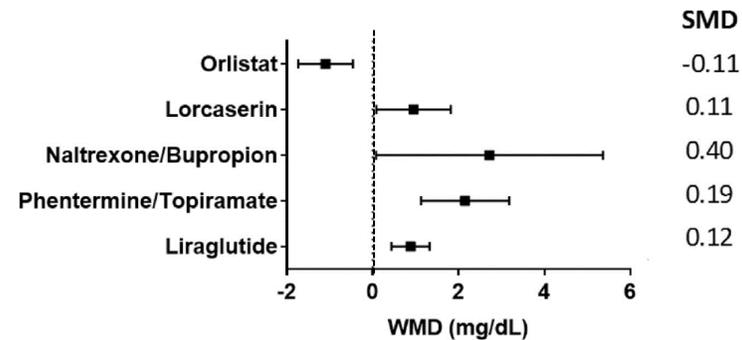
## Fasting glucose



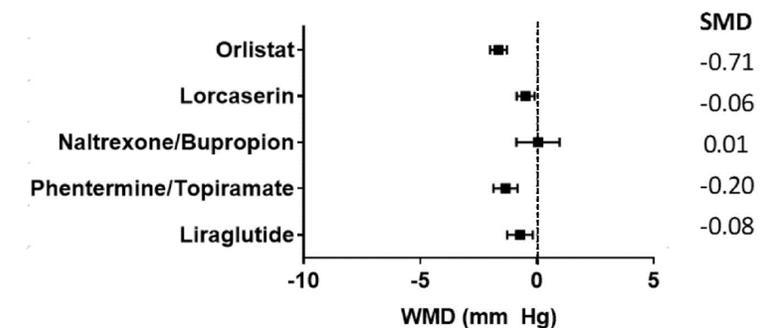
## HbA1c



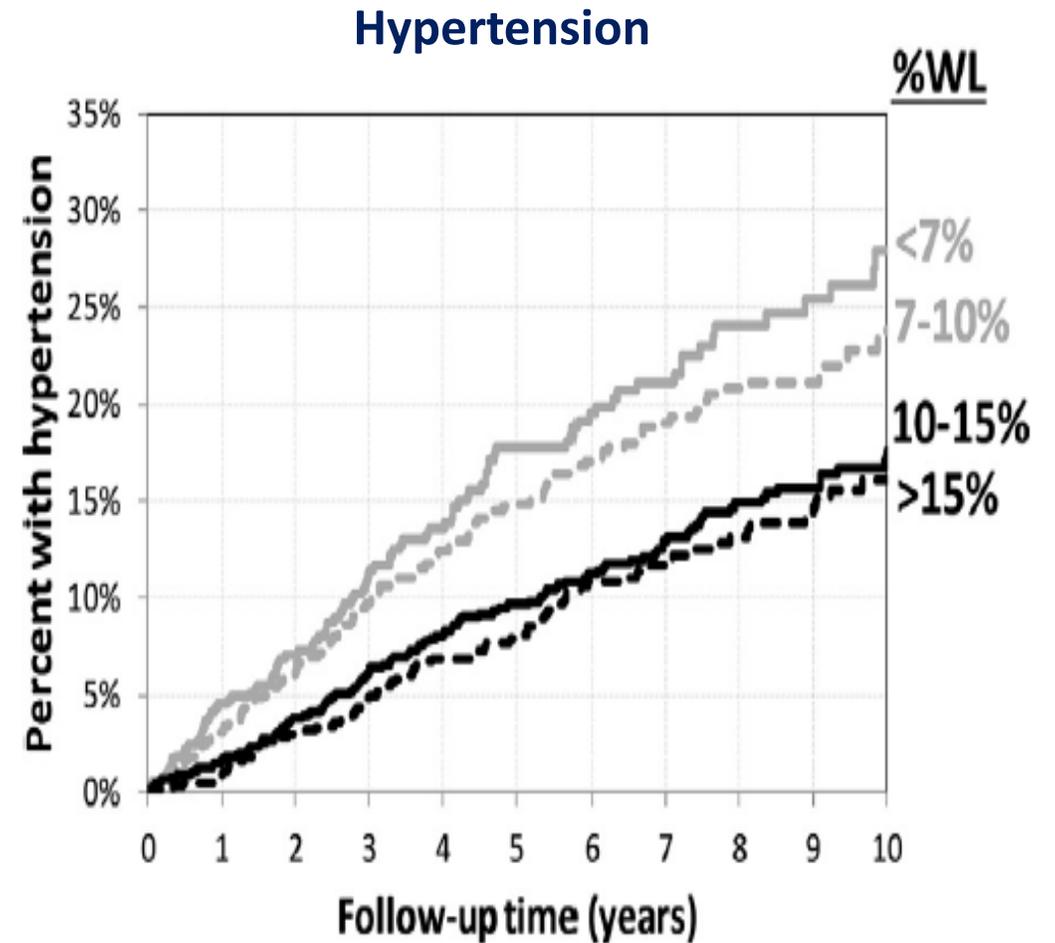
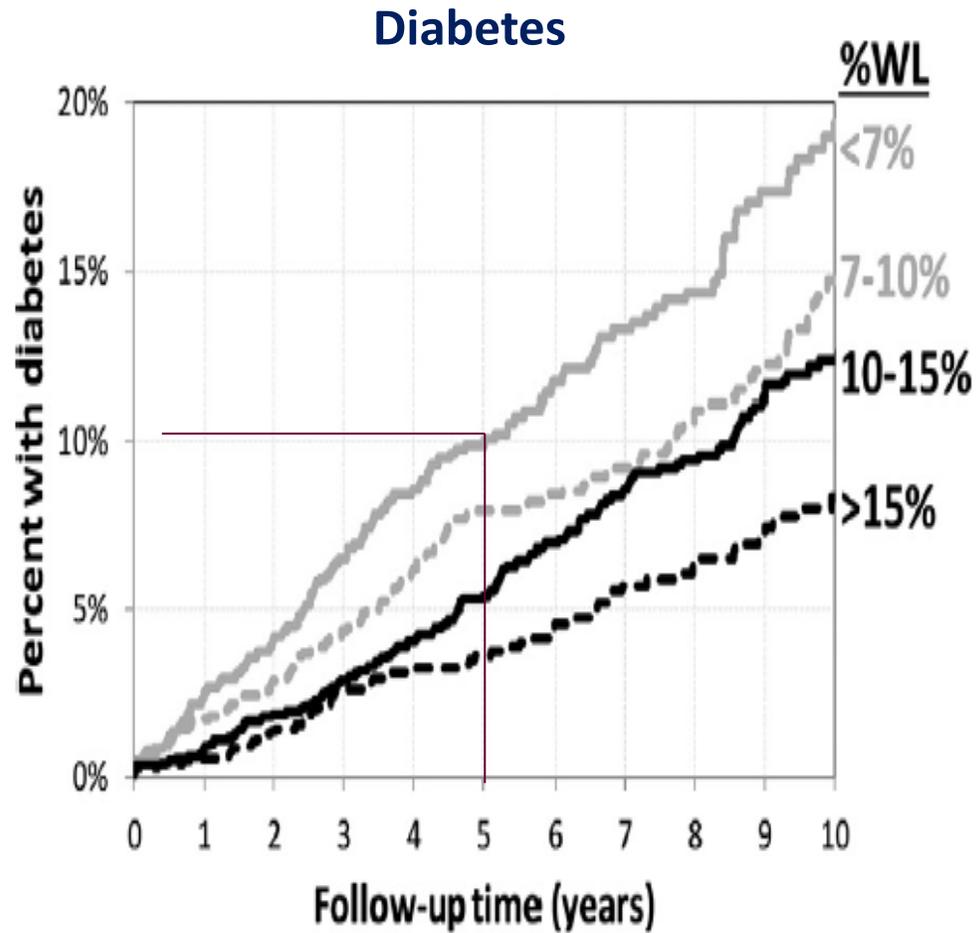
## Diastolic blood pressure



## High-density lipoproteins



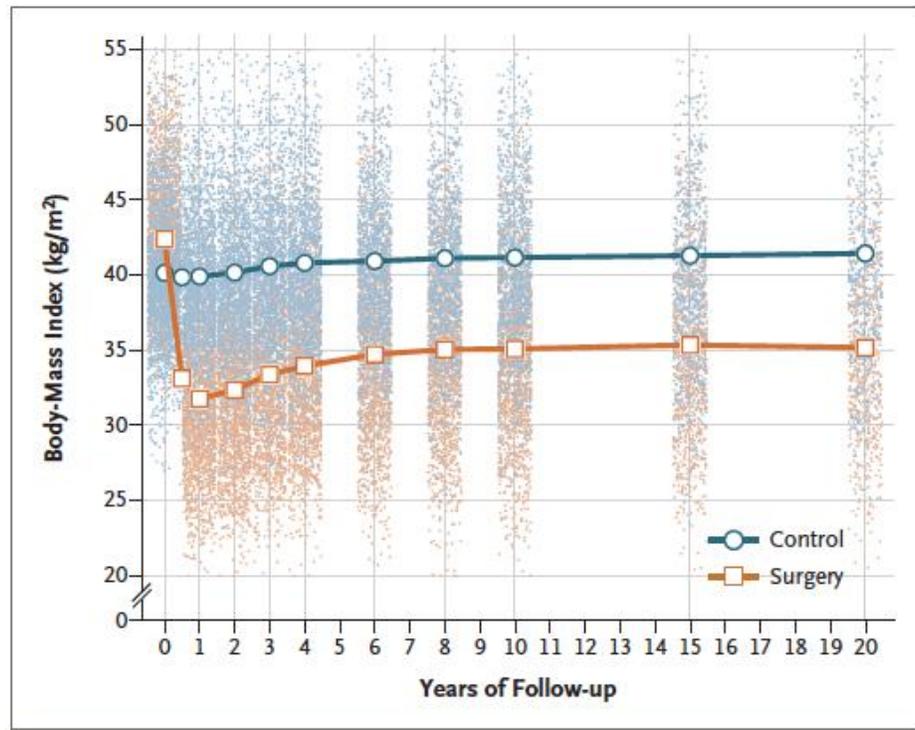
# משך הזמן להתפתחות סיבוכי מחלת ההשמנה על פי מידת הפחתת המשקל ( n= 63,567 ) 16 שנות מעקב



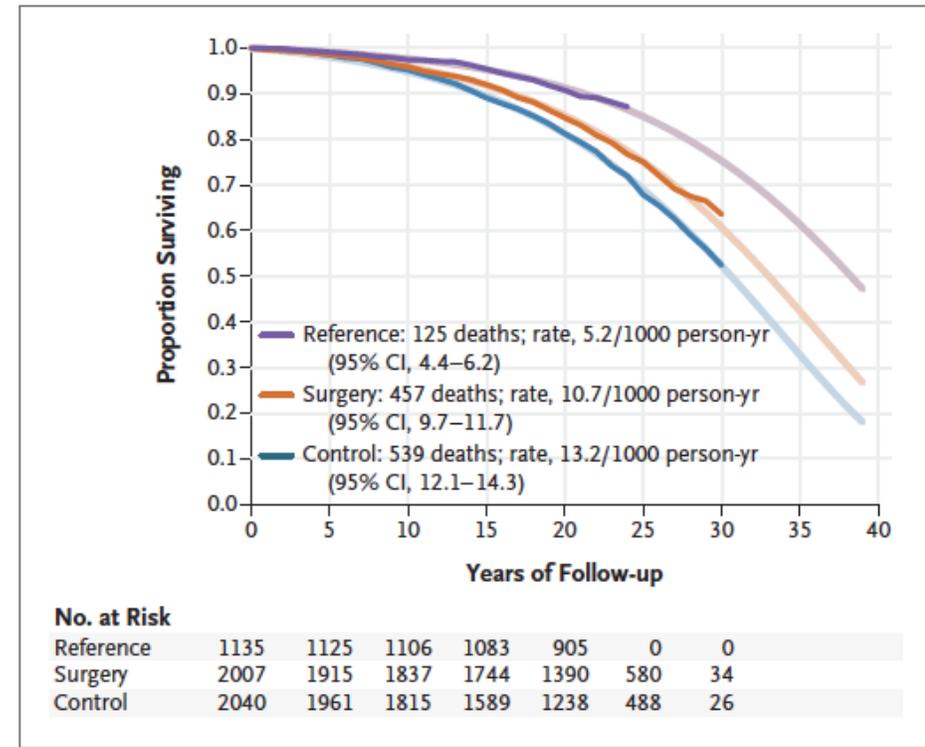
# תמותה ותחלואה במחקר ה SOS 18% הפחתת משקל לאחר 23

## שנות מעקב

Body-Mass Index over a Period of 20 Years in the Control and Surgery Groups.



Survival in the Surgery and Control Groups and in the Reference Cohort.



# תמותה ותחלואה במחקר ה SOS

## SOS study in 4047 people with obesity

Causes of death in the SOS control and surgery groups\*

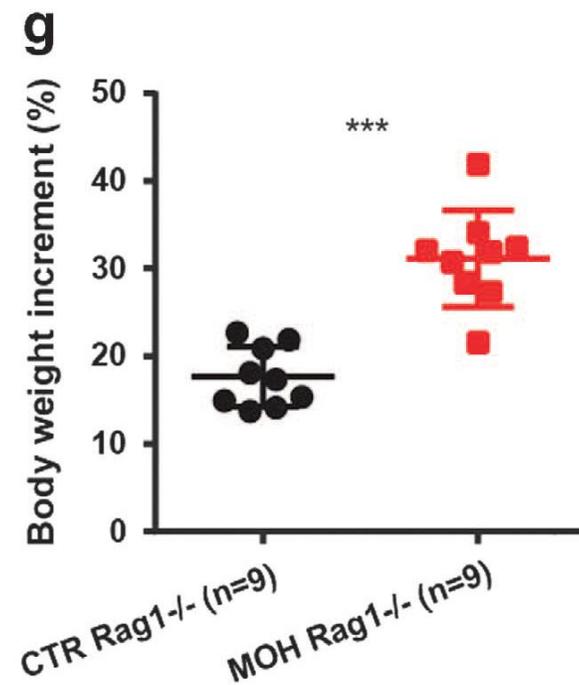
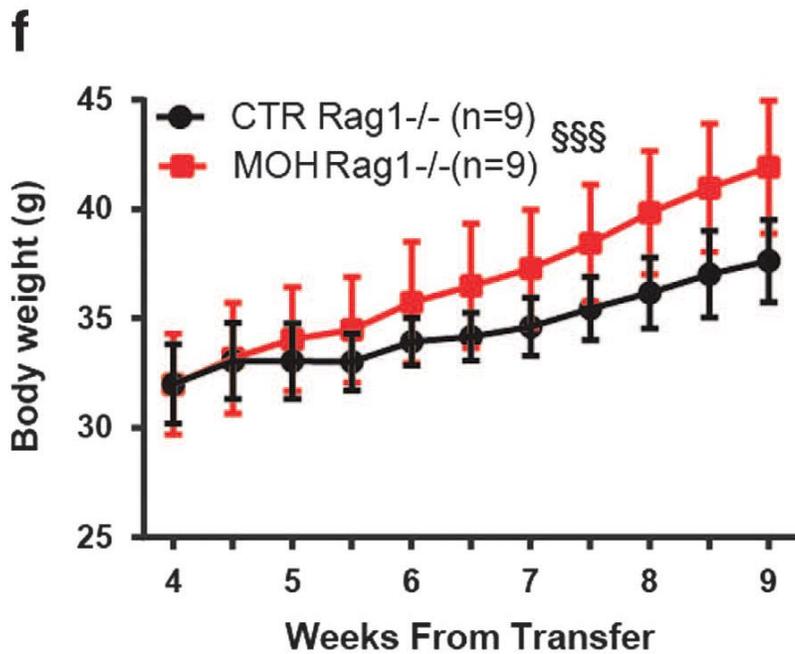
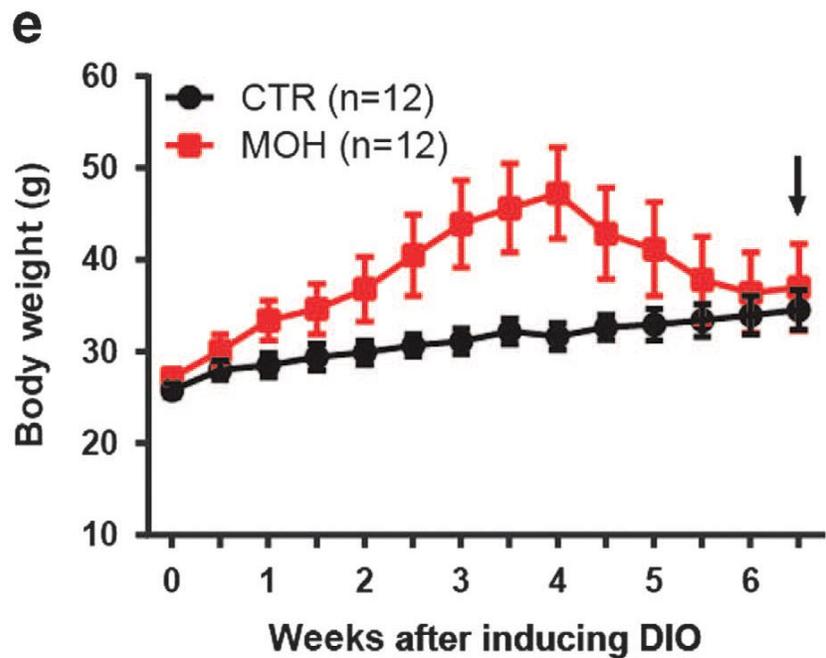
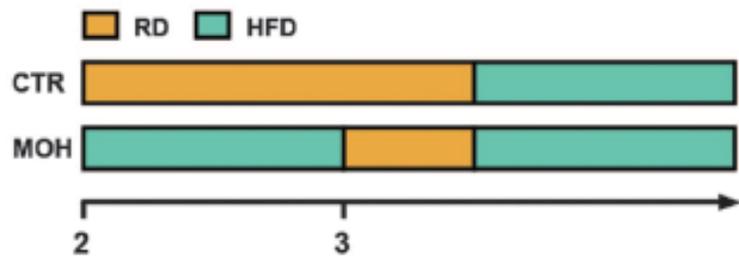
	SOS Surgery	Control	sHR	95% CI	
CARDIOVASCULAR CONDITION	167	221	0.70	0.57	0.85
Cardiac	146	183	0.74	0.60	0.92
Myocardial infarction	31	58	0.51	0.33	0.79
Heart failure	23	41	0.52	0.31	0.88
Sudden death	89	80	1.05	0.77	1.42
Other	3	4	0.70	0.16	3.08
Stroke (except subarachnoid bleeding)	15	31	0.45	0.24	0.84
Intracerebral haemorrhage	9	10	0.85	0.35	2.09
Infarction	3	12	0.23	0.07	0.83
Other or unspecified	3	9	0.31	0.09	1.15
Subarachnoid bleeding	4	0			
Other	2	7	0.28	0.06	1.35
Aortic aneurysm	1	6			
Aortic thrombosis	0	1			
Other large artery damage	1	0			
Other or multiple CV disease	0	0			

Causes of death in the SOS surgery group and the SOS Reference cohort\*

	SOS Surgery	SOS Reference	sHR	95% CI	
CARDIOVASCULAR CONDITION	167	30	2.64	1.78	3.91
Cardiac	146	21	3.26	2.06	5.17
Myocardial infarction	31	6	2.70	1.12	6.46
Heart failure	23	1			
Sudden death	89	12	3.45	1.88	6.33
Other	3	2	0.65	0.12	3.52
Stroke (except subarachnoid bleeding)	15	5	1.42	0.52	3.90
Intracerebral hemorrhage	9	2	2.32	0.50	10.80
Infarction	3	2	0.71	0.13	4.00
Other or unspecified	3	1			
Subarachnoid bleeding	4	0			
Other	2	2			
Aortic aneurysm	1	2			
Aortic thrombosis	0	0			
Other large artery damage	1	0			
Other or multiple CV disease	0	2			

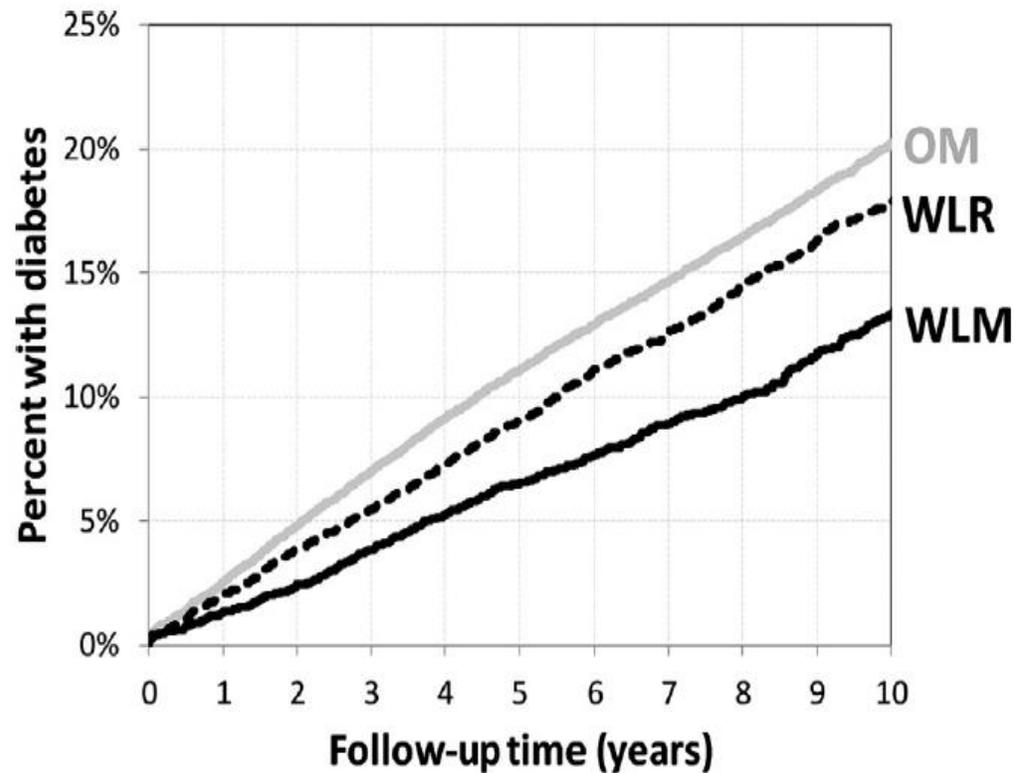
# Obesity Memory ?

# Weight gain-loss-regain model and long-term obesity memory.

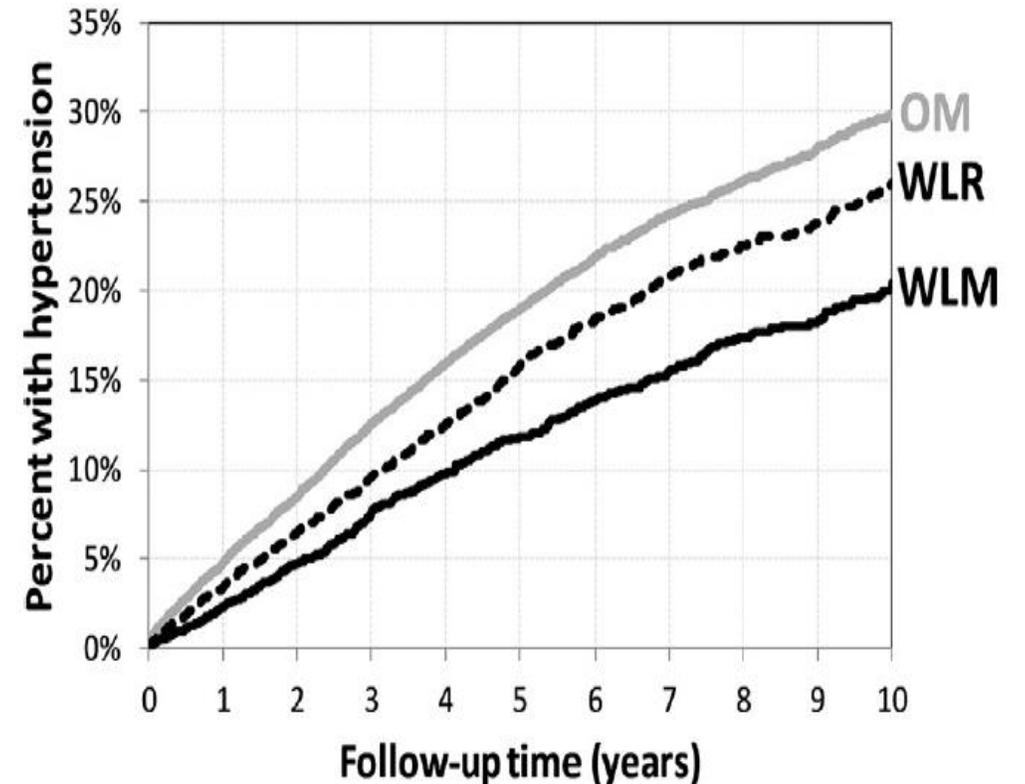


# משך הזמן להתפתחות סיבוכי מחלת ההשמנה על פי מידת שימורהפחתת המשקל ( n= 63,567 ) 16 שנות מעקב

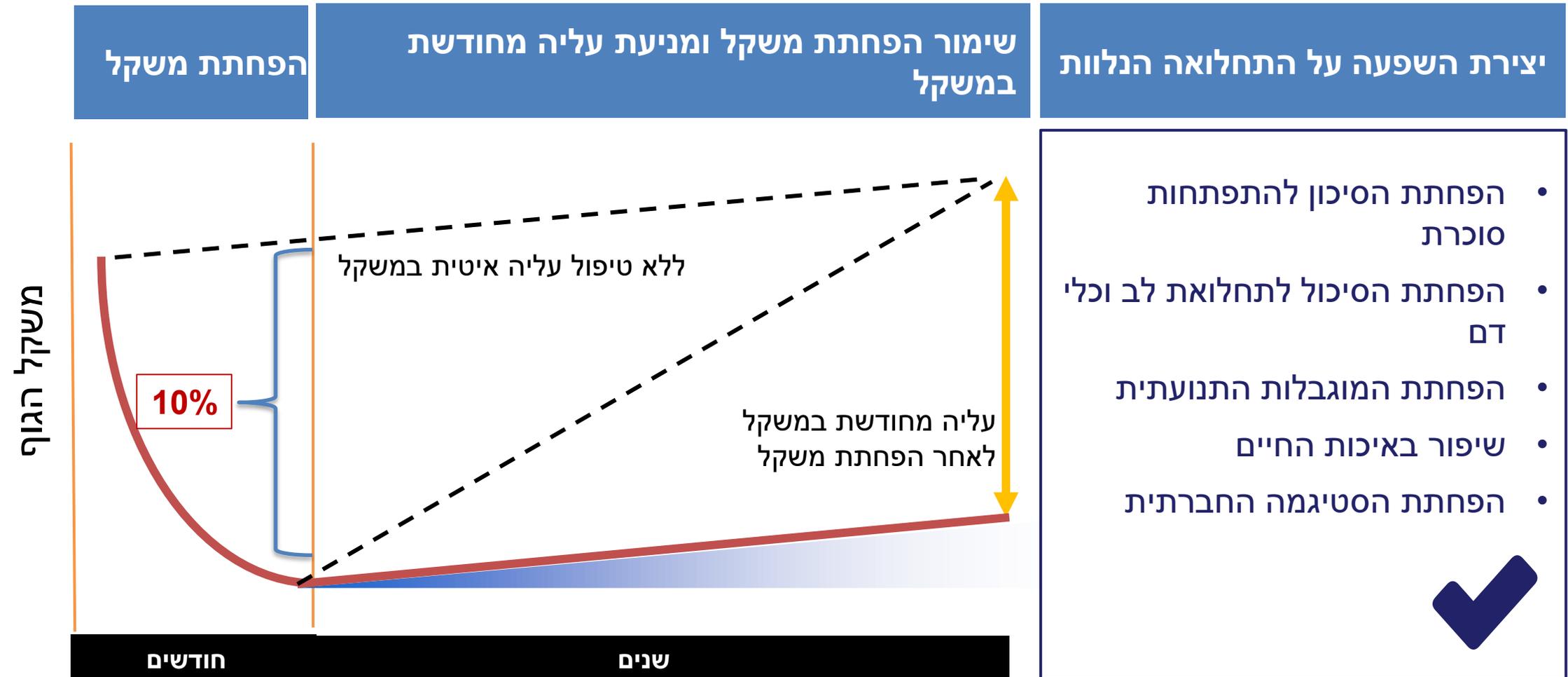
## Diabetes



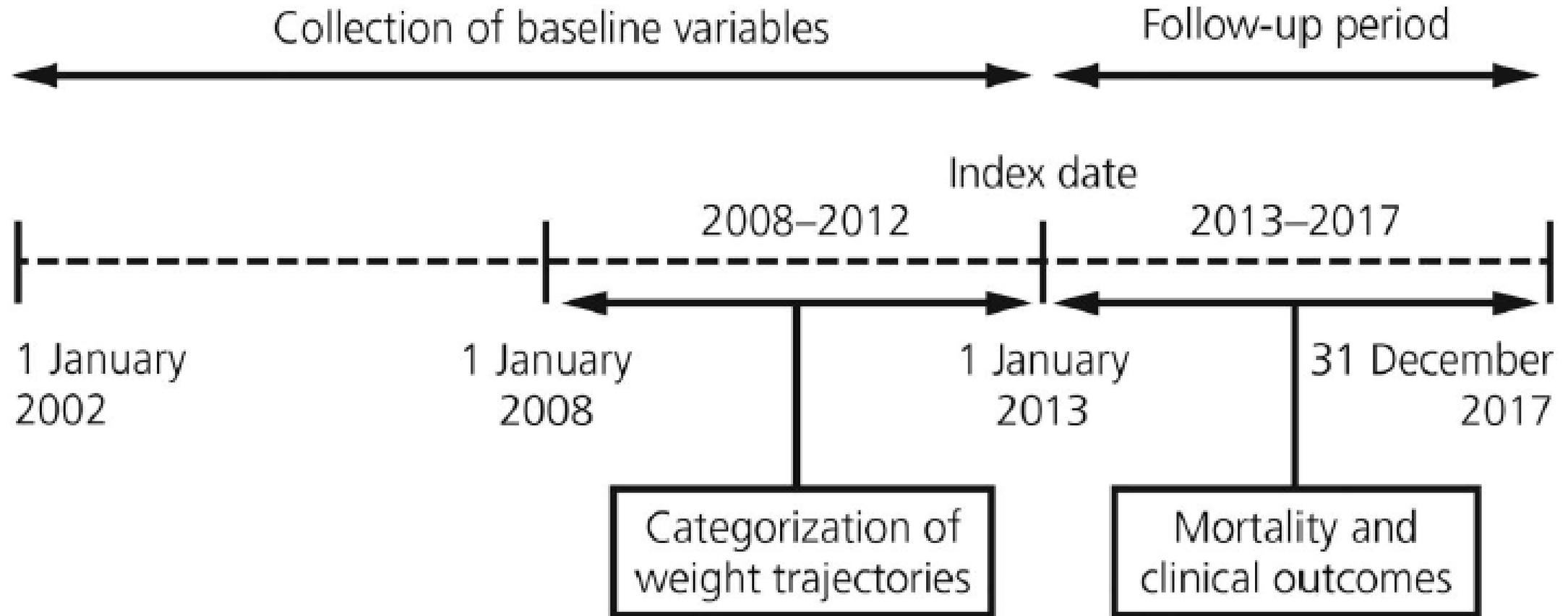
## Hypertension



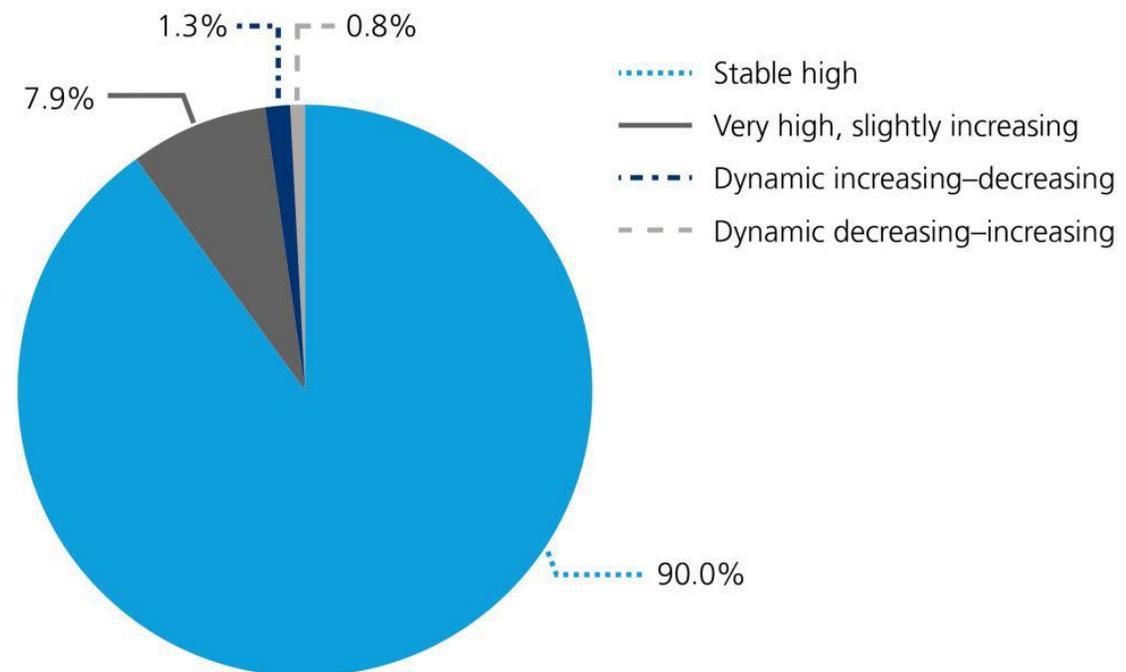
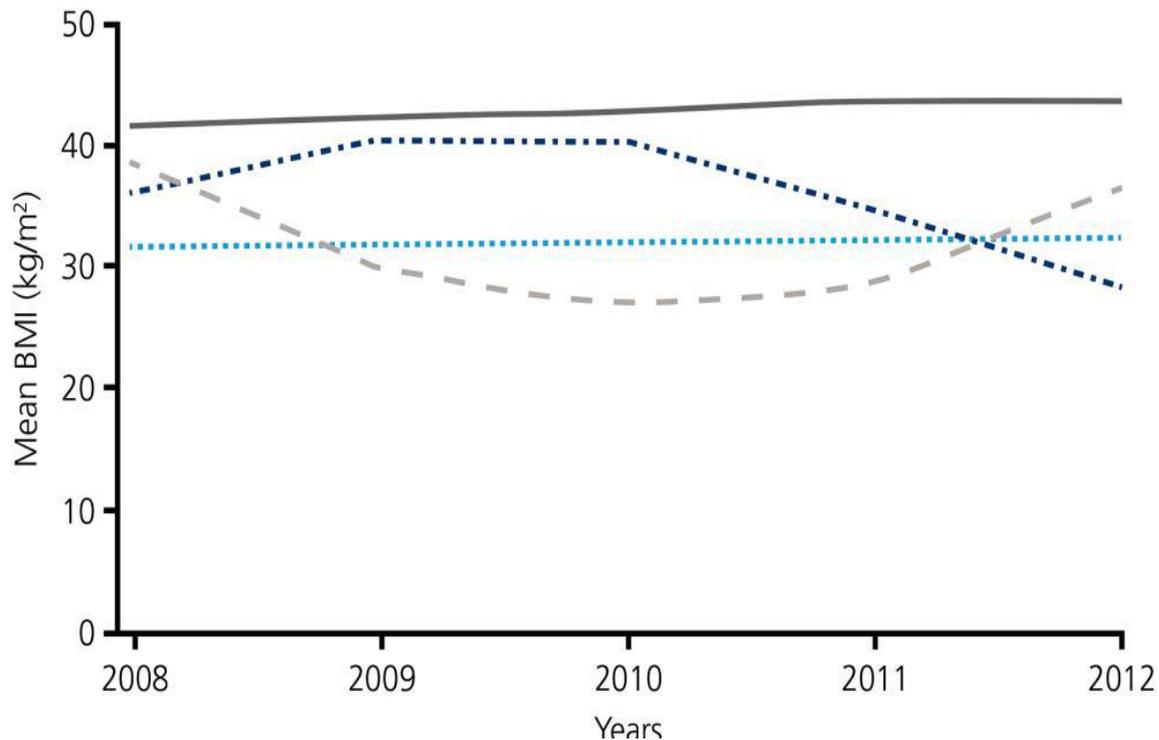
# מטרות בטיפול במחלת ההשמנה



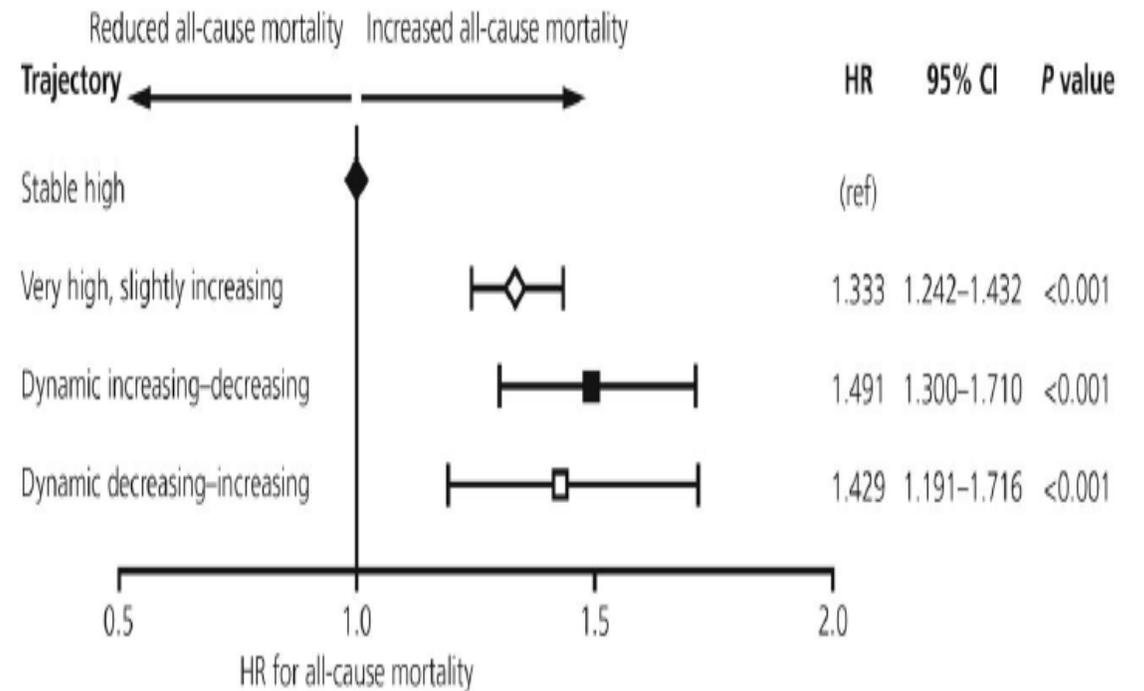
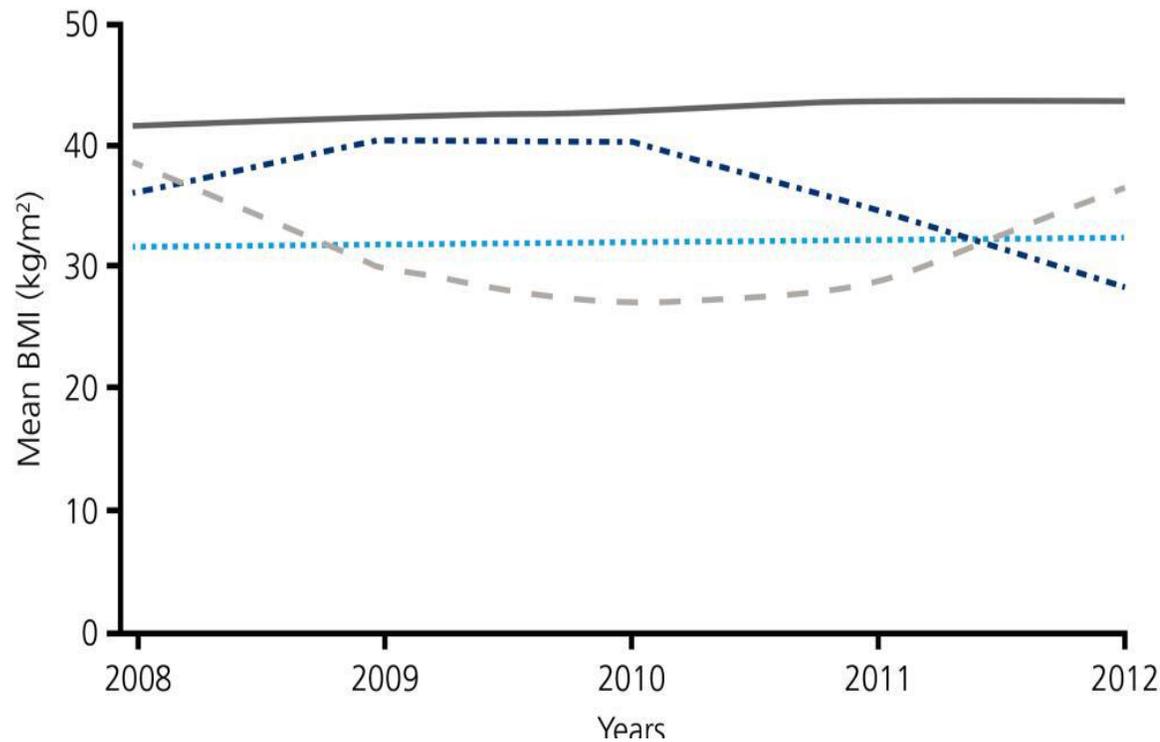
# מסלולי משקל כמנבאים תמותה באנשים החיים עם השמנה ( $n=360,000$ )



# מסלולי משקל כמנבאים תמותה באנשים החיים עם השמנה (360,000n=)

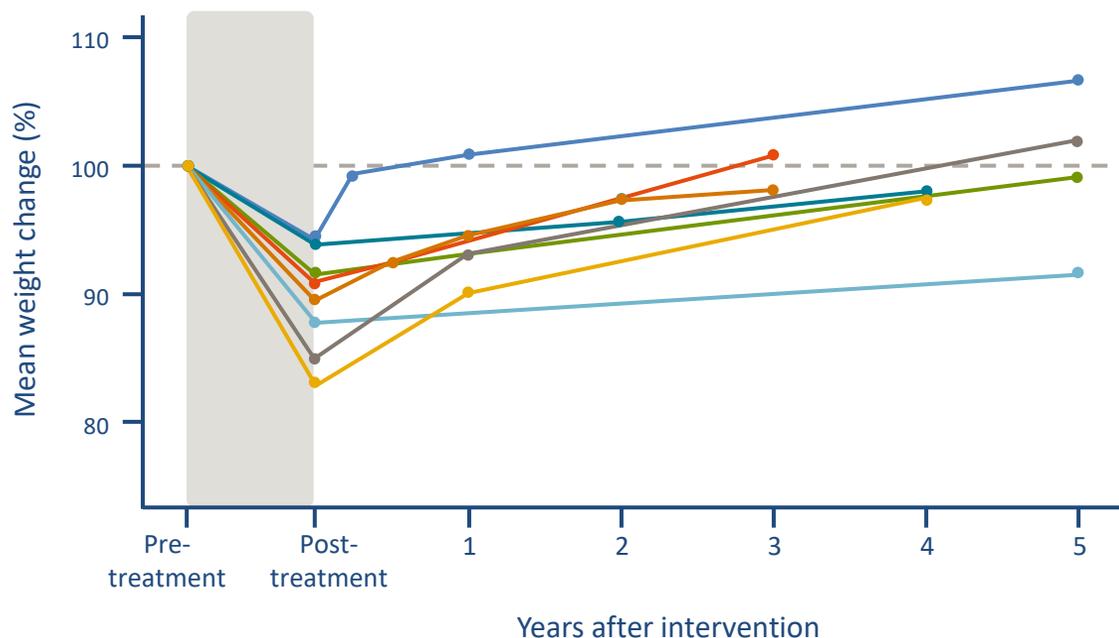


# מסלולי משקל כמנבאים תמותה באנשים החיים עם השמנה (360,000n=)



# הפחתת משקל ארוכת טווח הינה אתגר משמעותי

## שימור הפחתת משקל



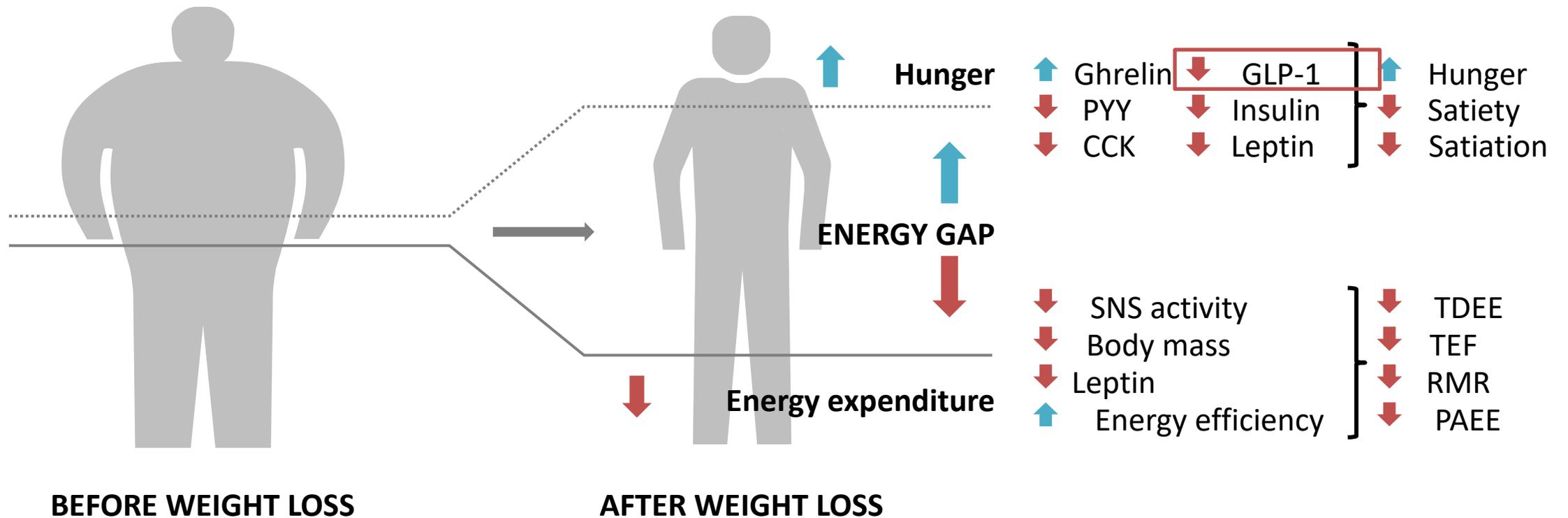
- Stalonas (1984)
- Cooper (2010)
- Schwarzfuchs (2012)
- Pekkarinen (1997)
- Vogels (2005)
- Wadden (1989)
- Hensrud (1994)



## הסתגלות מטבולית לאחר הפחתת משקל

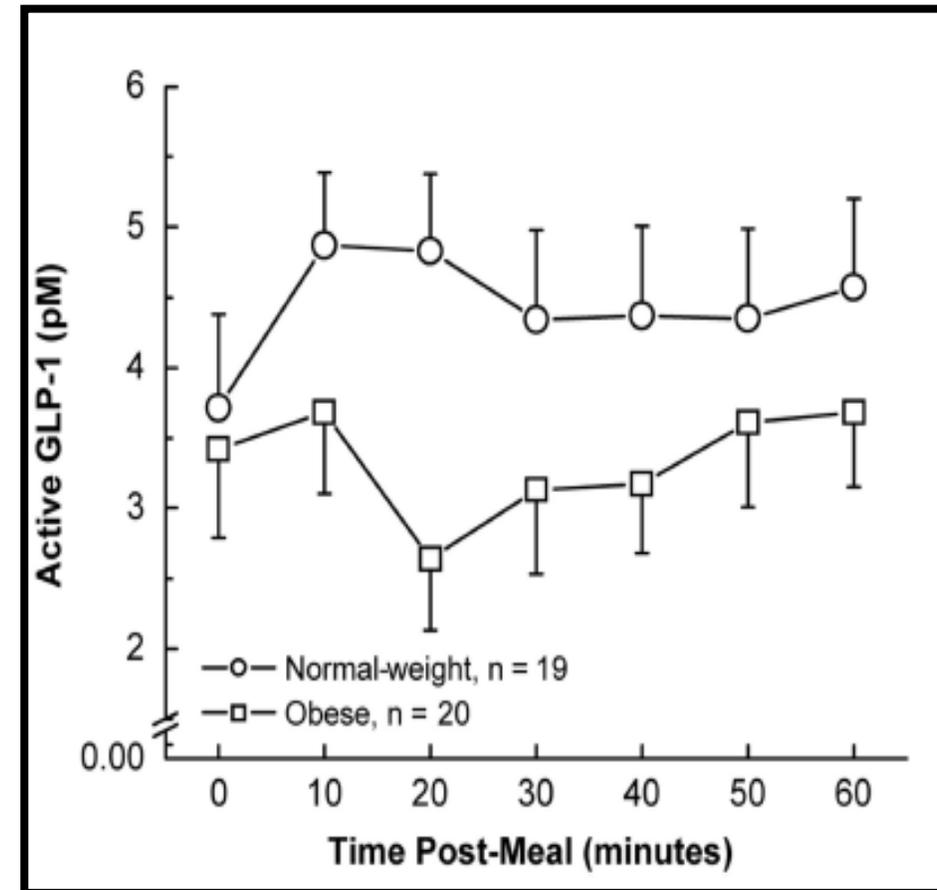
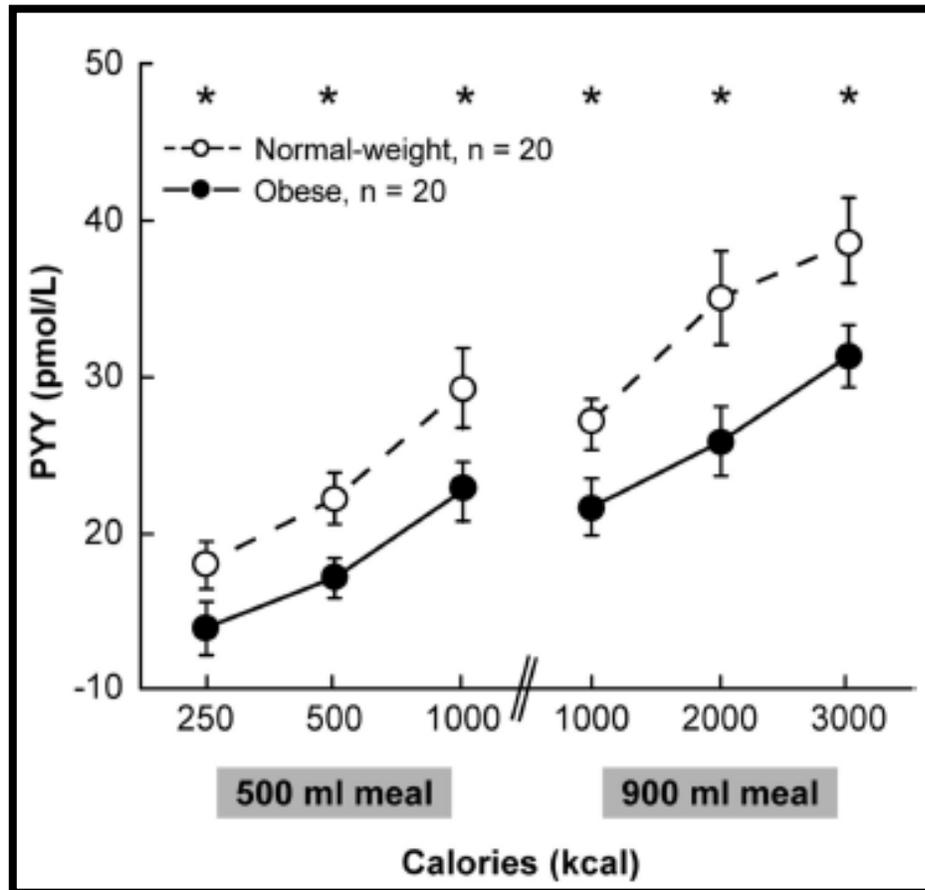


# Energy Gap

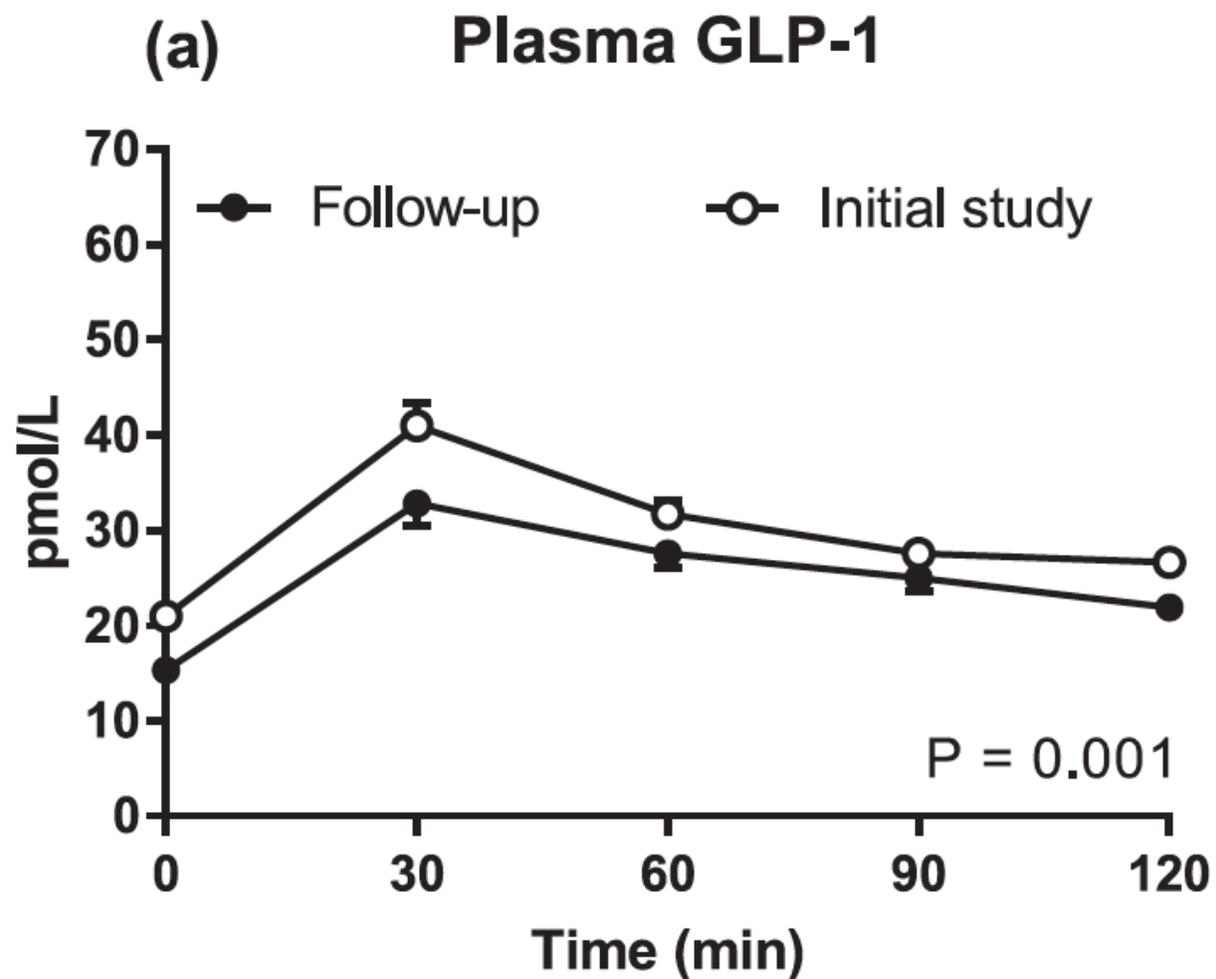


# GLP-1 Deficiency State ?

# Altered gut and adipose tissue hormones in overweight and obese



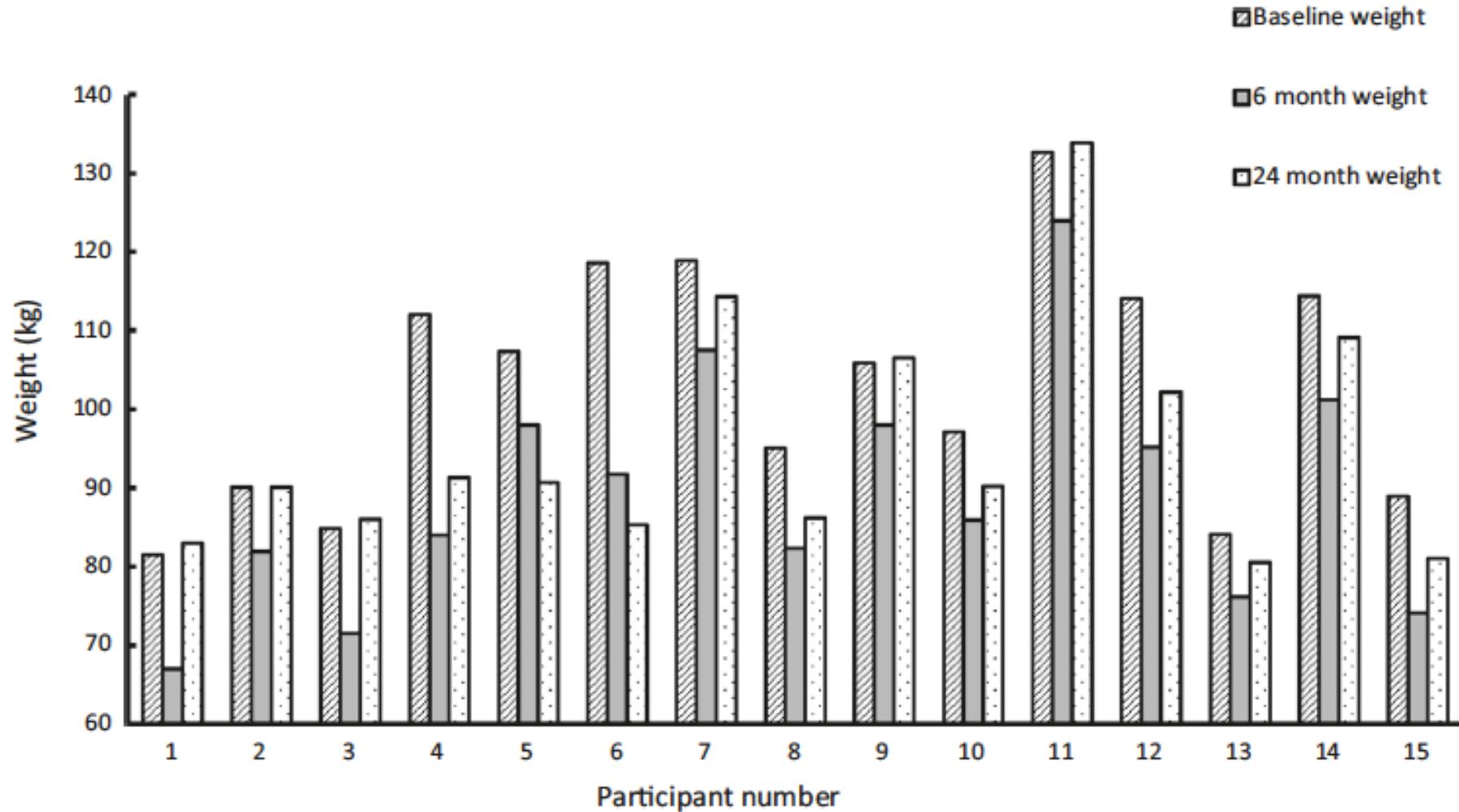
# שינויים לאורך זמן ברמות GLP-1 כתגובה לארוחת ניסיון בגיל 71 ובגיל 77



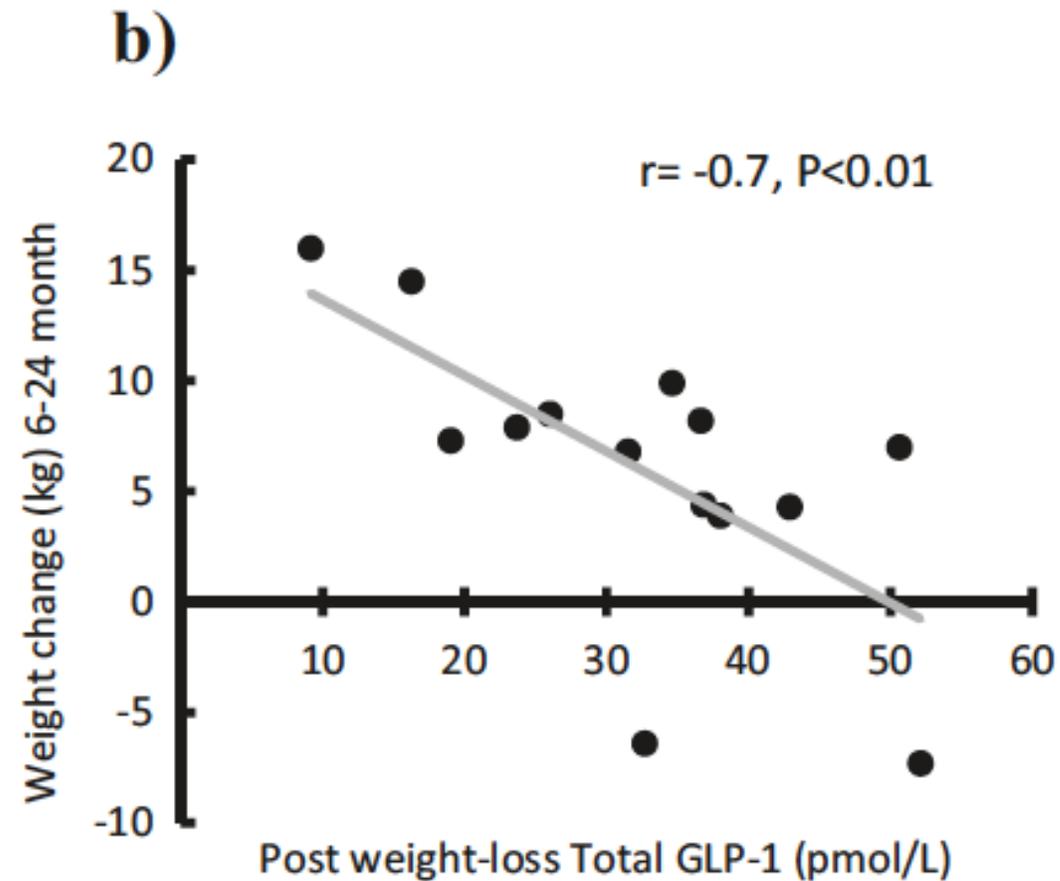
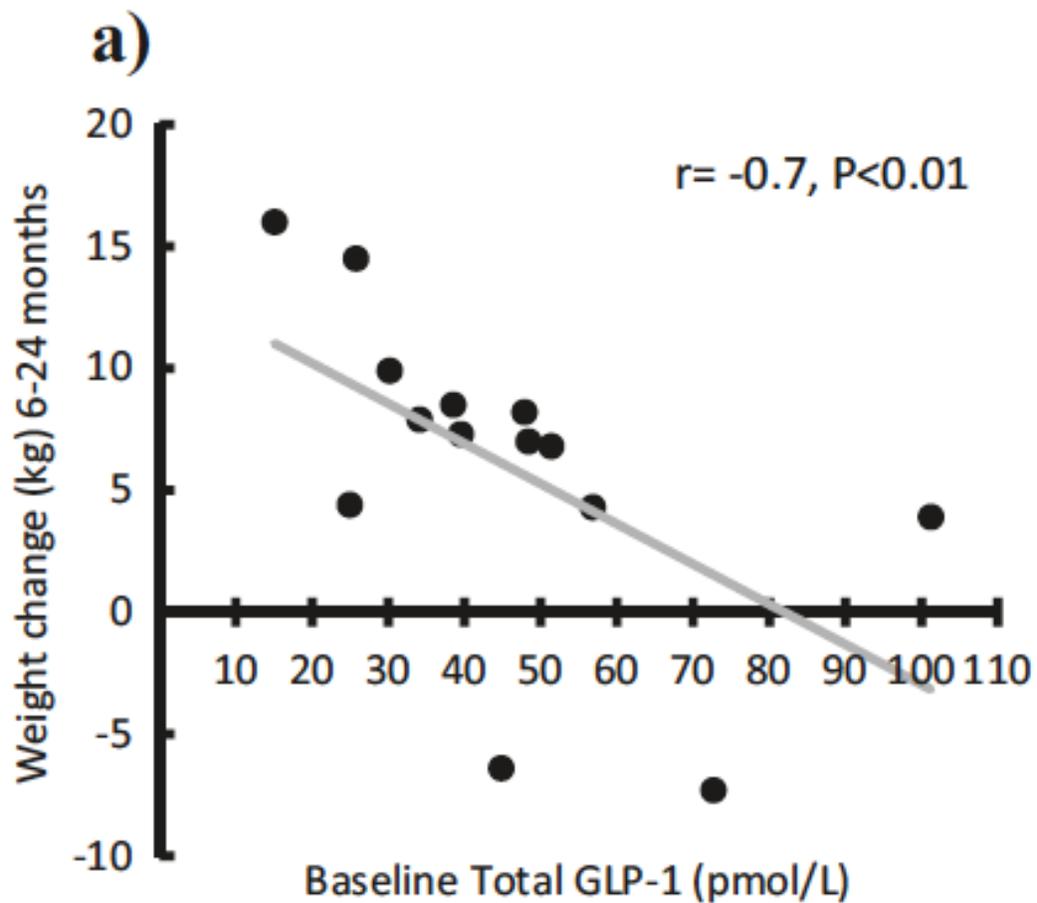
# מדדים לאחר הפחתה ושימור המשקל

Participant characteristics	Baseline	6 months	<i>P</i> value
Weight (kg)	103.0 ± 15.5	89.2 ± 15.2	<0.001
BMI (kg/m <sup>2</sup> )	39.4 ± 4.3	34.1 ± 4.8	<0.001
Total adipose tissue mass (kg)	54.6 ± 12.7	43.1 ± 13.2	<0.001
Skeletal muscle mass (kg)	28.8 ± 4.0	28.4 ± 3.8	0.121
RMR (kcal/day)	1788 ± 349	1497 ± 225	<0.001
Measured–predicted RMR (kcal/day)	n/a	–150 ± 162	0.003
Leptin (ng/mL)	64.0 ± 12.2	39.5 ± 21.6	<0.001
Total Ghrelin (pg/mL)	573.8 ± 232.0	814.5 ± 337.0	0.001
Total GLP-1 (pmol/L)	45.1 ± 21.9	32.1 ± 12.4	0.015
PYY (pg/mL)	70.7 ± 34.5	88.1 ± 26.1	0.157
GDF-15 (pg/mL)	573.7 ± 235.4	568.4 ± 184.2	0.861
Insulin (μU/mL)	12.9 ± 6.6	10.5 ± 6.1	0.110
Glucose (mmol/L)	6.4 ± 1.7	5.8 ± 1.4	0.861

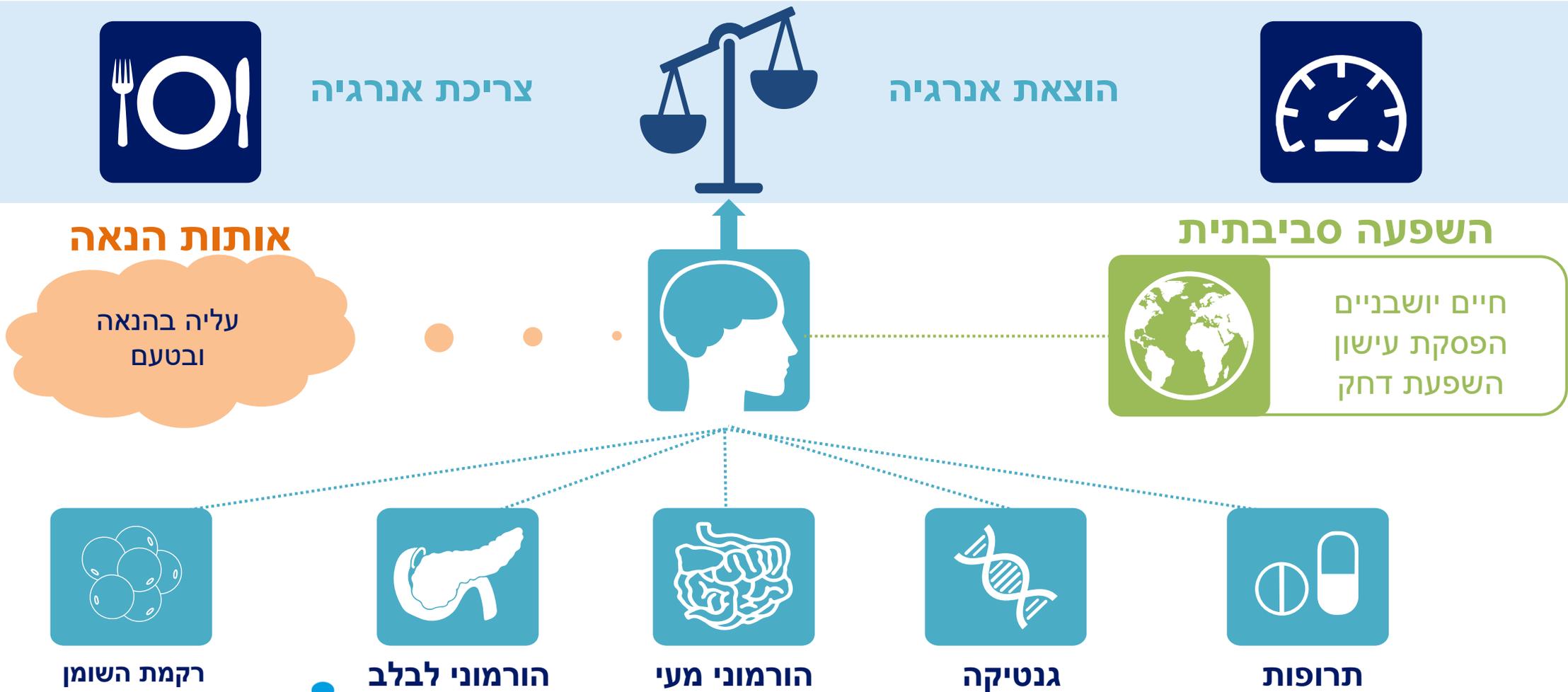
# משקל הגוף לאחר הפחתה ושימור המשקל



# רמת GLP-1 כמנבא הצלחה בשימור הפחתת המשקל



# שיווי המשקל האנרגטי מנוהל על ידי המוח על ידי אותות הבאים ממקורות שונים



# מחלת ההשמנה: מגפה עולמית הדורשת טיפול

## שכיחות מחלת ההשמנה

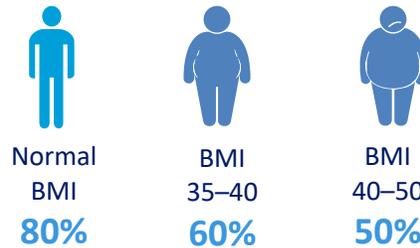
השמנה: הינה מחלה כרונית, נישנת ומתקדמת



650

מיליון איש חיים עם השמנה

## משך החיים יורד ככל שמידת מסת הגוף עולה



הסיכוי להגיע לגיל 70

## סיבוכי מחלת ההשמנה

השמנה מובילה לתחלואה נלוות רבה

מנטלית

מטבולית

מכאנית



## להפחתת משקל השפעה ביולוגית מיטיבה

הפחתת משקל רבה יותר מובילה להשפעה טובה יותר



## הסתגלות מטבולית לאחר הפחתת משקל

### הפחתת משקל

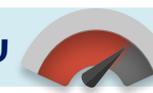


Adaptations that resist weight loss:

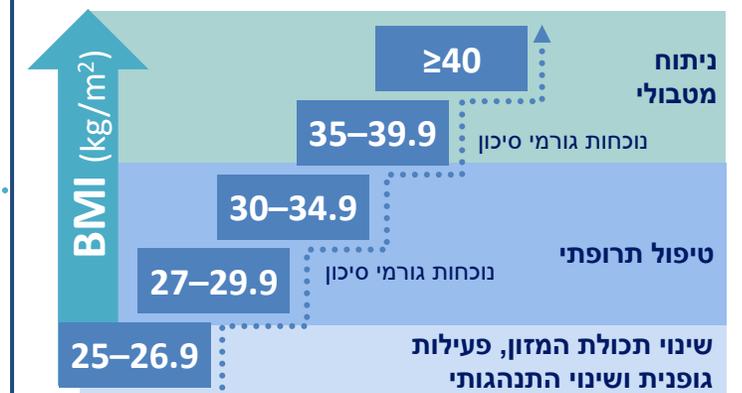
רמת הורמונים  
↓ הורמוני השובע  
↑ הורמוני הרעב

חילוף חומרים  
↓ הוצאה אנרגטית

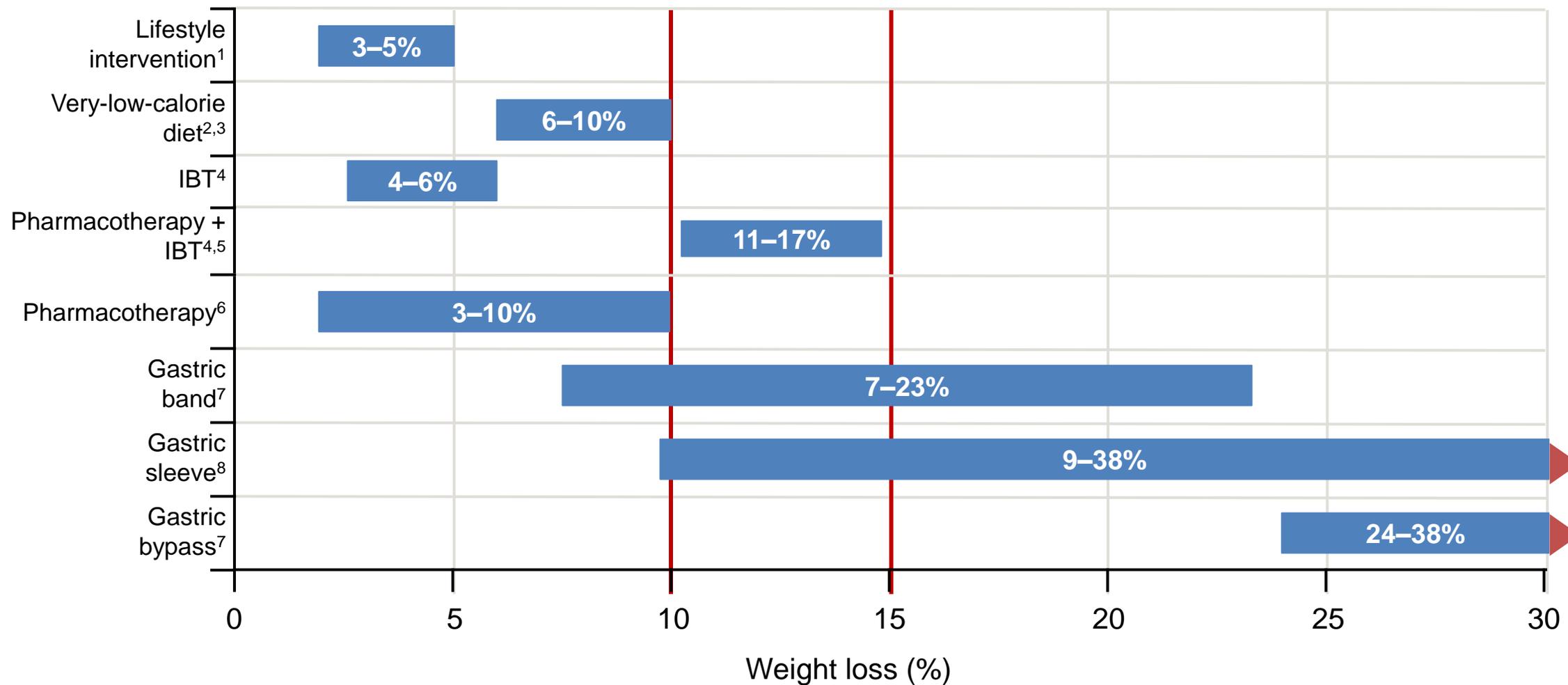
### עליה חוזרת במשקל



## הטיפול במחלת ההשמנה

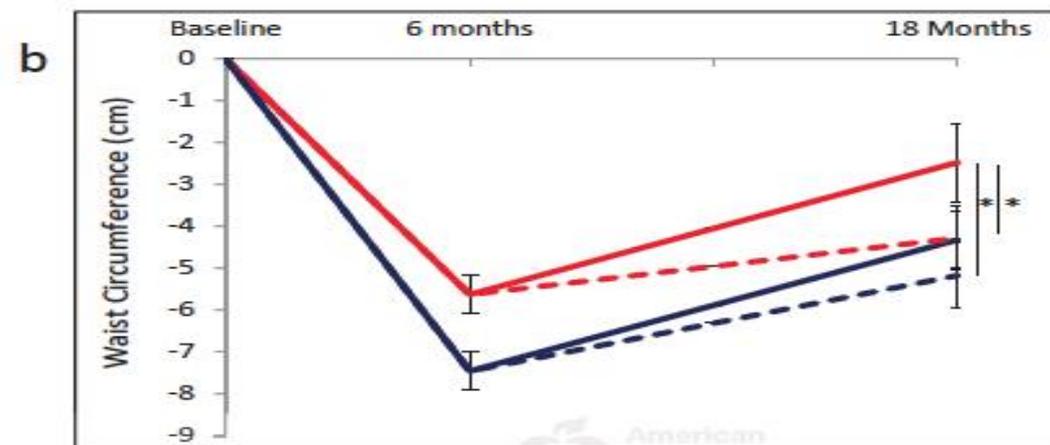
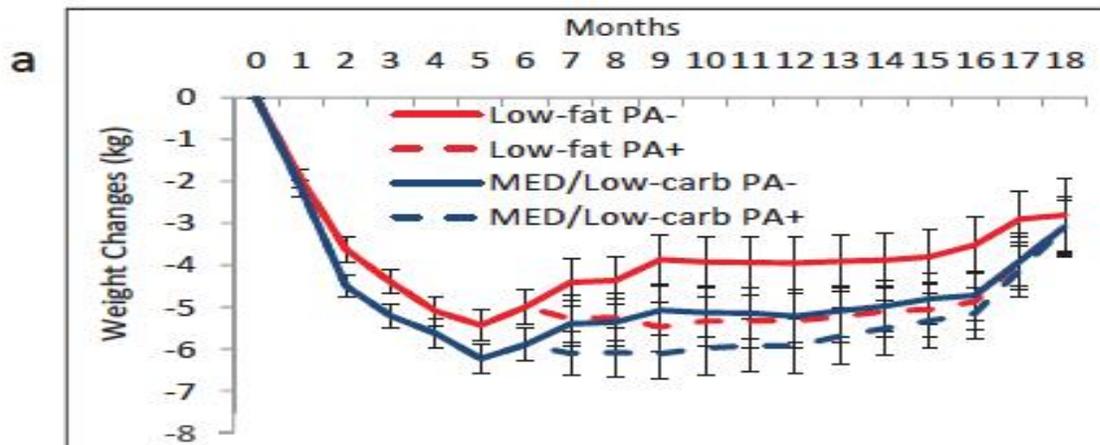


# השפעת הטיפולים להפחתת משקל



# השפעת סוג הדיאטה על רקמות שומן

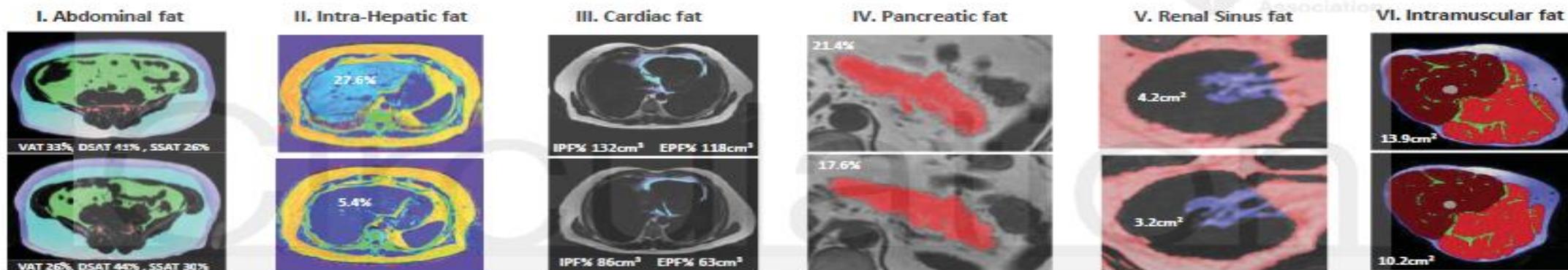
Downloaded from <http://circ.ahajournals.org/> by guest on December 13, 2017



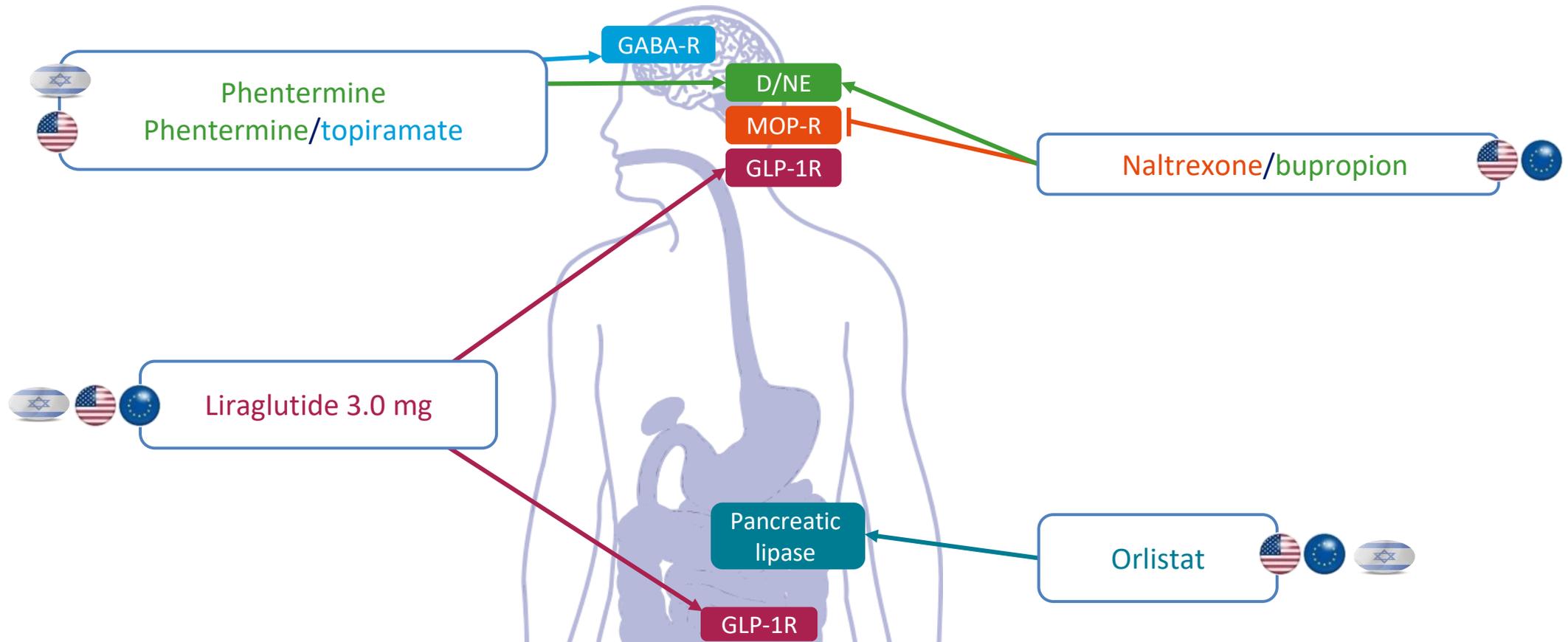
**c**

Baseline

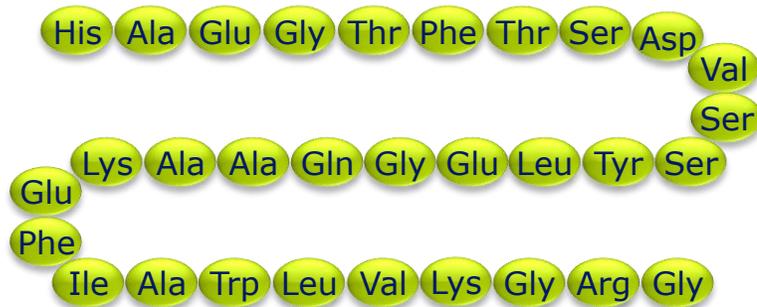
After 18m of intervention



# פעילות הטיפול התרופתי למחלת ההשמנה



# ליראגלוטייד 3.0 כטיפול להפחתת משקל



Human endogenous GLP-1

$T_{1/2} = \sim 2$  mins

**C-16 fatty acid  
(palmitoyl)**



Liraglutide

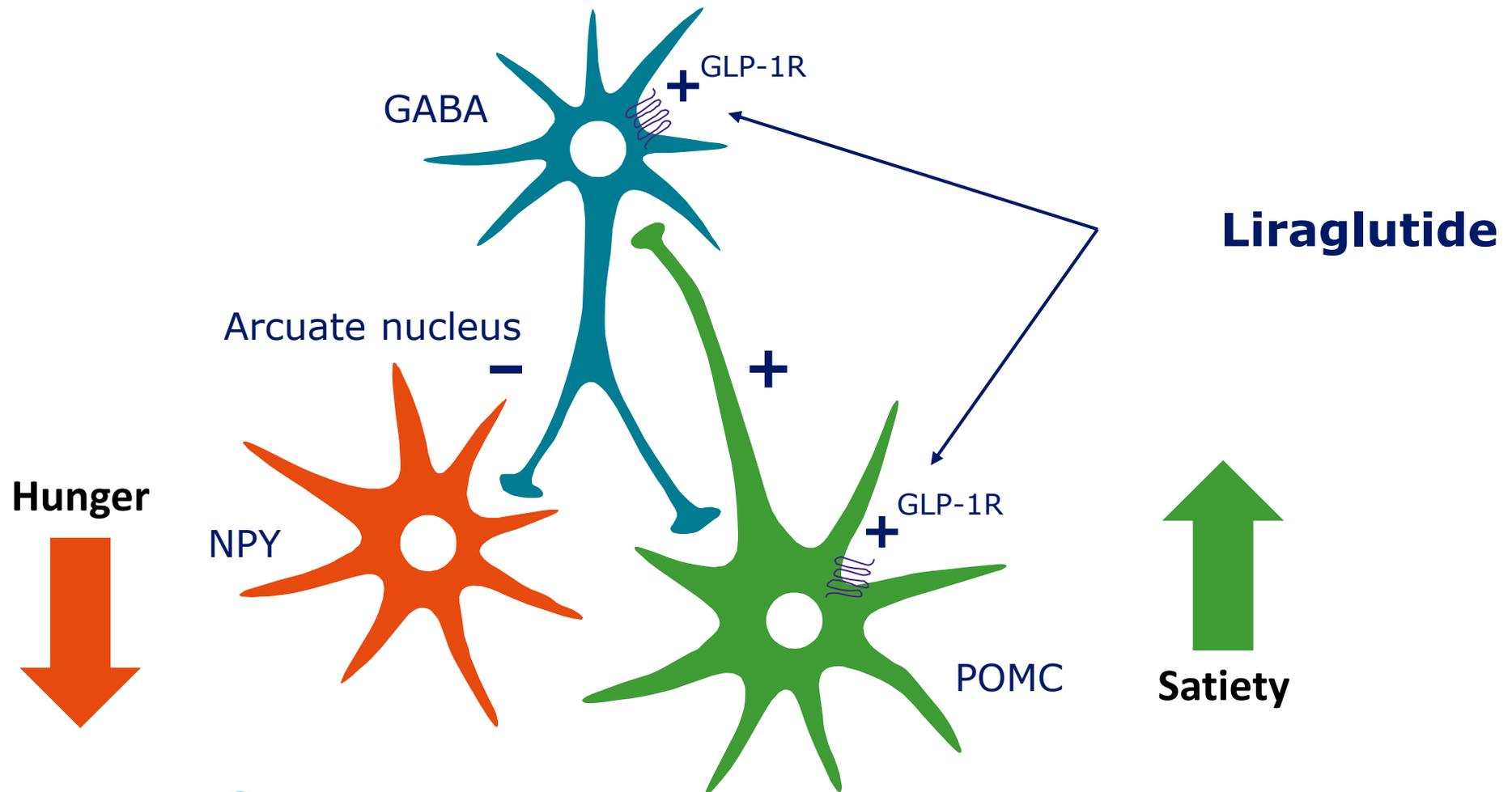
97% amino acid homology to human GLP-1;  
improved PK: albumin binding through  
acylation; heptamer formation



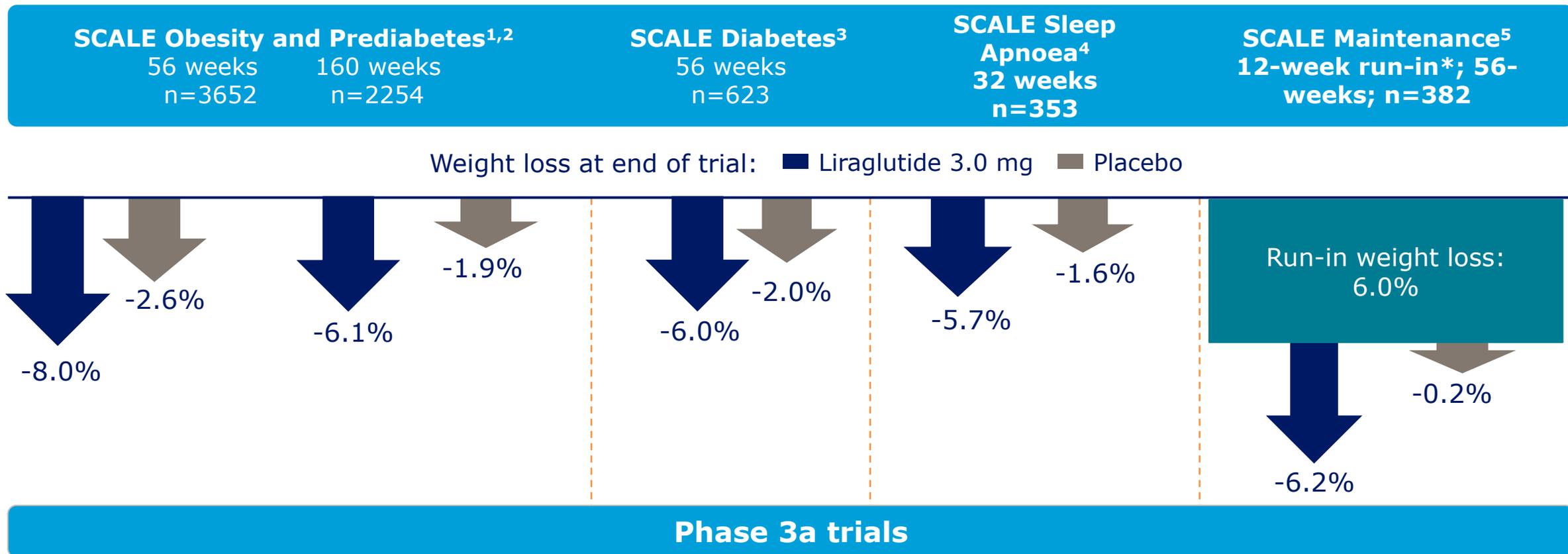
Slow absorption from subcutis  
Resistant to DPP-4  
Long plasma half-life  
**( $T_{1/2} = 13$  h)**



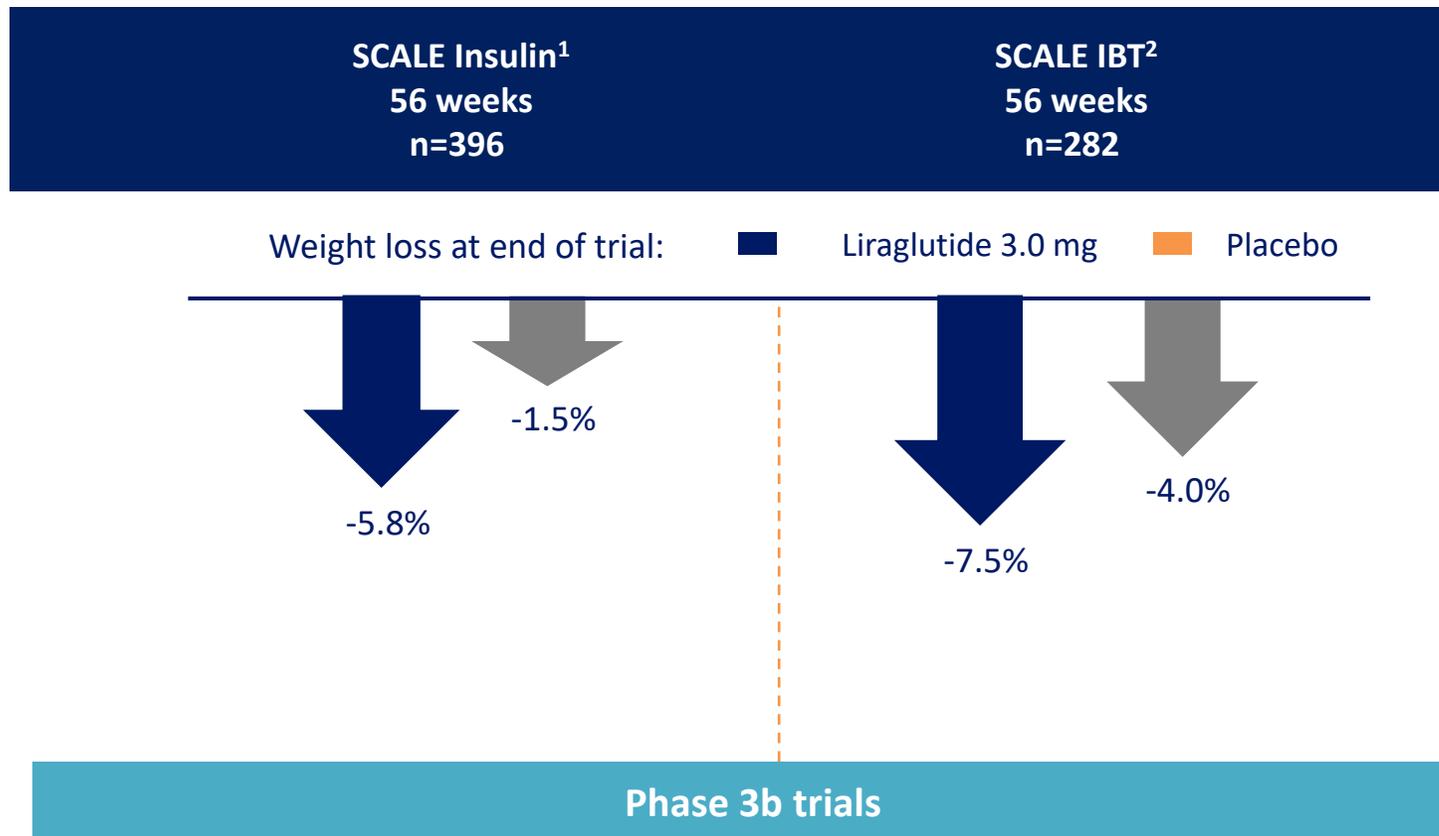
# מנגנון הפעולה של ליראגלוטייד



# תוצאות מחקרי פאזה 3 של ליראגלוטייד 3.0 מ"ג

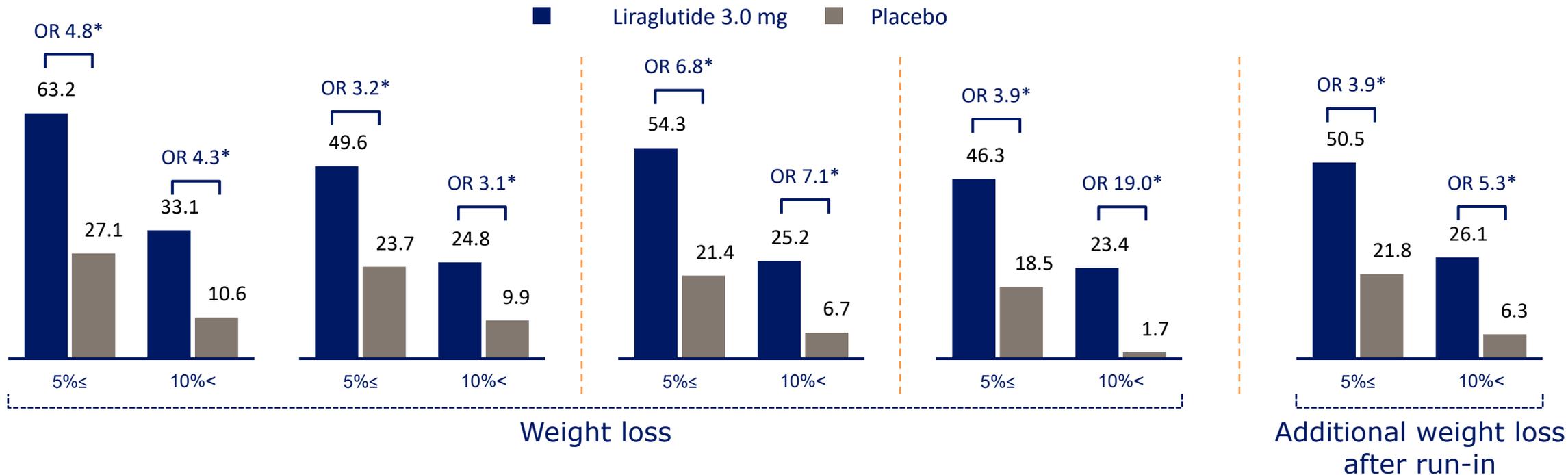


# תוצאות מחקרי פאזה 3 של ליראגלוטייד 3.0 מ"ג



# הפחתת משקל קטגורית במחקרי פאזה 3 של ליראגלוטייד

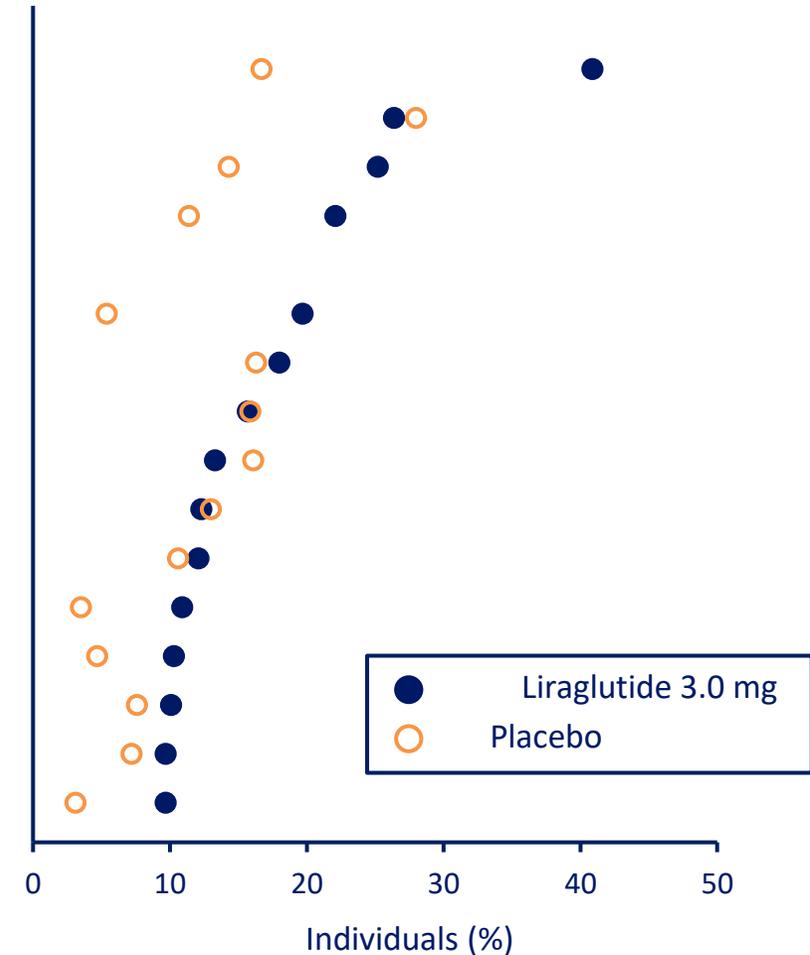
SCALE Obesity and Prediabetes <sup>1,2</sup>	SCALE Diabetes <sup>3</sup>	SCALE Sleep Apnoea <sup>4</sup>	SCALE Maintenance <sup>5</sup>
56 weeks; n=3652	56 weeks; n=623	32 weeks; n=353	12-week run-in <sup>‡</sup> ; 56-weeks; n=382



# Adverse events in $\geq 5\%$ of participants (1/2)

SCALE Obesity and Prediabetes: 0-162 weeks

	Liraglutide 3.0 mg		Placebo	
	%	R	%	R
Nausea	40.9	29.9	16.7	11.3
Nasopharyngitis	26.4	23.5	28.0	27.5
Diarrhoea	25.2	19.0	14.3	9.9
Constipation	22.1	13.0	11.4	6.8
Vomiting	19.7	14.7	5.4	3.6
Headache	18.0	13.3	16.3	14.9
Upper respiratory tract infection	15.7	12.1	15.9	14.4
Back pain	13.3	8.9	16.1	11.0
Arthralgia	12.3	7.1	13.0	9.2
Influenza	12.1	7.8	10.6	8.3
Decreased appetite	10.9	5.5	3.5	1.8
Dyspepsia	10.3	6.0	4.7	2.7
Fatigue	10.1	5.8	7.6	4.5
Dizziness	9.7	6.1	7.2	4.9
Lipase increased	9.7	6.5	3.1	1.7

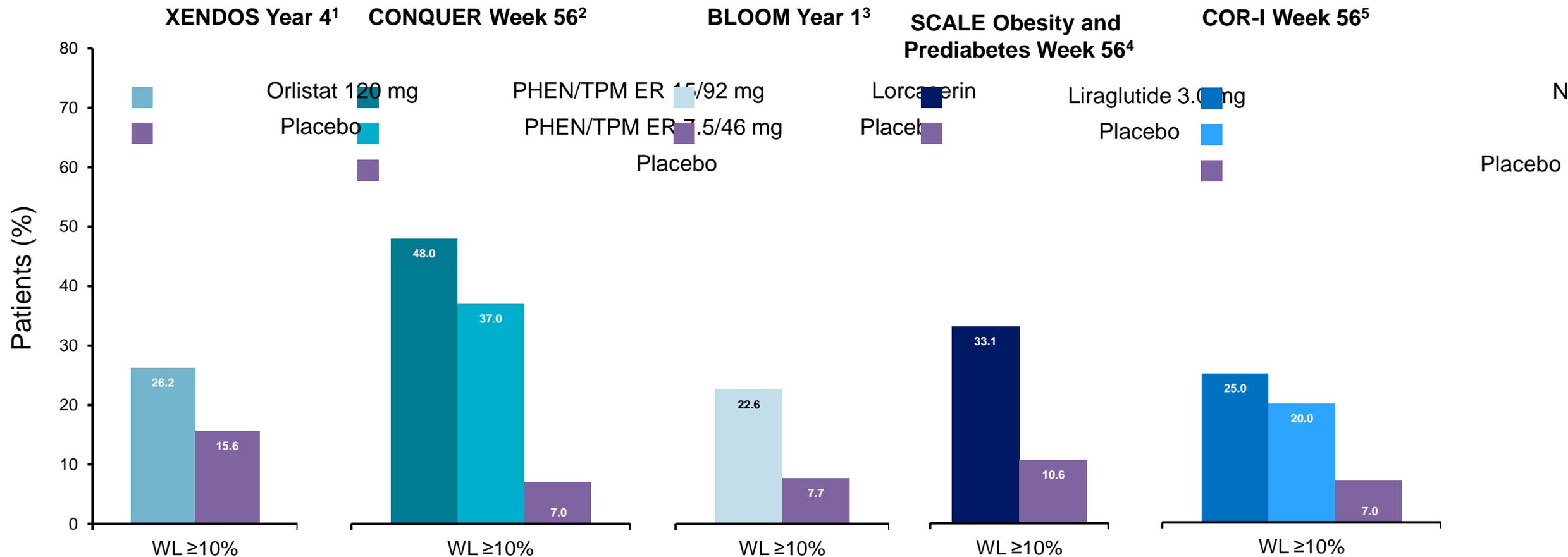


# Safety profile of liraglutide 3.0 mg

## Key safety outcomes

	Gastrointestinal adverse events	More events vs placebo; Mostly mild to moderate in severity and transient
	Major adverse cardiovascular events	Fewer MACE events vs placebo
	Gallbladder disease	Numerical imbalance observed
	Acute pancreatitis	Numerical imbalance observed in line with label for liraglutide 1.8 mg*
	Neoplasms	Rates similar to placebo; numerical imbalance in breast cancer*
	Neuropsychiatric adverse events	Rates similar to placebo

# הפחתת משקל של 10% במחקרי תרופות להפחתת משקל



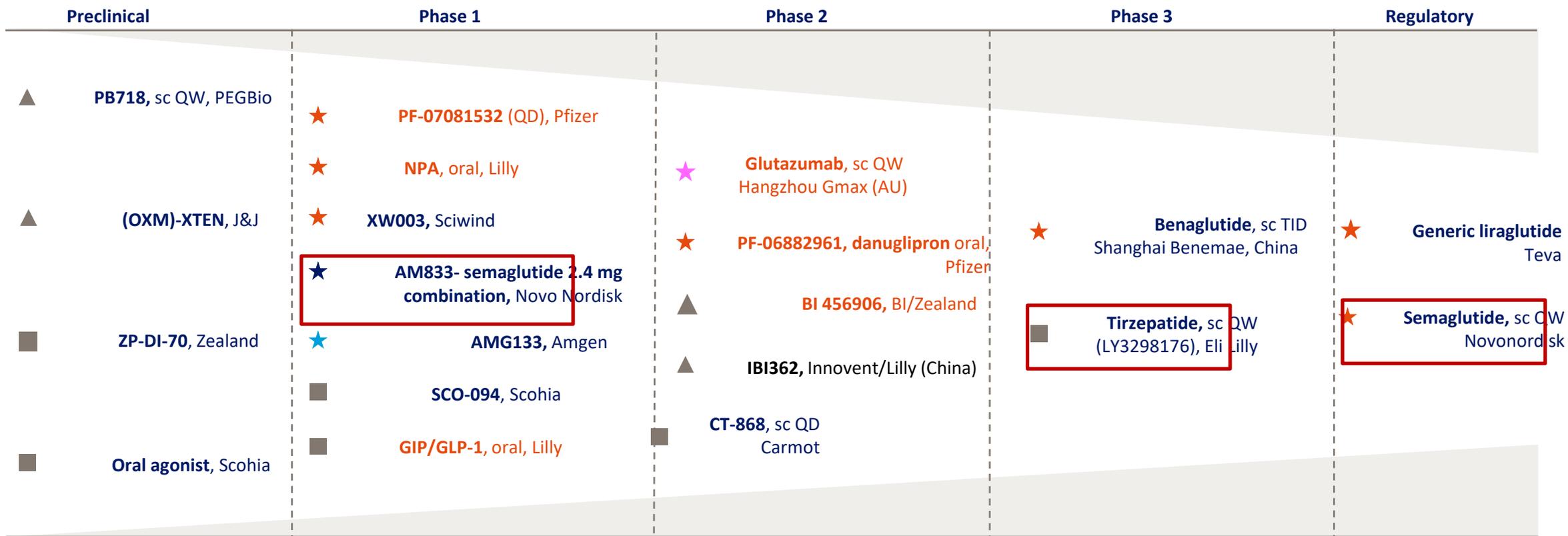
Estimated data. AOM, anti-obesity medication; BLOOM, Behavioural modification and Lorcaserin for Overweight and Obesity Management; COR, Contrave® Obesity Research; ER, extended release; NB, naltrexone/bupropion; PHEN/TPM, phentermine/topiramate; SCALE, Satiety and Clinical Adiposity – Liraglutide Evidence in individuals with and without diabetes; XENDOS, XENical in the Prevention of Diabetes in Obese Subjects; WL, weight loss



# סיכום של הפחתות המשקל של הטיפולים התרופתיים להפחתת משקל ותופעות הלוואי

	Benefit outcomes				Harm outcomes		
	Percentage bodyweight change from baseline, MD (95% CI)	Participants with bodyweight reduction $\geq 5\%$ , OR (95% CI)	Participants with bodyweight reduction $\geq 10\%$ , OR (95% CI)	Quality-of-life score, SMD (95% CI)	Depression symptom score, SMD (95% CI)	Discontinuation due to any adverse event, OR (95% CI)	Total gastrointestinal adverse events, IRR (95% CI)
Phentermine-topiramate	-7.97 (-9.28 to -6.66)	8.02 (5.24 to 12.27)	9.74 (5.95 to 15.94)	0.42 (0.19 to 0.65)	-0.17 (-0.59 to 0.26)	2.40 (1.69 to 3.42)	1.62 (1.13 to 2.31)
GLP-1 receptor agonists	-5.76 (-6.30 to -5.21)	6.33 (5.00 to 8.00)	7.83 (5.89 to 10.40)	0.29 (0.15 to 0.43)	-0.08 (-0.36 to 0.20)	2.17 (1.71 to 2.77)	2.79 (2.42 to 3.23)
Naltrexone-bupropion	-4.11 (-5.19 to -3.02)	5.04 (3.50 to 7.27)	5.19 (3.33 to 8.08)	0.36 (0.18 to 0.54)	0.19 (-0.06 to 0.45)	2.69 (2.11 to 3.43)	3.86 (2.93 to 5.08)
Orlistat	-3.16 (-3.53 to -2.78)	2.73 (2.32 to 3.22)	2.43 (1.94 to 3.04)	0.15 (-0.24 to 0.53)	-0.04 (-0.75 to 0.66)	1.72 (1.44 to 2.05)	2.03 (1.80 to 2.29)
Metformin	-2.50 (-3.25 to -1.74)	2.10 (1.13 to 3.91)	2.11 (0.85 to 5.24)	..	..	1.19 (0.62 to 2.28)	2.05 (1.53 to 2.74)
SGLT2 inhibitors	-2.07 (-3.01 to -1.13)	2.88 (1.69 to 4.90)	0.96 (0.26 to 3.58)	..	..	1.42 (0.82 to 2.46)	0.95 (0.58 to 1.54)
Pramlintide	-2.19 (-4.36 to -0.03)	2.24 (0.97 to 5.14)	3.21 (0.99 to 10.45)	..	..	2.43 (0.46 to 12.79)	1.92 (0.51 to 7.14)
Levocarnitine	-1.88 (-3.80 to 0.04)	..	..	..	..	1.11 (0.60 to 2.08)	1.45 (0.66 to 3.19)
<b>Drug effect for GLP-1 receptor agonists</b>							
Semaglutide	-11.41 (-12.54 to -10.27)	9.82 (7.09 to 13.61)	13.32 (9.94 to 17.83)	0.27 (0.08 to 0.46)	..	1.99 (1.35 to 2.92)	2.79 (2.14 to 3.64)
Liraglutide	-4.68 (-5.30 to -4.06)	4.91 (3.78 to 6.38)	4.80 (3.60 to 6.41)	0.32 (0.08 to 0.56)	-0.08 (-0.36 to 0.20)	2.45 (1.80 to 3.33)	3.10 (2.59 to 3.71)
Exenatide	-3.72 (-4.82 to -2.62)	2.86 (1.27 to 6.47)	3.12 (1.17 to 8.32)	..	..	1.50 (0.66 to 3.44)	1.72 (1.19 to 2.50)

# תרופות העתיד של מחלת ההשמנה



★ GIP antag. mabt&GLP-1 agonist

▲ GLP-1/glucagon dual agon.

★ GLP-1R agonist



★ Anti-GLP1 R mab fused to GLP-1

★ GLP-1 – amylin analogue combination

GIP/GLP-1 dual agonist

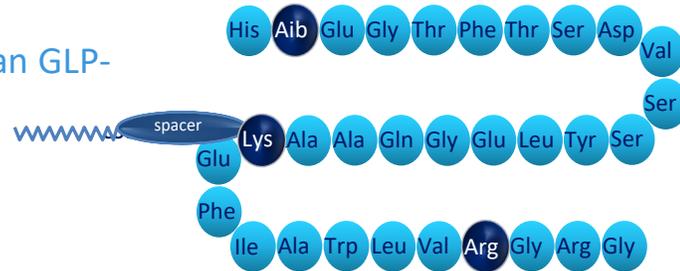
Red text: Compounds in development for people living with T2D and overweight/obesity. Updated: February 2021

# Semaglutide for the treatment of obesity

## Semaglutide is a human GLP-1 analogue<sup>1-3</sup>

94% homology to human GLP-1

t½ of approx. 1 week



## Semaglutide: mechanism of action<sup>4,5</sup>



Reduced appetite and cravings, improved control of eating

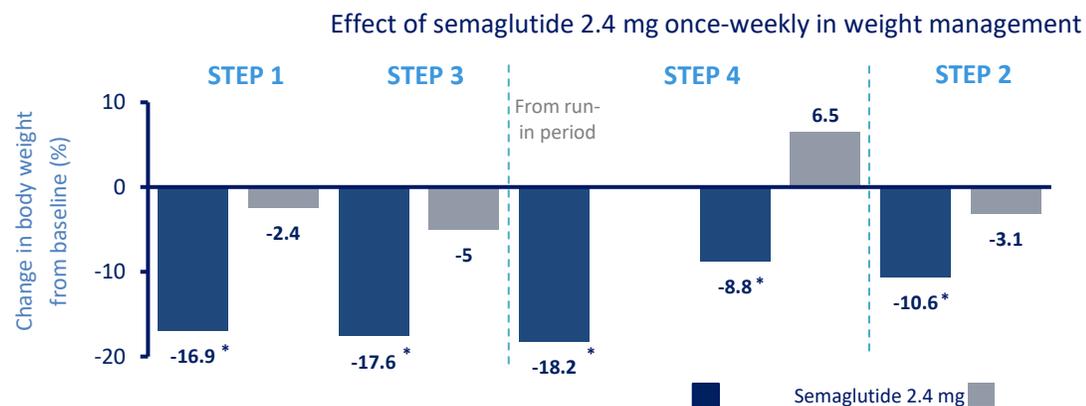


Reduced energy intake

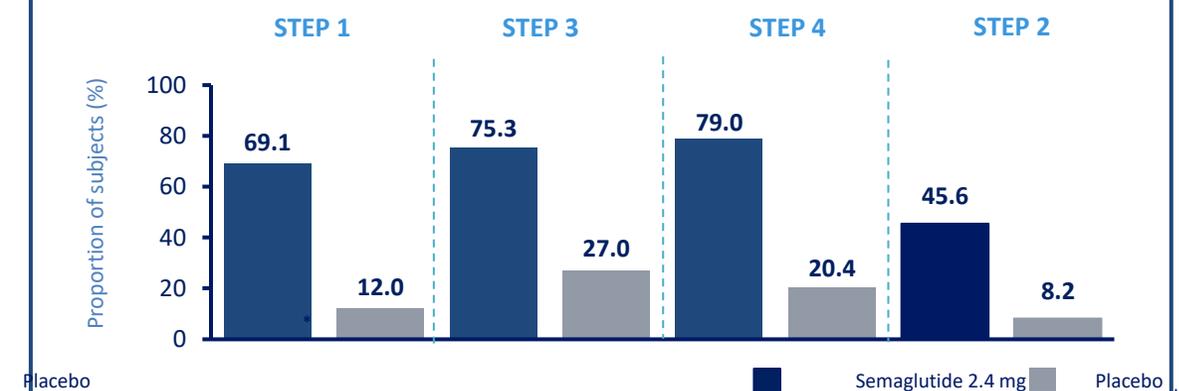


Reduced body weight

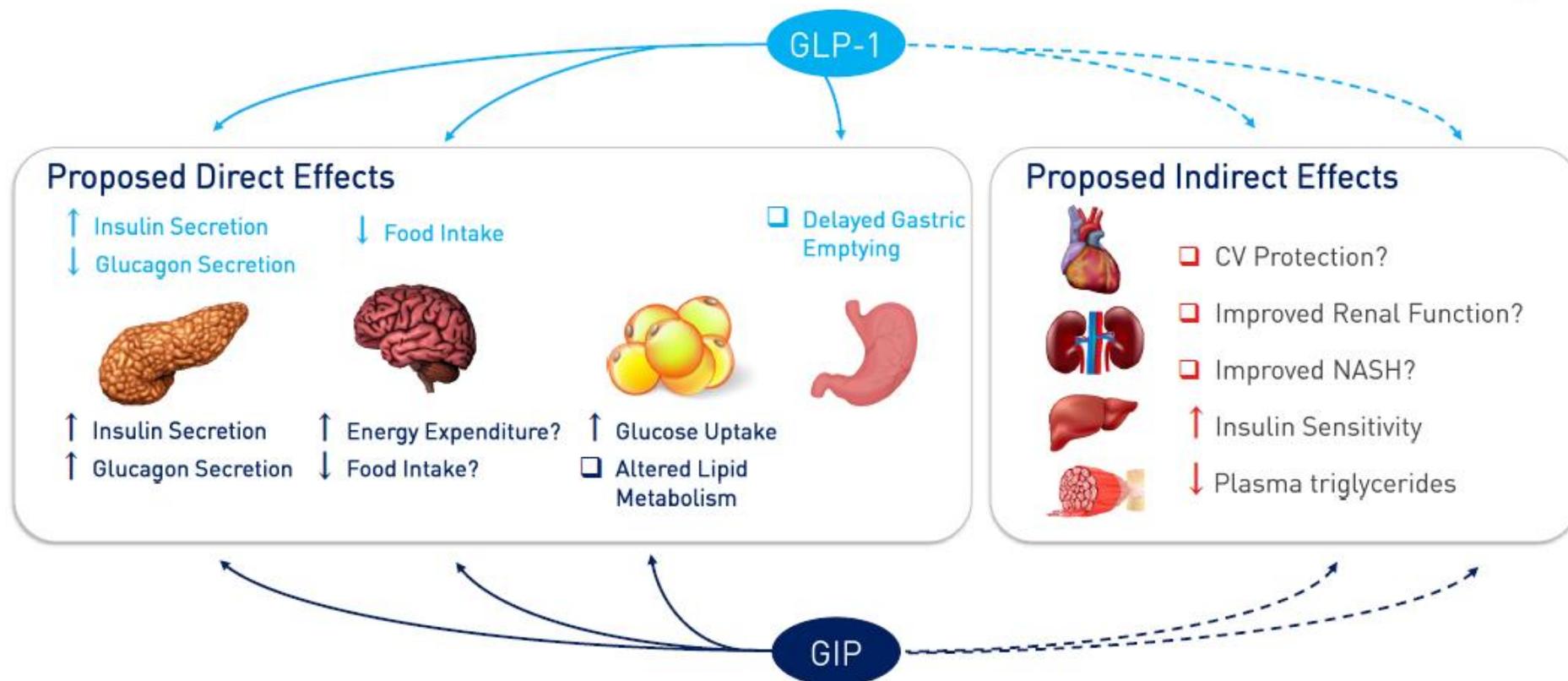
## STEP: change in body weight from baseline<sup>6-8</sup>



## STEP: subjects achieving ≥10% weight loss<sup>6-8</sup>

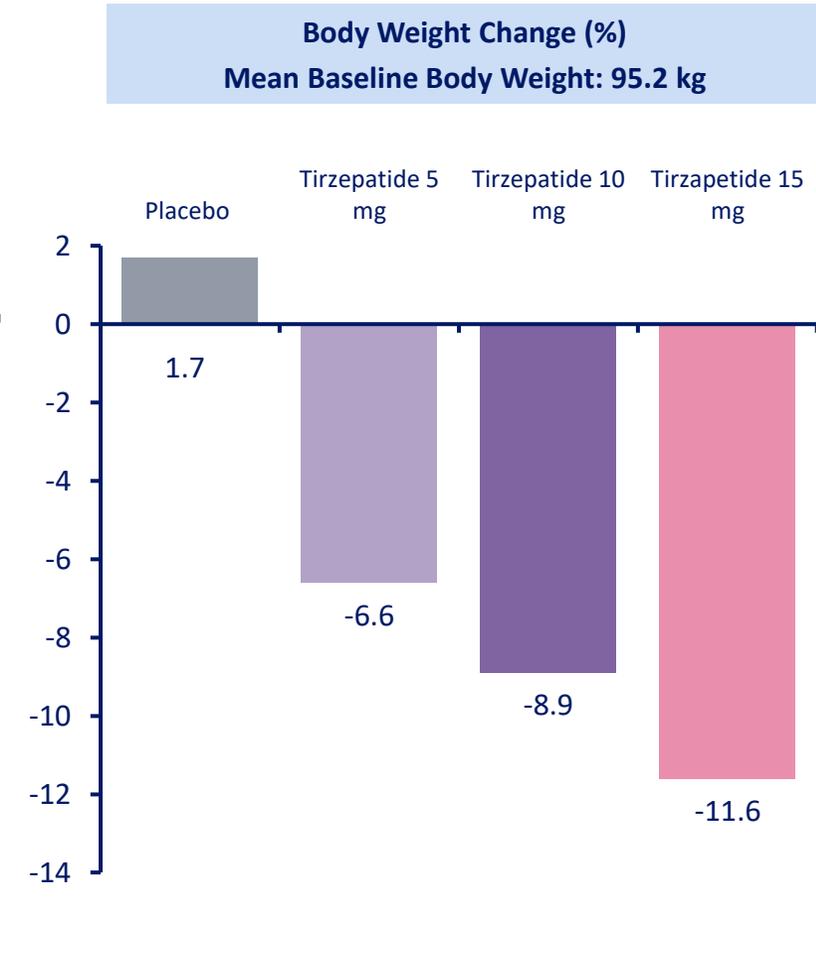
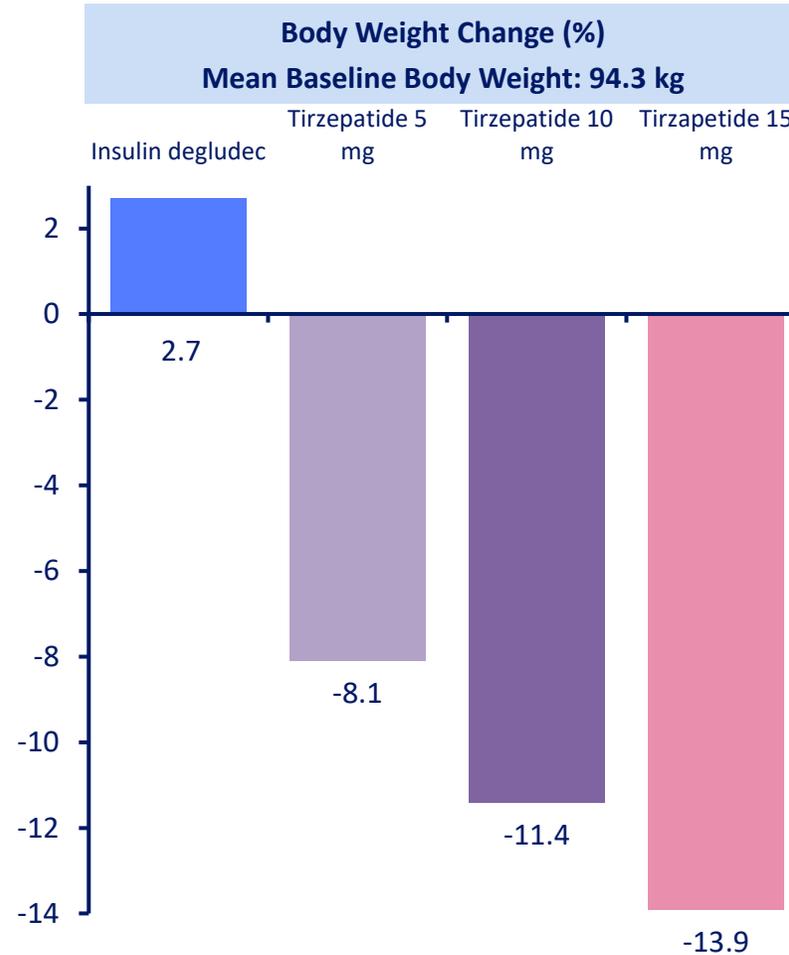
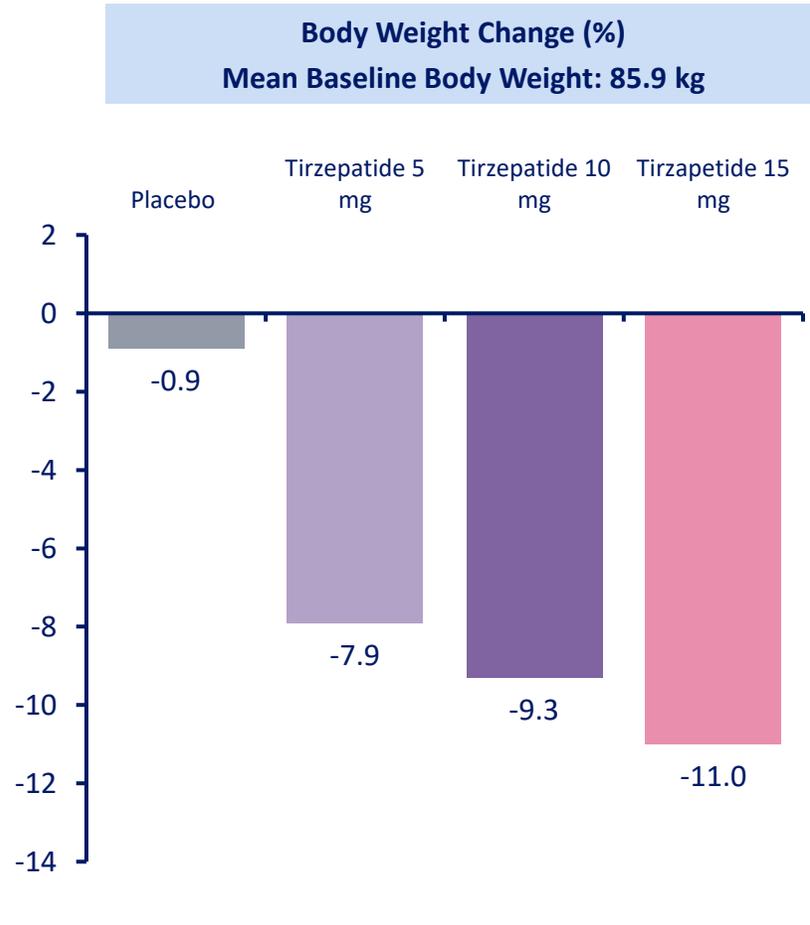


# Proposed mode of action of GLP-1/GIP dual agonists



# Weight loss results from the SURPASS-1, 3 and 5 studies

Tirzepatide in people with T2D and BMI  $\geq 23\text{kg/m}^2$



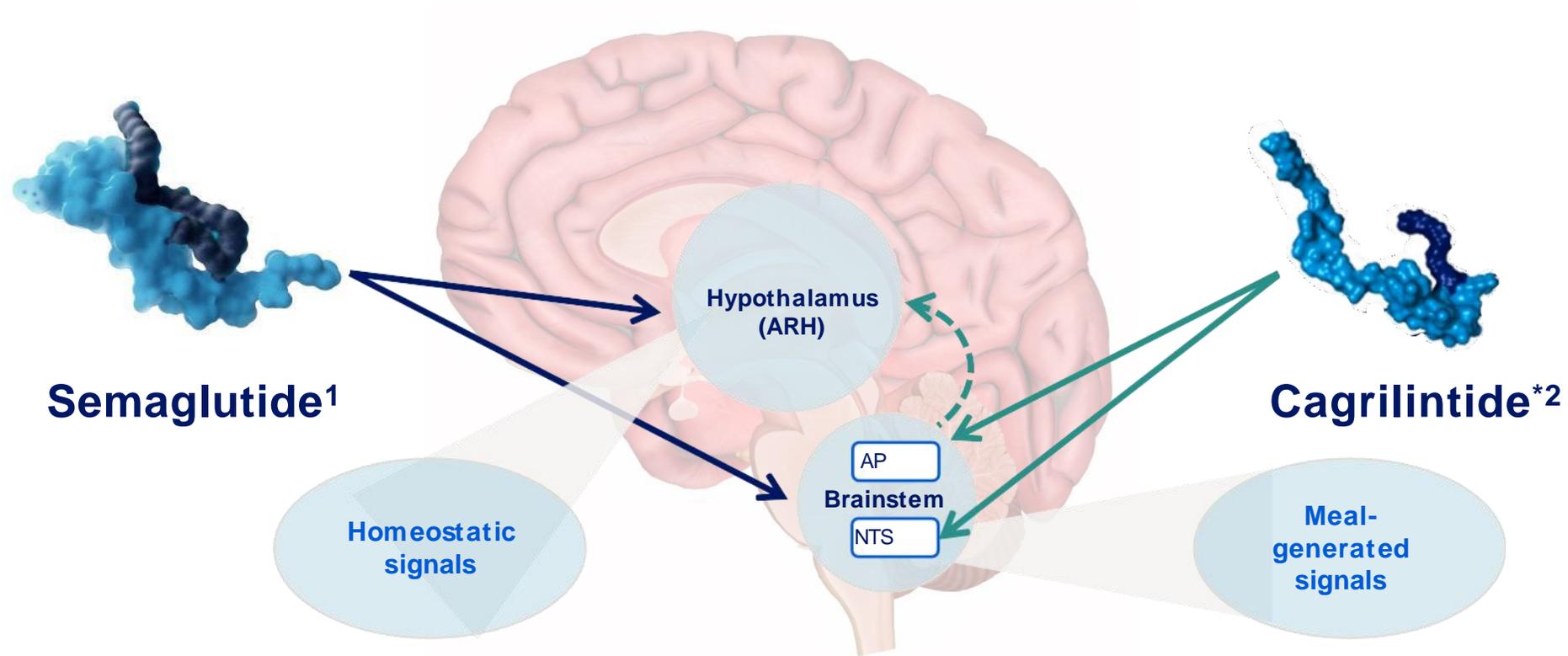
SURPASS-1



SURPASS-3

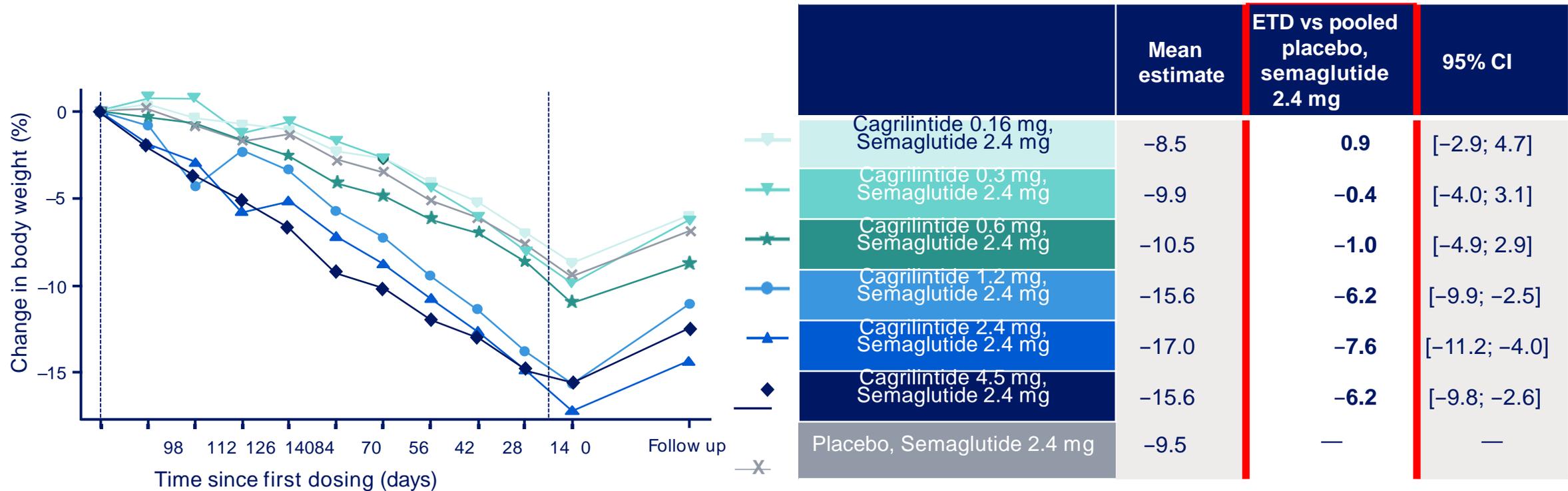
SURPASS-5

# The potential of cagrilintide and semaglutide combination therapy for w



# Change in body weight (%)

## EXPLORATORY ENDPOINT – COHORTS 1–6, BASELINE TO WEEK 20



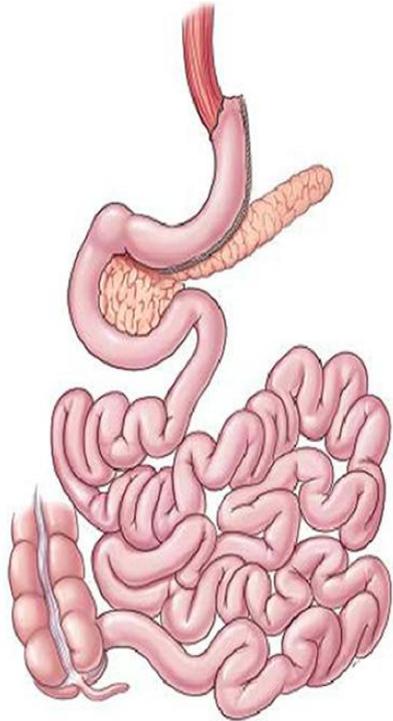
Change in body weight is analysed using a mixed model for repeated measurements, where all changes from baseline in body weight measurements enter as the dependent variables and treatment, visit and baseline body weight enter as fixed effects. Treatment and baseline body weight are nested within visit. Vertical reference lines represent first and last dosing of cagrilintide and semaglutide.

CI, confidence interval; ETD, estimated treatment difference.



# סוגי הניתוחים הבריאטרים

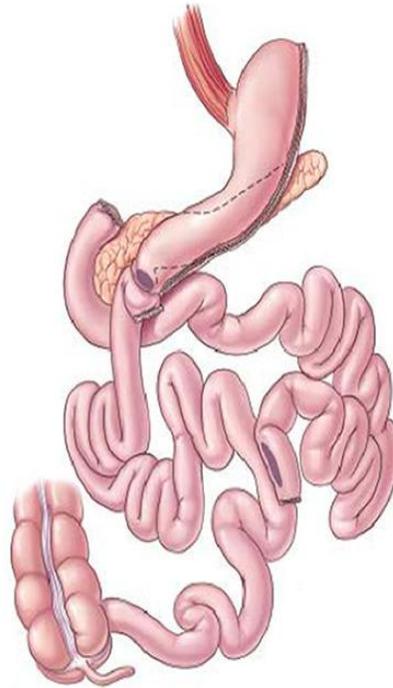
SG



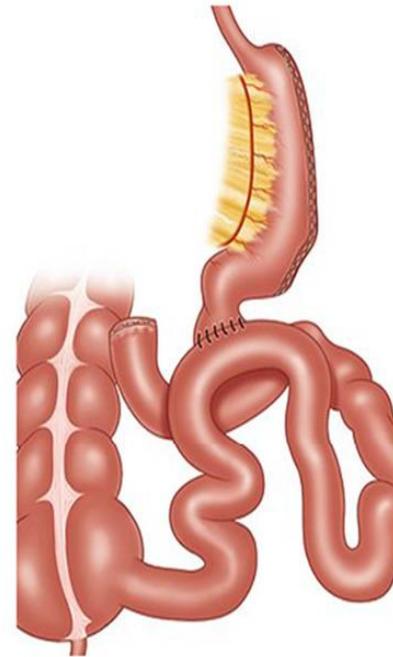
RYGB



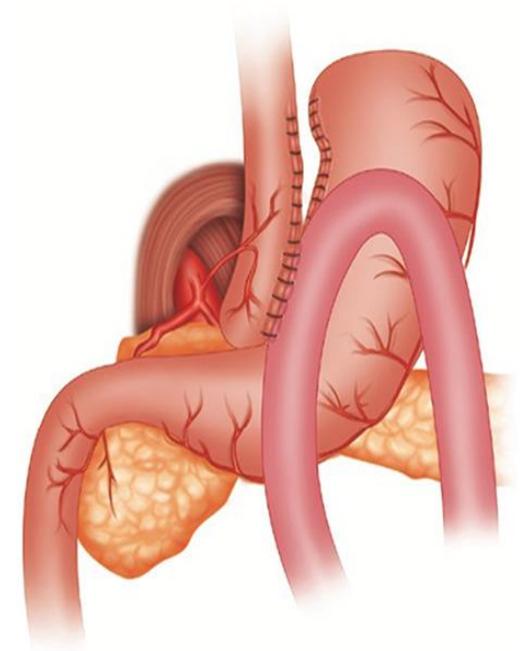
BPD-DS



SADI-S

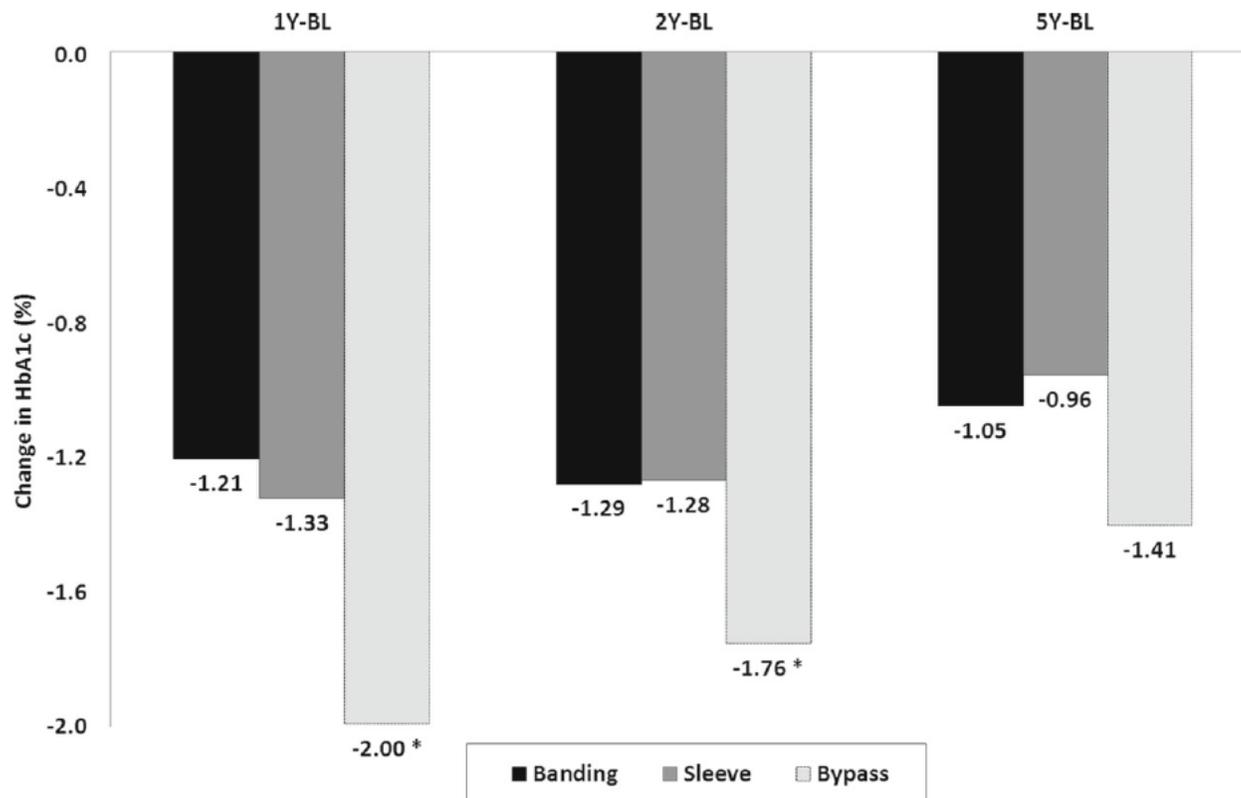


OAGB



# שיפור משק הסוכר לאחר ניתוחים בריאטריים (n=2190)

HbA1c change over time, according to procedure

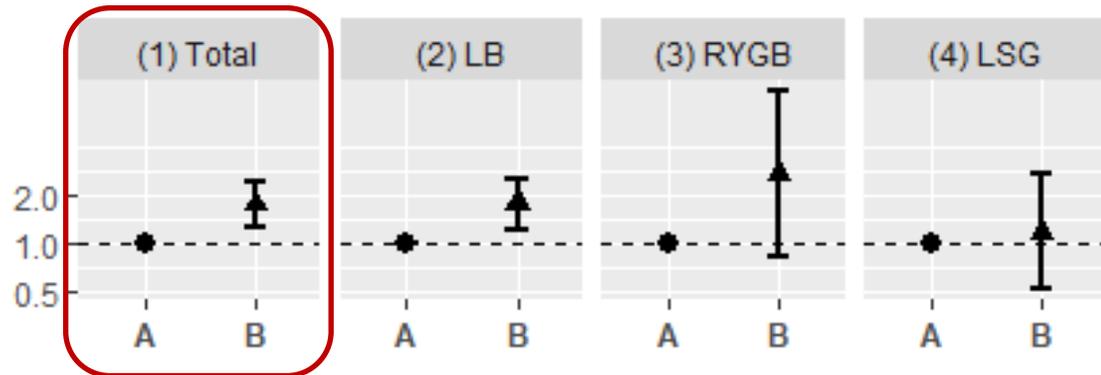


Percentage of patients in diabetes remission

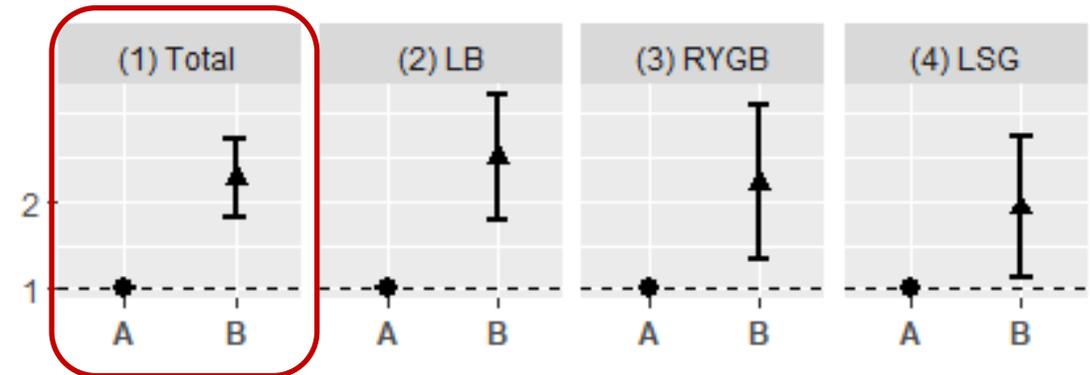
Time	Total	Banding	Sleeve	Bypass	<i>p</i> value
BL	8.9 %	8.6 %	9.2 %	8.7 %	0.911
1Y	53.2 %	46.1 %	58.5 %	58.6 %	0.001 <sup>a</sup>
2Y	60.6 %	57.5 %	63.0 %	64.4 %	0.05
5Y	54.4 %	55.6 %	53.6 %	51.1 %	0.60

# הפחתת תמותה לאחר ניתוחים בריאטריים על פי מצב משק הסוכר

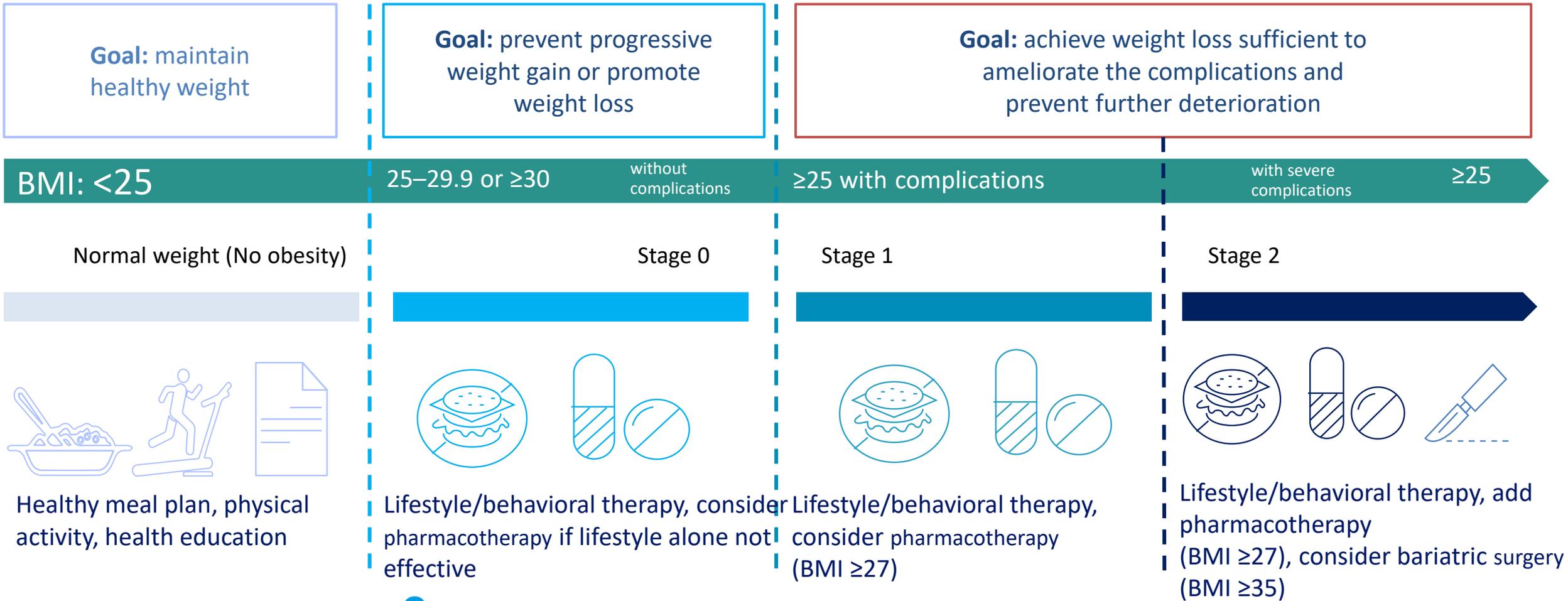
## Individuals without diabetes



## Individuals with diabetes



# AACE guidelines: staging directs treatment



לימודי תעודה – רפואת השמנה

תודה מעומק הלב





**EFIM**  
[www.efim.org](http://www.efim.org)

**Welcome**  
**Dr. Dror Dicker**  
**EFIM President**



**EFIM**  
[www.efim.org](http://www.efim.org)

# EFIM Activities

## Annual Report Highlights



COUNTRY	ORDINARY MEMBERS	MEMBERS
1 AUSTRIA	Austrian Society of Internal Medicine	967
2 BELGIUM	Belgian Society of Internal Medicine	141
3 CYPRUS	Cyprus Federation of Internal Medicine	85
4 CZECH REPUBLIC	Czech Society of Internal Medicine	1038
5 ESTONIA	Estonian Society of Internal Medicine	97
6 FINLAND	Finnish Society of Internal Medicine	1031
7 FRANCE	French Society of Internal Medicine	936
8 GERMANY	German Society of Internal Medicine	9248
9 GREECE	Hellenic Society of Internal Medicine	613
10 GREECE	Internal Medicine Society of Greece	800
11 ICELAND	Icelandic Society of Internal Medicine	220
12 ISRAEL	Israeli Society of Internal Medicine	448
13 ITALY	Italian Federation of Associations of Hospital Internists FADOI	2565
14 ITALY	Italian Society of Internal Medicine SIMI	2785
15 LATVIA	Latvian Society of Internal Medicine	333
16 MACEDONIA FYR	Macedonian Association of Internal Medicine	170
17 MALTA	Association of Physicians of Malta	80
18 NETHERLANDS	Netherlands Society of Internal Medicine	2000
19 NORWAY	Norwegian Society of Internal Medicine	1880
20 POLAND	Polish Society of Internal Medicine	400
21 PORTUGAL	Portuguese Society of Internal Medicine	2419
22 ROMANIA	Romanian Society of Internal Medicine	560
23 RUSSIAN FEDERATION	Russian Scientific Society of Internal Medicine	988
24 SERBIA	Serbian Society of Internal Medicine	385
25 SLOVAKIA	Slovakian Society of Internal Medicine	506
26 SLOVENIA	Slovenian Society of Internal Medicine	200
27 SPAIN	Spanish Society of Internal Medicine	6180
28 SWEDEN	Swedish Society of Internal Medicine	1010
29 SWITZERLAND	Swiss Society of General Internal Medicine	5977
30 TURKEY	Turkish Society of Internal Medicine	1355
31 UNITED KINGDOM	Royal College of Physicians UK	2415

2020 TOTAL

50,325

COUNTRY	ASSOCIATE MEMBERS	MEMBERS
32 ALGERIA	Algerian Society of Internal Medicine	443
33 ARGENTINA	Argentinian Society of Internal Medicine	650
34 DOMINICAN REPUBLIC	Dominican Republic Society of Internal Medicine	800
35 LEBANON	Lebanese Society of Internal Medicine	190
36 MOROCCO	Moroccan Society of Internal Medicine	210
37 TUNISIA	Tunisian Society of Internal Medicine	200



# Journals

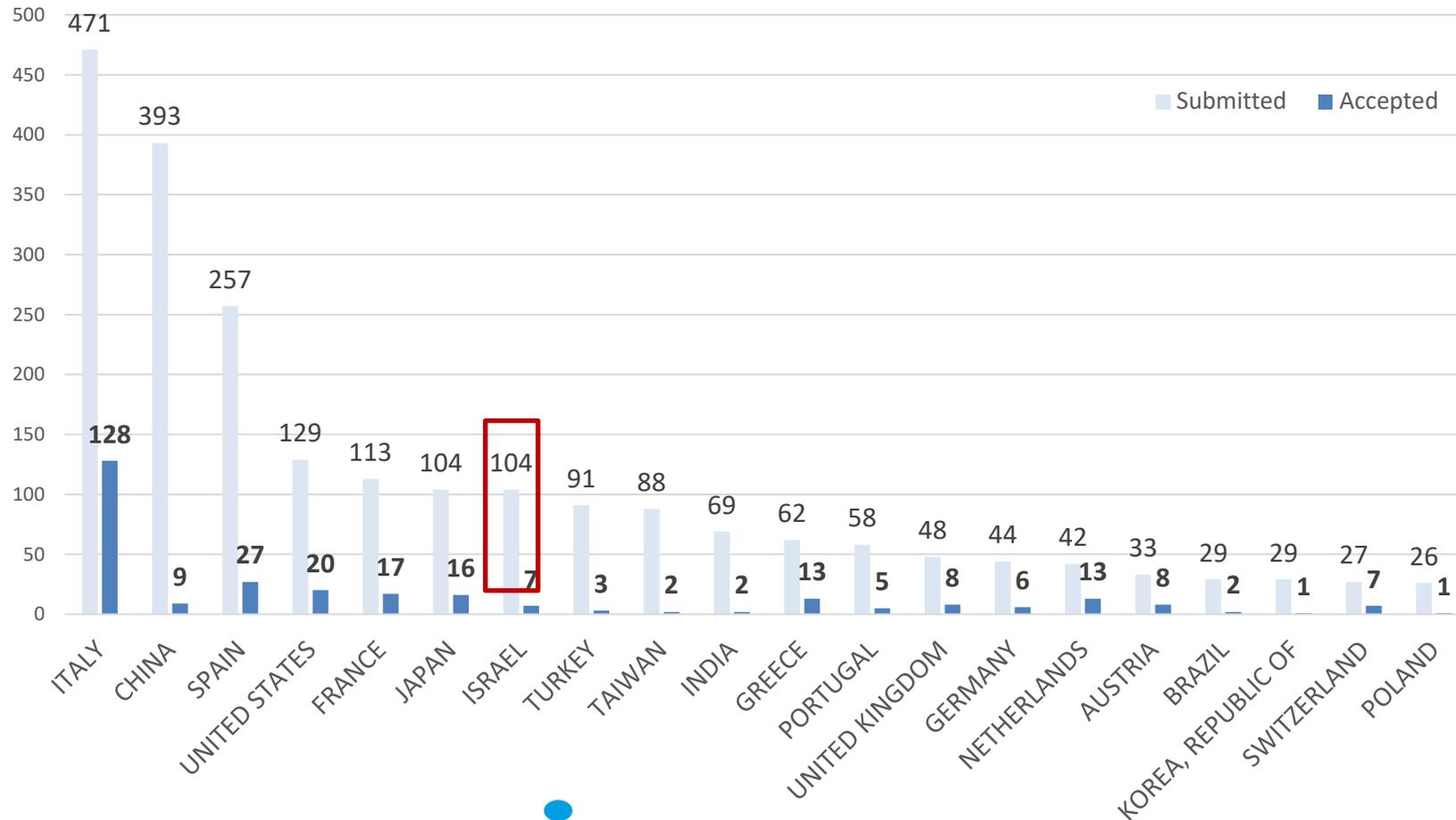
EJIM  
EJCRIM



### **Editor in Chief – Prof. Giancarlo Agnelli**

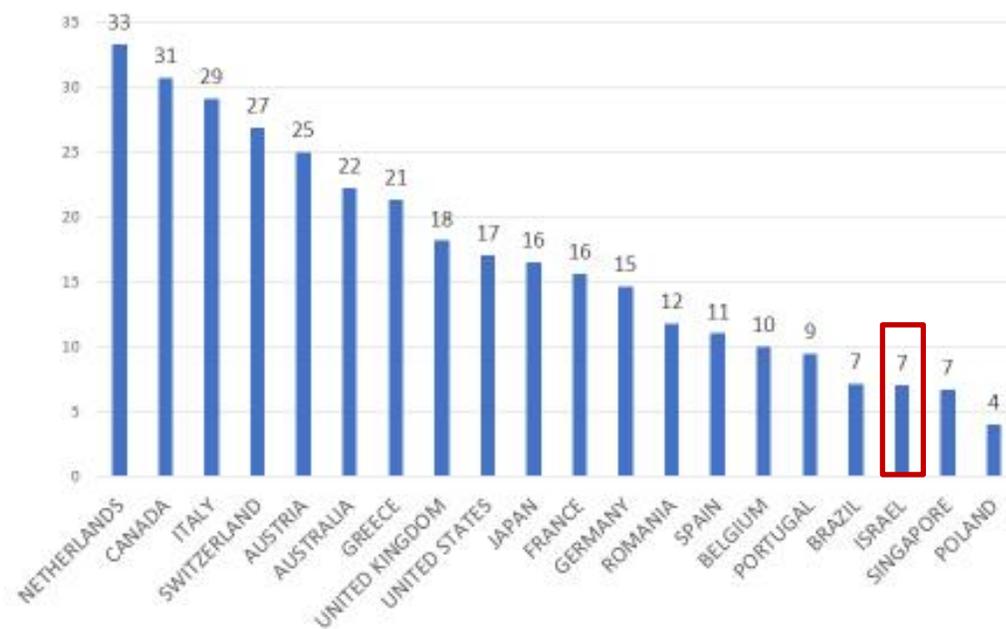
The European Journal of Internal Medicine, EJIM is the official journal of the European Federation of Internal Medicine and affiliated EFIM national societies. It is the reference scientific publication for the European academic and non-academic internists.

### Top 20 submitters in 2020



	COUNTRY	SUBMITTED	ACCEPTED
1	ITALY	471	128
2	CHINA	393	9
3	SPAIN	257	27
4	UNITED STATES	129	20
5	FRANCE	113	17
6	JAPAN	104	16
7	ISRAEL	104	7
8	TAIWAN	88	2
9	TURKEY	91	3
10	INDIA	69	2
11	GREECE	62	13
12	PORTUGAL	58	5
13	IRAN	54	0
14	UNITED KINGDOM	48	8
15	GERMANY	44	6
16	NETHERLANDS	42	13
17	EGYPT	40	0
18	AUSTRIA	33	8
19	BRAZIL	29	2
20	SWITZERLAND	27	7
21	BELGIUM	23	2
22	POLAND	26	1
23	KOREA, REPUBLIC OF	29	1
24	MEXICO	23	0
25	AUSTRALIA	19	4

Ranking by acceptance rate:  
ALL TYPES OF ARTICLES (%)



	COUNTRY	SUBMITTED	ACCEPTED	REJECTED	MS with a decision	RATE %
1	NETHERLANDS	42	13	26	39	33
2	CANADA	14	4	9	13	31
3	ITALY	471	128	312	440	29
4	SWITZERLAND	27	7	19	26	27
5	AUSTRIA	33	8	24	32	25
6	AUSTRALIA	19	4	14	18	22
7	GREECE	62	13	48	61	21
8	UNITED KINGDOM	48	8	36	44	18
9	UNITED STATES	129	20	97	117	17
10	JAPAN	104	16	81	97	16
11	FRANCE	113	17	92	109	16
12	GERMANY	44	6	35	41	15
13	ROMANIA	17	2	15	17	12
14	SPAIN	257	27	218	245	11
15	BELGIUM	23	2	18	20	10
16	PORTUGAL	58	5	48	53	9
17	BRAZIL	29	2	26	28	7
18	ISRAEL	104	7	92	99	7
19	SINGAPORE	16	1	14	15	7
20	POLAND	26	1	24	25	4



### Editor in Chief – Dr. John Kellett

The European Journal of Case Reports in Internal Medicine is a free, online-only publication. The aim of the journal is to provide a forum for internal medicine specialists to describe interesting cases that present unusual aspects and complexities. It provides a valuable educational tool for young internists as well as an archive with the potential for developing further research in internal medicine.

# EFIM Webinars

# Videos

Lessons for Internists about the Pandemic

Q&A for COVID 19 Management for Internists-live discussions - 27 April

Q&A for COVID 19 Management for Internists-live discussions - 22 April

Lung Ultrasound in Covid-19: Experiences and Research from the Frontline

Keeping Patients and Healthcare Providers Safe During the Pandemic

EFIM YI Webinar - Diabetic Neuropathy

Transition of Care

Caring for Vulnerable Patient Populations

5th EFIM Day 2019 - Q&A

Physician Wellbeing during Covid

YI webinar - ESC Atrial Fibrillation 2020 Guidelines: the path to a new paradigm

Lessons from the pandemic to change the hospital model

**Webinar: "Overdiagnosis and Low Value Healthcare"**

**DAY 1 - October 12**

- Program:
  - 17:00-17:10 h - "Introduction" - A. Vaz Carneiro, Ana Paula Martins and Miguel Guimarães
  - 17:10-17:40 - "Cochrane Sustainable Healthcare. An international collaboration to tackle medical excess" - Minnie Johnson (Cochrane Sweden)
  - 17:40-18:00 - Q&A
  - 18:10-18:30 - "Clinical Practice Guidelines as a tool for diminishing low value healthcare" - Halger Schunemann (Departments of Health Research Methods, Evidence, and Impact and of Medicine at McMaster University, Canada)
  - 18:30-18:50 h - Q&A
- 18:50-19:00 h Closing remarks: A. Vaz Carneiro

<https://zoom.us/j/477634293>

**DAY 2 - October 13**

- 8:00 am ET - Special presentation (Choosing Wisely International Roundtable): "Addressing overuse in the new normal" - Don Berwick (President Emeritus and Senior Fellow, Institute for Healthcare Improvement, USA)

[https://choosingwiselycanada.zoom.us/join/register/WN\\_qlHXeBu00qWh5NuNAPUgw](https://choosingwiselycanada.zoom.us/join/register/WN_qlHXeBu00qWh5NuNAPUgw)

Don Berwick

COVID-19: Moving Forward Together

Tocilizumab in COVID-19 - Which Clinical Benefits?

YI Webinar - Headache: Clinical approach and management of patients with headaches within Acute Internal and

# 16 Scientific Webinars organized in 2020

# 2 released videos from ECIM 2021, 6 scientific webinars organized from March to November



**Over a year of COVID-19 around Europe** July 27<sup>th</sup>, 2021 18.00 - 19.30 CET

**Moderators:** Serhat Unal, Xavier Corbella

**Panelists:** Serhat Unal, Turkey, Turkish Society of Internal Medicine  
Olivia Braillard, Switzerland, Swiss Society of General Internal Medicine  
Weronika Rymar, Poland, Polish Society of Internal Medicine  
Claudio Santini, Italy, FIOG Italy  
Ayelet Raz-Pasteur, Israel, Israeli Society of Internal Medicine  
Mar Kristjánsson, Iceland, Icelandic Society of Internal Medicine  
Jaime Lora-Tamayo, Spain, Spanish Society of Internal Medicine  
Antonina Ploskireva, Russia, Central Research Institute of Epidemiology of the Federal Scientific Center for Information and Analytical Support, Russian Council for

Over a year of COVID-19 around Europe

**E-health: an unexpected journey** May 28, 2021 09.00 PM-02.30 PM (CEST)

**Webinar Introduction:** Filomena Platano

**Telemedicine:** Moderators: Clara Frana Vagstad, Silvia Brattard, What are telemedicine? / Zuzanna Jędrzejewska, What are telemedicine and its role? / Marjorie Gosselin, What are telemedicine and its role? / Sebastian Kuhn, What are telemedicine and its role? / Francesco Javier Racion Sureda

**Digital Health:** Moderators: Wajid Hussain, Flore Teoponi, What are digital health? / Sandrine Gosselin, What are digital health and its role? / Sami Shah, What are digital health and its role? / Francesco Javier Racion Sureda

**Innovation and Artificial Intelligence:** Moderators: Kati Kärberg, Stefano Servadei, What are innovation and AI? / Aurora Utrilla, What are innovation and AI and its role? / Michal Florko, What are innovation and AI and its role? / Michael Florko

**Discussion:** Moderators: Wajid Hussain, Flore Teoponi, What are digital health and its role? / Sandrine Gosselin, What are digital health and its role? / Sami Shah, What are digital health and its role? / Francesco Javier Racion Sureda

**Conclusions and Take Home Messages:** Filomena Platano and Luc Campes

E-health: an unexpected journey



Preventive Medicine and Social Determinants of Health: A joint session of the ACP and EFIM

**EFIM Young Internists' Webinar**

**The diagnostic labyrinth of NENs. Experience from Uppsala Centre of Excellence for endocrine tumours.** April 12, 2021 15.00 GMT 9.00 CET 18.00 CET

**Speaker:** Dr. Ieva Lase (Uppsala, Sweden)

**Moderator:** Dr. Eleni Karlafti

**3<sup>RD</sup> ISBE 8<sup>TH</sup> COCHRANE 4<sup>TH</sup> CWP ANNUAL EVENT**

**PROVISIONAL PROGRAM**

08 October 2021  
09:00-10:00: Registration and Welcome  
10:00-10:30: Opening Ceremony  
10:30-11:00: Keynote: The future of evidence-based healthcare  
11:00-11:30: Keynote: The future of evidence-based healthcare  
11:30-12:00: Keynote: The future of evidence-based healthcare  
12:00-12:30: Lunch  
13:00-13:30: Keynote: The future of evidence-based healthcare  
13:30-14:00: Keynote: The future of evidence-based healthcare  
14:00-14:30: Keynote: The future of evidence-based healthcare  
14:30-15:00: Keynote: The future of evidence-based healthcare  
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15:30-16:00: Keynote: The future of evidence-based healthcare  
16:00-16:30: Keynote: The future of evidence-based healthcare  
16:30-17:00: Keynote: The future of evidence-based healthcare  
17:00-17:30: Keynote: The future of evidence-based healthcare  
17:30-18:00: Keynote: The future of evidence-based healthcare  
18:00-18:30: Keynote: The future of evidence-based healthcare  
18:30-19:00: Keynote: The future of evidence-based healthcare  
19:00-19:30: Keynote: The future of evidence-based healthcare  
19:30-20:00: Keynote: The future of evidence-based healthcare  
20:00-20:30: Keynote: The future of evidence-based healthcare  
20:30-21:00: Keynote: The future of evidence-based healthcare  
21:00-21:30: Keynote: The future of evidence-based healthcare  
21:30-22:00: Keynote: The future of evidence-based healthcare  
22:00-22:30: Keynote: The future of evidence-based healthcare  
22:30-23:00: Keynote: The future of evidence-based healthcare  
23:00-23:30: Keynote: The future of evidence-based healthcare  
23:30-24:00: Keynote: The future of evidence-based healthcare

**Online Event**

05/10/2021 - 11:21

The future of evidence-based healthcare

**19<sup>th</sup> European Congress of Internal Medicine**

**COVID-19 TREATMENTS AND MANAGEMENT** RELEASED VIDEO FROM ECIM 2021

**Moderators:** Runólfur Pálsson, David Wohl, Xavier Corbella, Andrew Ustlanowski

**EFIM Young Internists' Webinar**

**Cardiac arrest beyond the basics** October 5, 2021 19.00 CET

**Speaker:** Erik Utlemark (Sweden)

**Moderators:** Zora Lazúrová (Slovakia), Andre Salzano (Italy)

**Webinar**

30/09/2021 - 14:46

Cardiac Arrest Beyond the Basics

**EFIM Webinar by the Ultrasound Working Group**

**Lung Ultrasound in COVID-19** Experiences and Research from the Frontline February 17, 2021 18.00 CET 9.00 CET 18.00 CET 12.00-12.30 CET (UK & Canada)

**Moderator:** Juan Torres Macho (Madrid, Spain)

**Speakers:** Yala Tung Chan (Hanoi, Vietnam), Frank Busch (Paris, France), Chiara Cogliatti (Milan, Italy)

# EFIM Website

# EFIM Website – Platform for sharing information and resources



## COVID-19: Resources

### Lung Ultrasound in Covid-19: Experiences and Research from the Frontline

26/02/2021 - 10:29

### Lessons from the pandemic to change the hospital model

05/11/2020 - 14:10

### Keeping Patients and Healthcare Providers Safe During the Pandemic

18/01/2021 - 16:23

### COVID-19: Moving Forward Together

02/07/2020 - 13:24

### Physician Wellbeing during Covid

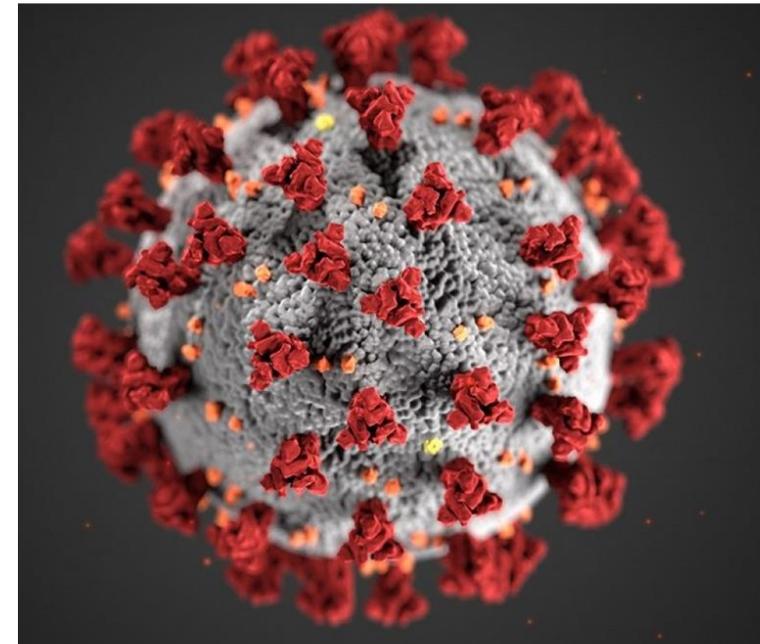
14/12/2020 - 14:33

### Tocilizumab in COVID-19 - Which Clinical Benefits?

11/06/2020 - 15:04

## Coronavirus disease 2019 (COVID-19) – Short Notice for Public

submitted by Aneta on 25 February 2020 - 13:25



Coronaviruses are important human and animal pathogens. Common human coronaviruses are responsible for approximately one-third of mild to moderate community-acquired upper respiratory tract infections in adults, like the common cold. This information should not be confused with Coronavirus disease 2019 (COVID-19). COVID-19 is the third coronavirus outbreak following the SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome) outbreaks in the 21st century.

# EBIM

European Board of Internal Medicine



# EBIM

The European Board of Internal Medicine (EBIM), formed jointly by the European Federation of Internal Medicine (EFIM) and the European Union of Medical Specialists (UEMS) Section of Internal Medicine, developed the European curriculum in internal medicine.



Members of the European Board of Internal Medicine

REINOLD GANS  
President of EBIM

WERNER BAUER  
EFIM

RÜNOLFUR PALSSON  
UEMS Section of Internal Medicine

JAN WILLEM ELTE  
EFIM

Ieva Ruza  
Young Internists  
EFIM

MARK CRANSTON  
EFIM

MARIA D. CAPPELLINI  
EFIM

**EUROPEAN CURRICULUM of INTERNAL MEDICINE**

by the **EUROPEAN BOARD OF INTERNAL MEDICINE**

C2016-099

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES  
EUROPEAN UNION OF MEDICAL SPECIALISTS

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info@uems.net

Training Requirements for the Specialty of Internal Medicine

European Standards of Postgraduate Medical Specialist Training

Approved Oct 2016

European Board of Internal Medicine  
Brussels Feb 22, 2016



# European Schools of Internal Medicine



# European School of Internal Medicine, ESIM



The European School of Internal Medicine (ESIM) was founded in 1998 by Prof. Jaime Merino, with support from the Spanish Society of Internal Medicine. The primary goal was to provide high quality continuous medical education for young internists from our .member societies

## ESIM Summer

<b>ESIM Spain</b> <ul style="list-style-type: none"><li>•1998 - 2005</li><li>•Director J Merino</li></ul>	<b>ESIM Portugal</b> <ul style="list-style-type: none"><li>•2006 - 2008</li><li>•Director A Martins Baptista</li></ul>	<b>ESIM UK</b> <ul style="list-style-type: none"><li>•2009 - 2011</li><li>•Director C Davidson</li></ul>	<b>ESIM Turkey</b> <ul style="list-style-type: none"><li>•2012 - 2013</li><li>•Director E Akalin</li></ul>	<b>ESIM Italy</b> <ul style="list-style-type: none"><li>•2014 - 2016</li><li>•Director N Montano</li></ul>	<b>ESIM Netherlands</b> <ul style="list-style-type: none"><li>•2017 – 2019</li><li>•Director R Gans</li></ul>	<b>ESIM Spain</b> <ul style="list-style-type: none"><li>•2020 – 2022</li><li>•Director J Moreno Díaz</li></ul>
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## ESIM Winter

<b>ESIM Switzerland</b> <ul style="list-style-type: none"><li>•2011 - 2014</li><li>•Director V Briner</li></ul>	<b>ESIM Latvia</b> <ul style="list-style-type: none"><li>•2015 - 2017</li><li>•Director I Ruza</li></ul>	<b>ESIM Finland</b> <ul style="list-style-type: none"><li>•2018 - 2020</li><li>•Director K Petterson</li></ul>	<b>ESIM Sweden</b> <ul style="list-style-type: none"><li>•2021 - 2023</li><li>•Director F von Wovern</li></ul>
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## ESIM Summer 2022



ESIM Summer School  
 החברה הישראלית לחקר וטיפול בהשמנת יתר  
 החברה הישראלית לחקר וטיפול בהשמנת יתר  
 The Israeli Association for the Study of Obesity



## ESIM Winter 2022



ESIM Winter School  
 January 2022 • Björkliden, Sweden



**ESIM WINTER 2022**

**13-19 FEBRUARY**

**BJÖRKLIDEN, SWEDEN**



## ESIM Summer 2022



# EFIM Exchange programme



וראלית לחקר וטיפול בהשמנת יתר  
ליגת לחקר וטיפול בהשמנת יתר

# EFIM Exchange Programme

The aim of the Exchange programme is to promote short internships of one month among European specialist training centers in Internal Medicine Units providing the Young Internists opportunities for gaining knowledge and skills.



## EXCHANGE CENTRES AVAILABLE



28 Hospital Centres Available

- 10 Bursaries of 600€ offered

Supported by FDIME

- More than 70 trainees participated in the programme since 2015

NATIONAL SOCIETY	CENTERS	TUTOR	LOCATION
FRANCE	Hospital Cochin	Prof. Claire le Jeune	Paris
GERMANY	Medizinische Klinik 1	Herr Prof. Dr. med. S. Zeuzem	Frankfurt
GREECE	University Hospital of Larissa	Prof. George N. Dalekos	Larissa
	University Hospital of Alexandroupolis	Prof. Efstathios Maltezos	Alexandroupolis
	University Hospital of Ioannina	Prof. Moesis Elisaf	Ioannina
	AHEPA University Hospital of Thessaloniki	Prof. Apostolos I. Hatzitolios	Thessaloniki
ISRAEL	Hasharon Medical Center	Dr. Dror Dicker	Petach-Tikva
ITALY	Clinica Medica 'A. Murni', University Hospital Policlinico	Prof. Piero Portincasa	Bari
	Ospedale S. Maria della Misericordia	Prof. Giancarlo Agnelli	Perugia
	Ospedale Maggiore	Prof. Vincenzo Arienti	Bologna
	Ospedale Maggiore Policlinico Padiglione Granelli	Prof. Nica Capellini	Milano
	Ce.S.I. Centro Scienze dell'Invecchiamento	Prof. Giovanni Davi	Chieti
	Policlinico Mater Domini	Prof. Francesco Perticone	Catanzaro
LATVIA	Pauls Stradins Clinical University Hospital	Prof. Valdis Pirags	Riga
	Eastern Clinical University Hospital	Prof. Aivars Lejnicks	Riga
PORTUGAL	Hospital Santa Maria	Prof. Dr. Rui Vitorino	Lisbon
	Hospitais da Universidade de Coimbra	Prof. Dr. Armando Carvalho	Coimbra
	Hospital Santo António	Prof. Dr. Joao Araujo Correia	Oporto
SLOVAKIA	Dpt. Internal Medicine n°1 University Hospital	Prof. MD, PhD Ivica Lazurova	Kosice
	Dpt. Internal Medicine n°4 University Hospital	Prof. MD, PhD Ivica Lazurova	Kosice
	University Hospital	Prof. MD, PhD Ivica Lazurova	Bratislava
SLOVENIA	University Medical Centre	Prof. Dr. Radovan Hojs	Maribor
	Hospital de Bellvitge	Prof. Xavier Corbella	Barcelona
SPAIN	Hospital Costa del Sol	Dr. Javier Garcia Alegria	Marbella
	Hospital Gregorio Marañón	Dr. Blanca Pinilla	Madrid
	Hacettepe University Hospital	Prof. Dr. Serhat Unal	Ankara
TURKEY	Baskent University Hospital	Prof. Dr. Birol Ozer	Ankara
UK	Worthing Hospital	Dr. Roger Duckitt	Brighton

# EFIM Exchange Programme



## Feedback from our exchange trainees

**Dr. Alba Garcia  
Villafranca, Spain**

• I have no doubt that I have achieved all the results and goals that I had initially established, and I would like to thank for the opportunity I was given of taking part in such unforgettable experience. Finally, I strongly recommend this exchange programme to every young internist."

**Dr. Damiano D'Ardes,  
Italy**

• I would like to congratulate all EFIM Exchange Programme staff: thank you because this was an experience that can help the physicians in the globalized today world to open their mentalities and to understand different and better ways to be doctors and to practice medicine.

**Dr. Calota Carmen,  
Romania**

• This experience has been for me a scientific, professional and motivational progress."

**Dr. Ulla Rozenberga,  
Latvia**

• It was a great experience to see another country's health care system and compare and bring new knowledge and vision back home

**Dr. Vlad Pavel, Germany**

• Concluding the internship in Israel was for me a tremendous opportunity, not only to achieve medical knowledge and to see a new health care system but also to learn about a different culture, enlarge my horizon and to build new friendships. I would like to thank the European Federation of Internal Medicine for organizing such great learning programmes

**Dr. Hatice Oner, Turkey**

• The time at the Worthing Hospital was a great experience for me as I learned about a new culture, improved my English, and broadened my vision, besides enriching my professional experience. I would like to thank everybody for giving me this amazing opportunity.

**Dr. Wanda  
Lutogniewska, Poland**

• What I saw and experienced in Worthing Hospital filled me with enthusiasm to try and, within my abilities, alter my future work environment, to make it safe and friendly for my future patients, to make it a place where people come to work with pleasure and a place that offers career development as well as wonderful support from co-workers."



# EFIM young internists



# Webinars 2021

# EFIM Young Internists activities



## ECIM 2021 session

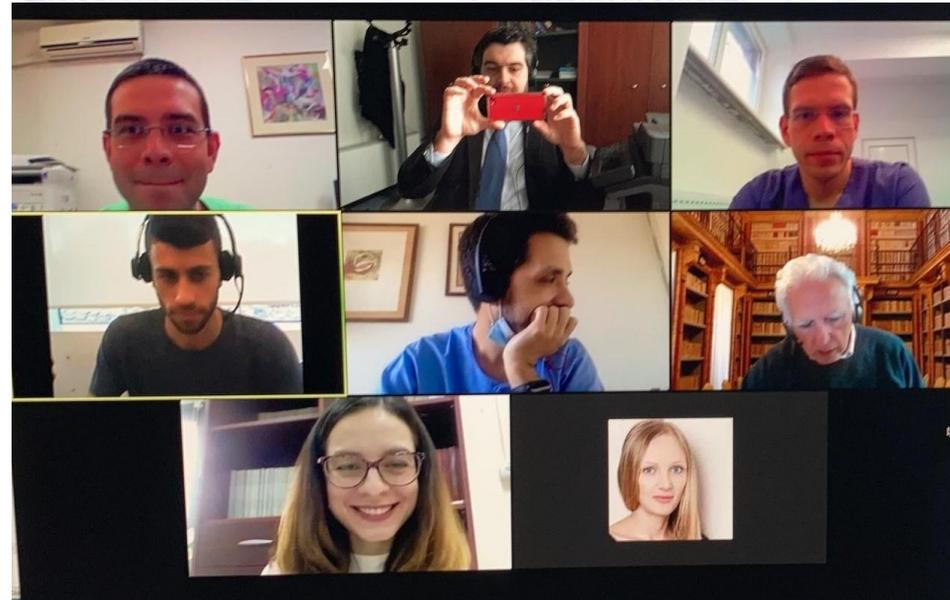
webinar YOUNG INTERNISTS

### “DIABETIC NEUROPATHY”

Professor Nikolaos Papanas  
 - Professor in Internal Medicine  
 - Head Diabetes Centre Diabetic Foot Clinic  
 - Second Department of Internal Medicine Democritus University of Thessaloniki, Greece  
 - President European Diabetic Foot Study Group

Moderators:  
 - Zora Lazurova, YI Slovakia  
 - Zora Lazurova, YI Slovakia

21st December  
 19h CET/18h GMT



## YI Action plan for 2022

- Webinar series
- Pre-course and session at ECIM 2022
- YI Meeting Brussels
- YI Survey
- YI GA March 2022

EFIM Young Internists' Webinar

The diagnostic labyrinth of NENs. Experience from Uppsala Centre of Excellence for endocrine tumours.

April 12, 2021  
 15.00 CET  
 17.00 CET  
 18.00 EET

Speaker  
 Dr. Ieva Lase  
 (Uppsala, Sweden)

Moderator: Dr. Eleni Karlafti

EFIM Young Internists' Webinar

Cardiac arrest beyond the basics

October 5, 2021  
 19.00 CET

Speaker  
 Erik Ullemark  
 (Sweden)

Moderators: Zora Lazurova (Slovakia)  
 Andre Salzano (Italy)



The Israeli Association for the Study of Obesity

# EFIM Fellowship

# EFIM Fellowship launched

דורות EFIM 2024



35 applications received 33 successful Fellowship granted

First Name	Last Name	National Society
Farouk	BENMEDIOUNI	Algerian Society of Internal Medicine
Harald	Leiss	Austrian Society of Internal Medicine
Michal	Kršek	Czech Society of Internal Medicine
Jan	Filipovsky	Czech Society of Internal Medicine
Michal	Vrablik	Czech Society of Internal Medicine
Jan	Vaclavik	Czech Society of Internal Medicine
Laurentiu	Broscaru	German Society of Internal Medicine
Georgios (George)	Dalekos	Hellenic Society of Internal Medicine
George	Ntaios	Hellenic Society of Internal Medicine
Sara	Georgiadou	Hellenic Society of Internal Medicine
VASILIKI	LYGOURA	Hellenic Society of Internal Medicine
Dimitrios	Sagris	Hellenic Society of Internal Medicine
AGGELOS	STEFOS	Hellenic Society of Internal Medicine
KONSTANTINOS	MAKARITSIS	Hellenic Society of Internal Medicine
EIRINI	RIGOPOULOU	Hellenic Society of Internal Medicine
PINELOPI	ARVANITI	Hellenic Society of Internal Medicine
Nikolaos	Gatselis	Hellenic Society of Internal Medicine
STELLA	GABETA	Hellenic Society of Internal Medicine
Kalliopi	Zachou	Hellenic Society of Internal Medicine
Jacob	Ablin	Israeli Society of Internal Medicine
Stephen	Malnick	Israeli Society of Internal Medicine
Avshalom	Leibowitz	Israeli Society of Internal Medicine
Lorenzo	Falsetti	Italian Society of Internal Medicine
Matteo	Nardin	Italian Society of Internal Medicine
ROBERTO	MANFREDINI	Italian Society of Internal Medicine
Giuseppe	Rengo	Italian Society of Internal Medicine
Vincenzo	Zaccone	Italian Society of Internal Medicine
Tiffany	Leung	Netherlands Society of Internal Medicine
Tamer	Shalaby Boutrus	Royal Colleges of Physicians UK
Peter	Jackuliak	Slovak Society of Internal Medicine
Juraj	Payer	Slovak Society of Internal Medicine
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