

## On papers, congresses and editorial boards

Three separate and unrelated issues are briefly addressed in this editorial of the final 2011 issue of JEMDSA, namely, comments on some of the articles the journal hosts, a reminder of our Combined SEMDSA-NOFSA Congress in Cape Town in April 2012, and an invitation to reassess and revisit the aims and objectives of our journal, including its Editorial Board.

This issue of JEMDSA largely focusses on diabetes, although a number of common metabolic-endocrine topics are also addressed. Potgieter and van der Merwe provide a comprehensive review of bariatric surgery for obesity, highlighting the fact that morbid obesity (BMI  $\geq 40$  kg/m<sup>2</sup>) is associated with a doubling of the mortality rate, while in female diabetics, the mortality rate may increase as high as eightfold. Improved operative techniques and greater awareness of surgical and nutritional complications have resulted in bariatric surgery becoming a relatively safe and extremely effective method to manage obesity, provided it is performed by an expert, multidisciplinary team. This, of course, begs the question whether bariatric surgery should not be considered earlier in the less obese (e.g. BMI 30-35 kg/m<sup>2</sup>) individual at very high risk (e.g. diabetes, metabolic syndrome). In another review, Klisiewicz, Rambau and Distiller remind us that a number of non-thyroid disorders may result in abnormal thyroid function tests.

Given the advent of a growing number of new drugs to treat diabetes, its correct classification and an improved understanding of its pathogenesis have become fundamental to clinical practice. The review by Padoa on the pathogenesis of type1 diabetes in Africa is therefore to be commended. Likewise, is the emphasis, by Moosa and Segal, on the extremely poor maths literacy skills displayed by children with type1 diabetes, as well as their caregivers; a subject that clearly all of us need to take cognisance of and one that deserves the serious attention of DESSA.

Finally, the ongoing debate around the usefulness of the haemoglobin A<sub>1c</sub> assay in the diagnosis of diabetes. This topic is extensively reviewed by George, who concludes, similar to the SEMDSA Policy Statement published in 2010,<sup>1</sup> that, whereas the use of the HbA<sub>1c</sub> assay has many advantages, its routine use to diagnose diabetes in this country cannot be recommended. The limitations of the HbA<sub>1c</sub> assay in overdiagnosing (e.g. in the elderly, iron-deficiency anaemia) or underdiagnosing (e.g. renal failure; haemoglobinopathies) diabetes are not insurmountable and are overshadowed by the lack of assay standardisation in this country. Some local laboratories use assays that are not Diabetes Control and Complications Trial (DCCT)-standardised,

and some even use point-of-care devices for testing. As alluded to in both the SEMDSA Policy Statement and the current review by George, neither of these is certified by the National Glycohemoglobin Standardization Program (NGSP). Practitioners are therefore unclear as to whether the assay they employ is standardised or not. This conundrum would be less relevant clinically if the alternative methods to diagnose diabetes, the FPG and 2HPG, were sensitive, specific and easy to perform. This is of course not the case, and it is commonly stated that an FPG will miss up to 35% of cases of diabetes confirmed with an OGTT. An OGTT is, however, not only cumbersome to perform but also has a poor reproducibility, with an intra-individual variability of some 15-20%.

Prof Pete Jackson, doyen of diabetology in this country and co-founder of SEMDSA, always insisted that (especially in the elderly) an OGTT be repeated before a diagnosis of diabetes is confirmed. Not only do the three methods to diagnose diabetes lack optimal reproducibility, but discordance rates between the methods may also be substantial. So, the need to explore the utilisation of the HbA<sub>1c</sub> assay in the diagnosis of diabetes is not irrelevant and should be pursued. In this regard, it is important to note that both the current review by George and the SEMDSA Policy Statement recommend that the methodologies currently in use to measure HbA<sub>1c</sub> in this country should be assessed, to ensure that they conform to the DCCT standard. It is further recommended that laboratories participate in external proficiency programmes and submit themselves to NGSP certification. SEMDSA further suggested, more than 18 months ago, that a register of all NGSP-certified laboratories be established and made accessible to all practitioners. This is indeed commendable, but will to my mind be realised only if SEMDSA itself takes the initiative to establish and administrate such a register.

Cape Town will once again host the combined SEMDSA-NOFSA Congress from 19-22 April, 2012. We have been extremely fortunate to secure a number of exceptional overseas speakers, who will all be detailed in the second congress announcement. The provisional congress timetable is published as a loose in this issue of JEMDSA, but, in essence, NOFSA will meet on the Thursday and Friday, DESSA will get together on the Friday, from 4-6 pm on Friday SEMDSA and NOFSA will have an overlap session and, on Saturday and Sunday, SEMDSA will continue. For further information, please contact Shelley (shelley@semdsa.org.za) or Naomi (info@osteoporosis.org.za).

This issue of JEMDSA also concludes the third year of a very pleasant and productive association of JEMDSA and the

Medpharm Publishing house of Dr Douw Greeff and his team, one which I sincerely hope will continue for many years to come. This association has seen an increase in the quality and number of scientific papers published. Also evident is the publication of national guidelines on common and important diseases like diabetes and osteoporosis, as well as official position statements on a number of topics by the various learned societies that JEMDSA serves. JEMDSA is a Department of Education-accredited journal and, as such, annually earns hundreds of thousands of rands for tertiary institutions by way of publication subsidies. It also acts as the ideal platform to advertise and officially publish the abstracts of congresses hosted by these local societies. Further developments include the establishment of an Editorial and Review Policy, Instructions to Authors, Advertising Policy, a Business Model, and Journal Website [www.JEMDSA.co.za]. The vision of JEMDSA is to publish world-class papers in endocrinology, metabolism and diabetes, and to establish itself as the undisputed local leader in the field. To effect these activities, a functional Editorial Board, comprising an Editor-in-Chief, a Deputy Editor, a Managing Editor and a number of Associate or Section Editors,

was established. Now, three years later, it is time to reflect on the way forward. The ideal format of JEMDSA, whether it should continue to act as a general as well as a specialist journal, what needs to be done to achieve its stated vision, and how the future Editorial Board should look and function, will be deliberated during a separate meeting scheduled for Saturday, 4 February, 2012. Everyone is invited to share their ideas on these important issues. Simply drop me a line, and I shall ensure that it features on the agenda of this meeting. Again, this is *your* journal, so please get involved and share your views on these important issues with us.

Enjoy the festive season!

**Stephen Hough**  
Editor

### Reference

1. Amod A; for SEMDSA (Society for Endocrinology, Metabolism and Diabetes of South Africa). Position statement on the use of HbA<sub>1c</sub> assays for the diagnosis of diabetes mellitus. JEMDSA. 2010;15(2):71-73.

# Combined SEMDSA and NOFSA Congress



Cape Town, 19-22 April 2012

You are cordially invited to an exciting potpourri of plenary talks, poster presentations and meet-the-professor sessions on diabetes, osteoporosis and general endocrinology, presented by a large number of eminent overseas and local experts. Hosted in the President Hotel, overlooking Bantry Bay, in the best month of the year... *this is a must.*

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