

## In this issue:

The thought-provoking review by Rosemary Flynn, an experienced clinical psychologist, *Coping with children with diabetes: Is this burden too great for parents to bear?* on page 82, is a must-read for all healthcare workers who are involved in the management of children with type 1 diabetes mellitus. This article draws attention to the psychological difficulties that parents of children with type 1 diabetes may develop. The author provides guidance on how to screen parents for post-traumatic stress disorder and proffers practical advice on how to assist parents to cope, especially in the early stages of a condition that places great strain on the family unit.

The article by Hoebel, Malan and De Ridder, *Determining ethnic-, gender-, and age-specific waist circumference cut-off points to predict MetS: the Sympathetic Activity and Ambulatory Blood Pressure in Africans (SABPA) study*, on page 88 of this edition, is noteworthy for at least two reasons. Firstly, the well-organised Hypertension in Africa Research Team, School for Physiology, Nutrition and Consumer Sciences, Faculty of Health Sciences, North-West University, needs to be congratulated for its sustained contribution to a better understanding of cardiovascular risk factors in black South Africans. Secondly, this paper elaborates on the complexities of determining reliable waist circumference (WC) cut-off points to screen for metabolic syndrome (MetS) and its components in African subjects. Given the high burden of noncommunicable diseases in South Africa and the contribution of obesity thereto, it has become a matter of urgency to find a simple, cheap and reliable screening instrument, such as WC, to identify at-risk black subjects in a cost-constrained environment such as ours. The article adds to the existing body of knowledge in this regard, but a single gender-specific WC cut-off point for black South Africans remains elusive.

Still on the subject of MetS, in a case control study by Akbarzadeh et al from Iran, [*A survey of metabolic syndrome in first-degree relatives (fathers) of patients with polycystic ovarian syndrome*], on page 98, it was demonstrated that the fathers of daughters diagnosed with polycystic ovarian syndrome (PCOS) are four times more likely to develop MetS than the fathers of healthy women. The implication of this finding is that the fathers, and possibly other first-degree relatives, of women diagnosed with PCOS, should be screened for components of MetS.

Thyroid disorders in the population at large, as well in hospitalised patients or outpatients, have not been studied adequately in South Africa. Therefore, the paper by Ueckermann and van Zyl, *The prevalence of subclinical hypothyroidism among patients with diabetes mellitus at the Kalafong Hospital Diabetes Clinic: a cross-sectional study*, on page 106, is a welcome contribution in this regard. This paper raises several important issues. Firstly, the normal reference range of thyroid-stimulating hormone (TSH) in the South African context needs to be revisited and determined in a population which

contains sufficient numbers of black patients. Secondly, the prevalence of subclinical hypothyroidism was found to be much lower (0.9%) in a population of mainly black patients with diabetes mellitus than it has been reported internationally. Furthermore, the authors recommend that it is not cost-effective to subject patients with diabetes mellitus who are attending a hospital clinic to undergo routine screening for TSH, unless clinically indicated.

The quality of diabetes care at primary healthcare level in South Africa has long been a matter of great concern. The article by Dikeukwu and Omole, *Awareness and practices of foot self-care in patients with diabetes at Dr Yusuf Dadoo district hospital, Johannesburg*, on page 112, confirms a lack of quality care. Only 24% of patients with diabetes attending a district hospital were aware of the need to perform foot self-care, while 66% had never had their feet examined by a doctor or a nurse. Other areas of poor foot self-care practices included a lack of regular shoe inspection and failure to use talcum powder to keep the feet dry. Some form of foot problems, ranging from previous amputation to athlete's foot, were encountered in the majority of patients. It is most likely that the lack of foot care can be extrapolated to all aspects of diabetes care at primary healthcare level across South Africa. Is it time for the Society for Endocrinology Metabolism and Diabetes of South Africa to take the initiative and to urgently discuss the current state of diabetes care with the national Minister of Health, and together with stakeholders, devise ways in which to turn the tide on this unacceptable state of affairs? Producing national guidelines for diabetes care is not enough.

This edition of *JEMDSA* features two interesting case studies. In the first, *Double jeopardy: hypoglycaemia and advanced hepatocellular carcinoma*, on page 120, Nicolaou, Shires and Huddle elegantly demonstrate the mechanism behind prolonged symptomatic hypoglycaemia in a patient with advanced hepatocellular carcinoma. The authors also demonstrate the efficacy of high-dose oral prednisone in improving nonislet cell tumour-induced hypoglycaemia in their patient. In the second case study, *Atypical femoral fractures*, on page 125, Butler, Tipping and Bhagar, focus attention on the risk of atypical femoral fractures in patients on prolonged uninterrupted bisphosphonate therapy. What makes this case report even more interesting is that bilateral atypical femoral fractures were complicated by primary hyperparathyroidism in this patient. It remains important to try and establish a cause of bone disease in patients presenting with hip fractures and to follow-up these patients to optimally manage underlying bone disease. Although bisphosphonate therapy is considered to be safe and effective in the management of postmenopausal osteoporosis, a drug holiday should be considered after five years of uninterrupted therapy.

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