
EDITORIAL

Dear Readers

Welcome to this year's first edition of JEMDSA. The Chinese calendar indicates that we live in the year of the dog. So should we expect events of bravery, loyalty and affection to unfold or should we anticipate a near-future that is filled with barking madness? Yes, the current president of the USA was born in the year of this canine!

Perhaps we should rather reflect on more sedate matters of acquiring new knowledge in JEMDSA.

This edition offers both interesting and insightful perspectives on diabetes. The five articles cover a spectrum of new information as it pertains to the South African setting. This is refreshing (basic sciences and clinical care are addressed) as it is strategic (keeping diabetology ex South Africa on the world stage). So allow me to offer big handshakes to colleagues from 1) KZN and Pretoria who submitted excellent manuscripts and 2) all those who offered to review these manuscripts, often under some duress (cf my Johannesburg colleagues).

Magnesium deficiency has always reared its head in regard to diabetes (risk of disease, glucose control and diabetes complication) and Pillay S, et al. offer comment on some of these interrelationships. Diabetes in the young, defined here as < 35

years of age, often begs the clinical question of a type 1 vs. type 2 diagnosis, and Govender P, et al. provide some clinical evidence to this decision. Perhaps someone should pose a question to this group and ascertain if the Cluster 1 to 5 diabetes categories as proposed by Groop L, et al. conform to a South African cohort? Hypoglycaemia has and remains a clinical challenge that should be avoided in our quest to attain good glycaemic control. Omar M, et al. certainly allude to the very high prospective incidence of hypoglycaemia in their study: 98% and 90% in type 1 and 2 patients, respectively. Thankfully our newer SEMDSA guidelines offer treatment options that facilitate good and safer control in this regard. Newer basal insulin analogues seem to offer this safer (fewer hypoglycaemic episodes) treatment alternative, and a basic understanding of insulin pharmacokinetics and pharmacodynamics as defined within the parameters of the glucose clamp, is important. Opper B, et al. clarify these concepts for us. Cardiovascular disease remains a major source of morbidity and mortality in patients with diabetes and the use of the resting ECG in identifying high-risk patients, remains unclear. Pillay S, et al. suggest that perhaps the routine ECG is not a waste of time!

Happy reading!

Jeffrey Wing