
EDITORIAL

Dear Readers and Colleagues,

The year is certainly progressing and the second edition of our journal not only confirms that winter (of discontent for some) is soon to pass but also that the warmer and friendlier disposition of spring (for most) will be at hand. Our journal has likewise basked in this improved climate of continued growth and this success has necessarily placed more demands on its panel of reviewers both those that are thankfully efficient and obliging and also those who are equally, if not more efficient at being non-obliging. I must also offer respectful and sincere gratitude to the ever growing number of foreign and local authors who submitted manuscripts to JEMDSA for consideration.

JEMDSA will always strive to be relevant and inclusive. As such it will offer a wide breath of information within a wide breath of disciplines. The 53rd SEMDSA Congress (Cape Town, 1 to 4 December 2018) is on the horizon and will be co-hosted with the 18th ICE (International Congress of Endocrinology). This seminal duet will feature 200 speakers, 7 parallel sessions and almost 900 abstracts and presentations and will attest to this international and local collaboration of building the South African rainbow of endocrinology. JEMDSA will host these proceedings in one of its forthcoming issues.

Our current edition spans many disciplines and offers new insights to a number of clinical challenges and to more basic aspects of insulin pharmacology. Greeff O et al (in their second part of two articles) explain the utility of the glucose clamp technique to investigate the pharmacokinetic and

pharmacodynamic profiles of two ultra-long-acting basal insulin analogs. They elegantly explain why these therapies are likely to offer improved clinical outcomes. Longer-acting and peak-less insulin profiles provides equivalent (and probably superior) glycaemic control with significantly less attendant hypoglycaemia (overall, severe and nocturnal). Soliman N et al indicate that cellular damage as indicated by increased DNA fragmentation is evident in diabetic patients with nephropathy making this measurement a potentially useful clinical tool (as a predictive marker of renal damage). Despite its benefits lifestyle intervention remains an elusive management strategy as dietary and exercise compliance remains a major therapeutic challenge in patients with diabetes. Thus Birkenshaw A et al, using the SEMDSA guidelines as the yardstick to achieve, report that in a cohort of diabetic patients the prevalence obesity was extremely high (66%) and this was associated with suboptimal dietary practice as measured by total daily caloric intake (too much), carbohydrate (too little), fat (too much) and salt intake (too much) with inadequate energy expenditure (too little exercise). Lifestyle recommendations continue to stubbornly evade effective implementation. Lastly Zorgani A et al, review their experience of patients with pheochromocytomas. Unique to this local report are data that reflect the clinical characteristics and outcomes of patients with large tumours.

Happy reading and consider Endocrinology with SEMDSA in December in Cape Town in 2018.

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