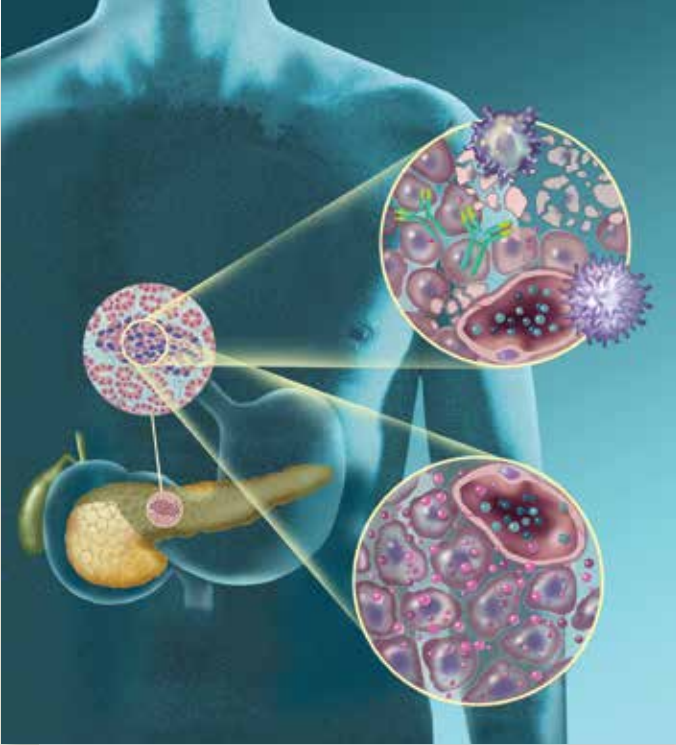


Diabetes Why is it the sole focus of this issue?



Obesity aside, diabetes is the most common endocrine metabolic condition in the general community. It continues to maim and prematurely kill many of our patients. However, best evidence informs us that much can be done to help prevent, or at least delay, type 2 diabetes, and for all types of diabetes, once diagnosed, onset and progression of related complications can often be prevented. Our patients with diabetes are, overall, living longer than ever, and some evidence suggests quality of life is also being maintained. So given current knowledge in the field, much can be achieved in health outcomes for people with diabetes. The communication of this information in a practical, clinician-friendly format is more important than ever. For these combined reasons, diabetes is the sole focus of this special May issue of *Endocrinology Today*.

Any stigma of having diabetes is progressively resolving as public health campaigns and resultant recognition and acceptance of diabetes have occurred in recent decades. Ongoing challenges relate to the great number of people with or developing new-onset diabetes in an increasingly ageing and overweight population, the differing patient phenotypes in diabetes requiring that we individualise care as much as possible and yet with an imperfect evidence base to address this issue, and the expanding recognised spectrum of diabetes-related complications. In addition, the range of medication options for type 2 diabetes and the technology used in, for example, the care of people with type 1 diabetes, places major demands on doctors, diabetes educators and other allied health professionals as well as the person with diabetes (and often their carers) because of upskilling and the applied knowledge that is now required.

In helping to individualise diabetes care, the biopsychosocial model of health reminds us that formal psychologist and psychiatric support are commonly required in the holistic care of the person with diabetes. Conditions such as clinical depression are linked to reduced adherence to healthier lifestyles and less medication taking and/or self-monitoring. Also, many people with diabetes have multiple chronic intercurrent conditions, such as arthritis or cognitive decline, posing major challenges in self-care and greater demands on the patient's family. The

concept of 'frailty' in the 'biologically old' can be difficult to define yet we attempt to factor it into our decision making to modify care to more palliative-based therapy, for example, in blood glucose control, rather than intensive diabetes management. Another phenotypic aspect in individualising care in type 2 diabetes reminds us that blood glucose control and tight targets can usually be most easily and safely achieved in the first 10 years after a timely diagnosis, at a time when primary care has the main input into management. Indeed, good blood glucose control achieved now predicts fewer diabetes complications in the next 10 or 20 years. This observation reinforces that general practice can 'make' or 'break' diabetes care in a community.

Diabetes healthcare delivery continues to be refined. It is recognised that most type 2 diabetes requires predominant team-based primary care, whereas many forms of diabetes, in particular type 1 diabetes, paediatric and adolescent diabetes, diabetes in pregnancy and complex type 2 diabetes such as in people with foot ulceration, require predominant specialist healthcare team input. Trendy descriptors of the 'patient journey' in diabetes across primary, specialist ambulatory and hospital shared-care include 'health pathways' tracking and diabetes 'integrated care' – all are to meet a particular patient's needs and are receiving appropriate recognition.

I trust that you will learn from and enjoy this special diabetes issue. The topics include differing diabetes phenotypes in young adults, pre-existing type 2 diabetes in pregnancy and a 'patient journey', the complications of fatty liver subtypes in diabetes, challenges of coeliac disease in type 1 diabetes, investigations in diabetes, and skin disorders in diabetes. A 'diabtribe' indeed of topics to aid health professionals in the bid for quality and quantity of life for their patients with diabetes.



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