

# EDITOR'S COMMENT

## *A touch of diabetes*



**BRIDGET FARHAM**

*ugqirha@iafrica.com*

When I was working in the then City Council clinics on the Cape Flats I had the pleasure of running a chronic diseases clinic in Bonteheuwel one afternoon a week. The patients were mainly middle-aged and elderly women, all of whom had a mixture of the chronic diseases of lifestyle. Type 2 diabetes was very common and I am sure that if we had had the facilities to look for it, we would have found metabolic syndrome in abundance as well. I thoroughly enjoyed these patients for the glimpse that they gave me into lives that were completely different from my own – lives characterised by hardship, from the time of the removals from their old homes in Sea Point and other areas of inner Cape Town, to the difficulties of living in the gang-ridden areas of the Cape Flats. But, managing their health was another matter and often frustrating. This was where I learnt, the hard way, how difficult it is for most people to cope with type 2 diabetes – not helped by the perception (that is still out there as I have seen in some of the nursing textbooks I have edited in the last couple of years) that type 2 diabetes is a 'mild' form of the disease. Helping the Muslim patients through the fast was particularly challenging. Not only did some of them suffer from hypoglycaemia during the day, taking oral hypoglycaemics with no food, but many believed that because they had not eaten all day they could now indulge in all sorts of forbidden foods when they broke their fast! Caloric intake in many cases went up during the fast, not down.

This issue of *CME* is about diabetes, not just about type 2 diabetes. But the fact is that type 2 diabetes is the predominant form of diabetes across the world, now for the first time even among young people, who previously only ever developed type 1 diabetes. The relationship between this rising prevalence of the disease and the prevalence of overweight and obesity is obvious and has been quantified in many studies. That type 2 diabetes is far from being a mild disease is also obvious and now well known. Diabetes mellitus, type 1 and type 2, is a potentially devastating disease and its high prevalence is an increasing concern among health authorities the world over, in the developed and the developing world. The burden of disease caused by this metabolic derangement is enormous, as all parts of the body are affected by uncontrolled hyperglycaemia.

October is Diabetes Awareness month in South Africa, which is why this month was chosen for an issue of *CME* on the management of diabetes in primary care. Our understanding of the pathophysiology of type 1 diabetes has improved enormously over the past decade or so and Dr Clark's comprehensive article is timely and provides an excellent overview of this disease. Professor Ogunbanjo gives a thorough account of the evidence-based approach to managing type 2 diabetes, while Dr Mabuza writes about teaching diabetes to medical students and primary health care nurses. The chronic complications of diabetes are covered in depth by Drs Mbokazi and Ndwanato. The management of diabetic emergencies is outlined in an easy-to-follow way by Dr Reinbrech-Schütte. The role of traditional medicines is easily forgotten by most people in practice, so Dr Maduna's article on the use of traditional medicines in the management of diabetes is a useful insight into the other substances that many patients are taking. One of the major problems with managing any chronic disease, and diabetes is no exception, is that of patient education. However, Dr Ndimande looks at the problems experienced by diabetic patients being managed by primary health care teams in the smaller hospitals and clinics, both from the point of view of the patients and of the doctors who care for them.

The resulting journal is a comprehensive look at a common, chronic and potentially debilitating disease, which should provide an excellent reference for anyone who is not a specialist in the field of metabolic medicine.

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*Private Bag X1, Pinelands, 7430 (Incorporated Association not for gain. Reg. No. 05/00136/08).*

*Correspondence for CME should be addressed to the Editor at the above address.*

*Tel. (021) 657-8200*

*Fax (021) 683-4509*

*E-mail: publishing@hmpg.co.za*

*Head Office:*

*PO Box 74789, Lynnwood Ridge, 0040*

*Tel. (012) 481-2000*

*Fax (012) 481-2100*