EDITORIAL

Greetings to all our readers! This first edition of JEMDSA promises to be both insightful and instructive, if not disruptive. SEMDSA (after much consideration and debate) has produced a flurry of new (Hypothyroid), updated (Lipid and Osteoporosis) and revised (T2 Diabetes) management recommendations. Business codes have evolved significantly and apart from providing a framework of what is correct and ethical, it is now mandated that implementation must ensue – the world has moved from providing an idealised tick box (guidelines) to ensuring that on-the-ground change does in fact happen. The newer guidelines (are less misguided) and now provide us practitioners with better evidence-based options, but implementation is needed. The diabetes epidemic is certainly upon us and modern therapies that offer composite care (glucose control with fewer hypoglycaemic events and weight reduction) as well protective care (fewer cardiovascular events and even less renal disease) should be embraced. So a pat on the back for the elders of the guideline committees for taking these first steps in the right direction, but a kick somewhere else more distal and posterior for taking so long!

Greetings to all my editorial colleagues as well! Thank you for your efforts in reviewing the ever increasing numbers of manuscripts submitted to the journal. Please avoid the leisurely pace of the elders mentioned above and improve on your response times! A special acknowledgement to the many co-opted colleagues who assisted me with the reviews – many of the submissions to JEMDSA fall out of our comfort areas of "expertise" and reviewing manuscripts under these circumstances is seemingly as wretched as partaking in a guideline committee meeting!

None the less we have done well and have published three great articles. The World Kidney Day Steering Committee has provided a new insight into the link (direct and indirect) between obesity and chronic kidney disease – much food for thought and importantly much food and more renal replacement therapy is the clear message. Androgen deficiency in aging men always begets the question – to treat or not to treat? However a step yet to be more clearly defined is who to treat? As the number of elderly males continues to increase is the developing world able to screen androgen deficiency more cost effectively or not? Ugwe et al attempt to answer this. Diabetes-related eye disease is common and traditionally cataract and retinal disease has dominated this aspect of visual morbidity. Mathebula et al clearly allude to a lesser appreciated dimension of diabetes and abnormal optics and have also provide an insightful pathophysiological basis to why pre-presbyopia exists in patients with diabetes.

Happy reading, focus, remember well and enjoy the MCQs.

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