
EDITORIAL

Greetings and welcome to the first edition of JEMDSA in 2019.

Summer has certainly been a scorching experience. Likewise, the global political and economic weather has offered much discomfort with high temperatures recorded. Will this inclemency spill over into our environment of healthcare delivery as we grapple with the initial implementation of universal health care in South Africa? Past editorials have alluded to words such as “transformation, disruptive and meaningful” as we identified the gender inequality in academic endocrinology (a universal challenge of too many Adams and not enough Eves), offered data that may have changed our understanding of diseases (as relevant to Africa and the developing world) and strived to offer the best advice that would impact (hopefully favourably) on patient outcomes and good management (rather than mismanagement).

And so, going forward, we will attempt to pursue these noble endeavours in 2019 notwithstanding the equally noble commitment and efficiency of our JEMDSA’s reviewers. So, in the year of the pig, the horoscope would suggest that our reviewers are likely to be more generous (in allocating JEMDSA more time) but they are likely to be more lethargic (so our turnaround time for completing reviews should receive tighter monitoring).

A total of six articles have been published in this review, four arising from South African sites and two from sub-Saharan Africa

– three relate broadly to bone disease and three to diabetes mellitus. Primary hyperparathyroidism (particularly in the young) can mimic “classic” rickets and Paruk I et al. indicate this in their case reports. Ale A et al. examine the relationship between hyperthyroidism, bone turnover and fracture risk in 40 adults. Vitamin D insufficiency/deficiency is common and Chutterpaul P et al. indicate this incidence in a cohort of older citizens in South Africa and also identify risk factors that may contribute to fractures in this group. Diabetes-related lower limb amputations continue to plague the world as a major source of morbidity and mortality as is the too frequent occurrence of poor glycaemic control. Pillay S et al. report this association (increasing, stable or decreasing trend) in 10 health districts in South Africa. Type 2 diabetes is associated with much comorbidity and includes hypogonadism in males. Sisay T et al. report this association in 23% of male patients with diabetes and indicate that younger men are affected as well and notably (but not unexpectedly) obesity and poor glycaemic control emerge as major risk factors. Last but certainly not least, lifestyle intervention and specifically adherence to a nutritional education programme was assessed by Muchiri J et al. Thus intrinsic (to the tertiary facility) issues and extrinsic factors (social determinants) that impact adversely on this lifestyle intervention, were identified.

Happy reading.

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