EDITORIAL

Dear Colleagues,

It would be amiss on my part if I neglected to comment on the enormous success our Springbok squad achieved in Japan earlier this month. Their win was underpinned by the foundation of clear strategy, discipline, limited errors, teamwork and leadership – this has to be acknowledged, admired and cherished. Should this platform not also frame our quest to implement universal health care in South Africa? Analyses of the matches will clearly show that our opposing teams were outplayed both by Springbok physical power and mental toughness, attributes which facilitated focus and staying power for the entire duration of the tournament. A successful NHI programme requires no less in focus and perseverance.

Importantly, within this winning formula was an essential and core ingredient that allowed success. Likewise, is there not an essential something that we require to improve the health outcomes in patients with non-communicable diseases irrespective of whether the NHI roll-out is delayed by financial constraints or accelerated by socio-political imperative? And so I suggest that above all, our Springboks were the individuals best able to execute the basics (of the modern game)!

This current edition of JEMDSA hosts five submissions on diabetes. The research papers speak collectively to very basic deficits in diabetes care. They reflect on many regions of southern Africa and Nigeria and also allude to challenges evident in the public and private health sectors. These highlighted deficits certainly beckon a "back to basics" strategy that clinicians need to prioritise.

Sashadew N et al. offer a "big data" approach to assessing diabetes demographics within an urbanising setting (suggesting the probable lack of equivalent care in rural areas), oscillating incident rates (indicative of patient mobility), the use of appropriate diabetes screening and easier access to care (reducing the number of patients defaulting treatment). Again, looking in a primary care setting, vd Berg L et al. offer a cross-sectional analysis of the interplay between nutrition, glycaemic control and compliance. They identified deficiencies in the basics of care – poor dietary intake, excessive tobacco and alcohol intake (57% of men) and poor patient empowerment in regards to self-glucose monitoring (0%) and ignorance of appropriate glucose targets (94%). Notably, Coetzee A et al., assessed the status of public sector healthcare workers and identified a high prevalence of hyperglycaemia (24%) and risk factors for developing future diabetes in a large cohort (11%). The return to the "back-to-basics" fundamentals of diabetes care are evidently sorely needed amongst patients and personnel alike! Ezema C et al. report of the value of a structured and intensive aerobic exercise programme in improving metabolic and cardiovascular parameters in T2 diabetic patients treated with older therapies (metformin and sulphonylureas) perhaps mitigating the need of more modern and protective therapies where cost constraints are a major consideration. Diabetes is associated with many co-morbidities and Naidoo L et al. highlight that major depression is common (17% incident rate) in patients with diabetes and contributes to significantly higher admission rates. Lastly, Ojo O et al. report on the association of positive thyroid autoantibodies in Nigerian patients presenting with goitre and offer correlations of TPO Ab with an euthyroid (7%), hyperthyroid (76%) and hypothyroid status (100%) in these patients.

So, happy reading and as 2019 passes us by I wish all colleagues (especially those energetic JEMDSA reviewers) a prosperous and healthy 2020.

Jeff Wing