EDITORIAL

Dear Colleagues,

It would be improper if this first edition of JEMDSA 2020 neglected to comment on the current COVID-19 pandemic. At the time of writing the number of confirmed cases stood at 127 838 thousand and the number of deaths was 4 717 thousand (WHO dashboard, 15.03.2020). This infection will certainly impact significantly on global mortality and also, somewhat innocently so, on the impending and overdue world economic slowdown and probable recession.

While world attention is focussed on this new and novel viral pandemic, the other more entrenched pandemic carries on more silently. Thus during the ensuing 12 months some 5.1 million additional human deaths will be attributed to diabetes, roughly one death every seven seconds (IDF Report, 2016). Many of these deaths will be related to cardiovascular events. In South Africa alone, as many as 210 deaths each day are accounted for by a cardiac aetiology (Heart and Stroke Foundation SA, 2017).

So how are South African clinicians inadvertently contributing to this NCD pandemic? Retrospective data from two tertiary academic institutions give some clear insights to this question. Firstly Naidoo S, et al. indicate that in a cohort of 200 diabetic patients with a median HbAic of 8.3% only 26.5% and 12.5% of patients achieved ideal LDL cholesterol and composite lipid targets, respectively. In the second study Bulbulia S, et al. in a cohort of 321 diabetic patients offer much the same results – the mean HbAic level was 9.5% and ideal targets were only achieved in 15.3% (HbAic), 22.6% (LDL cholesterol), 25% (blood pressure) and 11% (waist circumference) of patients, respectively. It would seem that "new" and "smarter" strategies are needed to address these identified deficiencies in treatment. A third study by Mhishi SB, et al. also identifies a practical and real world deficit in diabetes care – most patients in their cohort were unable to assess glucose levels accurately utilising photometric strips suggesting that self-monitoring without access to a glucose meter may not only be inaccurate but also unsafe.

Most journals avoid publishing reviews and case-studies unless these offer unique and/or paradigm shifting options in enhancing clinical practice. Schellack N, et al. offer a very useful review on how clinicians should interpret thyroid function tests. As thyroid disease is common and thyroid hormone replacement therapy a frequent necessity, better insights into the complex interactions between TSH, FT4 and FT3 in the absence and presence of T4 and/or T3 replacement, is welcomed and needed. A rational and compelling review of the established, old versus possible, new TSH paradigm is presented. The final submission by Coetzee A, et al. highlights a unique lesson of chronic/recurrent virilisation in a female patient who underwent both hysterectomy and bilateral oophorectomy. A definitive diagnosis in such patients is often elusive as it is intriguing and alludes to the wisdom often expressed, that the practice of medicine is indeed a humbling experience.

Happy reading, wash your hands, wear your masks but above all, re-strategise on how you will endeavour to improve metabolic control in your patients with diabetes.

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