EDITORIAL

This first publication of 2021 hosts six publications. A warm welcome to 2021 and endocrinology South Africa (our international colleagues notwithstanding) is in order. Recently it has been reported that endocrinologists are amongst the happiest of sub-specialists in clinical practice, but they are also the most prone to work-related burnout. As such an appropriate acknowledgement to colleagues at home and abroad for submitting manuscripts (this is an increasing number) and to colleagues who have assisted magnificently in reviewing these submissions – your contribution is well appreciated (so remain happy and engaged) and to those academic colleagues who somehow manage to consistently evade the review support-service, please contribute and nurture your journal (so de-stress more often and avoid burnout).

Two papers relate to bone disease and reflect South African perspectives that hitherto, have not been well reported. Thus the characteristics of hyperparathyroidism and bone disease (Budge M, et al.) as manifest in 56 patients presenting pre-parathyroidectomy are comprehensively documented and the prevalence of vertebral fractures and associated risk factors in elderly patients from different ethnic groups (Esaadi M, et al.), described.

Two other studies also reflect new and relatively unique characteristics in South African patients presenting with less common but well-known endocrine disorders. Phaechromocytomas/paraganglionomas commonly reflect a genetic etiology and a practical and cost-effective diagnosis of confirming succinate dehydrogenase deficiency is possible – this abnormality characterised a third of 52 patients (Bruce-Brand C, et al.). Hyperemesis gravidarum is potentially a serious disorder and its association with thyrotoxicosis is well documented and alludes to the interplay of hormonal changes and interactions in pregnancy. The hyperthyroidism of pregnancy is multifactorial in etiology and this is well reported and characterized in 82 patients (Van der Made T, et al.).

The effectiveness of lifestyle intervention in the treatment of patients with diabetes mellitus is well established. This includes exercise as important therapeutic option and the form that an exercise programme, especially the roles of intermittent vs more continuous (and established) training should take is well-reviewed (Hicks D, et al.). Lastly, the role of community-based, patient support in diabetes care was studied prospectively (Reid M, et al.) and its (in)effectiveness or not, ascertained. This is important as public health programmes designed to operate at the community level are planned and implemented – a reset may be prudent.

Happy reading.

Jeff Wing