

---

## EDITORIAL

### *There is nothing permanent except change*

Heraclitus of Ephesus

Welcome to the first edition of 2022. The last two years have posed innumerable challenges to individuals the world over, with the COVID-19 pandemic overshadowing every aspect of life. Healthcare workers, in particular, have faced the brunt of both professional and personal trials and countless changes to the landscape in which we practise. Over the last two years, our knowledge about the virus has grown exponentially. Although we feel relative “safety” after the peak of the Omicron wave, we are also acutely aware that circumstances may change for the worse. Despite these difficulties, we start this year with renewed optimism and hope for a positive and productive twelve months ahead. The JEMDSA editorial team has high hopes for the journal and plans on providing stimulating content to our readers. Further information on this “re-engineering” of our journal will ensue in the near future.

In this issue of the journal, we feature six publications, two of which focus on the association between COVID-19 and hyperglycaemia. Both remind us of the growing interplay between infectious diseases and metabolic disorders that is emerging. In the paper entitled *Hyperglycaemia, diabetes mellitus and COVID-19 in a tertiary hospital in Kwazulu-Natal*, Ikram and Pillay report the results of a retrospective analysis of in-patients with COVID-19, and highlight the importance of glycaemia as a prognostic marker for these patients. In their paper, *COVID-19 and hyperglycaemic emergencies: perspectives from a developing country*, Bhikoo and colleagues present a series of four cases from the first wave of the pandemic which illustrate the challenges of managing COVID-19 in a developing country.

The rising prevalence of diabetes is of particular concern in sub-Saharan Africa. Sahadew, Pillay and Singaram describe, in *Diabetes in the Western Cape: an eight-year profile*, the results of

an audit of diabetes-related public health data, and highlight the desperate need for intensive screening for improved detection of diabetes in the public sector. Still on the subject of diabetes mellitus, Manickum and colleagues investigated the effectiveness of a foot-care education module in improving the behaviour of people living with diabetes. The study found that face-to-face education improved knowledge and behaviour in patients. While this result is not surprising, the paper serves to underscore the importance of patient interaction in improving healthcare objectives. The journal also features a review paper by Chetty and Pillay exploring the complex relationship between age and glycaemic control in patients living with diabetes mellitus in the context of HIV infection.

The management of transgender patients is complex and necessitates the involvement of a multidisciplinary team. At present there is a paucity of data, especially South African data, on all aspects of care provided to transgender individuals. Phiri-Ramongane and Khine look at the *Role of clinical laboratories in reporting laboratory results of transgender individuals on hormonal therapy*. The review paper highlights the challenges faced by clinicians in interpreting test results of transgender individuals on hormonal therapy and highlights the need for establishing reference ranges which will assist in the correct interpretation of results.

Before concluding, we would encourage you to contribute to your journal in any (or many) capacity(ies): researcher, reviewer or clinician.

Happy reading!

**Jeff Wing and Nasrin Goolam Mahyoodeen**