
EDITORIAL

Alone we can do so little; together we can do so much.

Helen Keller

Welcome to the second issue of the journal for 2022. The wars are certainly happening. The newer conflicts – military between Ukraine and the Russian Federation, economic between the West and the Rest and the structural dichotomy between the “free world” and the “freed world” – are indeed raging and have placed the global order at a major inflection point of change. The old wars against COVID-19 continue and those against non-communicable diseases (NCDs), likewise, are far from being won. As such, it is appropriate that the current issue has a strong focus on type 2 diabetes, with five of the six papers being diabetes-related. Of note and importantly, we include two publications from the allied health care disciplines. These focus on the role of biokinetics and nutrition in diabetes management. The importance of a multidisciplinary team approach which includes allied health care professionals, should not be under-estimated.

Firstly, Sookan and colleagues highlight the poor compliance to exercise as part of diabetes self-management and patients’ low levels of awareness of the field of biokinetics in *Exploring the role of the biokineticist in diabetes self-management*. Kapp and colleagues explored the need for an alternate strategy for diabetes nutrition education in patients with low-literacy levels. In his paper entitled *Hypertension and diabetes: a collision of two heavyweight non-communicable diseases*, Pillay shows the association between hypertension, diabetes and diabetes-related complications. While these findings are not unexpected, they underscore the importance of managing associated cardiometabolic diseases in patients with type 2 diabetes.

Age and diabetes control in an HIV-endemic country by Chetty and Pillay looks at the relationship between age, HIV status and diabetes control. The authors demonstrated that older patients had lower mean glycated haemoglobin levels compared to younger individuals, as did patients with HIV infection in comparison to their HIV-uninfected counterparts. In a paper from Cameroon, Etoga and colleagues looked at the prevalence of erectile dysfunction (ED) in a cohort of patients with type 2 diabetes and concluded that there was no association between the ED and total testosterone levels. As such, they question the utility of this assay in resource-limited settings. Moving away from diabetes, Dreyer and colleagues undertook to investigate *The utility of serial prolactin sampling in healthy adult volunteers*. Their findings support the practice of a delayed sample collection when evaluating prolactin. This is likely to mitigate the need for repeated testing or unnecessary investigation.

In our efforts to improve the quality and readership of the journal, I would again encourage you to submit original research, and in particular, encourage submissions from allied health care professionals. Such papers will not only improve the body of knowledge-related diabetes care but also reinforce the necessity of the multidisciplinary team approach to patient care.

Happy reading and try and win some wars!

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