
EDITORIAL

As the year draws to a close, acknowledgement of World Diabetes Day on 14 November is appropriate. Ever since its inception by the WHO in 2007, we have celebrated the day when Frederick Banting was born, but also indulged in soul-searching as we reflect on the diabetes epidemic, which continues to grow while the desired outcomes for many patients remain elusive. As such, the theme of World Diabetes Day 2021 is “access to care”. Perhaps in many nations of the world, including South Africa, the theme should be modified to “access to care of adequate quality”.

It is notable that in this edition of our journal, all six submissions provide comment and data about the state of diabetes care in SA and other countries in Africa and Eastern Europe.

Not unsurprisingly, we learn that the lack of quality diabetes care remains pervasive in many instances. Increasingly it seems evident that we do not perform the “basics” well, from offering appropriately informative referral reports as patients with diabetes transition from hospital to primary care clinics. McGrath and Pillay lament that, in up to 80% of instances, reports lack many essential details, including obvious clinical data, laboratory information and a management plan. Dietary compliance (a primary and fundamental lifestyle treatment tool) often reflects failed implementation rather than lack of knowledge on the part of patients, and according to Mphasha et al., optimisation (i.e. a reduction) of portion size of food components by involving a family-centred dietary care approach may be a culturally appropriate strategy to implement. The

International Diabetes Management Practices Study by Kaplan et al. offers an observational assessment of real-life physician practices and patient responses. The reported audit identifies basic and common treatment missteps – 30% of their patient cohort achieved HbA1c levels of less than 7%.

The overlap of epidemics, HIV and diabetes in this instance, is an important occurrence in South Africa, and the interplay between glycaemic control and HIV positivity may impact on anthropometric indicators (i.e. height) and, according to Chetty and Pillay, may offer a varying presentation on how the thrifty phenotype hypothesis is ultimately expressed.

So let us now turn to the vitamins! Low vitamin D₃ levels are associated with many adverse effects, and normal or high levels are associated with many benefits. Diabetic retinopathy is a recent addition to this list, with low vitamin D levels being associated with more severe eye disease as shown by Nadri et al. Finally, Kwape and colleagues discuss how anti-diabetic medication has adverse effects and the risk factors for vitamin B₁₂ deficiency in patients receiving metformin are investigated.

So, as World Diabetes Day approaches, we should rightfully acknowledge Frederick Banting (born 14 November 1891) by celebrating the centenary year of his co-discovery/isolation of insulin (1921) and continue to strive and commit to the call of facilitating “access to diabetes care” that is of better quality.

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