
EDITORIAL

Welcome to the first edition of 2023. The last year has been turbulent and fast-paced. We have just recently marked one year of the war in Ukraine. We have also started this year with news of the catastrophic earthquakes that have devastated parts of Turkiye and Syria. In addition to this, we continue to manage as best we can with the daily struggles of power cuts.

This issue of the journal features six publications, five of which focus on diabetes mellitus. In their narrative review paper entitled '*Beyond HbA1c cardiovascular protection in type 2 diabetes mellitus*', Adamu and colleagues summarise various benefits of the novel anti-diabetic therapies and highlight the paradigm shift in diabetes management that emphasises a move away from the glucocentric approach towards both cardiovascular and renal protection. Konar and Pillay look at the '*Association between anthropometry and cardiovascular risk in patients attending a diabetic clinic*'. The key finding in this paper was that waist circumference is a significant indicator for hypertension in women living with diabetes, but not in men. The authors advocate for local guidance on gender-specific cut-offs on anthropometry in people living with diabetes.

In a small retrospective study conducted in The Gambia, Agboghoroma and Forrest describe the characteristics of patients with diabetic ketoacidosis (DKA) at their centre. Of note, less than 10% of patients with DKA were known with type 1 diabetes. Mphasha and colleagues conducted a systematic review entitled '*Primary health care–family partnership for better diabetes outcomes of patients: a systematic review*'. The inclusion of the family in diabetes care and the establishment of family–health care partnerships is an important, yet neglected aspect of diabetes management. In a retrospective study, Moosazadeh and colleagues showed an association between hypothyroidism and gestational diabetes in an Iranian cohort. In a case report from Senegal, Lame and colleagues describe the coexistence of two rare congenital malformations: thyroid hemiagenesis and congenital absence of pectoralis major (Poland syndrome).

Before concluding, it is worth mentioning that JEMDSA represents the SEMDSA membership and the quality of the journal is entirely dependent on its contributors and reviewers. Its success relies heavily on your support. I urge you to contribute meaningfully to your journal in both of these roles.

Happy reading!

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