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## EDITORIAL

Dear Colleagues

As 2018 reaches its end it seems appropriate to reflect on what our Journal has achieved and also, what it did not, this year. This reflection should not overlook the hard and often grinding contribution the Journal's staff made. However, in acknowledging the valuable academic input by a small cohort (the great majority are volunteers) the Journal should continue to strive for improvement. This improvement (within its austere imposition of limited resources) is unlikely to be dramatic but it can and should be incrementally relevant.

The Journal represents a small society of endocrinologists from a small country situated in a large continent beset with even larger challenges including those enormous ones that determine poor health outcomes. As such, the Journal should offer new (and also not so new) knowledge that may result in better and more direct health and patient outcome. It should also focus on major disease burdens if ownership of new and major health policy directives (refer to the NHI implementation in SA) is to reflect rational clinical and academic input. Lastly, the Journal should be both medically and socially transformative – this imperative should importantly not only consider the broader society of citizens whose health it seeks to promote, but also address equity and opportunity within its own constituencies.

This November issue features three international and three local submissions. These include four articles that address various aspects of diabetes (an emerging world epidemic), related care and outcomes, an analysis of post-treatment outcomes in patients with acromegaly and last but not least, a sober audit of clinical and academic representation (unequal by all accounts) by endocrinologists who happen to be women.

Mukona D and colleagues highlight the adverse impact of poor adherence (average of only 66%) to glucose-lowering therapies

in Zimbabwe as reflected by poor maternal and neonatal outcomes. They reinforce the need to achieve glucose control in pregnant mothers with diabetes. Diabetic macular oedema is a common complication and contributes to significant visual impairment in patients. Cavdari C et al provide real life options of utilising intra-vitreous vascular endothelial growth factor inhibitors to improve visual performance. This Turkish study highlights both the efficacy and the challenges inherent in such chronic therapy. Siddique M et al provide an option of reducing HbA<sub>1c</sub> levels significantly with exercise intervention gauged objectively by pedometry (mean daily step counting) – a pragmatic, simple and economic lifestyle intervention appropriate for patients in Johannesburg? The frequency of hypoglycaemia remains a major limitation to intensive insulin replacement in patients with Type 1 diabetes striving to attain normoglycaemia. Continuous or intermittent (flash) glucose monitoring devices no doubt can contribute to equal or improved HbA<sub>1c</sub> levels with attendant less hypoglycaemia. This engaging (well informed and motivated patient required) and expensive (sustained funder acquiescence) option is comprehensively reviewed by Distiller L. Abdurrouf M and colleagues provide a retrospective analysis of the outcome of primary pituitary surgery for acromegaly. The Durban experience reveals the challenges of attaining comparative cure rates in the setting of advanced disease and resource constraints in the developing setting. Finally Elhakimi W and colleagues remind us from Madina in Saudi Arabia that women only account for 28% of authorship in major endocrinology journals despite accounting for some 75% of worldwide endocrinology fellowships. Either women somehow lose their skills in research and publishing data or some major transformative agenda in clinical and academic endocrinology is indicated. Perhaps SEMDSA and JEMDSA may take the initial steps and offer world leadership in this regard!

A prosperous 2019 and merry Xmas or better, Mary Xmas.

**Jeffrey Wing**