

## Comment

The current issue of "Postępy Nauk Medycznych" ("Progress in Medicine") is a result of the cooperation between centers from Białystok, Warsaw and Zabrze. The published papers are connected with the main topic, i.e. with diabetes and diabetic nephropathy. I will not comment the review papers because of shortage of place, however I would like to recommend these papers to the Reader, hoping that the information included will be helpful in a daily practice.

In this issue there are 5 original papers. In the first one a group of authors from the Medical University of Białystok assessed renal function in the patients with diabetes referred to a coronary artery intervention (1). It is an important problem, as risk of the adverse events after intervention is increasing parallel to a declining renal function. As it was shown, an impaired renal function can be diagnosed in almost half of the patients. The authors conclude that assessing of creatininemia is insufficient for a proper workup, and estimation of glomerular filtration (GFR) is necessary.

The next paper regarding the similar "cardiodiabetonephrologic" group of patients, assessed the influence of pacemaker implantation on the renal function (2). The results indicate that this procedure is safe in patients with as well as without diabetes.

In another paper from Białystok the authors assessed (unfortunately in rather small patient group) dental and periodontal status of hemodialyzed patients (3). They found that caries and periodontal lesions were more prevalent in patients with diabetes. This group of patients should be therefore more carefully assessed by a dentist and intensively treated (especially when referred for a renal transplantation).

The concentration of VAP-1 in peritoneal dialysis patients was assessed in the next paper from Białystok (4). The authors have shown that diabetes is one of the factors influencing VAP-1 concentration. Practical use of this information is at present not known.

Finally, the last paper, that similarly to the first two is connecting cardiology and diabetology, assessed an influence of a intensity of atherosclerosis (measured by means of a modified SYNTAX score) on a prognosis of patients with acute coronary syndrome (5). It is easy to observe that all the papers regard a borderline between different medical specialties.

More and more such papers is being published in the last time, forming a specific "*signum temporis*". From one side many doctors acknowledge the lack of a holistic view of their patients, from the another, however, narrowing specialties result in choosing more and more narrow questions and narrow inclusion and exclusion criteria in the clinical research. Not „patients with diabetes” are object (and subject) of clinical research nowadays, but e.g. „patients with diabetes and chronic renal disease stage 5 treated conservatively after acute coronary event”.

This trend is of course connected with a necessity to answer more and more detailed clinical questions, and it is, as it seems, a good trend when looking from the EBM perspective. One should however remember that in every patient many such detailed questions can be asked and it is the answer for all of them that makes the solution of the problem more possible. One should also not forget that the art of medicine is something more than EBM alone. The solution of patients' problems requires holistic and often psychological approach.

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