

Comment

Diabetes is one of the “epidemics” of the XXIst century. The number of subjects with diabetes is close to half a billion and it is predicted that in the next twenty years it will exceed 600 millions. Diabetes is connected with numerous systemic and organ-related complications, and in spite of the fact that their incidence and prevalence is dependent on many factors, like genetic predisposition, duration of the disease and its control as well as on presence of coexisting diseases and their control, it can be stated that one of those complication will be at some time diagnosed in every patient with diabetes. Therefore a patient may present her- or himself by doctors of different specialties: internist, surgeon, cardiologist, nephrologist, ophthalmologist, neurologist, endocrinologist and others. From the other side, each doctor must in the professional life be confronted with a patient with diabetes, and the more the prevalence of the disease will increase, the greater the chance to meet and treat those patients.

I have agreed to edit this issue of the journal from one side to show – of course in a limited way – a diversity of patients with diabetes and diversity of problems one can encounter treating them. From the other side I hope that showing that problems will help at least some of You in the diagnostic and or treatment of those patients, but also with the patients on earlier stages of the disease development.

Diabetes is only a manifestation of the problem, which starts much earlier and develops slowly and deceitfully. The disease is indeed only a complication of obesity and insulin resistance, that are describes in two of the papers that build this issue of the journal. The question whether it is better to prevent or to treat a disease is of course only a rethoric question. It is clear that it would be better to prevent diabetes in subjects with prediabetes or preferably even earlier. The above mentioned papers describe these problems, showing also possible ways of diabetes prevention. The original paper written by a team under direction of Professor Grzeszczak shows that the above mentioned states may be genetically determined, that it is important to search for such genetic predictors and that in the future it could be necessary to determine a genetic predisposition to obesity and insulin resistance already early in the human development in order to introduce preventive measures in those particular patients in whom it will be most effective.

Other papers in this issue show different problems connected with diabetes. Cardiovascular complications, hypoglycemias, tiredness and its possible reasons, endocrinological reasons of carbohydrates’ metabolism disturbances, problems connected with irregular life patterns resulting e.g. from weekend breaks, last but not least problems with pancreas transplantation in subjects with diabetes mellitus. All those topics build a complicated picture of diabetes – from its initial, preclinical period to advanced stages of the development.

I hope that the lecture of the papers collected in this issue of the journal will help You in Your daily practice and daily work with patients with diabetes.

Professor Edward Franek, MD, PhD