

Clinical Diabetes and the Diabetes Epidemic

Jennifer B. Marks, MD, FACP, FACE, Editor

The incidence of diabetes is rising sharply as the population grows older and more obese. Since 1960, the prevalence of diagnosed diabetes has increased by two- to threefold.¹ At the same time, awareness of diabetes as a heart disease equivalent has evolved.² It is more crucial than ever for diabetic patients to receive optimal care.

However, according to national surveys taken between 1988 and 1995, as

described in the review by Tulloch-Reid and Williams in this issue (p. 43), such care was not the norm during this time. In the years since, an abundance of medical research has accumulated demonstrating the necessity of treating glucose, blood pressure, and lipids aggressively and of using angiotensin-converting enzyme inhibitors, statins, and aspirin to prevent the development of macro- and microvascular complications.³ With the wealth of evidence available from clinical

research, the quality of diabetes care has hopefully improved in step with the evolution of this new knowledge.

The role of *Clinical Diabetes* is to disseminate timely information in an effort to improve care by translating important results from diabetes research into reviews, advice, and guidelines for health care providers. During the past 5 years, under the capable leadership of Irwin B. Hirsch, MD, *Clinical Diabetes* has published practical information about

diabetes treatment for the primary care community. As the new editor of *Clinical Diabetes*, I plan to continue this focus.

The health care professionals who comprise our editorial board offer a wide spectrum of experience and expertise in all aspects of diabetes care. Our new associate editors contribute significantly to the board's broad knowledge base and are enthusiastic about being part of this team.

John B. Buse, MD, PhD, CDE, an endocrinologist/diabetologist, is an experienced clinician, researcher, and educator and chief of the Division of General Medicine at the University of North Carolina in Chapel Hill. His clinical practice includes patients in a rural family care clinic, an academic medical center, and private practice. His research has involved the evaluation of treatment and prevention strategies for diabetes and its complications in adult and pediatric age groups. Dr. Buse brings to the board a wealth of clinical experience and familiarity with day-to-day diabetes care and clinical research.

Alan M. Delamater, PhD, ABPP, is a behavioral scientist and director of clinical psychology at the Mailman Center for Child Development at the University of Miami, Fla. He is an active educator, clinician, and researcher and has been involved in many areas of diabetes research, including health-related behaviors in Hispanic children and families with obesity and type 2 diabetes. Dr. Delamater will enhance the board's focus on behavioral aspects of diabetes health care from the clinical and research perspectives.

K.M. Venkat Narayan, MD, MPH, MBA, FACP, is an Indian-born physician and epidemiologist trained in India, England, and Scotland. He is currently chief of diabetes epidemiology at the Centers for Disease Control and Prevention in Atlanta, Ga. He also teaches International Health and Epidemiology at the Rol-

ins School of Public Health at Emory University in Atlanta. In the past, he participated in the National Institutes of Health studies of the Pima Indians, a Native American group with one of the highest prevalence rates of obesity and diabetes in the United States. He is now involved in public health, epidemiological, and health service research. Dr. Narayan brings to the board a perspective on diabetes from clinical, epidemiological, and public health points of view.

My own experience with diabetes care began as a nurse practitioner, an experience that I believe still enhances my clinical practice today. I am currently an endocrinologist/diabetologist at the University of Miami, where I see patients, teach, and conduct clinical research in several areas of diabetes, including diabetes prevention, treatment, and prevention of complications. Before taking the helm at *Clinical Diabetes*, I served two consecutive terms on its editorial board.

The remainder of the editorial board includes endocrinologists (including one pediatric endocrinologist), internists, family practitioners, behavioral scientists, nurses, dietitians, a pharmacist, and a podiatrist, all of whom share a common interest in diabetes care. The diversity in this group helps us create a journal that addresses a wide range of issues related to diabetes care.

Clinical Diabetes will continue offering many of the same types of articles that you have found informative in years past. Our "Feature Articles" will highlight different clinical aspects of diabetes through up-to-date reviews by experts in their fields. "Case Studies" will present interesting, challenging, and informative cases based on actual patients seen by clinicians in their practices. Our regular department called "The Business of Diabetes," ever more important in today's health care environment, will continue to address issues related to health care delivery and eco-

nomics. We will also continue to reprint from the journal *Diabetes Care* American Diabetes Association position statements that provide current guidelines for diabetes management, particularly those relevant to primary care practice. Our department called "Practical Pointers" offers useful summaries focused on important clinical aspects of diabetes, and its accompanying patient information handouts are tools you can photocopy and use in daily diabetes management. Finally, the "Landmark Studies" department, as its name suggests, will review and translate the results of clinical research that are likely to affect diabetes treatment.

In summary, the new editorial team of *Clinical Diabetes* has made it their priority to maintain the journal as 1) a useful venue for translating results from clinical trials that have implications for the delivery of diabetes care, 2) a source of reviews on state-of-the-art diabetes management topics, and 3) a resource on evidence-based recommendations for clinical diabetes care for busy primary care providers. This is a particularly challenging time for those in health care to remain informed about new advances in diabetes treatment. As the prevalence of diabetes increases and the threat of complications remains pervasive, it is more essential than ever that *Clinical Diabetes* be an effective means by which to achieve this end.

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