Heraclitus of Ephesus (535–475 BC) was a Greek philosopher who stated: “There is nothing permanent except change”. This is an apt description of the current state of diabetes diagnosis, in the light of the proposal by the American Diabetes Association to include HbA1C as a diagnostic criterion. This proposal has generated a vociferous response, including a statement from the SEMDSA executive committee published in this issue of JEMDSA, as well as a number of studies examining the diagnostic accuracy of HbA1C. Notwithstanding the cost of the assay and issues such as laboratory precision, it appears that a significant number of subjects are undiagnosed when the HbA1C is used with or without fasting plasma glucose. During the recent European Association for the Study of Diabetes congress, a plethora of studies examining HbA1C as a diagnostic criterion were presented, and most concluded that HbA1C alone failed to diagnose a significant number of subjects that were diagnosed with glucose criteria. In some of the studies, concepts such as “rule in” and “rule out” HbA1C cut-points were introduced, increasing the complexity of the diagnostic criteria. Perhaps the words of the American composer John Cage (1912–1992) best describes where we are now, grappling with the fundamentals of diagnosing such a common disease: “I can’t understand why people are frightened of new ideas. I’m frightened of the old ones.”

William Shakespeare knew of the human conditions leading to obesity many years ago when he wrote, in King Henry IV: “Thou seest I have more flesh than another man, and therefore more frailty”. This issue is examined by Genevieve Jardine in a practical article on obesity and behavioural change. There is no doubt that highly motivated individuals are capable of self-directed weight loss, equal in magnitude in some instances to that achieved with bariatric surgery, as reported in the Weight Control Registry.1 The difficulty is in stimulating and sustaining change in a calorie-laden low energy-expenditure environment, and it seems that much work remains to be done in understanding the psychology of diet, exercise and body mass. The field of research in obesity has moved beyond the hypothalamus and adipokines, to consider the gut microbiome as a major culprit in some instances.2

So convincing are the data on the role of gut organisms, that a trial has been initiated in which faecal material from lean healthy subjects is introduced, by gastroduodenal tube, into obese subjects with the metabolic syndrome, the so-called Fatlose trial.2 Perhaps even more surprising is that volunteers have actually been enrolled in this trial and preliminary results have been released. The JEMDSA article certainly provides more practical and useful advice on the day to day approach to management of subjects with increased body mass.

Still on the theme of obesity, the journal also provides advice on prophylaxis against venous thromboembolism in patients undergoing bariatric surgery, procedures that will no doubt increase in popularity in the future, as has occurred in a number of other countries.

Stephen Hough, on behalf of NOFSA, addresses the intriguing question of an association between calcium use and increased risk of cardiovascular disease. The situation is akin to the meta-analysis on a specific thiazolidinedione and the unexpected risks that were reported by that study. Calcium is, however, taken by a far larger group of people than those on thiazolidinediones, and it is clearly important to understand any risk with calcium supplementation as well as any modifying factors, such as concurrent vitamin D use.

Other articles address mortality in type 2 diabetes in Nigeria and case reports of phaeochromocytoma due to mutations in the VHL gene. Something for everyone, so enjoy the read.

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