Time to hand over the reins

The time has finally come, more than 16 years after the inception of JEMDSA in 1996, for me to hand over the reigns as Editor-in-Chief to Professor Willie Mollentze, currently Head of the Department of Medicine at Bloemfontein. I can think of few individuals better equipped to carry out this job than Willie, and wish him well on the exciting road ahead.

JEMDSA originally started out as a supplement in the South African Medical Journal (SAMJ). Four years ago, we teamed up with Dr Douw Greeff and his Medpharm publishing house and since then, the journal has gone from strength to strength. It spread its wings and now functions as the official society journal of SEMDSA, as well as five other learned organisations, namely DESSA, LASSA, NOFSA, PAEDS-SA and SASOM. Scientific content has improved in both the number of papers published, as well as their quality. Advertising and fund generation have also increased significantly. The format and aesthetics of the journal have changed from rather dull autumn browns, to striking summer red, or to quote Douw: “Dit was lekker om JEMDSA rooi te maak saam met jou”. The running of the journal has become an absolute pleasure and with the help of Robyn, Justine and the rest of the team, the administration is smooth and painless. Of course, the throughput of manuscripts can always increase, but this is hardly ever an administrative issue anymore. Invariably, the problem lies with the reviewers. This important matter needs to be addressed and resolved by the new JEMDSA Editorial Board. Currently, obtaining advertising is in automatic mode and as editor, despite the tough economic climate, I have not had to recruit a single advertiser in years. In fact, the journal has now started to generate a handy profit for the first time and the income that is generated is being plowed back into improving its quality. The scientific content has also improved and JEMDSA is now accredited by our National Department of Education. Annually, it earns hundreds of thousands of rands for tertiary institutions by way of publication subsidies.

Given the fact that the administrative and logistical issues in running the journal have been resolved at long last, Willie and his editorial board can now strategise and plan the future of the journal more carefully. Should efforts be maintained for it to function both as a societal mouthpiece and as an endocrine-diabetes journal that caters for specialists and generalists? Should international publications be lifted to enhance the content, especially on the diabetes front, to allow the journal to become more competitive with other local scientific journals in the field? Should international experts be persuaded to join the ranks of the JEMDSA editorial board? Should JEMDSA become a fully-fledged quarterly publication now? These are interesting scenarios which will have to be resolved in the near future. One issue which I regard as a top priority, and which is by no means an insurmountable one for Willie and his team, is international accreditation and publication in worldwide databases, such as PubMed. Like all local journals, JEMDSA faces the difficult challenge of convincing local researchers to publish their research in this journal. The flip side of this conundrum is also perfectly understandable. If the science is good, an attempt is made to get it published, not in a local journal, but in a reputable international one. Therefore, it is incumbent upon the editors and supporters of JEMDSA to obtain international accreditation as quick as possible, and to develop niche areas where colleagues would want to publish their work, not work that is inferior or work that has been rejected elsewhere, but good science of which we can feel proud. One such area is locally relevant original research. Another is good review papers that depict a local flavour. A further untapped opportunity is the research projects of registrars and young researchers, work that is still in progress and has not been completed, pilot studies and preliminary reports that will be subjected to fair, but rigorous peer review, and which will ultimately benefit all concerned parties. Other examples are the guidelines and position papers of the many learned societies that JEMDSA serves. In this regard, the journal boasts a number of high quality, evidence-based scientific guidelines on common diseases such diabetes and osteoporosis, which were published recently.

This issue of JEMDSA contains yet another excellent guideline, this time on the management of dyslipidaemias, published by LASSA. Diabetes also features strongly in this issue. Two original research papers emanated from Paul Rheeder’s stable in Pretoria. One examined factors that influence the carotid intima-media thickness (CIMT) in subjects with type 2 diabetes, concluding that the main predictors of mean CIMT were age and systolic blood pressure, whereas the association between lipid parameters and CIMT failed to reach statistical significance. The other paper explored the use of β₂-microglobulin, which was recently proposed as a surrogate biomarker of peripheral arterial disease (PAD), in 108 subjects with type 2 diabetes. Unlike earlier reports, Rheeder et al found no difference in serum β₂-microglobulin levels in diabetics with and without PAD. Although these papers may be regarded as reporting on “negative studies”, they carry a very important and useful clinical message, and as such, are thoroughly deserving of publication.
A number of review articles on diabetology also feature in this edition of the journal. Nteleki and Houreld, from the Laser Research Centre, University of Johannesburg, address the controversial, yet clinically important topic of electro-physical therapy of diabetic ulcers. The latter includes electrical stimulation, therapeutic ultrasound, electromagnetic therapy and their own area of expertise, low-level laser therapy (LLLT). A quick exploration of PubMed on the subject of LLLT yields an impressive paucity of clinical data and hardly any randomised clinical trials. Therefore, this paper is a valuable contribution and underscores the need for further study. Clearly, collaboration between interested parties is essential, so Nicolette, please keep us posted on developments.

An overview of insulin pump therapy by Vanessa Brown, from the Centre for Diabetes and Endocrinology in Johannesburg, is in no way directed at diabetes nurse educators only. It provides a very handy update on the subject for all healthcare professionals who are involved in diabetes care. For someone who played around extensively with insulin pumps in the 1980s, and soon became aware of their high rates of infusion-site infection, hypoglycaemia and more frequent episodes of diabetic ketoacidosis, I found the new developments (Teflon cannula-tipped infusion sets, sensitive high-pressure alarms and continuous real-time glucose monitoring) in this specialised field to be both informative and fascinating. The honest and factual way in which cost-efficacy, patient selection and the ethical dilemmas that surround all high-cost patient care initiatives which are performed in a resource-restricted environment, like ours, are discussed by the author, is commendable. Vanessa correctly points out that this is an expensive resource, which requires appropriate use by dedicated and experienced teams. To my mind, this is a subject that has not received adequate attention, and although guidelines were published in 2008, this paper makes a valuable contribution. Experience in insulin pump training in teaching hospitals in this country appears to be severely limited and requires urgent attention. And finally, none other than Larry Distiller, Associate Editor (Diabetes) of JEMDSA, provides insights into the large (12 500 patients with impaired fasting glucose, impaired glucose tolerance, or recently diagnosed diabetes) ORIGIN trial. As the national coordinator and spokesperson for this trial in South Africa, Larry provides an honest overview of this largely negative study which nonetheless documented that glargine insulin can be used to maintain near-normal glycaemic control (HbA1c < 6.5) for over six years without an increase in adverse cardiovascular outcomes or cancer risk.

Following a case report of a phaeochromocytoma in pregnancy published in the journal, Bosch et al from Bloemfontein now report on a patient with a pelvic paraganglioma who presented as a hypertensive emergency in pregnancy, underscoring the importance of a high index of suspicion and the rewards of diagnosing a curable cause of hypertension. On the subject of pregnancy, Mike Davey et al (for NOFSA), report on two cases of pregnancy-associated osteoporosis and multiple vertebral compression fractures. A thorough review of the literature and clear recommendations on prevention and management are provided. And that pretty much summarises the current edition of JEMDSA!

All that remains is for me to thank everyone who has supported and made the publication of so many issues of JEMDSA possible for more than 16 years. Clearly, there is no way that I can thank everyone, but Emma Buchanan and JP van Niekerk, editors of the SAMJ, were instrumental in the early days, and for that, I will always be most grateful. Drs Douw and Justine Greeff, Robyn Marais and her team have been quite superb since we joined Medpharm some four years ago. Numerous associate editors, as well as the current co-editor of JEMDSA, Fraser Pirie, and his predecessor, Brynne Ascott-Evans, have had to put up with me for very long periods of time, I am grateful for all their support and patience. To all the scientific contributors and all the advertisers and sponsors over the years, I say: “thank you!” Also a sincere word of thanks to Tereza for reading through every single manuscript (this one included) that I ever wrote for JEMDSA, spelling remains atrocious!

Finally, I am exceptionally grateful to SEMDSA for the marvellous opportunity and privilege to have been able to act as editor of this journal for so long. May it truly grow from strength to strength.

Sterkte!

Stephen Hough
Editor-in-Chief: JEMDSA