

The Voice of the Editor-in-Chief



Dear Colleagues,

The beginning of the new year is a good moment to sum up the past one. It should be noted that it is a year since the first issue of the *Clinical Diabetology* was published completely in English. This was a year of intensive work, and during that time we received from you numerous manuscripts covering important topics, out of which we chose those that we found most interesting and valuable from both purely scientific and practical point of view. We would like to thank you for submitting so many papers and we are looking forward to more. The success of the *Clinical Diabetology* is mainly your merit. Our main intention is to fulfil the expectations of our Readers, mainly in terms of the practical aspect of published articles, so we are open to any comments and suggestions.

Another issue that is extremely important from the perspective of everyday care of diabetes patients is issuing the "Guidelines on the management of diabetic patients" prepared annually for 12 years by the Guideline Writing Group of the Polish Diabetes Association. The Guidelines for 2017, like last year, include modifications of many chapters. This year, experts repeatedly refer to the recommendations of other diabetes associations. In accordance with other diabetic organizations (the American Diabetes Association — ADA, the National Institute for Health and Care Excellence — NICE), glycaemic goals has been liberalized for women with diabetes who plan to become pregnant, and following the guidelines of the European Society of Cardiology (ESC) the recommendations for treatment of dyslipidaemia in diabetic patients have been modified. These changes

are primarily intended to increase the chance for the implementation of the guidelines in clinical practice. In addition, very important change in this year's Guidelines is that for the first time some sections include references to the EBM (evidence based medicine) indicating the level of scientific evidence, which is modelled on the ADA guidelines. A novelty in the current Guidelines is also adding a chapter including tips for some specific situations in patients with diabetes, such as shift work, travelling across time-zones or glucocorticoid therapy, which can also be very useful from the point of view of the practitioner. As we all know, from several years intensive studies have been conducted on the introduction of new molecules for the treatment of diabetes and that, since 2008, each molecule must be assessed in terms of cardiovascular risk. Because in recent years large randomized clinical trials have produced evidence of mortality reduction (both all-cause and cardiovascular mortality) with the use of GLP-1 agonists and SGLT-2 inhibitors, these results could not have been omitted in the current Guidelines. Finally, the Guidelines include some new information about the organization of medical care for patients with diabetic foot syndrome, indicating the presence of primary care and reference clinics, which is to contribute to improving the diagnosis and treatment of this complication.

Offering you this issue of *Clinical Diabetology*, I would like to emphasize your valuable contribution. I look forward to further fruitful cooperation with you in creating the journal of constantly increasing scientific quality and practical value.

Editor-in-Chief

A handwritten signature in black ink, appearing to read 'Janusz Gumprecht', written in a cursive style.

Prof. Janusz Gumprecht

