

The Voice of the Editor-in-Chief



Dear Colleagues,

The key challenge in the treatment of diabetes remains the optimization of pharmacological therapy, which has been recently referred as "individually tailored therapy" but still its primary goal is to reduce the risk of development and progression of the disease. However, besides the search for new ideal diabetes drugs, the equally important problem is the effective and safe use of available diagnostic and therapeutic tools, minimization of adverse drug reactions, increasing knowledge about the disease and its acceptability, adherence to recommendations and, consequently, improvement of quality of life of patients with diabetes.

Considering the above, I would like to draw your attention to two of many interesting articles published in the last issue of *Clinical Diabetology*: the paper presenting an interesting case of using the "old" drug, pioglitazone, on the one hand and the article discussing new possibilities of insulin therapy with ultralong-acting insulin glargine 300 U/mL (Gla-300) on the other hand. The case study presents pioglitazone therapy in a patient with type 2 diabetes mellitus with poor glycaemic control and elevated transaminase levels in course of non-alcoholic fatty liver disease (NAFLD). Pioglitazone therapy resulted in significant improvement reflected by better glycaemic control and decreased liver enzyme activity. It is interesting to point out the possible benefits of using pioglitazone in the treatment of type 2 diabetes, because this drug, introduced in the United

States in 1999 and in Europe a year later, is still very rarely used, mainly due to adverse effects of thiazolidinedione class (which it belongs to) and relatively short time since it has been launched into the Polish pharmaceutical market. On the other hand, an article in the pharmaceutical industry news section, describes insulin glargine 300 U/mL, next (after insulin degludec) ultralong-acting insulin analogue. This article shows new opportunities for basal insulin therapy to achieve lower blood glucose fluctuations and to reduce the risk of hypoglycaemia. Less fluctuation in blood glucose level, as shown by numerous studies, have been implicated in the reduction of vascular damage, which reduces the risk of vascular complications of diabetes and consequently decreases the costs of treatment and improves the quality of life. As with insulin degludec, the added benefit is reducing the incidence of hypoglycaemia, including episodes of nighttime or severe hypoglycaemia that are particularly dangerous because patients are often unaware of them and cannot take appropriate corrective measures, which is associated with direct threat to life, but also in the long term leads to brain damage, cognitive function decline and accelerated development of dementia, especially in patients with type 2 diabetes.

I invite you to read and at the same time to actively contribute to our journals, *Clinical Diabetology* and *Diabetologia Praktyczna*, by submitting interesting papers and comments on topics discussed.

Editor-in-Chief

Prof. Janusz Gumprecht

