

## The Voice of the Editor-in-Chief



Dear Colleagues,

Recently, I had the opportunity to participate in the Congress of the International Diabetes Federation (IDF), which took place in Abu Dhabi from 4 to 8 December 2017 and gathered 8,000 delegates from 165 countries. The program of the meeting was very extensive and covered key issues of modern diabetology. Many interesting reports presented during the Congress addressed, among others, epidemiology, new possibilities of molecular biology, measurable effects of translating basic science into everyday clinical practice, the problem of obesity and related insulin resistance, vascular complications of diabetes and new molecules whose introduction to diabetes treatment raises hope for optimization of therapy and improvement of the quality of life of patients, especially in the context of new results of the Cardiovascular Outcome Trial (CVOT).

During the Congress, I actively participated in a number of interesting scientific sessions devoted to the above topics, especially concerning the availability and use of new therapies and the broadly understood cardiovascular risk. The goal of diabetes treatment is to lower the blood glucose levels and ultimately to prevent complications associated with long-term tissue exposure to hyperglycaemia, but glycaemic control remains difficult and stimulates the search for new directions and effective therapy. Moreover, in the context of new groups of antihyperglycaemic drugs and relevant results of CVOT, the question arises whether the philosophy of treatment based on the glucocentric approach should not change.

Our knowledge about diabetes is constantly deepening and we have witnessed successive turning points in our understanding of the disease, treatment plans and available options for both therapy and self-control, but the more we learn, the more we are convinced that we are still far from obtaining the full knowledge. Incretins and SGLT-2 inhibitors, which are still regarded as “new hypoglycaemic agents”, are a breakthrough in the treatment of diabetes. They allow not only good glycaemic control, but also significantly reduce cardiovascular risk in patients with type 2 diabetes who are at high risk of cardiovascular events. During the meeting, the importance of individualization of treatment was frequently emphasized with regard to intensive treatment of type 2 diabetes patients. The problem of the intensive treatment of type 2 diabetes patients is all the more intriguing, that the impact of intense glycaemic control on the risk of macrovascular complications, including coronary vessels, is questionable. Therefore, in the context of the second CVOT, one may ask, “Is it time to change the approach to the treatment of type 2 diabetes? Is there really a class effect of incretins and SGLT2 inhibitors, despite the differences observed?”

The articles contained in the next issue of “Clinical Diabetology” also refer to the above issues, both in terms of vascular complications and diagnostic and therapeutic options, which I hope will provide support for you in everyday practice. I strongly encourage you to read our journal.

Editor-in-Chief

A handwritten signature in black ink, appearing to read 'J. Gumprecht'.

Prof. Janusz Gumprecht

