

The Voice of the Board

Dear Colleagues,

In recent years, significant progress has been made in the treatment of diabetes. This includes the introduction of new antihyperglycaemic drugs and new insulin molecules into clinical practice, as well as a much wider use of modern technologies supporting glycaemic monitoring and insulin therapy. In the light of these facts, a question should be asked about the latest data on the incidence of chronic diabetes complications.

We are pleased that in 2017 the current position statements of the American Diabetes Association (ADA) on the pathogenesis, prevention and treatment standards of neuropathy and diabetic retinopathy were published. The concept of neurovascular basis for the development of complications was established, and the need to search for new, innovative diagnostic tests of their early stages was emphasized. In this respect, research has been recently conducted on the possibility of introducing into clinical practice assessments of sweat gland function disorders and nerve fibre density in skin biopsy material as indicators of small fibre neuropathy. The authors of the ADA guidelines emphasize that the basis for the diagnosis of peripheral polyneuropathy is still primarily the assessment of subjective symptoms as well as sensation of touch, vibration and temperature, whereas nerve conduction studies should be performed in dubious cases with an atypical course. Clinical evaluation is extremely important due to the fact that up to 50% of patients with neuropathy are asymptomatic.

Screening for retinopathy should be performed at the time of diagnosis of diabetes in patients with type 2 diabetes and after 5 years of the disease in type 1 diabetes. Then, the assessment should be considered every two years if the results of two consecutive tests are correct. The authors of the position statement on diabetic retinopathy emphasize the significant progress made in the field of diagnostic methods and treatment of ocular complications in patients with

diabetes. The optical coherence tomography (OCT), as a method enabling measurement of retinal thickness and non-invasive assessment of macular oedema, as well as wide-angle fundus photography has been widely introduced into clinical practice. This allowed for earlier and more precise diagnosis of previously elusive diabetic lesions. Additional feature of the OCT, which may be used in the near future, is its vascular program enabling precise, quantitative evaluation of the retinal and choroidal vasculature. Demonstrating changes in retinal vessels that precede the disclosure of retinopathy in traditional ophthalmoscopy is of great clinical significance. It is known that the diagnosis of diabetic retinopathy at the stage of benign non-proliferative lesions allows the interventions that may reverse the pathology. Another significant advance in recent years has been the introduction and establishing the role of intravitreal injections of anti-VEGF preparations in the treatment of macular oedema. Epidemiological data have already shown a reduction in the proportion of diabetic patients diagnosed with diabetic retinopathy in studies published after 2000.

This year, I had the opportunity to participate again in the meeting of NEURODIAB [a study group of the European Association for the Study of Diabetes (EASD) with special responsibility for diabetic neuropathy] which took place from 9 to 11 September 2017 in Coimbra. I always consider these meetings as an opportunity to exchange experiences and present my own research results. More importantly, the participants can compare research work and clinical experience in the field of neuropathy between leading centres in Europe and in the world. NEURODIAB meetings have inspired me to make an attempt to introduce into Polish clinical practice the diagnostic methods already implemented in the world. Time will show whether they will be adopted into everyday practice and contribute to the earlier detection of diabetic retinopathy and neuropathy.

On behalf of the Main Board of Diabetes Poland
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