

New evidence, new drugs and new blood



Eugene Hughes

When *Diabetes & Primary Care* was first published in the summer of 1999, the editorial drew attention to the changes that were taking place in the delivery of diabetes healthcare. It was common at that time to say, 'it is an exciting time in the world of diabetes.' Almost 8 years have passed since then and the statement is as true now as it ever was. Over the years, *Diabetes & Primary Care* has chronicled political and organisational change, new therapies and new research. It has presented consensus statements, reported on conferences and featured many educational initiatives.

In 2002, the National Service Framework delivered a template for service delivery, pointing the way for primary care organisations across the UK.

2004 brought the new General Medical Services contract and the ground-breaking Quality and Outcomes Framework, which has revolutionised primary care diabetes services. Criticised and admired in equal measure, it has been scrutinised by health care systems across the world.

In early 2006, Austria took on the EU presidency and nominated diabetes as a health priority. Tenacious efforts by the Austrian Health Ministry combined with the support of various individuals and organisations, led to a EU Declaration on diabetes. Its translation into a full EU strategy is eagerly awaited.

On December 20th 2006, the United Nations passed a resolution on diabetes, following which November 14th will become UN Diabetes Day (www.unitefordiabetes.org [accessed 05.02.2007]). These major policy initiatives will hopefully pressurise governments to focus much-needed attention on the diabetes pandemic.

Here in the UK, the Primary Care

Diabetes Society sprang to life, and has hosted two tremendous national conferences and *Diabetes & Primary Care* became the official journal of the group.

In parallel with these developments, therapeutics of diabetes has moved forwards. New therapies have emerged; the glitazones have grown in stature, we have seen new insulins and 2007 will see the launch of the incretin mimetics and the DPP-IV inhibitors.

Back in 1999, we had just received the findings of UKPDS, which has shaped our management of hyperglycaemia. Since then, many major studies have been reported, further guiding us towards optimal care. The Diabetes Prevention Programme (2002), the Finnish study (1999) and DREAM (Diabetes REduction Assessment with ramipril and rosiglitazone Medication) have provided startling evidence about prevention of diabetes, the CARDS (Collaborative Atorvastatin Diabetes Study) and FIELD (Fenofibrate Intervention and Event Lowering in Diabetes) studies, amongst others, have clarified our strategies on hyperlipidaemia management. New hypertension guidelines have been issued and we now have an arsenal of valuable studies in our fight against cardiovascular risk (www.nice.org [accessed 05.02.2007]).

After almost 8 years as editor, I thought it was time for some new blood. I have every confidence, as I hand over the reins to my friend and colleague, Colin Kenny, that his innovation and inspiration will lead to a new and improved journal, retaining the best elements, while adding his special flair and enthusiasm.

It is still an exciting time in the world of diabetes and it is my firm belief that this journal will continue to harness that excitement and translate it into the highest standards of information and education. ■

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