
EDITORIAL

Cardiovascular disease remains the leading cause of morbidity and mortality in individuals with both type 1 and type 2 diabetes. Among the major modifiable risk factors, dyslipidaemia plays a critical role in cardiovascular risk. The landmark Steno-2 Study demonstrated that multifactorial intervention—addressing glycaemic control, blood pressure, and lipid levels—is essential in reducing cardiovascular events in people with diabetes. Despite this evidence, the majority of patients fail to achieve recommended targets for glycaemic, lipid, and blood pressure control in clinical practice.

In this issue, Parak et al. report on the prevalence of dyslipidaemia in individuals with poorly controlled type 2 diabetes attending the Diabetes Clinic at Helen Joseph Hospital. Their findings underscore the ongoing challenges in comprehensive risk factor management in real-world settings and highlight the need for more aggressive and integrated treatment strategies.

The burden of cardiovascular disease in diabetes is further emphasised by the fact that individuals with diabetes have a 2- to 3-fold increased risk of myocardial infarction, and in many cases, this may be clinically silent. In their study, Xhekwani et al. present data on electrocardiographic abnormalities suggestive of silent myocardial infarction among patients attending the Diabetes Clinic at Kalafong Provincial Hospital. These findings raise important questions about the need for improved cardiovascular screening and risk stratification in this population.

An often overlooked complication of diabetes is its impact on male reproductive health. Up to 60% of men with diabetes may experience some degree of sexual dysfunction, yet this remains

under-recognised and under-investigated. In this issue, Musa et al. examine testicular volume and endocrine function in men with type 2 diabetes, contributing to a growing body of evidence that diabetes has far-reaching effects beyond glucose metabolism.

In addition to diabetes-related complications, this issue also features research on primary hyperparathyroidism—a common endocrine disorder and the leading cause of hypercalcaemia. When appropriately diagnosed, surgical treatment with parathyroidectomy is often curative. Pargner et al. report on the short-term outcomes of bilateral neck exploration and parathyroidectomy in patients with primary hyperparathyroidism, reaffirming the value and safety of timely surgical intervention.

While diabetes continues to be a major focus of endocrine research—as it rightly should be—it is important not to overlook the broader spectrum of endocrine diseases that significantly impact health and quality of life. This journal remains committed to promoting high-quality research across all domains of endocrinology, and we encourage clinicians and scientists to consider exploring under-represented areas of endocrine science in their research. We welcome submissions that reflect the diversity of our field and that drive innovation in both common and rare endocrine disorders.

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