
EDITORIAL

South Africa stands at the epicentre of two intersecting pandemics — HIV and diabetes — each presenting immense and evolving public health challenges. While the country has long borne the world's heaviest burden of HIV, it is now also experiencing a rapid rise in diabetes prevalence, positioning it as the epicentre of the diabetes epidemic on the African continent. Global evidence increasingly demonstrates an association between HIV infection, diabetes, and exposure to older antiretroviral therapies (ART), which have been linked to metabolic complications. As the population of people living with HIV ages and the burden of noncommunicable diseases continues to rise, these two pandemics are set on a collision course with far-reaching implications for healthcare systems, resource allocation, and long-term outcomes. In this edition, **Perumal et al.** present data from the *Durban Diabetes Study* exploring the relationship between HIV infection, antiretroviral therapy, and dysglycaemia.

Lower limb amputations remain a major cause of morbidity, mortality, and disability, with devastating personal and socioeconomic consequences. For many families, the loss of a limb often equates to the loss of their primary income earner, with cascading financial and emotional effects. Yet, the majority of amputations are preventable through timely foot assessment, early detection of complications, and appropriate foot care. Podiatrists play a central role in this regard — as leaders within multidisciplinary teams, they are uniquely equipped to prevent, identify, and manage foot pathology. Strengthening podiatry services and integrating them into routine chronic disease management is essential to reducing preventable amputations and their catastrophic impact. In this issue, **Moothee et al.** present a compelling case of lower limb salvage, illustrating what can be achieved when patients have access to dedicated podiatric care.

Mental health has become one of the defining global health challenges of our era, shaped by the many pressures of modern life. Economic uncertainty, social isolation, and the relentless pace of contemporary living have all contributed to rising rates of stress, anxiety, and depression. Alarming, self-harm and suicide attempts are increasing worldwide — a trend mirrored in South Africa. This escalating crisis calls for urgent prioritisation of mental health within public health frameworks, expansion of community-based services, and the creation of supportive environments that foster resilience and recovery. **Bunwarie et al.** present a case report of levothyroxine overdose, highlighting the importance of comprehensive and coordinated management in such complex presentations.

Thyroid disease is highly prevalent globally, including in South Africa, where it represents a significant yet often under-recognised component of the endocrine disease spectrum. While most thyroid disorders are managed conservatively with medication or radioactive iodine, surgical intervention remains critical in selected cases, particularly where malignancy, large goitres, or treatment resistance are encountered. However, there remains a paucity of data on thyroid surgery outcomes across sub-Saharan Africa, limiting understanding of disease patterns and service needs. **Van der Merwe et al.** contribute valuable insight through their report on the epidemiology, spectrum, and pathology of surgical thyroid resections.

As this is the final edition of *JEMDSA* for 2025, I would like to extend my gratitude to our authors, reviewers, and readers for their continued support and engagement. Wishing you all a safe, restful, and healthy festive season. I look forward to 2026 — a year of continued scientific excellence and shared learning.

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