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Welcome to the latest edition of *US Endocrinology*, which features a diverse range of articles covering a number of therapeutic areas. This issue has a strong emphasis on diabetes and begins by posing the question: given the dramatic increase in the incidence of type 1 diabetes, is it time to screen the general population? Simmons and Michels discuss the rationale for this proposal.

In terms of type 2 diabetes, McCall and Schwartz discuss a novel therapeutic approach: targeting toll-like receptor signaling with a focus on the small molecule drug phenylmethimazole. An editorial by Sobngwi and Mbanya explores the bidirectional relationship between infectious diseases and type 2 diabetes, as well as the ways in which this double burden can be tackled in developing countries. In another editorial, Lebovitz outlines the factors that should be taken into account when setting goals for glycemic control, including the history of previous glycemic control, extent of current clinical complications, and any side effects of therapeutic agents used.

Diabetes management is always a controversial subject, and, in an editorial, Siminerio presents a compelling argument for the need for diabetes self-management education, utilization of which remains inadequate. In addition, Aronson gives an overview of a recent literature survey that characterizes functionally refractory diabetes patients and identifies factors predicting functionally refractory status. Also on the subject of refractory patients, Kalra presents a framework to assess the predictors of functionally refractory status, and also reminds us of the importance of practicing 'diabetes therapy by the ear,' emphasizing the need for empathic history taking and therapeutic patient education in functionally refractory diabetes patients.

Given the increasing global burden of noncommunicable diseases, there is an urgent need for preventive strategies. The majority of noncommunicable diseases are caused by unhealthy lifestyle behavior, but the prevalence of healthy living remains low. This has led to the emergence of a new area of medicine—lifestyle medicine. Kushner and Mechanick define and describe this discipline, emphasizing the importance of tailoring communication to the patients' economic situation, access to care, social support, culture, and health literacy.

In addition, two articles focus on other aspects of endocrinology. An editorial by Meneghini suggests that an enhanced understanding of metabolic disturbances in gut microflora may provide an insight into numerous acute and chronic diseases. Finally, Wang and Upadhyay discuss the association between consumption of sugar-sweetened beverages and chronic kidney disease (CKD). Although studies to date have not conclusively established a positive association, individuals with CKD are advised to limit their consumption of sugar-sweetened beverages.

US Endocrinology would like to thank all expert authors who contributed towards this edition. A special thanks goes to our Editorial Board for their continuing support and guidance. We hope that you will find these topical articles useful and insightful. And lastly, I look forward to seeing many of you at the American Association of Clinical Endocrinologists (AACE) 24th Annual Scientific and Clinical Congress in Nashville from May 13–17, 2015. Many of the topics presented in this issue of *US Endocrinology* will be presented in great detail as well as providing diverse opportunities for interaction and learning. ■