

Foreword



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Welcome to the autumn edition of *European Endocrinology*. This issue features topical articles that have been selected for their evaluation of current practices, as well as case studies and research that directly affect endocrinologists and other practitioners involved in the care of patients with endocrine disorders.

We begin with three articles that emphasise the importance of continuous glucose monitoring (CGM) in patients with type 1 diabetes (T1D). In the first, Chaugule et al. calculated the cost of CGM for patients with T1D and impaired awareness of hypoglycaemia in North West London. They concluded that the introduction of CGM for these patients would have a minimal budgetary impact. In the second, which involved an online survey, Parkin et al. found that UK patients with T1D derive considerable benefit from CGM but are largely unsupported by the healthcare system in terms of funding and guidance. A commentary by Oliver further discusses CGM implementation and funding policies in the UK.

This year represents several landmarks in the history of the dipeptidyl peptidase-4 (DPP-4) inhibitor vildagliptin. In recognition of this fact, we feature a number of articles describing its clinical use. Foley and Ahrén present a detailed review of the clinical development of vildagliptin for patients with type 2 diabetes (T2D). Mathieu et al. review data from clinical trials, observational studies and post-marketing surveillance investigating the safety and tolerability of vildagliptin. In recent years, the management of T2D has developed beyond glucose lowering alone to a more holistic approach, encompassing cardiovascular safety. Strain and Paldánus discuss the evolving role of vildagliptin within this conceptual change. Finally, in an editorial, Del Prato considers the use of vildagliptin across the whole spectrum of T2D, from those with newly diagnosed diabetes to elderly patients who have lived longer with T2D than without it.

Other aspects of T2D are also discussed in this issue. Cardiovascular risk reduction has become a major focus of the treatment of T2D. Anderson and Marrs review the results of cardiovascular outcome trials to date and how they are influencing therapeutic decision-making. Beta-cell failure is a commonly used term to describe beta-cell dysfunction in T2D. Kalra and Gupta suggest a revised terminology, beta-cell insufficiency, which better reflects the complex pathophysiology underlying T2D. Diabetic macular oedema is a common consequence of T2D and its treatment represents an ongoing challenge. Ziemssen et al. present the results of a benefit-risk analysis of one-year data from a number of phase III studies investigating the efficacy and safety of ranibizumab treatment.

Finally, in a case study, Monteiro et al. describe an unusual presentation of thyrotoxicosis with thyroid storm criteria in an elderly patient with a history of T2D. This condition is often misdiagnosed in elderly patients due to a lack of characteristic symptoms.

European Endocrinology would like to thank all authors who contributed their expertise to this edition. A special thanks goes to our Editorial Board for their advice and guidance. We are also grateful to media partners for their ongoing support. We hope that you find these articles useful and thought provoking. □