**Diabetic Medicine January 2016**

**Headlines**

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| HbA1c as a tool in the 1st trimester identify women at risk of gestational diabetes early | Hypoglycaemia, its awareness and mortality in type 1 diabetes |
| Gestational diabetes - a risk factor for thyroid cancer but associated with a lower risk of premenopausal breast cancer | Early specialist care for diabetes – who benefits most |
| The half-life of metformin – longer than previously thought | Where to treat children diagnosed with type 1 diabetes |

Artwork

**Metformin drug crystals, light micrograph; C019/6349**

[](http://www.sciencephoto.com/image/571161/large/C0196349-Metformin_drug_crystals,_light_micrograph-SPL.jpg)

**Caption:**

**Caption:** Metformin crystals. Polarized light micrograph of an aggregation of curved crystals of metformin. Magnification: x220 when printed at 10 centimetres wide.

**Free articles**

1. Editorial
2. Systematic Review x 2
3. Review
4. Booth et al Early specialist care for diabetes: who benefits most? A propensity score-matched cohort study

**The Old and New**

A Happy New Year to you! The New Year brings thoughts of many traditions. The parties so closely associated with the New Year may have their origins in Ancient Rome, where the city’s inhabitants spent six days of "dancing in the streets, heathenish cries, sacrilegious songs, tables laden with food and women wearing amulets and offering them for sale" as observed by St Boniface, a horrified English visitor in the 8th century. In terms of diabetes, perhaps the deleterious effects of feasting were offset by the dancing!

New Year’s Day is a time to start afresh with new resolutions. In many places, people jump into the local sea, river or lake to wipe the slate clean. This is also time for change at Diabetic Medicine as I take over the editorship of Diabetic Medicine with a new team of regional editors. My wholehearted thanks go to Graham Hitman who over the last 6 years has maintained the global reputation of the journal in an increasingly crowded market of new journals. He guided the journal towards the use of new technologies and revamped the editorial structure to meet the demands of the increasing number of worldwide submissions. Graham taught me as a medical student and has continued to teach me ever since. My vision for the journal is one of evolution rather than revolution building on the hard work of Graham and his illustrious predecessors.

Some things do not change and one on-going debate, the subject for this month’s editor’s choice, surrounds the most appropriate setting for diabetes care. In many countries, there has been a drive towards primary care delivery of diabetes care, reserving specialist care for those with more long-standing and complex diabetes. The Canadian cohort study from Booth and colleagues suggests that specialist care may yet have a place for diabetes management early in its natural history where the diabetes occurs in the increasingly common setting of multi-morbidity. In this context, people who saw an endocrinologist within the first year of diagnosis were less likely to die or experience a cardiovascular event compared with those seen in primary care alone (1). Organising services without boundaries to match the needs of those with diabetes seems a priority.

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1. Booth et al Early specialist care for diabetes: who benefits most? A propensity score-matched cohort study