

# Endocrinology then and now

This issue of the *MJA* focuses on endocrinology, taking both historical and more modern views. The medical history article by Sophie Templer reminds us that 100 years ago, type 1 diabetes was a fatal disease, with the only treatment a “starvation diet”, and even that was not effective for long (doi: [10.5694/mja2.52137](https://doi.org/10.5694/mja2.52137)). It's hard to underestimate the profound importance of the discovery of insulin in 1921 and how many lives were changed by it. As Templer describes, the *MJA* was involved early on in documenting this lifechanging discovery, with an article in 1923 about the first insulin production in Australia (“Adelaide insulin”) and a case series of treated patients. The *MJA* also apparently gave voice to sceptical views — then as today no medical advance comes unquestioned. What struck me most was how these early pioneers understood the critical importance of making an inexpensive product, knowing that patients would need it for life.

Fast forward to 2023 and diabetes remains a substantial public health concern, especially through its various complications. Lazzarini and colleagues summarise new Australian evidence-based guidelines for the prevention and management of diabetes-related foot disease (doi: [10.5694/mja2.52136](https://doi.org/10.5694/mja2.52136)), replacing the outdated guidelines from 2011. As the authors note, “Diabetes-related foot disease (DFD) — foot ulcers, infection, ischaemia — is a leading cause of hospitalisation, disability, and health care costs in Australia”. The guidelines summarise 98 recommendations across six categories, ranging from prevention to wound healing, and should lead to changes in management for all patients with diabetes, including those without DFD and those with it.

The issue also includes research on gestational diabetes mellitus screening and diagnostic criteria before and during the early COVID-19 pandemic in Queensland in 2020. Meloncelli and

colleagues describe how beginning in March 2020 as a result of the pandemic, health services across Australia recommended the use of a modified screening procedure for gestational diabetes mellitus (doi: [10.5694/mja2.52129](https://doi.org/10.5694/mja2.52129)). What they found was largely reassuring. The screening adopted in 2020 for low risk pregnancies using fasting venous plasma glucose was not associated with increased frequencies of adverse perinatal outcomes for mothers or their children when compared with the standard oral glucose tolerance test used before the pandemic. It's a good example of using a natural experiment to reconsider current practice.

Accompanying this issue of the *MJA* is a supplement that describes an important new initiative — the Future Healthy Countdown 2030. The linked editorial by Demaio and colleagues lays out the scale of the problem: “The prospects for Australian children, young people and future generations are not only stagnating, they are moving backwards in several key domains” (doi: [10.5694/mja2.52141](https://doi.org/10.5694/mja2.52141)). These domains include wealth inequality, physical activity, food insecurity, and psychological distress. As they note, “The evidence to support children and young people to live happy, healthy lives is available but seldom drives policy decisions”. The Future Healthy Countdown aims to be an annual report on key measures of children's health and wellbeing. We are very pleased to publish the first report as an *MJA* supplement and look forward to seeing its effect on national policy. ■

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Editor-in-Chief, the *Medical Journal of Australia*

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