Welcome to the Primary Care Diabetes Society of Australia (PCDSA)

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Gary Kilov, Editor of *Diabetes & Primary Care Australia*, and Mark Kennedy, Chair of Primary Care Diabetes Society of Australia (PCDSA), are delighted to welcome you to the first issue of this journal. This is the official journal of our society and the first Australian publication focussing on the challenges and opportunities involved in managing diabetes in primary care in Australia.

The prevalence of diabetes in Australia continues to increase alongside the rest of the world (Baker IDI Heart & Diabetes Institute, 2012), and the vast majority of people with diabetes in Australia are managed in a primary care setting. As the burden of this condition increases, primary care will be called upon to shoulder the lion's share of diabetes management. The model of care that currently operates most effectively in primary care involves a multidisciplinary team-based approach. It is therefore appropriate that an organisation and journal focussed on this sector is available to provide healthcare professionals of all disciplines working in primary care management of diabetes, with timely and high-quality information in order to optimise the care of our patients.

Diabetes & Primary Care Australia

Our journal will focus on articles of relevance to the clinical care of our patients. It will be published online four times each year and will be available to all registered members of the PCDSA. Similar journals have been published in the United Kingdom and Europe for over a decade and the corresponding primary care diabetes societies in both regions have been promoting the multidisciplinary management of diabetes in primary care for a similar duration. Throughout each issue, we will endeavour to strike a balance between the multidisciplinary and multidimensional areas of diabetes care. Articles will be sourced from local authors, as well as key diabetes journals from the United Kingdom adapted for the Australian healthcare environment.

In the inaugural issue, we commence with an article on the clinical presentations and diagnosis of diabetes. This is the first of our regular continuing professional development (CPD) module articles, one of which will be included in every issue of the journal and the module topics will rotate over a 3- to 4-year program. There is also an article looking at the factors that need to be taken into consideration when treating older people with diabetes, when the balance between achieving good glycaemic control and avoiding adverse treatment effects or worsening comorbidities can often be very challenging.

When people with diabetes fail on oral therapies, insulin initiation, titration and optimisation will occur, and this is increasingly being managed in the primary care domain. Health practitioners play a fundamental role in supporting patients in addressing any adverse effects of insulin therapy, and weight gain is considered an almost inevitable result of insulin treatment. In an article reviewing the evidence related to weight change in obese adults being managed with insulin for type 2 diabetes, strategies to predict and mitigate weight gain are explored.

In each edition of the journal, we will have a short piece in a series entitled "From the Desktop" where local Australian health practitioners will provide a practical and personal consulting room perspective on common issues in diabetes management. The first of these focuses on using glucagon-like peptide-1 analogues, a newer class of anti-diabetes medications, in common practice settings.

We round off this issue with an article dissecting the most recent cardiovascular

(CV) safety study of an anti-diabetes medication. Over half of all deaths in people with type 2 diabetes are caused by heart disease; therefore, addressing the burden of CV disease is fundamental to the management of diabetes. Since 2008, the US Food and Drug Administration (FDA) has required all new anti-diabetes drugs to be assessed for CV safety. Most CV outcome studies have been designed to test the particular drug compared to a placebo added to standard care. At the European Association for the Study of Diabetes (EASD) conference held in Stockholm, Sweden, in September 2015, the result of the EMPA-REG OUTCOME study were presented and simultaneously published in the *New England Journal of Medicine* (Zinman et al, 2015). In this CV safety trial, empagliflozin, a sodium–glucose cotransporter 2 (SGLT2) inhibitor, was compared with placebo in people with established CV disease in addition to "best" standard care. This is the first of the CV safety trials involving an SGLT2 inhibitor to be concluded. The findings of the study were both unexpected and warmly welcomed, and an article included in this issue provides a detailed review of the study, some of the hypothesised mechanisms of action behind the beneficial effects and the implications for clinical practice.

We welcome you as members of our fledgling society and encourage your participation and involvement in the PCDSA. We hope to provide primary care practitioners working tirelessly in the area of diabetes management with a voice and a presence that for too long has been absent. ■

Baker IDI Heart & Diabetes Institute (2012) *Diabetes: the silent pandemic and its impact on Australia*. *Baker* IDI Heart and Diabetes Institute, Melbourne, VIC

Zinman B, Wanner C, Lachin JM et al (2015) Empagliflozin, cardiovascular outcomes, and mortality in type 2 diabetes. *N Engl J Med* **26**: 2117–28

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