

In the Beginning . . .

Davida F. Kruger, MSN, APN-BC, BC-ADM, Editor-in-Chief

It is my honor to be the new editor of *Clinical Diabetes*. The mission of our journal is to provide the primary care community and all diabetes clinicians with information on advances and state-of-the-art care for people with diabetes. *Clinical Diabetes* also serves as a forum for discussing diabetes-related problems in practice, medical-legal issues, and case studies and offers

reviews of clinical research, overviews of patient advocacy issues, and patient-education materials. It is my hope that we will provide busy clinicians with up-to-date information to enhance their understanding of diabetes care and aid them in translating that knowledge into better diabetes management for patients.

During the 30 years that I have been involved in diabetes care, our

knowledge of and treatment tools for diabetes have increased dramatically. Thirty years ago, the only available medications for people with type 2 diabetes were sulfonylureas and insulin. Blood glucose monitoring was just becoming available. Blood glucose levels in patients with type 2 diabetes were typically allowed to run high. It was considered okay for patients

Clinical Diabetes

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Clinical Diabetes

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Clinical Diabetes Mission Statement
The mission of *Clinical Diabetes* is to provide primary care providers and all clinicians involved in the care of people with diabetes with information on advances and state-of-the-art care for people with diabetes. *Clinical Diabetes* is also a forum for discussing diabetes-related problems in practice, medical-legal issues, case studies, digests of recent research, and patient education materials.

ADA Mission Statement
The mission of the American Diabetes Association is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

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with type 2 diabetes to be “a little sweet.” After all, they did not have the “serious” type of diabetes.

We now know that allowing blood glucose and A1C levels to remain elevated leads to poor outcomes for anyone with diabetes. Both type 1 and type 2 diabetes are serious. Blood glucose monitoring and diabetes education are cornerstones of our best practices to manage diabetes, and there are many new tools and medications to improve diabetes control.

Through the years, we have also learned that preventing the complications associated with diabetes requires treatment to control not only blood glucose, but also blood pressure and lipids. Because of the chronic nature of diabetes, there often are psychological, financial, legislative, and work- or school-related issues to address as well. Awareness of these issues must inform clinicians' and patients' efforts to optimally manage diabetes. This is much more than we could hope to cover in just one quarterly journal. We will, however, try to bring you, our readers and colleagues, a wide range of timely information to help you support the needs and improve the health of your patients.

We have made a few changes to the offerings in each issue of *Clinical Diabetes*. “Diabetes Advocacy” is a new department focusing on the advocacy needs of people with diabetes. Its first article (p. 34) describes the American Diabetes Association (ADA) Safe at School initiative and addresses the crucial role of health care providers in advocating for students with diabetes. The ADA Government Affairs and Advocacy Division, working with volunteers, will continue to share information

on other advocacy issues in each issue.

We have also revamped the former “Landmark Studies” department and renamed it “Translating Research to Practice.” Our goal here is to provide reviews of and commentaries on recently published research articles that are relevant to diabetes clinical practice. These articles will provide readers with an overview of the latest research and ideas for incorporating its findings into everyday practice.

We would also like to invite our readers to submit case studies for publication and hope to print such articles in each issue. Think about those patients who have helped you better understand some aspect of diabetes management, and consider sharing the pearls of wisdom you gained with other readers.

As I mentioned previously, my career in diabetes began 30 years ago, and there have been many changes through those years. Even today, every time I think I know what I need to know to optimally treat my patients, I discover that there is something more to learn and new insights to incorporate into my practice. This updating of knowledge allows me to provide the best possible care in a rapidly changing field. Our goal for *Clinical Diabetes* is to share the best practices we know and to continue updating our own knowledge and that of our readers. Through this sharing, it is my hope that we will all increase our clinical skills and knowledge, which will ultimately benefit our patients with diabetes.

Allow me to introduce the members of our new editorial team, who will assist me in attaining these ambitious goals. Virginia Valentine, CNS, BC-ADM, CDE, of Diabetes Network, Inc., in Albuquerque,

N.M., and John R. White, Jr., PA, PharmD, of Washington State University in Spokane will serve as Deputy Editors. Our Associate Editors include Arti Bhan, MD, and Heather Remtema, MPH, RD, CCRP, of the Henry Ford Health System in Detroit, Mich.; John E. Brunner, MD, of the Endocrine and Diabetes Care Center in Toledo, Ohio; Stephen Brunton, MD, of the Cabarrus Family Medicine Residency Program in Charlotte, N.C.; Robert J. Chilton, MD, of the University of Texas Health Science Center in San Antonio; Joseph Largay, PAC, CDE, of the University of North Carolina School of Medicine and Diabetes Care Center in Chapel Hill; Gayle M. Lorenzi, RN, CDE, of the University of California at San Diego; and Melinda D. Maryniuk, MEd, RD, CDE, FADA, of the Joslin Diabetes Center in Boston, Mass. Each of these dedicated professionals brings a wealth of clinical experience and fresh ideas to the journal.

As you read this and future issues, please let me know if there is additional information you wish to see on the pages of *Clinical Diabetes*. Please also join us by submitting your articles. Information for authors is available on our Web site (<http://clinical.diabetesjournals.org>), and I can be reached via e-mail at dkruger1@hfhs.org.

Warmest regards,



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