Editorial

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Welcome to a new series of articles commissioned for *Cardiovascular Endocrinology*.

The aim of these papers, each authored by an expert endocrinologist, cardiologist, other healthcare professionals, or scientists, is to present a summary of clinical aspects of diabetes and cardiometabolic disease in a particular region of the world. These considerations include aspects of pathogenesis, prevalence and clinical management.

Global variations in diabetes and its complications are well recognized. Prominent examples include the increased propensity for type 2 diabetes and its long-term complications in non-White populations, especially among indigenous people, and the elevated and rising prevalence of type 1 diabetes among people of European descent [1–3]. It is known that diabetes may have specific pathophysiological features in some parts of the globe or within certain populations. Examples of the latter include fibrocalculous form of secondary diabetes in the tropics [4] and reports of ketosis-prone type 2 diabetes among individuals of African ancestry [5]. Moreover, the determinants of type 2 diabetes, in particular obesity and associated cardiometabolic risk factors - for example, dyslipidaemia, hypertension and inflammation - are of significant concern not only in western countries but now increasingly throughout the world.

Local challenges in managing the increasing number of people with diabetes are also highly relevant. All healthcare systems are struggling with the rising number of people with diabetes and associated complications - in particular, coronary heart disease, heart failure and stroke. The excess risk for atherothrombotic vascular disease shows evidence of geographic and ethnic variations [6]. The International Diabetes Federation suggests that each year 5 million deaths are directly attributable to diabetes - more than HIV/AIDS, tuberculosis and malaria combined (<http://www.diabetesatlas.org>). Diabetes is also a leading cause of visual loss, progressive renal impairment and nontraumatic amputations mediated by

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compromised microvascular structure and function [7]. Yet, millions who are at risk for these potentially devastating complications remain undiagnosed. In the Middle East and North Africa this situation pertains to an estimated four out of 10 adults according to the International Diabetes Federation.

Global health expenditure on diabetes is already estimated to consume 12% of total health expenditure. The great majority of people with diabetes live in middle-income or low-income countries where advances in diabetes care often remain beyond reach [8]. Disparities in care - including access to diagnostics considered standard in western countries and difficulties even in obtaining or affording insulin - are all too evident in many countries [8].

We hope the series will help broaden the perspective of clinicians and researchers focused on diabetes from all parts of the globe.

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Conflicts of interest

There are no conflicts of interest.

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