Maintaining values and meeting challenges in an ever-changing world

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It is a privilege to have been asked to take over from Ken Shaw as Editor-in-Chief of Practical Diabetes. Having been at the helm for 22 years, he steered the journal through many challenges and did so with admirable qualities – ‘kind, thoughtful, dedicated and someone who had time for everyone’. As the baton passes, it is timely to re-state the importance of remaining true to the core values of the journal – practical, clinical, multidisciplinary and educational.

The purpose of the journal is to be a source of guidance for the practical delivery of diabetes care. With the increasing complexity of the disease and the multitude of treatment options, the journal’s focus on providing evidence for everyday decisions becomes increasingly important. These decisions are faced by the whole multidisciplinary team and the journal will continue to encourage submission of articles from all who are involved in diabetes care.

Over the years the journal has developed a range of educational material. From case reports and practice points to drug notes and diabetologists’ question time, there has been and will remain a strong emphasis on providing timely and accurate diabetes knowledge. The success of the journal to date can be seen in the figures provided by the Hospital Readership Survey 2014: 97% of all senior doctors have read Practical Diabetes in the last 12 months, with the journal having an average issue readership of 69%, much higher than the other major diabetes journals (Diabetic Medicine is 43% and Diabetes Digest 32%).

Past performance does not guarantee future success! The editorial team will be working hard to publish material that will drive forward clinical improvement. The information will increasingly be presented both on paper and online with a revamping of the Practical Diabetes website. We will constantly review how we provide the journal’s content electronically, aiming to make it as accessible as possible.

As this process of developing new ways of communicating unfolds over the next few years, the journal will remain committed to providing the high quality and relevant content that has been its hallmark for the last 30 years. Long may that continue.

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Reference

Commentary

The role of sedentary behaviour in type 1 diabetes


The benefits of moderate-to-vigorous physical activity (MVPA) are well established. The hazards of sedentary behaviour are less recognised. Sedentary behaviour is ubiquitous and associated with cardiovascular disease and death, independent of the time spent in MVPA. The association with glucose control in type 1 diabetes (T1DM) has not been established.

MacMillan et al.’s cross-sectional study of 40 Scottish youth with T1DM used accelerometers, an objective measure of physical activity, to record the amount of time spent in MVPA and sedentary behaviour over an average of six days. MVPA was low: only 5% met the physical activity guidance and half were not achieving the recommended 60 minutes of MVPA on any day. The vast majority of the day (79%) was spent sedentary, with adolescents spending more time sedentary (mean 11.5 hours) than younger children (mean 8.9 hours). Interestingly, sedentary time was positively associated with HbA1c; MVPA was not.

This study highlights some important issues. Firstly, youth with T1DM are not active enough and every attempt should be made to promote MVPA and reduce sedentary behaviour. Secondly, sedentary behaviour is high which may have implications for long-term glycaemic control.

Sedentary behaviour can result in a rapid reduction in insulin sensitivity and an increase in glucose, particularly postprandial glucose. Hypothetically, this could lead to an elevated HbA1c. However, no sedentary behaviour intervention trials have been conducted in youth with T1DM. One study has been performed in type 1 adults which demonstrated that substituting sedentary behaviour with light physical activity significantly reduced postprandial glucose.

Limitations in the current study include the small sample size and the processing of accelerometer data. The lack of a standardised approach to accelerometer data handling limits the ability to compare these findings with other studies, and an international standardised approach would be welcomed. Further, reverse causation in this cross-sectional study remains a possibility – poor glycaemic control may increase sedentary behaviour.

Studies are required to assess the impact of reducing sedentary behaviour on long-term glycaemic control in T1DM. In the meantime, clinicians should consider the role of sedentary activities, as well as MVPA, in metabolic control.

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