Editorial

Diabetes mellitus has increasingly become a major health problem worldwide. Unfortunately, South Africa is no exception. In sub-Saharan Africa, South Africa has the second highest number of people living with diabetes.\(^1\) The prevalence of diabetes has increased almost 3-fold from 4.5% in 2010 to 12.7% in 2019. More troubling is that more than half of the 4.5 million people in 2019 who were estimated to have diabetes, were undiagnosed.\(^2\) Diabetes has replaced tuberculosis as the leading cause of death in women in South Africa. The reasons for this change are multifactorial. However, this dramatic increase in the prevalence of diabetes has created major challenges to the healthcare sector in South Africa. One of these challenges, the management of type 1 diabetes, is highlighted in this issue of the journal. Naidoo P et al assessed Type 1 diabetes control in 2021 in two large urban public hospitals in South Africa by analysing HBA1c data in patients with Type 1 diabetes on insulin therapy. Surprisingly, the authors demonstrate an alarming lack of improvement in HBA1c during this period as compared to a similar study, also assessing glycaemic control in type 1 diabetes, published from 12 African countries which included South Africa, spanning a 2-year period (2016–2017). This study suggests that over a 5-year period from 2016 to 2021 glycaemic control in public sector hospitals in South Africa has not improved. The authors do highlight firstly the potential impact of poor glycaemic control in both patients as well as hospital resources, and secondly recommend that urgent intervention is prioritized by all parties in the public sector who are involved in diabetes care, to improve glycaemic control in this group of patients.

Currently the topic of AI in medicine is discussed at many medical conferences, medical webinars and often is a discussion point in many doctors' tearooms. With the advent of large language models such as ChatGPT and others, there is a fear that the role of the physician will diminish significantly with the advancement of some of these AI technologies. To foster the ongoing debate on the role of AI in medicine, the editorial team of the journal will publish research articles and perspectives on aspects pertaining to the current and potential future role of AI in medicine. In this issue of the journal, we publish a perspective on the role of AI in perioperative medicine and the editorial team encourages future submissions on any aspect of AI in relation to its role in medicine.

Acute stroke leaves a devastating impact on patients and their families. Hypertension, the major risk factor for stroke is a major problem in South Africa. The South African National Health and Nutrition survey of 2011 to 2012 found that in South Africans above the age of 15 years, the prevalence of hypertension was 35%.\(^3\) Importantly, in only 8.9% of those with hypertension, the blood pressure was found to be controlled. Stroke together with ischaemic heart disease is the leading cause of early mortality in South Africa. Of those who survive an episode of acute stroke, many suffer significant disability, and many require long-term care. The multiple burdens of hypertension, stroke and care of disability after an acute stroke, places an enormous strain on healthcare services. Moreover, the disparities in care between the public and private health care segments create significant challenges to care for stroke patients from many disadvantaged communities. Over the past decade the management of stroke has evolved significantly with advent of reperfusion therapies. In this issue of the journal, Sidiq et al review the current state of the art management of acute ischaemic stroke. Importantly, the authors also discuss many of the challenges facing acute stroke care in South Africa. They do, however, shine a ray of hope in the management of stroke in public health care, as some public healthcare hospitals in South Africa have been able to establish specialized stroke units. The hope is that stroke units can be expanded to many more centers in the country and the introduction of tele-stroke programs could facilitate rapid diagnosis and treatment via telemedicine, bridging the gap between urban and rural hospitals.

Pravin Manga
Editor
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REFERENCES