Multispecialty Cooperation

As Chief Medical Editor, I am excited to introduce the premier issue of *Diabetic Microvascular Complications Today*. This unique, bimonthly publication is dedicated to exploring and advancing the pathophysiology and treatment of the microvascular complications of diabetes.

Over 20 years ago I started my clinical career at the International Diabetes Center (IDC) as a co-investigator working on the DCCT. That trial ultimately proved hyperglycemia is the major determinant of the microvascular complications of neuropathy, retinopathy and nephropathy in type 1 diabetes. Now as the IDC's principal investigator for the DCCT follow-up study EDIC, I continue to learn completely new and fascinating aspects about microvascular disease.

For example, in *Diabetic Microvascular Complications Today* we will explore the concept of metabolic memory or imprinting — expressions used to describe the unexpected phenomenon of a very prolonged effect of the level of metabolic control established early in the course of diabetes.

The readership of this publication very likely knows that diabetes is the leading cause of blindness in working-age adults, the leading cause of chronic kidney disease and the leading cause of non-traumatic lower-limb amputations. But less well appreciated is the fact that most of these devastating complications are preventable. *Diabetic Microvascular Complications Today* will review the clinical implications of emerging data on early detection and aggressive management of microvascular disease. For instance, read carefully the articles in this issue on effective screening for neuropathy and how ACE inhibitors and ARBs can slow renal damage.

Maybe it was my early research training at the University of Chicago, but I am still fascinated by the basic science behind microvascular complications. Stick with us and over time we will explore the four known mechanisms of hyperglycemic induced microvascular damage (polyol pathway flux, AGE formation, PKC activity and hexoamine pathway flux), and even exciting new data to unify the biochemistry and cell biology of diabetes complications. In this issue, we delve into the pathophysiology of microvascular complications with a discussion of PKC inhibition by our outstanding Associate Medical Editor, **Art Vinik, MD.** We will help identify the best scientific and clinical work in the area of microvascular disease in diabetes to highlight in every issue.

Whether you are a diabetes clinician (endocrinology, ophthalmology, optometry, podiatry, nephrology, neurology, primary care), a diabetes educator, a pharmacist, an epidemiologist or a basic scientist, we all want to help improve the lives of people with diabetes. We will point out clinics and education centers that are doing an excellent job of translating new diabetes knowledge into effective clinical care, as demonstrated by the VA system in this issue.

Diabetic Microvascular Complications Today seeks to bring specialists together, enhancing communication, collaboration and teamwork. We welcome your comments and suggestions regarding how we can best communicate with each of you. Our patients deserve care based on the best partnerships that we can forge. ■

Richard M. Bergenstal, MD
Chief Medical Editor

Richard M. Bergenstal, MD, is the executive director of the International Diabetes Center (IDC) and senior vice-president of Park Nicollet Institute, Park Nicollet Health Services in Minneapolis. Dr. Bergenstal is clinical professor in the department of medicine at the University of Minnesota. He is a past member of the National Board of Directors of the American Diabetes Association, and a current member of the Juvenile Diabetes Foundation Board of Directors in Minnesota. Dr. Bergenstal received his MD and his subsequent medical and endocrine training at the University of Chicago where he was an assistant professor of medicine before joining the IDC. He is co-principal Investigator of the Minnesota network participating in the NIH/NHLBI funded study, Action to Control Cardiovascular Risks in Diabetes, evaluating the role of glucose control in preventing cardiovascular disease in type 2 diabetes. Dr. Bergenstal trains health care systems and worksites how to implement IDC diabetes education and management programs based on the concept of patient-centered team care.