



Clinical practice and the diabetic syndrome

DIABETES MELLITUS is an everyday problem for office-based physicians, but despite our familiarity with the disorder, it confronts us with both clinical and intellectual challenges.

The varying pathophysiology of different types of diabetes and the associated complications require that we address this entity as a syndrome rather than as a specific disease. All forms of diabetes mellitus have hyperglycemia in common, just as all forms of anemia have in common a low erythrocyte count. But all diabetes is not the same, any more than all types of anemia are the same.

Hyperglycemia is a factor in all types of diabetes and must be treated. However, it is equally important to recognize the underlying physiology. Type I diabetes appears to result from an immunologic process, for example, and that patients with type II diabetes mellitus apparently have biochemical abnormalities that promote insulin resistance. These etiologies are what we

address when we consider treatment alternatives such as drug treatment or pancreas transplantation.

In this issue of the *Cleveland Clinic Journal of Medicine*, we begin a series of articles on the diabetic syndrome that will address problems and issues raised in the clinical setting and in the laboratories of investigators. The series is designed to support the concept that diabetes is a syndrome, and to encourage the clinician to view diabetes as a spectrum of clinical features and complications.

The first article, "Tight blood glucose control: Is it worth it?", which follows, supports the need for tight control, citing studies and observations from the literature. Future articles will review the status of pancreas transplantation, insulin administration, associated problems such as hypertension and obesity, and management of complications.

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