

### Vascular Complications in Indian Diabetics

The prevalence of diabetes mellitus among Indians is one of the highest among the major races of the world. With the prevalence of diabetes in India being higher than in China, it is estimated that there are more diabetics in India than in China. What is more distressing is the fact that with improved survival and longer life span, the morbidity and mortality due to diabetes could reach staggering and almost unmanageable numbers in the years to come. It is therefore appropriate that a whole issue of this journal is devoted to the vascular complications of diabetes.

In the first article of this issue, Ramachandran deals with the facts and figures with respect to diabetes in India and highlights the growing problem of diabetes which is now reaching epidemic proportions.

Rema Mohan has contributed an article on diabetic retinopathy. She describes the natural history of diabetic retinopathy in three types of diabetes seen in South India.

Lilly John reviews her vast experience with diabetic nephropathy and presents her numerous publications in this important field in her superb article. Devaka Fernando from Sri Lanka has written a scholarly review on diabetic neuropathy.

The article from the M.V. Diabetes Specialities Centre, Madras, then deals with the problem of ischaemic heart disease (which has a high prevalence among Indians). Interestingly enough, peripheral vascular disease is less common and this is discussed in a brief article. Finally, Shelgikar and Yajnik present a succinct review of the complications in Fibro-calcious Pancreatic Diabetes (FCPD).

The message from all these articles comes out loud and clear. We should not wait for complications to set in. Early identification of high risk groups for diabetes will help to plan primary prevention of diabetes i.e. prevention of diabetes itself. The DCCT study now provides proof that in established diabetics by tight metabolic control one can prevent diabetic complications (primary prevention of complications). Finally for the unfortunate few with already manifested complications, limitation of disability and rehabilitation measures will help to reduce morbidity and mortality due to diabetes (secondary prevention of complications). Only an aggressive and intensive approach by physicians and diabetologists, almost on a war-footing, will help to constrain the problem of diabetes and its complications in the decades to follow.

**V. Mohan**