

The art of diabetes

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Diabetes care is constantly being refined and improved and this issue of *BJDVD* aims to provide an overview of the many facets that go into making a good system of care. A previous *BJDVD* article from 2014 described how variation in practice leads to differing outcomes and it is important that clinical diabetes is an art strongly informed by specialist experience and science.^{1,2}

To keep you up to date and informed we cover pharmaceutical issues (a further look at the latest evidence surrounding pioglitazone, the experience of use of GLP-1 as a weight loss agent in obese people without

Abbreviations and acronyms

<i>BJDVD</i>	<i>British Journal of Diabetes & Vascular Disease</i>
GLP-1	glucagon like peptide
HHS	hyperosmolar hyperglycaemic state
JBDS	Joint British Diabetes Societies

diabetes – recently licensed for use in the US) and the recurring problem of sub-optimal medication compliance and optimisation due to the important phenomenon of ‘clinical inertia’, well recognised but under-addressed in clinical practice, by Kamlesh Khunti and colleagues.

Secondly, we have three articles looking at the ‘how’ of care provision, from the shift of diabetes care activity in parts of South London following greater integration, to an analysis of transitional diabetes clinics in Scotland and a look at how to consider performance evaluation in the delivery of diabetes care in Kent and Surrey.

Finally, we are also proud to be co-publishing two of the latest JBDS in-patient guidelines (in parallel with *Diabetic Medicine*) which provide a common sense, evidence-based approach to the management of HHS and the best way to approach the utilisation of intravenous insulin via a variable rate infusion, essential reading for the practicing diabetologist.

Conflict of interest None.

Funding None.

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Br J Diabetes Vasc Dis 2015;**15**:45
<http://dx.doi.org/10.15277/bjdvd.2015.024>

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THE BRITISH JOURNAL OF

**Diabetes &
Vascular Disease**

The Journal of the Association of British Clinical Diabetologists



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