

INTRODUCTION

Improving Diabetes Care in North Carolina

In this issue of the *North Carolina Medical Journal*, we have chosen to tackle one of the most pressing problems facing our public health and healthcare systems, the epidemic of diabetes, particularly type 2 diabetes. Diabetes has become one of the most prevalent diseases in our state and nation, and one of the five leading causes of death among North Carolinians each year. Though type 2 diabetes was at one time fairly rare among young adults and adolescents, it is now commonplace in our pediatric populations and a major concern of public health agencies and child care physicians throughout our state.

Though there is considerable evidence that type 2 diabetes can be prevented, the focus of this issue is on the care and treatment of the rapidly growing population of persons in our state with this disease, or the preconditions for it. We have asked Deborah Porterfield, MD, MPH, from the Diabetes Control Branch of the North Carolina Department of Health and Human Services and the UNC-CH School of Medicine, to prepare a comprehensive “issue brief” on this topic. Her paper is followed by three commentaries by Joseph Konen, MD, MSPH, Chair of the Department of Family Medicine at Carolinas Medical Center and Chair of the NC Diabetes Advisory Council; Anne Skelly, RN, PhD, from the UNC-CH School of Nursing; and Francis A. Neelon, MD, Medical Director of the Rice Diet Program and Editor Emeritus of this *Journal*.

The content of this forum should be both informative and provocative. Much is going on in North Carolina, in the realm of medical practice and in the agencies of public health, to address these problems. Yet, despite our efforts to date, even current scientific evidence is not being effectively brought to bear on these important problems. Though there are medical therapies available by which to “treat” the disease, the key to effective control and treatment of the disease may lie in “lifestyle modification,” a domain within which the collaboration of both physician and patient will be a necessity. Educational programs to provide the enabling self-care and self-management skills necessary for patients to hold up their end of the bargain may be in short supply throughout North Carolina.

All in all, this issue of the *Journal* lays out a huge challenge to us all, and one of great social and economic consequence for our state. As always, we invite our readers to share their comments and continue the debate through Letters to the Editor.

—Gordon H. DeFries, PhD
Editor-in-Chief and Publisher