

Volume 20 Number 1

May 2012



Psychosocial aspects of diabetes mellitus  
Severe hyperglycaemic complications of diabetes  
Lower limb amputation in diabetic foot disease  
Blood glucose and serum lipid profiles during pregnancy  
Undiagnosed diabetes and impaired glucose tolerance

## Editor

Professor Geoff Gill  
Liverpool School of Tropical  
Medicine and  
Aintree University Hospital,  
Liverpool, UK

## Consulting Editor

Professor Sir George Alberti  
Senior Research Fellow,  
Imperial College London  
Past President,  
International Diabetes Federation

## Editorial Board

Prof Ibrahim Sherif – Libya  
Prof Ken Huddle – South Africa  
Dr Kaushik Ramaiya – Tanzania  
Prof Nigel Unwin – UK  
Prof J C Mbanya – Cameroon

## Publisher

Bryan Pearson

## Managing Editor and Production

Penny Lang

## Business Development Manager

Michael Hodgson-Hess

## Business Manager

Grant Docking

ISSN 1468-6570

All contents are © 2012  
FSG Communications Ltd

## Correspondence to:

African Journal of Diabetes Medicine,  
FSG Communications Ltd  
Vine House • Fair Green • Reach  
Cambridge CB25 0JD • UK  
Tel: +44 (0)1638 743633  
Fax: +44 (0)1638 743998  
E-mail: editor@fsg.co.uk

## 2 In the news

## 4 Letter to the Editor

## 5 Review Article

### Psychosocial aspects of diabetes mellitus

E E Young and C N Unachukwu

## 8 Review Article

### Severe hyperglycaemic complications of diabetes

R N Oputa

## 11 Conference Report

### 6th Joint EASD/ADA IDF Advanced Clinical Postgraduate Course in the Management of Diabetes and its Complications

## 13 Original Article

### Lower limb amputation in diabetic foot disease

N E Ngim, W O Ndifon, A M Udosen,  
I A Ikpeme, and E Isiwele

## 16 Original Article

### Blood glucose and serum lipid profiles during pregnancy

C N Ekhaton and M I Ebomoyi

## 20 Original Article

### Undiagnosed diabetes mellitus and glucose tolerance among hypertensive patients in Mulago Hospital, Kampala, Uganda

E Mutebi, F N Nakwagala,  
A Nambuya and M Otim

## 24 Guidance for Authors

## Diabetes and tuberculosis

A link between diabetes and tuberculosis (TB) has been known for many years. It is not surprising that patients with diabetes may be more susceptible to TB, as with many other infections. However, more recent studies have shown that the link is stronger than previously known. Also, the prevalence of both diabetes and TB has greatly increased in recent years, again making the importance of the diabetes/TB link even greater.

Recently, the World Health Organization (WHO) published a *Collaborative framework for care and control of tuberculosis and diabetes*,<sup>1</sup> which is a welcome initiative highlighting this important topic. WHO reports that the presence of diabetes increases the risk of TB by three times, and accounts for about 8% of new TB cases annually. There is also evidence that diabetic patients with TB respond less well to treatment, have a higher mortality rate, and survivors are more likely to relapse.

The 8% of new TB cases related to diabetes accounts for over 700 000 cases per year worldwide. This raises the question of TB screening in diabetic patients, and also perhaps diabetes screening in TB patients. Standard symptom-based questions may be sufficient for TB screening in diabetic patients (prolonged cough, night sweats, fever, etc), and they should be asked at presentation and at least annually thereafter. Diabetes screening in TB patients is less easy. Ideally, a glucose tolerance test (GTT) should be done, but a random (or preferably fasting) blood glucose is acceptable. This should be done at or soon after TB diagnosis.

The new WHO framework is a welcome reminder to African doctors of the important link between TB and diabetes. Further research on the problem is also needed; for example, do levels of glycaemic control (as measured by HbA<sub>1c</sub>) affect TB risk, and also outcome, if TB infection does occur?

Professor Geoff Gill

Liverpool School of Tropical Medicine  
Editor, AJDM

## Reference

1. Maurice J. WHO framework targets tuberculosis-diabetes link. *Brit Med J* 2011; 378: 1209-10.

