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Type 2 diabetes mellitus and thyroid dysfunction
The Melbourne Declaration on Diabetes
Family history as a risk for early-onset type 2 diabetes in Kenyan patients
Hyperglycaemic emergencies in pregnancy

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2 From the Journals

4 In the News

5 Review Article

Type 2 diabetes mellitus and thyroid dysfunction: an intertwined duo
A Nicholas

8 Review Article

The Melbourne Declaration on Diabetes
A Sanders

10 Original Article

Non-medical management practices for type 2 diabetes in a teaching hospital in southern Nigeria
A R Isara, L Omonigho, and D O Olaye

15 Original Article

Family history as a risk for early-onset type 2 diabetes in Kenyan patients
G N Kiraka, N Kunyiha, R Erasmus, and P J Ojwang

18 Original Article

Knowledge and awareness of diabetes among adolescents in Port Harcourt, Nigeria
B A N Okoh and T Jaja

21 Case Report

Hyperglycaemic emergencies in pregnancy: case reports and literature review
RN Oputa and NA Ododo

23 Guidance to Authors

Editorial

The second Diabetes Attitudes Wishes and Needs (DAWN2) Study: relevance to sub-Saharan

The second Diabetes Attitudes Wishes and Needs (DAWN2) study recently reported on the perceptions of people with diabetes, family members of people with diabetes, and healthcare professionals from 17 countries across the world. This extensive data set has built upon results from the DAWN study, conducted a decade ago. While no sub-Saharan state is included in DAWN2 participating nations, the study has involved many countries with social cultural and economic similarities. Algeria, from north Africa; India and Mexico, both emerging economies with strong socio-cultural ethos; and Turkey, a Middle Eastern neighbor, have contributed to the DAWN2 subject population.¹ DAWN2, therefore, holds equal relevance for sub-Saharan diabetes care, as it does for the rest of the world.

DAWN2 highlights the need for person-centred diabetes care, and active family involvement, patient-provider communication, and ongoing healthcare professional training. These results resonate with the ground reality of diabetes care in sub-Saharan Africa. Recent articles in the *AJDM* also point to the importance of this aspect of diabetes.²

DAWN2 documents the suboptimal involvement of people with diabetes in their self-management, and family members in support. More importantly, it highlights the strong wishes of all stakeholders for more active involvement in diabetes care.

People with diabetes expect more person-centre care from healthcare professionals. Healthcare professionals are more than willing to seek post-graduate training in various aspects of diabetes care to shoulder greater responsibility for self-management.

An important point noted by DAWN2 relates to the availability, utilisation, and perceived quality of diabetes education. Relatively few people with diabetes and their family members utilise available diabetes education facilities, and even fewer find them useful. This reinforces the need to create socio-culturally relevant and acceptable interventions for diabetes education, involving people with diabetes and family members as active participants in their development.

DAWN2 provides much needed evidence to support calls for a person-centric, and family-oriented diabetes care in Africa.

Sanjay Karla.

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