

Annual meeting of the Society for Endocrinology, Metabolism and Diabetes of South Africa



The annual 'SEMDSA' meeting in South Africa includes endocrinology and lipidology as well as diabetes, and rotates around the major cities of South Africa annually. In April this year the meeting was held in Johannesburg (at the 'Wanderers Club' - adjacent to the famous cricket ground). SEMDSA

is a multidisciplinary meeting, which attracts doctors, diabetes nurses, and other health professionals. It is always a lively and happy event, with a meeting of friends and colleagues from around this large and diverse country.

Along with local presentations (as talks or posters), generous drug company sponsorship allows a number of eminent overseas experts to be flown in for major lectures. This year saw specialists in the fields of diabetes mellitus, pituitary disorders, andrology, and lipidology. There were also 'Meet the Professor' lunchtime sessions, and a workshop run by DESSA (Diabetes Education Society of South Africa).

Particularly interesting points to emerge from this year's conference were as follows:

- **DKA in type 2 diabetes.**

It is increasingly known that diabetic ketoacidosis (DKA) can occur in type 2, as well as type 1 diabetes. A study from Cape Town reported that 30% of all DKA cases admitted had type 2 diabetes, and that 50% of these patients could be treated long-term with oral agents rather than insulin.

- **Erectile dysfunction (ED) in type 2 diabetes.**

A study from Nigeria showed that a remarkable 88% of a male type 2 cohort had some degree of ED. Severe ED occurred in 29% and moderate dysfunction in 24%. This emphasises the scale of this complication which is rarely considered in African diabetic populations.

- **Peculiarities of African type 1 diabetes.**

A previously little known report in South Africa showed that white indigenous South Africans with type 1 diabetes had a mean age of onset of about 13 years (the same as in European whites). Their black counterparts, however, had an age onset of about 10 years later (mean 23 years).

A recent Johannesburg study has confirmed this fascinating difference, and also carried out HLA (human leukocyte antigen) genotyping and GAD (glutamic acid decarboxylase) antibody testing. The vast majority of patients had typical type 1 haplotypes and antibodies. The difference in the age of onset between white and black populations remains a mystery.

- **Poor in-patient control of diabetes.**

Doctors from the Groote Schur Hospital in Cape Town investigated the glycaemic control of in-patients with diabetes. Not surprisingly, the results showed poor and erratic control. The major problem was inappropriate use of 'sliding scales', and multiple and highly variable systems of management. It is depressing that this widespread problem is also experienced in one of Africa's major teaching hospitals.

- **Detecting microalbuminuria.**

There is increasing interest in African diabetic clinics concerning screening for microalbuminuria. Laboratory support is often a problem, and 'dipstick' methods are therefore attractive. Researchers from Stellenbosch presented a comparison between standard laboratory measurement of urinary microalbumin and a dipstick method known as 'Immunodip'.

The two methods showed excellent correlation, and the dipstick test was 96% sensitive and 76% specific compared with the laboratory method. Attractively, the dipstick method was cheaper - being about £3GBP compared with £10GBP for the standard lab test.