

Oh, What Times We Live In!

Curtis L. Triplitt, PharmD, CDE, Editor-in-Chief

In the span of just a couple of decades, our understanding of diabetes pathophysiology, nutrition, exercise, human behavior, technology, education principles, medications, and hundreds of other nuances of diabetes care has advanced by leaps and bounds. Sometimes, it helps to be reminded of history to truly appreciate this fact. To that point, I would like to introduce you to a person from my personal history book.

A young gentleman returned from World War I and found work in his small Iowa town as a rural-route mail carrier. It was a steady job offering decent pay in turbulent times.

From a good source, the story goes that he visited the local doctor about continued tiredness and weight loss and was subsequently diagnosed with diabetes. There were no sophisticated methods for treating diabetes then, and he was put on a diet that involved weighing everything he ate and keeping the total weight of his food within specified limits. In effect, it was nearly a starvation diet.

His wife helped him immensely, but he continued to lose weight, and so, in the year 1929, he was placed on insulin. At that time, insulin was a new medication and not at all like today's insulin. It was brown, and although its concentration was stated, it was not very pure and could vary greatly in its glucose-lowering effectiveness.

Urine glucose testing was sketchy in terms of accuracy, glass insulin syringes were used and re-sterilized

in boiling water, and needles (about 20–22 gauge) were re-sharpened by hand. All of these factors led to many hypoglycemic reactions. But the man lived well with diabetes for more than 30 years. Considering when he was diagnosed, it was a miracle.

To me, it was a very important miracle, because that young gentleman was my grandfather, who likely had type 1 diabetes. Without insulin, he likely would have died well before my father was born in 1931. Thus, without the invention of insulin, I probably would not be here today.

Compare and contrast that story to the circumstances we find ourselves in today. People with diabetes may benefit from hybrid closed-loop insulin pumps, insulins with custom pharmacokinetics and pharmacodynamics, 12 classes of medications to treat type 2 diabetes, mobile applications to help manage the disease, large clinical trials to guide therapy, sophisticated methods of monitoring glycemic control, and diagnostics that are truly awe-inspiring. Oh, what times we live in!

I have had the honor of working for the past 20 years for the Texas Diabetes Institute and the University of Texas Health Science Center at San Antonio. My mentors have been Ralph DeFronzo, MD, and Charles Reasner, MD. Dr. DeFronzo has mentored me on all aspects of diabetes, but especially on diabetes and metabolism research. And although Dr. Reasner is no longer with us, I sometimes still hear his clinical quips in my ear as I see patients. I now see patients with

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a new mentor, Eugenio Cersosimo, MD, who has taught me much in the realm of clinical management, as well.

Although I had served on several medical journal editorial boards in the past, I had never been an associate editor until I agreed to become one for my predecessor as *Diabetes Spectrum* editor-in-chief Joshua J. Neumiller, PharmD, CDE, FASCP. Serving as an associate editor was a rewarding experience, and it was an honor and a pleasure to help with the publication of articles focused on diabetes education for colleagues around the world. Speaking from experience, the best way to become involved in a journal is to review articles when asked and to inquire about opportunities to serve on editorial boards. It is surprising how many journals are constantly in need of highly qualified people to serve in such capacities, and such simple volunteer acts are vital to the academic peer-review process. If you have an interest in reading journal articles, I highly encourage you to get involved in the journals you depend on most.

As I take the helm at *Diabetes Spectrum*, I want to express special thanks to Dr. Neumiller for two main reasons. First, he has been an extremely helpful mentor through my tenure as an associate editor and steadfast in his support as I have transitioned to editor-in-chief. Second, he has graciously agreed to stay on as an associate editor—a capacity in which he will no doubt continue to provide valuable service and offer great advice in the coming years. Dr. Neumiller is one of the most approachable and thoughtful people I have met, and no one is more excited than me that the journal will continue to benefit from his expertise.

As incoming editor, I had the opportunity to form a new team of experts to serve as associate editors during my term. Our editorial team brings a wide range of expertise and talent that will help to shape the future direction of *Diabetes Spectrum*. They have already started planning,

developing, and editing content for upcoming issues. Our team includes a mix of returning and new members. In addition to Dr. Neumiller, Andrea Vegh Dunn, RD, LD, CDE, and Laura B. Hieronymus, DNP, MSED, RN, MLDE, BC-ADM, CDE, FAADE, who served with me as his associate editors, have graciously agreed to continue on in that role. They are joined by new associate editors Jane Dickinson, RN, PhD, CDE, Katia Cristina Portero McLellan, PhD, RDN, Susana R. Patton, PhD, CDE, Jane Jeffrie Seley, DNP, MSN, MPH, GNP, RN, BC-ADM, CDE, CDTIC, FAADE, FAAN, Carolina Solis-Herrera, MD, and Jennifer M. Trujillo, PharmD, FCCP, BCPS, CDE, BC-ADM. I know you will be pleased with the energy and enthusiasm they bring to the journal.

Publishing truly takes a village, and people are what make *Diabetes Spectrum* special. I wish to acknowledge Christian S. Kohler, ADA's Associate Publisher, Scholarly Publishing, and Heather Norton Blackburn, Director, Scholarly Journals, for their leadership; Managing Editor Debbie Kendall, whose vast knowledge, editorial expertise, guidance, and understanding of the history of *Diabetes Spectrum* are invaluable; Keang Hok, Manager of Periodical Production, who handles the journal's design, layout, and online publication ahead of print and coordinates with our printing and online vendors; Lyn Reynolds, Director of the Editorial Office, who has helped with associate editor orientation and training; Joan Garrett, our Peer Review Manager who coordinates all aspects of the peer review and manuscript management process; and Julie DeVoss Graff and Donald Cowl, who handle our advertising and subscription services, respectively. Without these supportive individuals, the editorial team would not be able to produce a single issue.

We have big plans for future issues and are particularly excited about our upcoming From Research to Practice special-topic sections. The guest edi-

tors who have agreed to serve for each of the 2019 research sections are key opinion leaders in their fields and, as such, will ensure that their sections offer a comprehensive selection of excellent articles from national and world experts on their respective topics. This year, we are planning research sections focused on diabetes technology, diabetes care and education in underserved populations, and clinical inertia.

In addition to our research sections, we will continue to publish outstanding peer-reviewed articles by authors from all fields that comprise the multidisciplinary diabetes care and education team. I invite and encourage diabetes professionals from around the world to submit articles to *Diabetes Spectrum*. From stand-alone feature articles to our Care Innovations, Nutrition FYI, Lifestyle and Behavior, and Pharmacy and Therapeutics departments, there are many focused content areas for your next publication. We understand the expertise, research, and hard work involved in preparing a manuscript and will give each submission the careful consideration it deserves.

Oh, what times we live in! The future of diabetes education, research, and management is bright, and we have come such a long way in a short time. It is my honor to serve as editor of *Diabetes Spectrum* in the midst of such exciting developments. Our editorial team knows that we all become better people by listening. Thus, our figurative electronic door is always open to your ideas, questions, or concerns. Please feel free to email me directly (curtis.triplitt@uhs-sa.com) or to contact any of our associate editors directly or through our Editorial Office (EditorialOffice@diabetes.org) with questions. It is our pleasure to provide high-quality learning opportunities to all readers of *Diabetes Spectrum*.

Duality of Interest

No potential conflicts of interest relevant to this article were reported.