



Chronic Complications of Diabetes: Prevalence, Prevention and Management

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Message from the Guest Editor

Dear Colleagues,

The scale of the chronic complications of diabetes became clear in the late 1920s and 1930s, when detailed descriptions of the syndrome were first made. These include tissue complications, microvascular diseases (retinopathy, nephropathy, and neuropathy), and macrovascular diseases (atherosclerosis). There is strong evidence that microvascular disease is related to the duration and severity of hyperglycemia in both type 1 and type 2 diabetes. At present, there are specific treatments to slow the progression of established nephropathy, preserve vision in those with established retinopathy, and decrease the chance of neuropathy leading to foot damage. Macrovascular disease affects the coronary arteries, cerebral circulation, and peripheral vessels, and the risk of heart failure is considerably increased among patients with diabetes, in addition to being associated with substantial morbidity and mortality. In recent years, major advances have occurred in our understanding of the pathogenesis of diabetic complications. Major theories regarding the development of complications are based on metabolic and vascular changes.

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