



Epidemiology, Complications and Management of Diabetes

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Deadline for manuscript submissions:

closed (20 April 2023)

Message from the Guest Editor

Type II diabetes mellitus (T2DM) is a severe metabolic disorder, characterized by chronic hyperglycemia associated with increased glucose cell toxicity, that leads to irreversible renal and pancreatic cell damage. Autophagy/klotho pathways play a key role in damaged intracellular protein degradation, intracellular homeostasis, and cell integrity maintenance. Recent studies have shown a decrease in α -klotho and autophagy proteins (ATG5/LC3-II) as well as in the expression of DMs' kidney and pancreatic β cells. Both α -klotho and autophagy key proteins can play a protective role against DM complications, such as diabetic nephropathy. Empagliflozin, a sodium–glucose transporter-2 inhibitor, is currently used for patients with T2DM to lower plasma glucose levels and normalize HbA1C, yet it bears pleiotropic effects on kidney and pancreatic β cells.

Chronic glucose exposure damages renal epithelial and β cells via the downregulation of klotho and autophagy processes.





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