

## Preface

# Type 2 Diabetes Mellitus



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*Guest Editor*

Diabetes has become a plague upon modern America. It is the most expensive chronic illness in the country and has become a scourge of multiple inpatient medical and surgical services. Indeed, diabetes is the fourth most common comorbid condition in hospitals and accounts for prolonged lengths of stay and excess costs for virtually one quarter of all hospital admissions in the United States. More importantly, however, is the burgeoning number of diabetic patients. Each year, approximately 1 million new cases of type 2 diabetes are diagnosed, and even type 1 diabetes appears to be increasing in incidence in the United States. Because of our ability to reduce or prevent the costly chronic complications of diabetes, as shown by the results of recent clinical trials, newer, more aggressive standards of care for both glucose control—as well as blood pressure, lipids, and other risk factors for these chronic complications—have been promulgated recently by a variety of organizations, chiefly the American Association of Clinical Endocrinologists, The National Cholesterol Education Program, and the American Diabetes Association. As new classes of compounds and new agents within each class develop, thereby expanding our therapeutic options for patients with diabetes, the potential for drug interactions and drug difficulties seems to mount geometrically.

In this issue of the *Medical Clinics of North America*, we have endeavored to bring to practicing clinicians the most modern strategies by which to

manage patients with diabetes by meeting these goals and guidelines. We hope to improve the risk of complications and to better the lives of those patients who have diabetes, both type 1 and type 2.

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