



Editorial

Diabetes, Kidneys, Heart, and Ramadan

Salem A. Beshyah^{1,2}¹ Department of Medicine, Yas Clinic Khalifa City, Khalifa City, Abu Dhabi, United Arab Emirates² Department of Medicine, Dubai Medical College, Dubai, United Arab Emirates

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Welcome to the second issue of 2024, the seventh year of our publication. The issue contains various articles that heavily represent Ramadan fasting-related research. We hope the content will further interest our readers in the region and worldwide.

The Ramadan Research Group produced its annual ritual review of the literature reflecting on the past year's global research productivity on "Ramadan Fasting and Diabetes" (Abusahmin et al.). These "year in review" articles have been a regular feature of their activities since 2018.^{1–4} Many found them useful in bringing together all the years of work under a single cover. Also, Habas et al provided a comprehensive review and update on sodium-glucose cotransporter 2 inhibitors' mechanism of action and use in the high-risk group of kidney transplantation recipients. They gave a nephrologist's perspective on this class of medications that diabetologists and cardiologists may increasingly prescribe.

Two articles present the abstracts of two virtual conferences: the Diabetes and Ramadan (DAR) International Alliance (Virtual) Conference 2024, held on January 12–13, 2024, and the 12th Al-Ain Symposium on Challenges in Diabetes and Endocrinology during Ramadan (Virtual Meeting), held on February 16–17, 2024. The DAR abstracts included some original work presented for the first time, and the Al-Ain conference abstracts were focused on state-of-the-art presentations of various challenges brought by Ramadan fasting in diabetes and endocrinology practice.

The special communication in this issue presents a focused review of the epidemiology, technology, and profes-

sional perspectives on diabetes in the United Arab Emirates (UAE). The oil-production-based wealth, small native population, and political stability in this relatively new nation brought prosperity and civilization similar to many other situations elsewhere. Aldahmani et al selected to focus on four aspects: a comprehensive revisit of complications, problems in special situations like pregnancy and young people, the local experience with diabetes technology, and how the medical and allied professionals are facing this Tsunami of diabetes in this country. The piece may be particularly valuable for newcomers to diabetes care in the UAE, expatriate seniors relocating, and young indigenous juniors who chose to take diabetes as a career.

My closing point concerns the obvious need for original research articles in the present issue. Many regional research works are submitted to journals elsewhere, particularly mainly to the Gold open access model and, sadly, even to predatory journals. By doing this, these authors drain already limited resources by supporting and shaming their institutions by supporting the predatory movement.⁵ I take the opportunity to call all our local and regional clinicians and academics to support the journal.⁶ Sharing original work in this journal seems more relevant than in remote journals that our regional physicians have not seen or heard of. This is particularly crucial when reporting regionally, ethnically, and culturally relevant data or opinions.

Authorship Contribution
Single author.

Address for correspondence
Salem A. Beshyah, MB, DIC, PhD,
MRCP, Department of Medicine,
Yas Clinic Khalifa City, Khalifa
City, Abu Dhabi SW44, United
Arab Emirates
(e-mail: beshyah@yahoo.com).

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