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EDITORIAL

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Reshaping Diabetes and Endocrine Care in Nepal: A Call for Integration, Innovation, and Inclusion

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The burden of diabetes and endocrine disorders continues to rise in Nepal, mirroring global trends but complicated further by unique socioeconomic, geographic, and healthcare access challenges. At the same time, we are witnessing promising shifts in how we understand, diagnose, and manage these conditions driven by advances in technology, expanding research, and a growing awareness among healthcare providers and the general population.

In this issue of the Journal of Diabetes and Endocrine Association of Nepal (JDEAN), we feature original articles and reviews that not only reflect these evolving paradigms but also speak to the pressing need for context-specific solutions in our country. From the increasing prevalence of gestational diabetes mellitus (GDM) and thyroid dysfunction in pregnancy to insights into the effectiveness of oral hypoglycemic agents and insulin therapy in urban and rural populations, the evidence base continues to grow. We must be always thinking of Steroid induced Hyperglycemia and its proper management.

AI is poised to transform diabetes management by providing more effective, personalized, and efficient care. As technology continues to evolve, the potential for AI to improve outcomes for individuals living with diabetes is significant, paving the way for a healthier future.

Importantly, we must not overlook Type 1 diabetes, particularly among young patients. These individuals require lifelong care and psychosocial support. Improving access to insulin, family counseling, and diabetes education can significantly improve their quality of life. An emerging area of interest is the link between hypothyroidism and Steatotic liver disease. Thyroid dysfunction may contribute to hepatic lipid accumulation, underscoring the need for clinicians to consider thyroid status in patients with unexplained fatty liver. Likewise, in the evaluation of primary amenorrhea, we must think beyond common causes. While MRKH syndrome remains a leading diagnosis, rare but serious conditions like Craniopharyngioma must not be missed. A structured diagnostic approach is essential.

Yet, knowledge alone is not enough. Nepal's mountainous terrain and scattered population demand health delivery models that are not just hospital-centric but also community-driven. We must work toward empowering primary care providers and local health units to take on more proactive roles in endocrine screening, education, and management.

As we move forward, let us keep patients at the center of our efforts. We must advocate for affordable medications, leverage digital health tools, and promote collaborative, multidisciplinary care. Endocrine care in Nepal should be timely, evidence-based, and equitable.

We hope this issue of JDEAN inspires deeper thought, further dialogue, and stronger collaboration across the endocrine and diabetic care community in Nepal and beyond.

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