Gastrointestinal Function in Diabetes Mellitus

Edited by

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Preface

‘Would you tell me, please, which way I ought to go from here?’ said Alice. ‘That depends a good deal on where you want to get to’, said the Cat. ‘I don’t much care where’, said Alice. ‘Then it doesn’t matter which way you go’, said the Cat. ‘As long as I get somewhere’, Alice added as an explanation. ‘Oh, you’re sure to do that’, said the Cat, ‘if you only walk long enough’.

Lewis Carroll, Alice in Wonderland (1856)

Progress might have been all right once, but it has gone on far too long.

Ogden Nash (1902–1971)

During the last 15–20 years, primarily as a result of the application of novel investigative techniques, there has been a rapid expansion of knowledge relating to the function of the gastrointestinal tract in diabetes mellitus. These insights have been substantial and have led to the recognition that gastrointestinal function represents a hitherto inappropriately neglected, as well as important, aspect of diabetes management. In particular, disordered gastrointestinal motor and sensory function occur frequently in both type 1 and type 2 diabetes and may be associated with significant clinical sequelae. Recent epidemiological studies have established that there is a high prevalence of gastrointestinal symptoms in the diabetic population and that these are associated with impaired quality of life. Furthermore, upper gastrointestinal motility, even when normal, is central to the regulation of postprandial blood glucose concentrations. Hence, diabetes and the gastrointestinal tract are inextricably linked. The recent developments in knowledge are not altogether surprising; although long recognised as a multisystem disorder, the history of diabetes since antiquity has been characterised by periods of apparent neglect and rediscovery.

This book, which to our knowledge represents the first of its kind, was stimulated by the need to consolidate these advances, to illuminate an area that
is perceived as increasingly important, but somewhat difficult to understand. Like Alice, the task we faced was somewhat daunting and has not proved easy. The book should also be viewed in context with the relatively recent, and fundamental, changes to the diagnosis and management of other aspects of diabetes—the latter relate particularly to recognition of the impact of chronic glycaemia and blood pressure control on both the development and progression of micro- and macro-vascular complications, and the effect of novel pharmacological therapies. There have also been substantial changes to the processes of diabetes care and education, so that the challenges and demands made of the clinician/diabetologist have increased substantially—they should aim to achieve both euglycaemia and normal blood pressure in their patients. The primary rationale for our book is that a knowledge of gastroenterology, as it relates to diabetes, is also required.

The book aims to be comprehensive and to present the relevant information in context for both the clinician and clinical researcher. There are nine chapters: five are organ-specific, relating to oesophageal, gastric, intestinal, anorectal and hepatobiliary function; the four other chapters address epidemiological aspects of gastrointestinal function in diabetes, the effects of diabetes mellitus on gastrointestinal function in animal models, the impact of gastrointestinal function on glycaemic control, and the evaluation of gastrointestinal autonomic function. All of the authors are recognised internationally for their expertise in the field and we wish to thank them most sincerely for their contributions. We also thank Layla Paggetti and Joan Marsh of John Wiley & Sons, Ltd, as well as Anouk de Vries and Sue Suter, for their unstinting support and encouragement. It should be recognised, as in any relatively new field of study, that there is a need for a constant reappraisal of concepts and ideas. As for Alice, it will be interesting to see where the journey takes us!

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December 2003
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