ENDOCRINOLOGY RESEARCH AND PRACTICE

SOCIETY OF ENDOCRINOLOGY AND METABOLISM OF TÜRKİYE

From Evidence to Everyday Endocrine Care: Risk, Adherence, and Integrated Management

EDITORIAL

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Endocrinology is often described through hormones, laboratory values, and treatment targets. In daily practice, however, successful endocrine care depends on much more. It requires early recognition of risk, correct diagnosis, long-term adherence, attention to psychological and metabolic factors, and cooperation between different health professionals. Thus good endocrine care is not only about choosing the right treatment, but also about identifying the right patient, at the right time, and helping that patient continue effective care.

Diabetes remains one of the clearest examples of this challenge. The nationwide TEMD-2 Diabetic Foot Study provides important real-world information from 5570 patients with diabetes, coming from important tertiary centers in Türkiye. Findings remind us that foot complications are not isolated events but a wider clinical and social context. Regular foot examination, identification of vascular and neurologic risk, improvement of glycemic control, and patient education remain essential parts of prevention.

Two thyroid studies in this issue illustrate different aspects of individualized care. First, shows in patients beginning levothyroxine therapy, a brief structured education program, matters. The second psychological outcomes and QoL in patients with differentiated thyroid cancer receiving TSH suppression therapy.

Obesity and metabolic liver disease form another major theme of this issue. A systematic review and meta-analysis of five randomized trials, with oral semaglutide studied mild and serious adverse events. We are now aware the balance between efficacy, tolerability, and careful interpretation is increasingly important as GLP-1 agonists becomes a larger part of endocrine practice. The two reviews on MASLD broaden this metabolic perspective. One places MASLD directly within endocrine practice and emphasizes risk assessment and non-invasive fibrosis stratification. The second review explores the oral-gut-liver axis and the possible relationship between periodontal disease, microbial imbalance, systemic inflammation, and MASLD. This concept is still developing, but it is a useful reminder that metabolic disease crosses traditional organ boundaries. The liver, adipose tissue, gut, oral cavity, and endocrine system may be connected through shared inflammatory and metabolic pathways. A related original study evaluates FIB-4 changes during androgen deprivation therapy in patients with prostate cancer which raises awareness of a possible delayed metabolic and hepatic effect during long-term androgen deprivation. Endocrine follow-up of patients receiving cancer therapies is becoming increasingly important, particularly when treatments can influence body composition, glucose metabolism, bone health, lipids, or liver.

Acromegaly is represented by two studies that together cover both early surgical assessment and long-term medical treatment with pegvisomant. A drug may be effective pharmacologically, but its real-world success also depends on persistence, tolerability, access, convenience, and patient engagement. Treatment adherence therefore deserves the same attention as treatment selection.

Central message of the October 2026 issue may be summarized in one word: integration. We need to integrate laboratory data with clinical context, pharmacologic efficacy with adherence, metabolic care with liver assessment, and endocrine treatment with psychological and

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social factors. We also need stronger cooperation between endocrinologists and other specialists. Endocrine diseases are rarely confined to one organ, and their successful treatment rarely depends on one intervention alone.

Together, they remind us that better endocrine care begins with careful measurement but is completed by careful attention to the whole patient.

I hope you enjoy the issue

Enjoy reading!,

Editor-in- Chief