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## Biomarkers for early detection of diabetic nephropathy

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Diabetes mellitus is a chronic disease that affects 366 million people worldwide (6.4% of the adult population) and is expected to rise to 552 million by 2030. Diabetes is the most frequent cause of ESRD in developed countries, (25–40% of incident patients). Diabetic nephropathy (DN), defined as albuminuria (albumin excretion rate > 300 mg/24 h) and declining renal function in a patient with known diabetes in the absence of urinary tract infection or any other renal disease. The Classic pattern of Diabetic Nephropathy:

- Initial Microalbuminuria (urinary albumin excretion rate [UAER] 30–300 mg/24 h)
- Macroalbuminuria (UAER  $\geq$ 300 mg/24 h)
- Progressive decrease in renal function leading to ESRD

Microalbuminuria is the gold standard for detection and prediction of diabetic kidney disease and cardiovascular risk disease in clinical practice. However, microalbuminuria has several limitations, such as lower sensitive, larger variability. It is urgent to explore higher sensitivity and specificity for earlier detection of diabetic nephropathy and more accurate prediction of the progression to end stage renal disease. I will review some new and important biomarkers, such as: Markers of Glomerular Dysfunction, Markers of Tubular Dysfunction, Markers of Oxidative Stress and Inflammation, Genetic Factors, Proteomics and Metabolomics.

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## Challenges facing family medicine in the EMRO region

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The archaic Arab and Muslim physicians were utilizing holistic approach while practicing medicine. Avicenna, Alrazi and several others have been implementing the concepts of family medicine while caring for their patients. However, with the development and the disintegration of medicine into sundry specialties and sub-specialties such concept was disoriented overtime. Although during recent years and since Almata declaration many efforts have been made in the Arab countries to implement family medicine, such did not reach to the expected goals. Many Arab countries still do not believe family medicine while the few other who have commenced it are still struggling with the rigorous shortage of qualified family doctors. Realizing that family medicine should be the predicate of any health accommodation substratum and that 50% of the working physicians in any country should be constituted from family doctors, we can visually perceive why the health of the nation in many Arab countries are not reaching to the standard level. Such countries are not only suffering from re-emergence of few communicable diseases but they do suffer markedly from the consequences of the high prevalence of non-communicable illnesses as well. The Arab countries at the present moment is in exigent desideratum of around quarter of a million qualified Family Doctors, however statistics betoken that the available does not exceed few thousands. One of the best achievements of the Arab Health Ministers' council of the Arab league is the development of the Arab Board for Health specialties which was founded in 1978. However, not all the Arab countries are participating in its activities. Therefore, the Family & Community council since its establishment 28 years ago (in 1986) managed to graduate only 1567 FDs. In this article we highlight the quandary of FDs shortages in the Arab World and how it could be tackled.

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