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First word

In the recent past, much emphasis has been placed on losing weight, exercise, maintaining healthy eating habits, keeping physically fit, and decreasing cardiovascular morbidity and mortality. Most recently however, attention is being drawn towards sleep-related disorders, especially obstructive sleep apnoea, which has been implicated in conditions such as excessive day-time sleepiness, marital disharmony, road traffic accidents, loss of libido, and other adverse cardiovascular events.

Could the low work output and frequency of road traffic accidents in low-income countries be attributed to obstructive sleep apnoea? While this condition is well recognised in developed countries there is a paucity of data on frequency and prevalence in the developing countries.

The article on obstructive sleep apnoea-hypopnoea syndrome will help draw the attention of general and respiratory physicians to consider the best way to tackle this surge in sleep disorders and widen their spectrum of research.

Diabetes has been a cause of concern. It is projected that within the next 30 years two-thirds of the world's diabetes cases will be from low-income countries. This will mainly be attributable to diet and possibly genetic factors. Diabetes is a multi-systemic disorder and reduces immunity, thus predisposing to tuberculosis. There are few studies of pulmonary function among diabetes patients. So a study of the lung function of the diabetic patient is a good place to start. What has become obvious within the last few years is the need for increased funding for research and training in respiratory disease in Africa. I hope that the articles in this issue of AJRM will further stimulate interest in this direction.

Prof. Gregory Erhabor

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