

PREGNANCY IN ADOLESCENTS WITH TYPE 1 DIABETES

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INTRODUCTION

Adolescence is a time of many changes. For an adolescent with type 1 diabetes mellitus (T1DM), change means becoming more self-reliant in dealing with chronic illness. Rebellion, acting out, and the desire to be "normal" may drive the adolescent with chronic disease to make poor choices.^{1,2} Such choices may have detrimental effects on dietary intake, medication usage, and social behavior.^{1,3} For diabetic adolescents, low self-esteem and depression may contribute to behavior resulting in an unplanned pregnancy. This is of high risk to both the woman and fetus and is associated with high rates of congenital malformations, spontaneous abortions, and stillbirths.^{4,5} Additionally,

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From The Editor's Desk

Volume 20, number 4, of *GGH* marks the first year of the journal under my direction. I am proud of what we accomplished and I thank the editorial board for their support. The scope of pediatric endocrinology keeps on diversifying and with it, the journal's contents. The lead articles of the 2004 volume reviewed important subjects, some beyond the immediate concerns of our colleagues. In this issue the topic of pregnancy in adolescents with type 1 diabetes mellitus by Brindley & Jovanovic addresses the risks and consequences of adolescent pregnancy; these may be costly to both the mother and the fetus, thus underlining the importance of dealing with contraception as part of the treatment of our patients. Also included are the abstracts and editorial comments of exciting papers selected by our editorial board, these deal with pertinent clinical concerns and basic discoveries in the etiopathology of patients encountered in pediatric endocrine practice. Please note the **new feature** introduced to the journal in this issue, namely the electronic abstracts which are only displayed on the website. This new feature allowed the publication of important abstracts with erudite comments; these could not be included in the printed version of the journal because of space limitations. These e-abstracts are concurrently listed in the table of highlights with those published in both the printed and the electronic version of the journal.

During the last year, we accomplished a tremendous growth in the number of subscribers that enjoy *GGH* through the Web and we welcome over 1700 new readers. The reach of the journal also increased, over 37% of our online readers are now from countries beyond the United States, almost a 45% increase in worldwide distribution, with an excess of 30,000 visitors to date. However, we were often challenged with wrong email addresses and returned notifications. The protective filters pose obstacles to the exchange of legitimate scientific information through the internet. We no longer include a Table of Contents in the email announcement as this may trigger filters (ie, intersex). Thus, I want to remind our subscribers to please inform us of email address changes and to notify their I.T. staff to allow www.GGHjournal.com through the institutional filter systems.

I am pleased to inform you that we **will not** discontinue the printed version of the journal as was planned. It will be published and distributed by surface mail within the United States. Finally, a word of thanks to our sponsor, Genentech Inc., for their continuous support through an unrestricted educational grant award for the publication of *GGH*.

Respectfully,
Fima Lifshitz, MD