

Editorial

# Editorial to “Gender Differences in Diabetes”

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Welcome to this Special Issue of Diabetology entitled “Gender Difference in Diabetes”.

Sex and gender can affect incidence, prevalence, symptoms, course, and response to drug therapy in many illnesses, considering how both sex (the biological side) and gender (the social-cultural one) are variously interconnected. In this collection of papers, you will find many articles addressing the issue of gender differences in diabetes from various perspectives. In particular, one review [1] considers and explains how type 2 diabetes is a perfect example for justifying gender medicine. Many aspects of type 2 diabetes gender differences have been uncovered, relating to pathogenesis, therapy, and complications; however, another review examines the more ambiguous and obscure aspects of gender differences in type 1 diabetes [2]: a disease already anomalous in itself for being the only form of autoimmune disease that predominantly affects young males rather than older females, distinguishing it from all other forms of autoimmunity. Another article deals with the psychological aspects of the diabetic disease from a gender perspective from the perspective of adults while also highlighting a particular, often obsolete form called diabulimia and from the perspective of the adolescent, particularly when struggling with technology [3]. Two reviews take into consideration disorders of the sexual sphere, both in men [4] and those more vastly unknown, understudied, and, therefore, less treated in women [5]. The latter takes into consideration the prevalence, etiology, diagnostic approaches, and current treatment options for female sexual dysfunction in diabetic patients. An original article explores gender differences in a common complication of diabetes, diabetic retinopathy, in an extremely large sample of 20,000 patients [6]. Last but not least, the often-marginal aspects of gender differences in migration are also explored as a function of diabetes [7]. The conclusion to this work is that health education for the population as a whole and of women specifically is needed to contain risk behavior and prevent the early onset of metabolic syndromes in general and of type 2 diabetes in migrants. Given the unprecedented times we are going through, an article reports the data of a COVID-19 unit in Italy experiencing a new onset of diabetes and the psychic damage created by the disease and how they can be connected with anatomical lesions [8]. The authors of this article raise the possibility that the presence of cognitive alterations may be related to the evidence of point-like brain alterations (from the cortex to the trunk) that are visible through neuroimaging techniques. Sex-gender differences in diabetes healthcare workers are also taken into consideration in this Special Issue: healthcare workers and how they perceive their work environment, especially in the context of the presence or absence of gender inequality [9].

In conclusion, a sex-gender approach in medicine is mandatory to maximize scientific rigor and the value of research. Sex-gender studies need interdisciplinarity and intersectionality in order to offer the most appropriate care to each person, and this Special Issue aims to contribute to this important aspect of medicine.

Enjoy the reading!

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