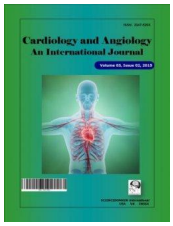

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The Metabolic Clinic: Challenges in a Developing Country

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Authors' contributions

This work was carried out in collaboration between both authors. Author OO designed the study, wrote the protocol and wrote the first draft of the manuscript. Authors OO and AOD both managed the literature searches, read and approved the final manuscript.

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Letter to the Editor

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In our environment, in southern Nigeria, the role of the Chemical Pathologist is poorly understood by the core clinicians. Especially the clinical role we play in, out and in patient care. There is usually some confusion as there is an overlap of the disease conditions and the doctors managing them, necessitating a great deal of co management and teamwork. The result is that referrals as well as clinical consults are few and far in between and the clinic is not achieving its full potential.

The major extra laboratory role of the chemical pathologist in addition to the traditional support care, such as result interpretation, giving professional advice to core clinicians, responding to clinical consults, [1,2] now includes running an outpatient clinic. In different centers, this clinic has different names which may reflect subspecialties such as the lipid clinic, diabetic, obesity, inherited diseases clinic amongst others [2]. In our environment it is called a metabolic clinic. This clinical function of being a specialized consultant is becoming the primary responsibility of the Chemical Pathologist [3].

Metabolic medicine is a subset of chemical pathology and involves the management and co

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management of many metabolic disorders such as nutritional dysfunction, hormonal imbalances including thyroid dysfunction, diabetes mellitus, metabolic bone diseases, inborn errors of metabolism and other inherited metabolic disorders, dyslipidaemias, premorbid conditions such as hypertension and metabolic syndrome as well as assessment of cardiovascular risk [4]. The implication of this is referrals would be received from the general out patient, endocrine, cardiovascular, orthopaedic, paediatric and obstetric clinics amongst others.

Metabolic medicine is an emerging subspecialty in developing countries and in the medical world at large [4]. The chemical pathologist needs to adapt to this evolving role which includes an increasing need to be directly involved in patient care at the clinical interphase [5]. More clinical postings also need to be incorporated to the post graduate training process of the Chemical Pathologists [6]. In Australia, the current curriculum has an option for joint endocrinology and Chemical pathology training where the first year is purely clinical [7]. In North America, there is a journal that showcases activity from both the endocrine and metabolic clinics. This shows the close interrelationship.

Emphasis in current medical practice is constantly expanding to include the non-communicable diseases. Medical practice is now predictive, personalized, preventive and participatory [8]. The Chemical pathologist plays a very strong role in predicting the risk and preventing the outcome of premorbid and morbid conditions by instituting therapeutic lifestyle changes. Sub specializations therefore need to be encouraged.

Core clinicians often see the need to invite a chemical pathologist only when they are at a dead end. This therefore creates a need for constant education and initiation of clinico-pathological meetings and conferences organized by the chemical pathologist with the core clinicians as a reminder of the presence of the metabolic clinic, its current activities and capabilities to encourage the proper functioning and full establishment of the clinic.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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