

# State of Knowledge and Experience in the Field of “Continuous Glucose Monitoring Systems”

**Maria Eugenia Velasco-Contreras\***

*Division of Family Medicine, Mexican Social Security Institute, Mexico*

## Article Information

Received date: Jan 23, 2018

Accepted date: Jan 26, 2018

Published date: Jan 31, 2018

## \*Corresponding author

Maria Eugenia Velasco-Contreras,  
Internist Medical and Master in Health  
Sciences, Clinical Epidemiology,  
Directorate of Medical Benefits, Public  
Health Unit, Coordination of Integrated  
Health Programs, PREVENIMSS;

Division of Family Medicine, Mexican  
Social Security Institute, Hamburg 18,  
First Floor, Colonia Juárez, Delegation  
Cuauhtémoc, CP 06600, Mexico,  
Tel: 57261700 extension 15919;  
Email(s): maria.velasco@imss.gob.mx  
(or) mariaeugeniavelasco53@gmail.com

**Distributed under** Creative Commons  
CC-BY 4.0

## Brief Comment

In the guidelines for the care of patients with type 2 diabetes for 2 decades, the monitoring of blood glucose has been promoted in order to reach the standards of control of the disease. Seen in this way it seems a good proposal for patients in the sense of monitoring their blood glucose.

However, it is not practical for the daily life of people because it prevents them from enjoying and dealing with their personal matters of coexistence and work that must be present in the recovery of health and physical well-being of all aspects of their lives.

Currently, it is certain that the metabolic process is highly altered by a series of chained and sequential disorders ranging from malfunction of the mitochondria to severe upheaval of glucoregulation mechanisms due to malfunction of intracellular signals, membrane receptors which translates as resistance in the function of insulin-glucagon-growth hormone.

On the other hand, there are millions of people affected, in Mexico it is specifically a low middle class population, very vulnerable in all senses, where they hardly have the resources to buy or buy their medicines, and they can not afford resources to self-monitor glycemic.

On the other hand I consider as an intensive care doctor that strict monitoring of glycemia is justified perfect in patients with serious health problems, such as infections, septicemia, cerebral vascular events or infarcted.

The other important reason for the monitoring is during the adjustment of the doses of fast insulin and glargine for insulin-dependent patients. Where it serves wisely so that patients learn to make adjustments in their treatment and consumption of food until they achieve their fasting glycemia control goals, postprandial 2 hrs and finally their glycosylated hemoglobin control goal less than 7%.