

Bölüm 33

DIYABET TEDAVİ VE TAKİBİNDE YENİ TEKNOLOJİLER

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GİRİŞ

Diyabetes Mellitus (DM), insülin sekresyonunun ve/veya etkisinin tam veya göreceli azlığı ya da periferik cevapsızlığı sonucu karbonhidrat, protein ve yağ metabolizmasında bozukluklara yol açan heterojen hastalık grubunun ortaya çıkardığı kronik hiperglisemi ile seyreden bir sendromdur (1).

Diyabet, dünyada ve ülkemizde en sık görülen endokrinolojik hastalık olup diyabet sıklığı her geçen gün artmaktadır (2). Uluslararası Diyabet Federasyonunun (IDF) 2019 verilerine göre dünyada 20-79 yaş aralığında toplam 463 milyon olan diyabetli birey sayısının 2045 yılında 700 milyona, Avrupada ise 59 milyon olan sayının 2045'te 68 milyona ulaşacağı düşünülmektedir (2, 3).

Avrupadaki ülkeler arasında Türkiye yaşa göre düzeltilmiş en yüksek DM prevalansına (% 11.1) sahip ülkedir ve Türkiye'yi sırayla Almanya (% 10.4) ve Portekiz (% 9.8) izlemektedir. Türkiye (6.6 milyon), Avrupada Almanya'dan (9.5 milyon) ve Rusya'dan (8.3 milyon) sonra en yüksek üçüncü diyabetli hasta sayısına sahip ülkedir (2). Farklı gelir grupları arasında diyabete bağlı ölüm en fazla Rusya, Türkiye ve Ukrayna gibi (% 59.0) orta gelirli ülkelerde görülmektedir (2).

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Özetle, SMBG, CGM veya FCGM kullanımını HbA1c'yi ve hipoglisemiye azaltır, ancak hastalarda glukoz tayini için bu yöntemlerden en çok fayda sağlayacak alt grupları belirleyebilmek için daha fazla çalışmaya ihtiyaç vardır (76).

Ayrıca, diyabetli, özellikle ileri yaş, şiddetli hipoglisemi öyküsü, ilerlemiş böbrek hastalığı veya vasküler komplikasyonlar gibi yüksek riskli gruplarda ve diyabetli gebe kadınlarda daha fazla CGM çalışması yapılması gereklidir (77, 78).

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