Technologies applied to diabetes
Les technologies appliquées au diabète

André Malraux said: “I think that the task for the next century, in front of the most terrible threat that mankind knew, will be to integrate gods”. We, humble diabetes-care providers, are convinced that the technologies, like the Deus ex machina, will have to be more and more integrated into the management of diabetes. In fact, it is likely that no other pathology is as hard to model as diabetes, and the Lord’s help will be most welcome. However, we have succeeded, after about 40 years, in moving from glass syringes that needed to be sterilized before each injection of insulin of animal origin, the dosage of which was based upon a urine glucose test, to the first models of artificial beta cells working in a closed-loop mode and, recently, outside of the hospital setting. Nevertheless, the task remains difficult because we are not only treating blood glucose values, but human beings, including their physical, psychological and social complexities. Technological devices (such as pumps, sensors, stimulators, algorithmic software and newly launched micro-PCs) are still needed to restore lost physiological functions in a safe, efficient and manageable everyday way. The final challenge is even greater: to restore the freedom to plan activities, free of worries, with passion and enthusiasm, to patients who are often tired of being patient. This special issue, which is associated with the theme of SFD 2011, addresses the technological dimension of treatment because it is necessary, but also the human dimension, because the former on its own is not enough.

Enjoy!

Conflict of interest statement

The author has no conflict of interest in connection to this article. E. Renard

Département d’Endocrinologie, Diabète, Nutrition, Hôpital Lapeyronie, 371, avenue du Doyen Gaston Giraud, 34295 Montpellier cedex 5, France
E-mail adress: e-renard@chu-montpellier.fr (E. Renard).