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Social isolation during Covid-19: Boon or bane to diabetes management



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Public health responses to Covid-19 have varied globally with some countries including New Zealand and India adopting total lockdown while other countries are taking a more liberal approach to restrictions.

Recent simulation modelling work by Ghosal (2020) [1] suggests that the duration of lockdown in India is directly proportional to the worsening of glycaemic control and diabetes-related complications. The authors suggest that this may be due to limited opportunities to engage in a healthy lifestyle (including exercise) and the reduced accessibility of anti-diabetic medications and medical advice. We agree that the varying lockdown measures may have a direct impact on diabetes management (HbA1c control) as diabetes (particularly for type 2 diabetes) is often managed with lifestyle strategies such as exercise, diet modification, and self-monitoring of blood glucose and not exclusively through anti-diabetic medications [2,3].

With limited data evaluating the different approaches to lockdown, it will be interesting to note what priority is given both by individuals and countries to encourage physical activity. For instance, in Australia, going out to exercise has been approved and

encouraged as one of the 'essential activities'. While it remains to be known what the uptake of exercising has been, previous Australian evidence suggests that members of culturally and linguistically diverse (CALD) communities, including South Asians, have lower physical activity levels [4].

South Asians have previously reported [5] perceiving incidental activity (such as walking around the shops or work-related activity) as a form of physical activity. We posit that with the current isolation and lockdown measures, these incidental activities will be greatly reduced with a corresponding increase in sedentary behaviours. To help with the management of diabetes more purposive forms of physical activity are required [6]. It remains unknown whether this increase is happening among South Asian migrants for whom purposive exercise was perceived to be an inherent part of the Anglo-Australian identity and not fitting with their own ethnic identity [5].

In response to Covid-19 the Australian government has enhanced telehealth and the impact of the 'Stay at Home' message has raised concerns that people with chronic health problems are not attending their general practitioners as normal [7]. Engagement with CALD communities and the management of chronic health conditions can be difficult at the best of times with 'Stay at Home' directions potentially further isolating them and increasing health disparities. Monitoring of this will be an important part of

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evaluating the way primary care has effectively responded to this public health problem.

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