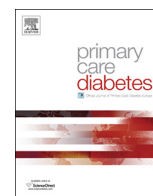




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Commentary

Beyond the virus: Ensuring continuity of care for people with diabetes during COVID-19



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ABSTRACT

The current COVID-19 pandemic is a major concern for the diabetes community. A meta-analysis in China found that the proportions of people with COVID-19 and diabetes was 9.7% and that having diabetes resulted in a two-fold increased risk of having a severe case. Global guidance on confinement measures for the prevention of COVID-19 have a particular emphasis on vulnerable populations which include people with diabetes. These recommendations are coherent to avoid the spread of SARS-CoV-2 infection, but are in contradiction with comprehensive diabetes care, which requires regular patient–provider interactions for patient education, prescriptions and possible management of complications or mental health. Moreover, confinement drives risk for unhealthy diets, decreased physical activity, mental health related concerns, in parallel to delayed care-seeking due to fear of contracting COVID-19. Another weakness in the current COVID-19 response is the focus on hospital care which overlooks the importance of Primary Care in guaranteeing continuity of care. Ensuring the availability of insulin, other medicines, self-monitoring and diagnostic tools is another challenge. These are all global concerns for the diabetes community, as well as for those suffering from other chronic conditions. Undoubtedly, the global priority is to contain the spread and impact of COVID-19. However, health systems still need to meet the needs of the entire population, including individuals with diabetes. Clear guidance for preparedness, crisis and post-crisis management of diabetes and chronic diseases during mass disruptions to health systems are lacking. Therefore, in parallel to the epidemic response efforts to ensure existing healthcare services keep running should be supported to avoid health consequences that might be worse than the epidemic itself. This includes targeted messaging for people with diabetes and vulnerable populations with regards to possible risk of infection as well as their disease-related management; continued support via telephone, video conferencing or even home visits; ensuring access to insulin and other medicines and supplies both nationally and individually; and most importantly, preparing for the future.

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The current COVID-19 pandemic is a major concern for the diabetes community. A meta-analysis in China found that the proportions of people with COVID-19 and diabetes was 9.7 % and

that having diabetes resulted in a two-fold increased risk of having a severe case [1]. In addition obesity has been found to be a risk factor for COVID-19 severity [2]. Global guidance on confinement measures for the prevention of COVID-19 have a particular emphasis on vulnerable populations which include people with diabetes. These recommendations are coherent to avoid the spread of SARS-CoV-2 infection, but are in contradiction with comprehensive diabetes care, which requires regular patient–provider

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interactions for patient education, prescriptions and possible management of complications or mental health.

Moreover, confinement drives risk for unhealthy diets, decreased physical activity, mental health related concerns, in parallel to delayed care-seeking due to fear of contracting COVID-19 [3]. Another weakness in the current COVID-19 response is the focus on hospital care to prevent the health system being overburdened with this being implemented in a “state of emergency”. This overlooks the importance of Primary Care in guaranteeing continuity of care. Following natural disasters and a break in the continuity of care management of chronic conditions worsens, especially for the most vulnerable, impacting health care costs and life-expectancy, as was seen in the aftermath of Hurricane Katrina [4]. Recent drops in emergency room visits due to COVID-19 are of concern as people might not be accessing care for chronic conditions as well as acute complications [5].

Ensuring the availability of insulin, other medicines, self-monitoring and diagnostic tools is another challenge, both in terms of national supply and of distribution throughout countries during period of lockdown. In parallel affordability is of problem in all settings where people need to pay for their medicines out of pocket, with many individuals having lost their income due to the pandemic.

These are all global concerns for the diabetes community, as well as for those suffering from other chronic conditions. Undoubtedly, the global priority is to contain the spread and impact of COVID-19. However, health systems still need to meet the needs of the entire population, including individuals with diabetes. Clear guidance for preparedness, crisis and post-crisis management of diabetes and chronic diseases during mass disruptions to health systems are lacking. Therefore, in parallel to the epidemic response efforts to ensure existing healthcare services, especially Primary Care, keep running should be supported to avoid health conse-

quences that might be worse than the epidemic itself. This includes targeted messaging for people with diabetes and vulnerable populations with regards to possible risk of infection as well as their disease-related management; continued support via telephone, video conferencing or even home visits; ensuring access to insulin and other medicines and supplies both nationally and individually; and most importantly, preparing for the future. As Confucius said, “Success depends upon previous preparation, and without such preparation there is sure to be failure.” Let us hope that the silver lining from the COVID-19 pandemic will be better preparation for the future.

Competing interests

The authors declare having no competing interests with regards to this submission.

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