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# Letter to the Editor

## Newly diagnosed diabetes in COVID-19 patients



## To the Editor,

The article by Papadokostaki et al. in the recent issue of Primary Care Diabetes has highlighted several critical issues related to the bi-directional relationship between coronavirus disease-19 (COVID-19) and diabetes [1]. These are highly relevant for clinicians to optimize care for patients with diabetes that are inflicted with COVID-19. The authors briefly pointed out the possibility of COVID-19-induced new-onset diabetes. With respect to this, we would like to add that in addition to precipitating new-onset diabetes, COVID-19 may also unmask previously undiagnosed diabetes by causing pleiotropic alterations in glucose metabolism [2]. Further, patients with newly diagnosed diabetes, whether it is newonset diabetes or previously undiagnosed diabetes, tend to have increased levels of inflammatory markers (e.g., interleukin-6) and indicators of multi-organ injury (e.g., high alanine transaminase for liver damage), thereby experiencing severe or critical illness of COVID-19 [2]. They are also more susceptible to develop acute hyperglycemic crisis including, diabetic ketoacidosis and hyperosmolar hyperglycemic state [3,4], requiring exceptionally high doses of insulin. Most importantly, compared with those with normal glucose, COVID-19 patients with newly diagnosed diabetes are more likely to die than those with known diabetes [2]. Clinicians need to be aware of these issues and should screen all COVID-19 patients with blood glucose and HbA1c at the time of admission, irrespective of their prior diabetes history, and closely monitor their glycemia status. This will help to manage patients with hyperglycemia early, as optimal glycemic control is shown to reduce disease severity and mortality in COVID-19 patients with diabetes [5]. Clinicians working in the infectious disease and non-communicable disease disciplines should come together to fight this dual pandemic of diabetes and COVID-19.

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# **Conflict of interest**

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