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## Diabetes &amp; Metabolic Syndrome: Clinical Research &amp; Reviews

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Letter to the Editor

## Importance of de-escalating anti-diabetic medication to prevent hypoglycaemia



Dear Editor.

We read with great interest the article written by Mukona and Zvinavashe discussing diabetes self-management during COVID-19. The UK has also faced similar challenges with regards to diabetic patients accessing healthcare due to limited resources. As medical students, we would like to offer our perspective on diabetic management in these unprecedented times.

The authors state that diabetics with COVID-19 are generally at higher risks of complications. However more specifically, it is the elderly diabetic population that are likely to be at increased risk of adverse outcomes because of competing geriatric syndromes and co-morbidities. The authors also allude to the complications associated with hypoglycaemia, providing useful patient guidance on how to prevent these events. Hypoglycaemia is the commonest reason for hospital admissions in over 65s with T2DM [1]. It can increase risk of falls and fractures, cerebrovascular and cardiovascular events [2]. There is, in fact, a three-fold increase in the risk of mortality in over 65s with a HbA1c of less than 48mmol/mol [3]. Such low levels of HbA1c can be attributed to intensive iatrogenic glucose-lowering, namely the over-prescription of sulphonylureas (SUs) and insulin.

A recent audit we undertook during our General Practice (primary care) rotation looked at potentially de-escalating anti-diabetic treatment, in anticipation of preventing a hypoglycaemic event. We identified patients over 65 taking insulin or SUs, with a HbA1c of <48mmol/mol. We then adjusted their anti-hyperglycaemic regime in accordance with new local guidelines [4]. Our audit was conducted just prior to the COVID-19 outbreak but currently bears even more relevance as a second wave of infection looms. Through wider implementation of these guidelines, or variations of this, that also exist internationally [5], we can prevent hypoglycaemic episodes in elderly diabetics. Hence, we can reduce potential hospital admissions, the subsequent risk of contracting COVID-19 and its associated adverse outcomes.

Education and patient empowerment for self-management is of vital importance. However, identifying this high-risk population

and reassessing their treatment plan in a bid to lower treatment burden, is equally as important. A simplified treatment plan reduces stress and anxiety and increases adherence to treatment regimes. Telemedicine has become the new norm so discussions regarding treatment can be completed remotely. It also reduces unnecessary face-face contact, preventing further spread of COVID-19.

The recommendations made by the authors are very reasonable and should continue even after COVID-19. We hope we have been able to emphasise the importance of vigilant management of diabetes in the elderly population.

### References

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