What people with diabetes need to know about Covid-19

From the onset of the Covid-19 pandemic it became clear that people with comorbidities (Chronic conditions such as diabetes, high blood pressure, heart disease etc.) had more severe symptoms, and were more likely to need ICU care, with a higher mortality rate. As the pandemic has become established world-wide, this has indeed proven to be the case. Among the chronic conditions that predict worse outcomes, diabetes has proven to be one of the most important.

It does not appear that having diabetes makes one any more likely to contract the virus than the general population. However, if someone with diabetes does contract the virus, the chances of complications, the need for hospital admission and perhaps ventilation, and the mortality rates are higher than the general population. The Covid-19 Sentinel Hospital Surveillance update published by the NICD reports that as at the 13th July 2020, 31.8% of those who died from Covid had diabetes.

There are many possible reasons for this:

1. Type 2 diabetes is associated with several other significant risk factors. This includes high blood pressure and obesity, and it is worth noting that according to the above report 50% of those who died were obese.
2. There is some evidence that the virus directly damages and destroys the insulin-producing cells (beta-cells) of the pancreas. While this may not be relevant for those with type 1 diabetes, it may result in a worsening of diabetes control in those with type 2 diabetes. This could result in a need for more intensive treatment, and even insulin therapy for those not on insulin, in order to maintain control of blood glucose levels.
3. Importantly, it has been shown that control of blood glucose is vital in improving outcomes. Studies on hospitalised patients have demonstrated that those admitted with an HbA1c above 7.5% have a 50% higher chance of death, than those with admission HbA1c levels below 7.5%. Another study has shown that if the HbA1c is above 10% on admission to hospital the death rate is more than doubled in those with type 1 diabetes and increased by over 60% in those with type 2 diabetes, when compared to those admitted with an HbA1c of between 6.5 and 7%.

What you need to do.

1. In line with everyone, you need to maintain social distancing, wear a mask and observe strict hygiene and handwashing. Stay at home as much as you can, avoid unnecessary contact with the public and avoid socialising. The best approach is, obviously, to try to avoid contracting the virus.
2. Maintain as strict control of your blood glucose as possible. This will require more frequent home monitoring of blood glucose and possible adjustments in insulin dose or oral medication. Where possible, those with type 1 diabetes should consider discussing with their diabetes team the use of one of the forms of Continuous Glucose Monitoring. It is important to remain in regular contact with the doctor or Diabetes Nurse educator to help
with medication adjustments, support and counselling in order to ensure as good and stable control of the blood glucose as possible.

3. With the social and psychological effects of the lockdown, we have seen a deterioration in dietary habits in a number of patients with snacking due to boredom. It is important that the discipline in meals and eating habits be maintained.

4. Exercise is important for general health and well-being. In addition, it helps control blood glucose. Try to take a regular walk every day. A brisk walk for 30min per day is recommended.

5. If one contacts the virus, most patients can be managed at home. However, as with any other infection or virus, the body’s response will result in blood glucose levels rising, often to very high levels. This needs to be handled as a matter of urgency with adjustments of, or even the addition of, insulin. Ongoing contact with and help from the diabetes team is essential.

Stay safe, stay home if possible and keep your blood glucose under control.

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