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Letter to the Editor

Diabetes care during COVID 19: Experience in telemedicine from a developing country



Dear Editor,

We have read with interest an article published in this journal [1]. The authors detail with accuracy the main telemedicine problems and most of them are being seen in our country. We work at Endocrinology department in a reference hospital in Peru which is in fifth position of confirmed cases of COVID 19 worldwide [2]. Our main concern is about diabetic patients because they are at major risk to get infected and develop severe forms of disease [3].

The use of telemedicine in Peru is incipient. On March 2020, the Peruvian Ministry of Health establish the official pathway for its implementation. Since then, teleconsultations have been developing slowly and not uniformly in the health centers. According to our national data, almost 60% of the population belongs to the lowest socioeconomic strata [4] and they gain less than 240 dollars per month, so many patients do not have smartphones and, if they do, are lacking technology skills. Therefore, some of them prefer to speak on regular cellphone line or even on landline which make difficult to see patients' expressions and use non-verbal communication. On this last point, gestures are a basic tool to express very useful thoughts for patients with few language skills or fear and insecurity to express their doubts. This aspect of communication can also be ignored in the different platforms used for teleconsultations, so health professionals should be trained in compensatory strategies to overcome the physical distance [5].

Also, in the publication is not been considered the importance of the health institution creating systems for the safe delivery of medications avoiding COVID 19 infection. We coordinate with the insurance office and pharmacy department so that a family member can approach to receive the medications. Currently, we have a project in place to decentralize the delivery of medications to primary care centers where viral load by COVID 19 is lower.

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Declaration of competing interest

The authors declare no conflict of interest in this publication.

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