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Letter to the Editor: Endocrine and diabetes clinical practice during national lockdown and post lockdown period



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Dear Editor

We read article of Ghosh et al. [1], with interest. It has great deal of relevance related to specialist practice of endocrine disorders. Impact of coronavirus infection (COVID19) on practices of all clinicians is unprecedented. National lockdown has resulted in near closure of endocrine and diabetes clinics to grinding halt. This has adversely affected our clinical practices, and more importantly, communication with the patients. Major problems: e.g. financial losses and closure of some hospital for doctors, and deterioration of health due to unsupervised medical condition for patients, have occurred and would further increase with longer period of lockdown.

From point of view of patients of diabetes, this would lead to uncontrolled glycemia in many, increase in micro- and macrovascular complications [2]. Many patients would gain weight due to absence of physical activity and imbalanced diets; and may suffer from medical consequences of obesity. In addition, there is likely to be consequences related to other endocrine diseases which otherwise would require close monitoring: hypo/hyperthyroidism, pituitary diseases, osteoporosis, hypo/hypercortisolism etc. Further, clinical follow-up of endocrine surgical patients is also compromised leading to unattended hypocalcemia (after parathyroidectomy), hypo/hyperthyroidism (after thyroidectomy), hypocortisolism (after adrenalectomy) etc. Moreover, surgical treatment of many endocrine diseases is delayed resulting in deleterious consequences.

One potential solution is to implement a virtual OPD through telemedicine (according to prescribed norms with proper certification) [1]. Telemedicine would also help in appropriate preoperative

optimisation of hormonal function and other management before surgery. We believe that about 70–80% of clinical problems related to diabetes and endocrine diseases could be managed on telemedicine platforms. Selected patients may require face-to-face consults [1]. Since post lockdown, many patients would still have problems in accessing mass transits and hesitation in coming to hospitals, telemedicine is likely to be an important clinical management platform of any diabetologist/endocrinologist in future.

Declaration of competing interest

The authors declare no conflict of interest. This work has no funding sources and no financial interests or sponsors involved with this work. Its an independent work.

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