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Impact of the COVID-19 Pandemic on the Follow-up and Treatment of Patients with Diabetes

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Introduction: During the coronavirus disease (COVID-19) pandemic a state of emergency was declared where people were instructed to stay at home to prevent disease transmission, which exerted severe disruptions in the routine care of patients. The aim of this study was to evaluate the impact of the COVID-19 pandemic in the treatment and follow-up of patients with diabetes.

Methodology: We conducted an observational, descriptive, cross-sectional study in 39 diabetic patients followed by the Endocrinology department at the Hospital de Clínicas during July-September 2021. We compared anthropometric data, blood pressure (BP), HbA1C, lipid profile, changes in eating habits, physical activity, medication access and number of medical care visits before and during the pandemic.

Results: Mean age was 61.3 ± 13 years, mostly females (56.4%). Type 2 was the most common diabetes form (82.1%). Mean diabetes duration was 12.5 years (range: 5-20). Eighty-four percent had microangiopathic complications; the most frequent was diabetic retinopathy (61.5%). Forty-eight percent had macroangiopathic complications. Most frequent comorbidities were high blood pressure (82.1%) and dyslipidemia (69.2%). Twenty eight percent reported smoking. Eighteen percent had changes in medication access during the pandemic, the main reason was the lack of a medical prescription (12.8%), followed by drug unavailability (10.2%). Thirty-three percent reported changes in eating habits, 30% increased the amount of food consumption, 61.5% decreased fruits and vegetables intake, and 2% increased alcohol drinking. There was a significant decrease in physical exercise (43.6%), medical appointments (4.4 vs. 2.9, p=0.006) and LDL (142±63,6 vs.136,7 ±96,9, p=0.01) during the pandemic. Forty-one percent and 23% lacked hbA1C testing before and during the pandemic, respectively. Most patients presented with hbA1C values more than 7% before and after the pandemic (65.2% and 70%, respectively). There was a non-significant increase in BMI (31,6±6,3 vs. 32,4±11,7, p=0,668), blood pressure (systolic BP: 132,5±20,2 vs. 136,7±23,5, p=0,32; diastolic BP: 76,7±13,3 vs. 80,5±14,3, p=0,089) and HbA1c (8,1±1,6 vs. 8,2±1,8, p=0,662).

Conclusion: We found a high percentage of micro and microangiopathic complications in diabetic patients. In addition, many patients had poor metabolic control without HbA1c monitoring. Given the increased risks of COVID-19 complications and death amid patients with uncontrolled diabetes changes in metabolic control may be of great significance. We found a decrease in medical visits, dietary changes, disruption in medication access and a decrease in physical activities during the pandemic. More studies are warranted to understand the indirect effects of the pandemic in patients with diabetes and its long-term effects on micro- and macroangiopathic complications and mortality.

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