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## Letter to the Editor

# The COVID-19 pandemic substantially complicates the usual challenges for patients with diabetes in Latin America



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The recent publication on the impact of COVID-19 for people with diabetes in Central and South America by Ugliara et al. [1], highlights in a relevant way the policy strategies implemented to combat COVID-19 in this region of the Americas, but at the same time to protect people with diabetes.

One of the reported evidences that we want to draw attention to is that being Latin America one of the regions with the greatest challenges for diabetes globally [2], in 21% of the countries no strategy, action or guideline was implemented in support of patients with diabetes, even though it is one of the groups with the highest vulnerability due to the comorbidity and co-mortality that is so high between COVID-19 and diabetes.

Undoubtedly, the results reported by Ugliara et al. [1], show that the impact of COVID-19 for patients with diabetes generated catastrophic scenarios at the regional level in the short and medium term, for everyone, both for health systems and for patients, their families and for society as a whole. Indeed, for further studies, we want to draw attention to 3 aspects:

- First, it is evident that in the framework of the COVID-19 pandemic in LACs, universal coverage and financial health protection is not being effective in protecting patients with diabetes [3]. Even since before the pandemic, approximately 65–80% of patients with diabetes are not guaranteed access to free laboratory studies, medical care, and medications [3,4]. On the other hand, if we consider that

since before the pandemic patients and their families contribute 54 out of every 100 dollars that are spent annually on diabetes, the catastrophic expenses will obviously be greater [4,5].

- Secondly, although something was mentioned by Ugliara et al. [1], we must highlight the impact of COVID-19 on compliance with self-care guidelines recommended by the American Diabetes Association (ADA) [6], but also on adherence to control and Pharmacotherapy. It is particularly interesting to highlight the impact on self-care guidelines on: HbA1c control, foot examination, eye examination, lipid panel, influenza immunization, blood pressure control, and dental examination. The results of compliance with self-care and treatment will be negatively affected by the reconversion mechanisms of the health services in response to the requirements of COVID-19, interruption of regular care, fear of control visits, confinement measures that promote sedentary lifestyle / little physical exercise [7,8]; mainly due to the high co-morbidity and co-morbidity of COVID-19-diabetes (average of 45%) in some countries [9–11].
- Thirdly, for society, the impact of COVID-19 for patients with diabetes will be disastrous in terms of lost productivity attributable to increased complications of diabetes; but even more so, due to the increase that will be generated in temporary, permanent disability and premature death due to the COVID-19 effect in patients with diabetes [12,13].

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