

## Managing diabetes in Qatar during the COVID-19 pandemic

The coronavirus disease 2019 (COVID-19) pandemic has immediate implications for people with diabetes. Diabetes diminishes immune function, which contributes to a higher risk of severe COVID-19 infection requiring intensive care and a higher fatality rate than is associated with people who do not have diabetes.<sup>1-3</sup> Glycaemic control can also be challenging with COVID-19, placing more burden on a fatigued health-care system. Simultaneously, people with diabetes cannot receive standard care because of resource diversion towards COVID-19. Key challenges for diabetes care during the pandemic include reduced access to health care, education, investigations, monitoring supplies, medications, and vaccinations. Furthermore, isolation measures result in increased food intake, reduced physical activity, irregular schedules translating to glycaemic deterioration, and increased anxiety and depression.

Qatar has one of the highest prevalence estimates of diabetes (17%) in the world,<sup>4</sup> placing a substantial proportion of the population at risk of severe COVID-19 infection. Diabetes in Qatar has an earlier age of disease onset and complications than is seen in western populations.<sup>4</sup> To tackle the serious challenge of COVID-19 and diabetes, Qatar has established a programme to mobilise resources to ensure that people with diabetes

are protected through a coordinated collaborative team response across primary and secondary care. People with diabetes have been provided with a helpline to support diabetes care and mental health. An ongoing media campaign for patient guidance on COVID-19 and diabetes has been initiated, reinforced through direct text messages regarding COVID-19 measures, sick day rules, self-monitoring, medication management, diabetes complications, lifestyle, psychological health, and Ramadan fasting. By use of electronic medical records, patients with poor diabetes control (Glycated haemoglobin A1c >8%) who are treated with insulin and aged older than 50 years will be initially engaged through teleconsultations by physicians and diabetes educators. These teleconsultations aim to improve glycaemic control by diabetes medication optimisation and to reinforce adherence to lipid-lowering and antihypertensive medications. A key aspect of the programme is optimising vitamin D to protect against acute respiratory infection.<sup>5</sup> Home delivery has been set up for medications and supplies. The programme has been facilitated by an established and successful national diabetes strategy. Collaboration with industry will facilitate access to both diabetes supplies and mobile apps for remote patient monitoring.

At a time when focus is on the immediate COVID-19 problem, it is important to not neglect people who might be at the highest risk, as

they will be affected both directly and indirectly. It is vital for all health services to have a strategy for managing diabetes in epidemics and to share their knowledge and experience to face current and future challenges.

We declare no competing interests.

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*Lancet Diabetes Endocrinol* 2020

Published Online

April 28, 2020

[https://doi.org/10.1016/](https://doi.org/10.1016/S2213-8587(20)30154-6)

S2213-8587(20)30154-6