

COVID-19 and Diabetes

BACKGROUND

- i** No evidence that people with diabetes are more likely to develop Covid-19 but they are more likely to be admitted to hospital / develop a more severe disease if they have Covid-19.
- i** Approx. 1 in 5 UK hospital admissions with Covid-19 have diabetes.
- i** Mortality rates for patients >60 yrs with either type 1 or type 2 diabetes are higher for than for those who do not have diabetes.
- i** Patients with type 2 diabetes and Covid-19 are at greatest risk of death if HbA1c >10.0%, BMI >40, eGFR <15 and previous history of heart failure or CVA.

CLINICAL PRESENTATION

PATIENTS CAN PRESENT WITH ANY OF THE FOLLOWING:

- Hyperglycaemia, DKA, hyperosmolality/ HHS or mixed picture
- Elevated ketones
- Severe insulin resistance requiring high doses of insulin
- New presentations of both type 1 or type 2 diabetes
- New hyperglycaemia at admission is associated with worse outcomes than known diabetes

i **NOTE:** Involve the diabetes team early if CBG are persistently elevated or you have any concerns regarding diabetes management

MANAGEMENT

- Ensure DKA +/- HHS excluded
- Refer to local and national guidance including guidance from the National Inpatient Diabetes [Covid-19 response group](#) (via Diabetes UK or ABCD websites)
- Treat according to clinical presentation including use of iv insulin management when required – higher doses may be required
- Stop metformin and SGLT2i medications
- Consider, monitor and [react](#) to the effects of steroids (which are likely to lead to a rise in daytime blood glucose levels)
- Recommended CBG target: [6-10mmol/l](#) ([4-12mmol/l](#) acceptable). Use an individualised CBG target for [frail/older patients](#) or those in the last days of life ([7.8-15mmol/l](#)).

SAFE DISCHARGE

IT IS IMPORTANT TO MAKE A SAFE DISCHARGE PLAN AS PATIENTS MAY HAVE:

- Newly diagnosed diabetes
- New treatments including insulin
- Reducing insulin requirements (and risk of hypoglycaemia) due to reducing steroid doses or recovery from acute illness
- Changes in appetite and oral intake
- See National Covid-19 Inpatient Diabetes Response group guidance for safe and supported discharge, including a discharge checklist and patient information sheet
- Arrange for an early post-discharge Diabetes follow-up with the appropriate team