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Commentary

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Lockdown and diabetes–what actually happened?

Abstract

Proper glycemic control is important in diabetes management, particularly during the COVID-19 pandemic. Lockdown restrictions led to increased stress and hampered the daily living of many individuals. The evidence available on the impact of the pandemic on diabetes management is predominantly from cities and through online mode. Teleconsultation is an option to be made available to rural areas as well. During the lockdown, reaching out to the doctor and procurement of medications was a huge task for the underprivileged and inadequately addressed. There have been reports claiming that glycemic control even improved during the lockdown from cities. Family practitioners are silently upholding the backbone of the nation's primary healthcare even at times of crisis. Further research activities need to be fostered even in the less accessible areas to identify the gaps and correct them.

Keywords: COVID-19, diabetes, glycemic control, lifestyle management, family physician

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Ever since COVID-19 struck the globe there have been numerous articles on the effect of COVID-19 and lockdown on diabetes. Surveys were conducted in many parts of India targeting the reachable population. It is widely known and understood that good glycemic control is essential for a longer and healthier life. The importance of glycemic control during the lockdown period is not only in preventing the direct complications of diabetes but also in achieving better outcomes in those affected by COVID-19. The burden of diabetes is continuing to rise over time. On the other hand, various restrictions laid due to the lockdown have increased the mental and emotional stress leading to poor quality of life.[1] There have been mixed viewpoints from various researchers on the impact of lockdown on diabetes.[2–4] A lot has been discussed on the psychological impact, dietary habits, exercise patterns and access to treatment.[5] Limited access to alcohol consumption and tobacco smoking may pave the way towards de-addiction and abstinence in the future. Although this pandemic has imposed various restrictions essential commodities have been regularly supplied in most parts of the world. In general people with diabetes seem to be staying at home and continuing their treatment. As we know, the impact of COVID-19 has also extended to the rural areas which are often underprivileged in terms of monetary backup, healthcare facilities, technology advancements and knowledge.

Unfortunately, the rural areas are compromised even in terms of research interests. However, most of the studies concentrated only on small towns and cities where they could reach the people for data collection. Very few studies have been conducted face to face during this pandemic to determine the actual impact of lockdown on diabetes.[5,6] Interestingly, a study from South India did reach out to people with diabetes living in rural areas who accounted for 79% of the study population. The majority of them couldn't meet their doctors for follow up visits. This led to uncontrolled glycemic status in nearly 81% of them. Although many could continue their medications by procuring the regular medicines from the previous prescriptions. A meager 5% of them were aware of the option of tele consultation unlike in cities like New Delhi which reported 69% awareness.[7,8] Hypoglycemic events have been reported secondary to increased household activities and delay in consuming food.[6] The supply of medicines to peripheral areas happens through major cities and towns. Restriction of public transport could hit hard on the supply chain deficit. Adding to it, the daily wage workers who occupy a large portion in the rural areas may not be able to afford the medications through private establishments as they would have done before the lockdown. Many government aided secondary to tertiary facilities have been converted to COVID-19 care centre's which also have limited the access to regular outpatient flow and thereby resulted in a loss of follow up and discontinuation of medicines. On the other hand, senior doctors have shut down their private clinics which were all-time accessible at one point in time.

Many general practitioners have also succumbed to the deadly COVID-19 resulting in a disparity of manpower too. Telemedicine options should be made available to remote parts of the world which can cater to the vulnerable population.[9] During this crisis, the family doctors can play an important role in taking care of the members of the families they encounter on a day to day basis. This can help in proper follow-up and also ensure that due attention is being given to the individual as a whole thereby improving their quality of life. The focus areas mentioned above have not been widely discussed earlier and they need prompt multidisciplinary collaborative efforts to tackle effectively. Although the glycemic control is reported to have been disrupted due to lockdown in many studies, few also claim that it has improved or not caused a major change.[5] The fact being that during the lockdown people could utilize the golden opportunity and find time to pay attention towards their health along with proper follow-up with their doctors either through offline or online modes. Yet, there is a paucity of data from rural areas and even smaller towns. Hence, the impact mentioned in literature cannot possibly be projected to the entire nation. This calls for taking steps towards fostering research activities in difficult to access parts across the globe to identify the actual intensity of the problems and challenges faced to combat them with sustainable solutions.

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Conflicts of interest

The author declares that there is no conflict of interest.

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