

Diabetes patients concerns during the Covid-19 Pandemic

During the current COVID-19 pandemic, the way healthcare professionals across the globe are working has changed significantly. As we all adapt we are learning about common worries that our patients are facing.

Key concerns

Research undertaken during the Covid-19 pandemic, suggests patients with underlying health conditions such as type 2 diabetes, hypertension, and cardiovascular disease are at higher risk of severe COVID-19 symptoms and related death. Also, amongst patients who become critically ill with the virus, 73.4% have a BMI over 30 kg/m²^[1]. It has never been more important for our patients to receive optimal care even when we are unable to run face to face clinics.

It is our responsibility as healthcare professionals to assist with healthcare-related queries in the best way possible. Understanding patients concerns prepares us to give the best advice possible. From our experience during last month's telephone consultations with patients, concerns generally fit into the following three categories: logistics, finance and practicalities.

Logistics

Many people find the frequency of government updates overwhelming and contradictory and are left confused about what is happening. Common questions, as a result of this, have been:

Am I high risk?

I'm a key worker with diabetes—should I be working?

Do I have to stay indoors?

I haven't had a letter to say I am a shielded patient - what does this mean?

What do I do with my diabetes medication if I become ill?

Will I get my HbA1c check?

As different practices are all working slightly differently in response to new guidance, we have been directing patients back to their practice to check local protocol. It would be helpful for practice staff to be prepared with answers to these key questions.

Bradford Diabetes Dietitians continue to support your practice and are offering telephone consultations in place of face to face clinics – please continue to book our rotas as normal. We can also use language line if you make a note that we will require an interpreter. If you have aspects of diabetes care at your practice you would like us to relay to patients please get in touch diet.diabeteshelpline@bradfordhospitals.nhs.uk

Finance

As dietitians offering advice on dietary management we are now faced with problems around accessibility to food. Whilst we still offer suggestions for adaptations to the patient's diet as usual, problems now arise in the steps required to make these changes. With current social distancing measures in place, access to supermarkets has become more difficult. Many older and obese patients find standing to queue is physically too painful. Supermarket delivery slots are hard to find and add an extra delivery cost. The usual deals offered seem to have dwindled, making it more difficult to obtain financially appropriate options.

Solutions

- Plan meals and prepare a shopping list ahead to minimise time spent in the supermarket.
- Ask family members, friends or neighbours to help with shopping (even those extra one or two items may reduce the frequency of each person's shopping trips)
- Make healthier choices; look at food labels online beforehand to assess the nutritional content to reduce time spent at the supermarket.
- Patients who are struggling financially or vulnerable patients can contact Bradford Council on 01274 431000 to find out if they are eligible and receive the necessary support.

Practicality of living in lockdown

Many patients tell us they have struggled with having no structure to their day. Factors such as social temptations, meals out, office snacks and takeaways which would ordinarily act as barriers to self-management are not currently a problem however other issues have presented since lockdown has commenced. For example, many patients admit to "boredom eating". They find that they are snacking more to pass the time, and this can often be on high sugar items leading to elevations in blood glucose levels. Increased alcohol consumption has also been reported due to boredom. Many patients are reporting getting up late and going late to bed—this change in routine interferes with getting meals and medications on time.

Solutions

- Encourage a routine and a plan for the day with different activities included eg working from home, indoor or garden exercise, regular meal times and time to contact a friend, read or do a puzzle.
- Choosing healthier alternatives for snacks can help with this e.g. low fat hummus with vegetable sticks, a fruit, cheese, plain nuts, diet yoghurt /natural /Greek yoghurt
- Remind patients of the government recommendations (<14 units per week for both men and women, spreading intake over a few days).
- For patients taking insulin/sulfonylureas, remind them of the risk of hypoglycemia associated with alcohol intake and ensure they are aware of how to treat a hypo if needed.

Ramadan

With the month of Ramadan approaching, many of our Muslim patients have been asking questions about how to manage their diabetes whilst fasting. For patients on insulin and sulfonylureas, we have advised patients to contact their GPs and nurses to discuss medication adjustment. Some Islamic scholars deem it permissible for patients to not fast if that would be best for their health, but some patients will feel the pressure to fast in this uncertain time. It may be useful to discuss this with more complex patients to see if they would consider not fasting for the month of Ramadan. Some individuals will be looking to their doctor to actively advise them not to fast if that would be medically for the best, so be clear.

Summary

These are some of the key concerns that patients are presenting with during the current pandemic. Being aware of these concerns and queries will help us be better prepared to support our patients in the best way possible and ensure that the advice that is being provided is consistent.