

*Associazione
diabete e COVID:
l'esperienza di
un ambulatorio
di diabetologia*

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5

CONGRESSO CONGIUNTO

SID-AMD

Sicilia 2020

Il diabete in Sicilia: dalle
problematiche territoriali alla terapia



*La sottoscritta dichiara di NON aver ricevuto negli ultimi due anni
compensi
o finanziamenti da Aziende Farmaceutiche e/o Diagnostiche*

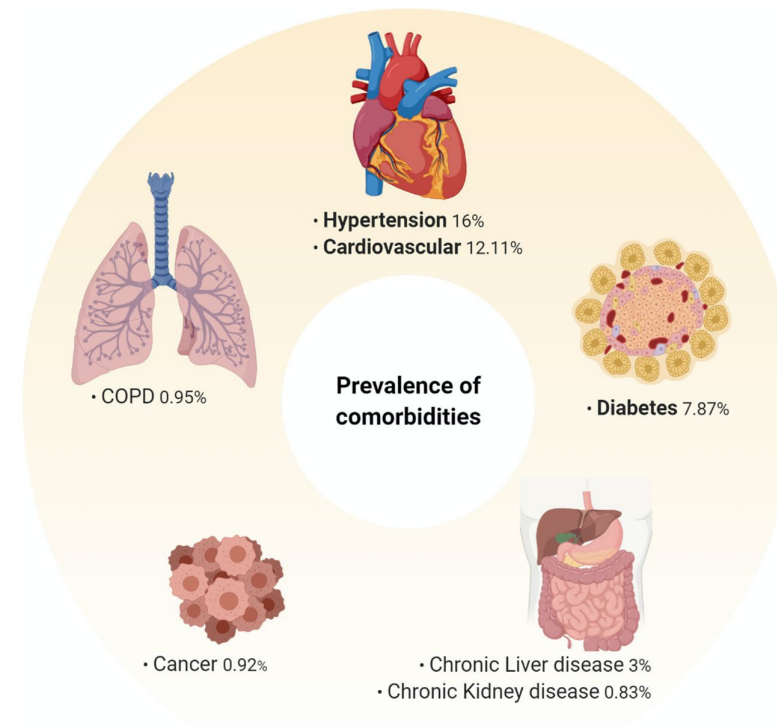


**CORONAVIRUS
PANDEMIC**



COVID 19 e comorbidità

Diseases	N	%
<i>Ischemic heart disease</i>	302	27.4
<i>Atrial Fibrillation</i>	249	22.6
<i>Heart failure</i>	186	16.9
<i>Stroke</i>	127	11.5
<i>Hypertension</i>	794	72.1
Type 2-Diabetes	347	31.5
<i>Dementia</i>	173	15.7
<i>COPD</i>	202	18.3
<i>Active cancer in the past 5 years</i>	188	17.1
<i>Chronic liver disease</i>	45	4.1
<i>Chronic renal failure</i>	259	23.5
Number of comorbidities		
<i>0 comorbidities</i>	31	2.8
<i>1 comorbidity</i>	243	22.1
<i>2 comorbidities</i>	263	23.9
<i>3 comorbidities and over</i>	565	51.3





Prevalenza del diabete in pazienti COVID

	Diabetes	
Hubei	No	Yes
Yes	568/1460 (38.9)	79/130 (60.8)
No	892/1460 (61.1)	51/130 (39.2)
Wuhan contacted		
Subjects n	1216/1460	118/130
Yes	1216/1460 (83.3)	118/130 (90.8)
No	244/1460 (16.7)	12/130 (9.2)
Age years	47.8±14.1	61.2±13.4
Incubation period	3.6±1.1	3.8±1.0
Severity	209/1460 (14.3)	45/130 (34.6)
Composite	100/1460 (6.8)	31/130 (23.8)
Temperature on	37.4±0.9	37.2±1.0
Death	37/1460 (2.5)	13/130 (10.0)
Admission to ICU	80/1460 (5.5)	19/130 (14.6)
Respiratory rate on	21.2±2.4	21.4±5.4
Invasive ventilation	39/1460 (2.7)	11/130 (8.5)
admission		

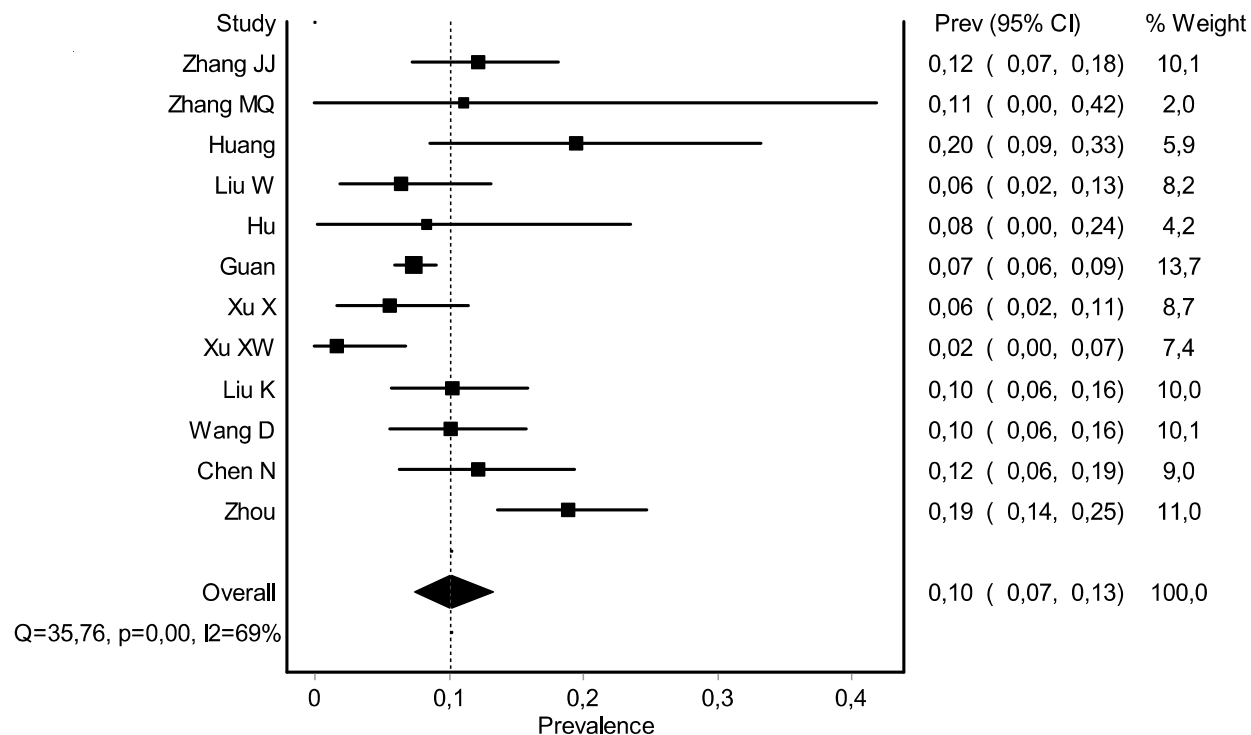


8.9%

(Fadini GP JEI 2020)



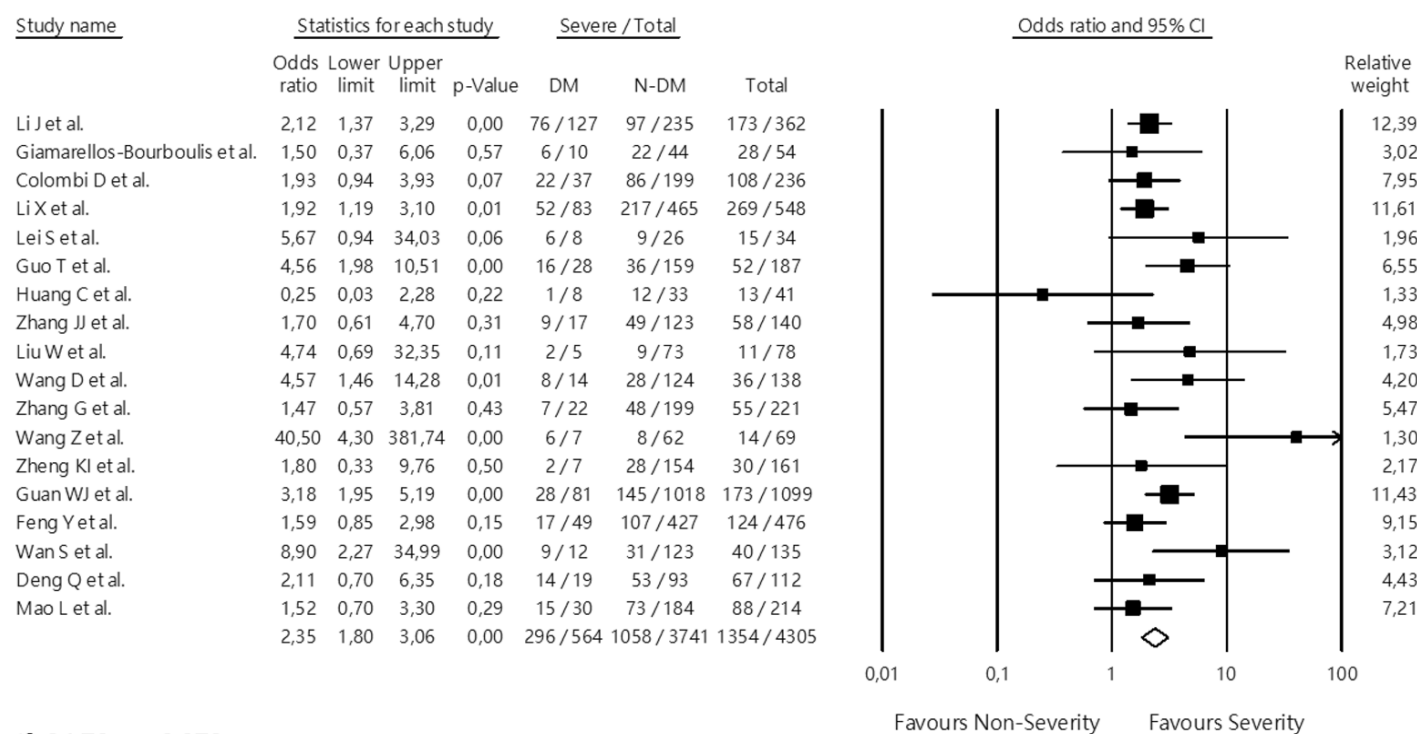
Il diabete non aumenta il rischio di infezione





Il diabete aumenta la gravità

Diabetes and COVID 19 Severity



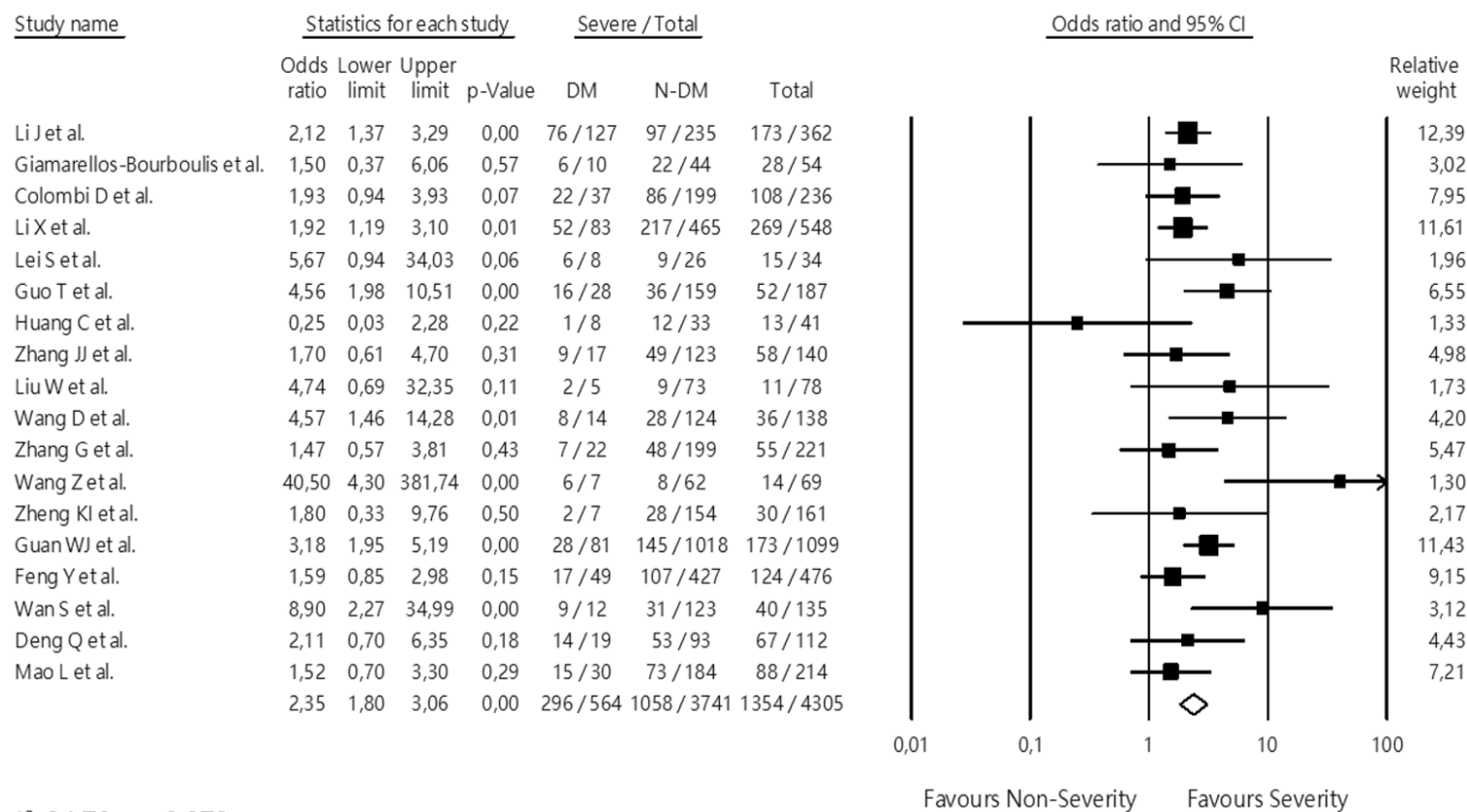
$I^2: 34.78; p=0.073$

Random Effects



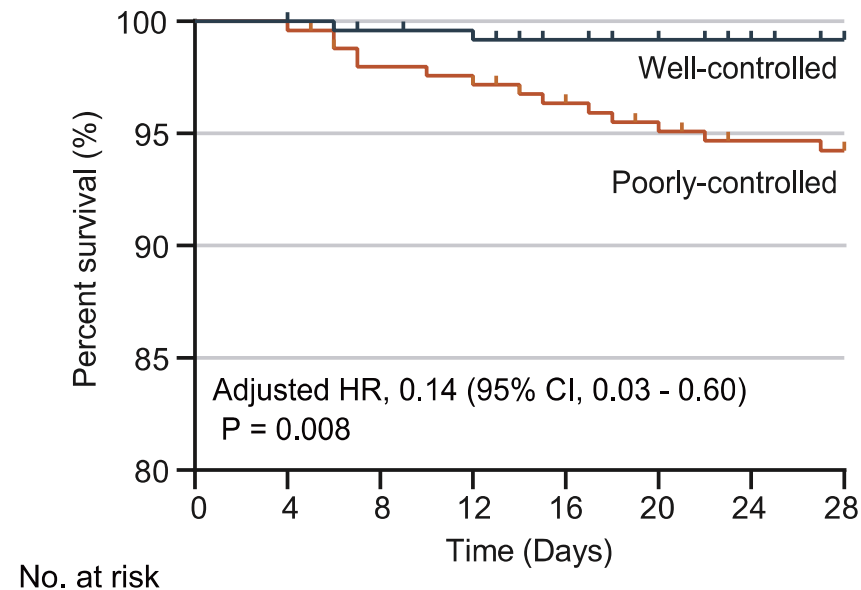
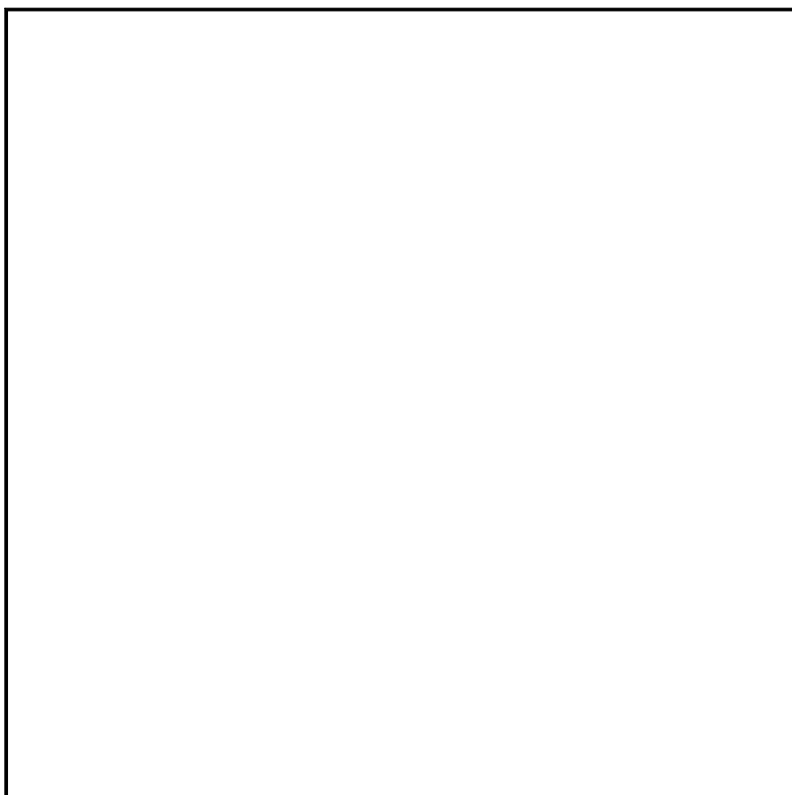
Il diabete aumenta la mortalità

Diabetes and COVID 19 Severity



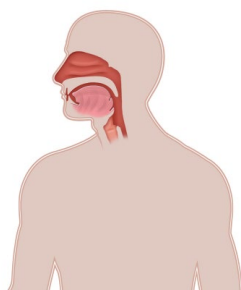


Il controllo glicemico condiziona la prognosi





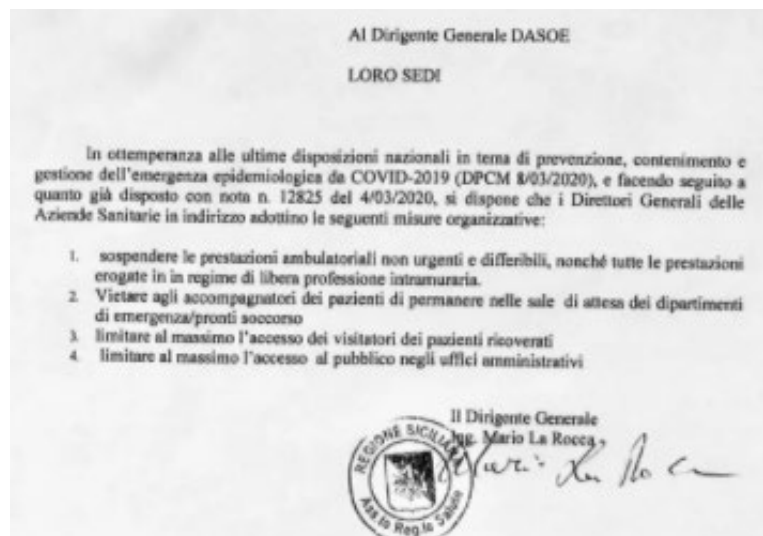
COVID 19 e MALATTIA DIABETICA





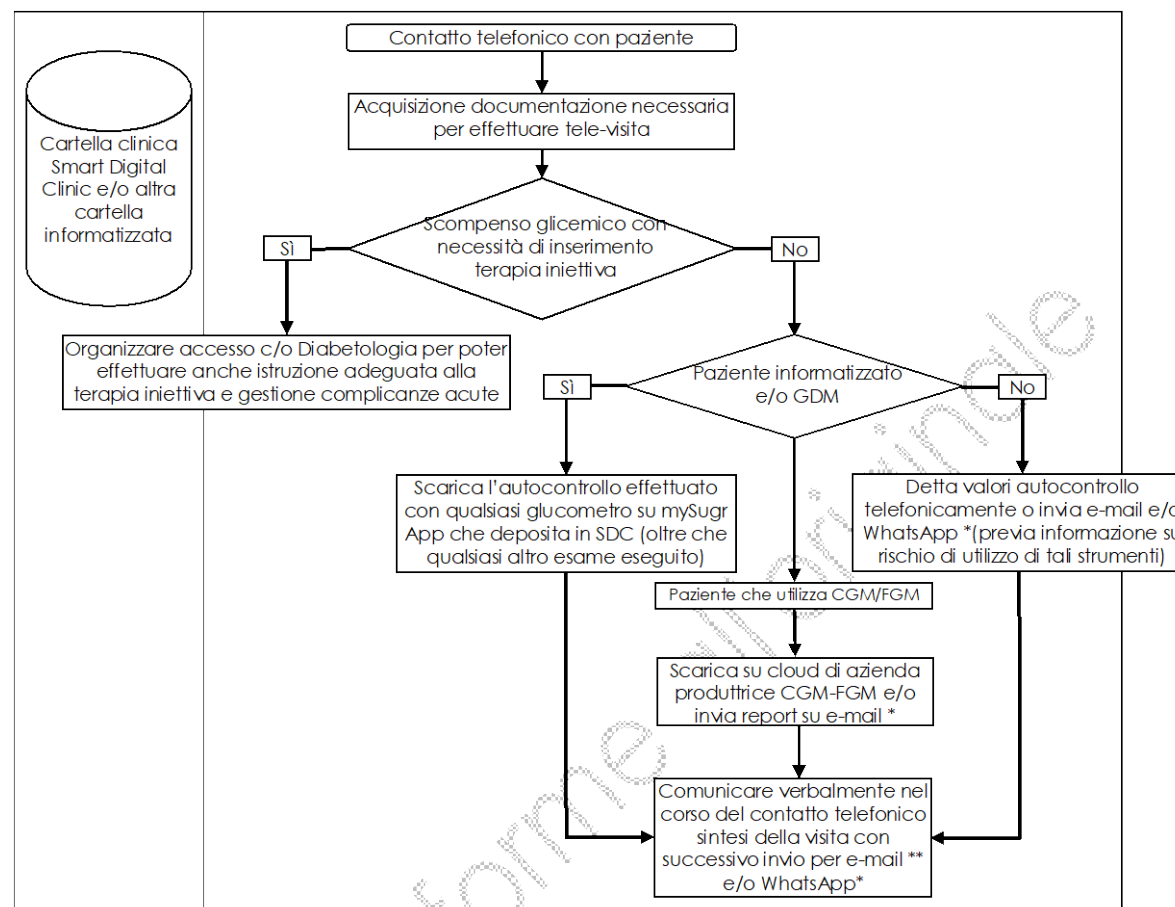


Sospendere le prestazioni ambulatoriali non urgenti e differibili





Emergenza Covid-19 Percorso visite ambulatoriali di controllo nei centri di Diabetologia (che già seguono la persona con diabete)





Nostra esperienza



PER CONTATTARE IL CENTRO DI DIABETOLOGIA SONO ATTIVI I SEGUENTI CANALI DI COMUNICAZIONE DEDICATI

NUMERO TELEFONICO: 095/7598852 DALLE ORE 08.30 ALLE 13.00, DA LUNEDÌ A VENERDÌ

MAIL: diabetologia@ao-garibaldi.ct.it

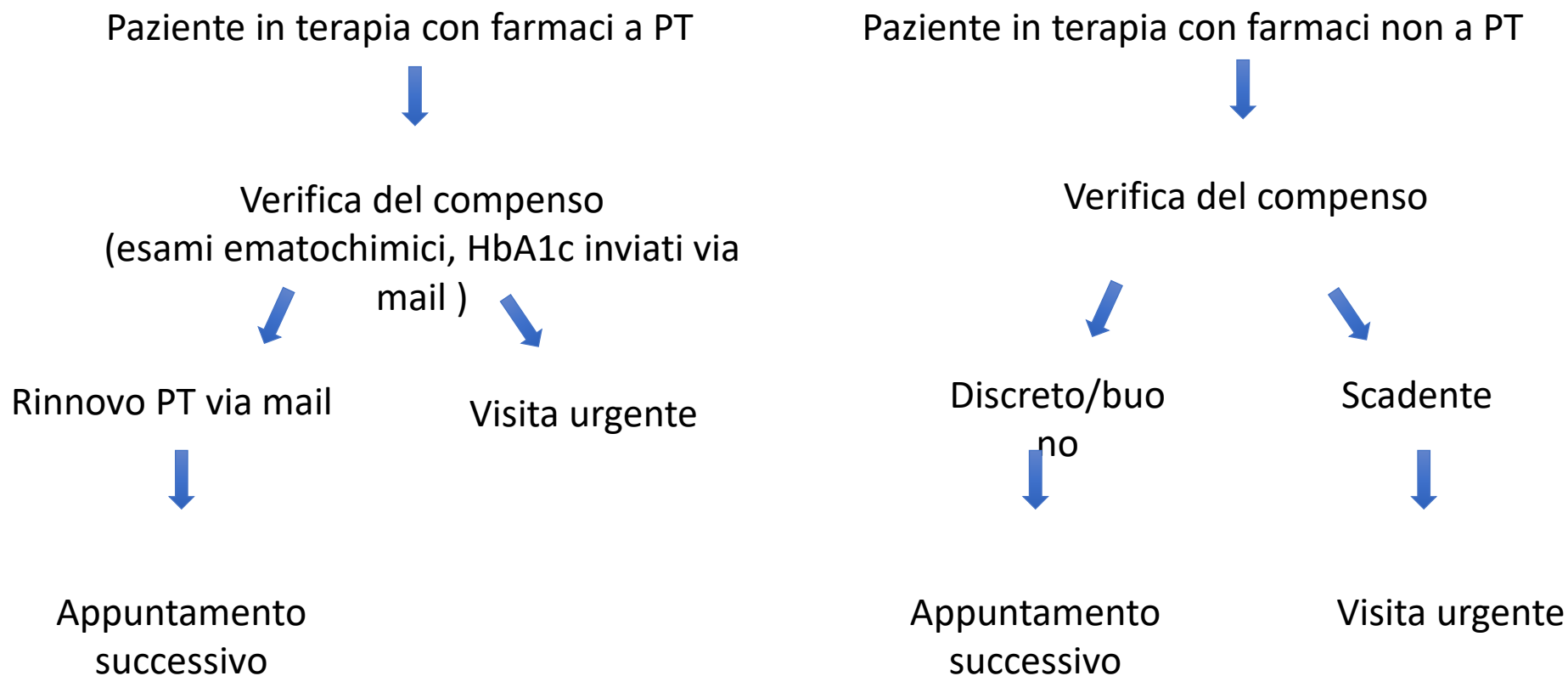




AMBULATORIO DIABETE TIPO 2

CONTATTO TELEFONICO

Cartella clinica informatizzata





Ambulatorio Diabete tipo 1



CONTATTO TELEFONICO



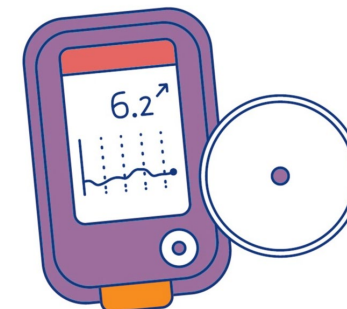
Scambio dei dati



Valutazione dei profili da remoto



Eventuale modifica della terapia





Blood Glucose Control During Lockdown for COVID-19: CGM Metrics in Italian Adults With Type 1 Diabetes

Diabetes Care 2020;43:e88–e89 | <https://doi.org/10.2337/dc20-1127>

Table 1—CGM metrics before and during lockdown in the study participants

CGM metrics (<i>n</i> = 207)	Before lockdown	During lockdown	<i>P</i> value*
CGM use (%)	91.2 ± 9.1	90.1 ± 8.6	0.081
Mean glucose (mmol/L)	9.6 ± 2.0	9.5 ± 1.9	0.165
Estimated HbA _{1c} (%)	7.7 ± 1.3	7.6 ± 1.1	0.098
Estimated HbA _{1c} (mmol/mol)	60 ± 10	59 ± 9	0.098
TAR (%)			
>180 mg/dL (10.0 mmol/L)	26.8 ± 11.2	26.3 ± 11.2	0.414
>250 mg/dL (13.9 mmol/L)	14.7 ± 15.3	13.2 ± 13.7	0.052
TIR (%)	55.6 ± 17.6	58.2 ± 18.1	0.002
TBR (%)			
<70 mg/dL (3.9 mmol/L)	2.95 ± 3.05	2.71 ± 3.08	0.192
<54 mg/dL (3.0 mmol/L)	1.42 ± 2.39	0.58 ± 1.17	<0.001
Glycemic variability (CV%)	35.9 ± 7.0	34.7 ± 6.3	0.001



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New-Onset Diabetes in Covid-19

Commentary

Type 1 diabetes triggered by covid-19 pandemic: A potential outbreak?

BRIEF REPORT

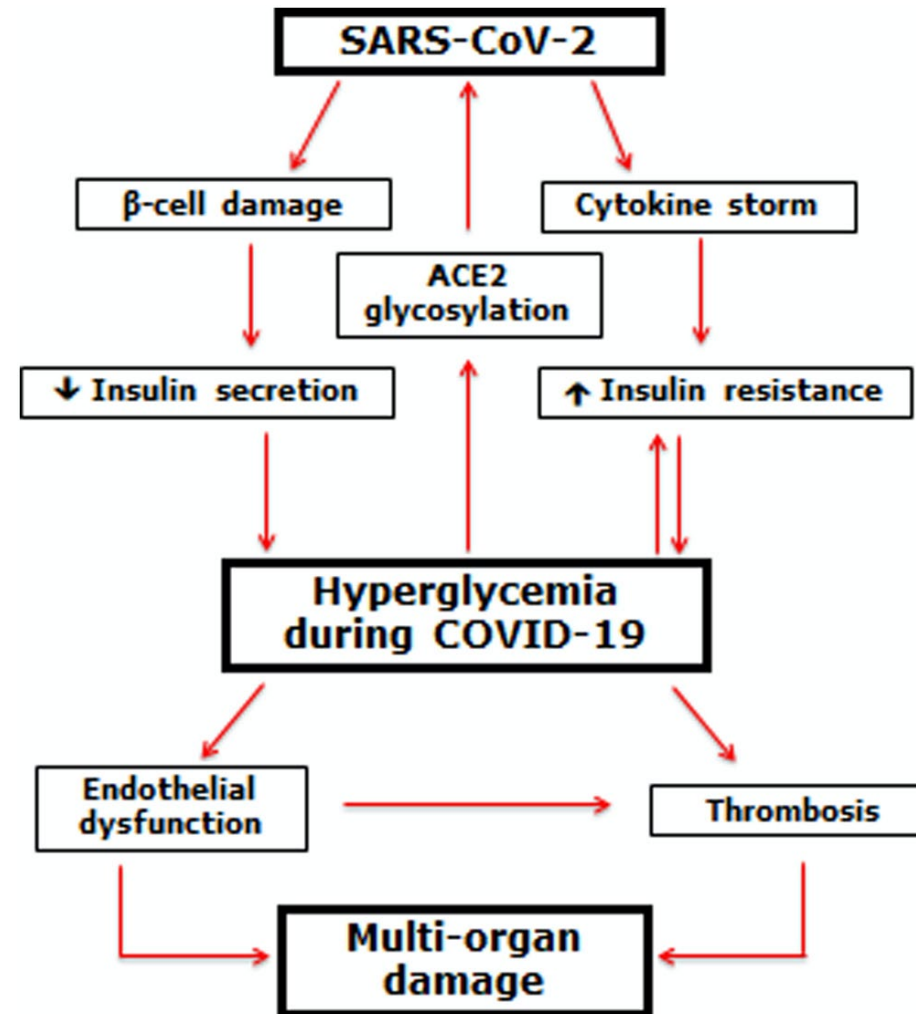
COVID-19 infection may cause ketosis and ketoacidosis

SHORT COMMUNICATION

Letter to the Editor

Type 1 diabetes onset triggered by COVID-19

Diabetic ketoacidosis precipitated by Covid-19 in a patient with newly diagnosed diabetes mellitus





Ambulatorio Diabete e gravidanza

CONTATTO TELEFONICO



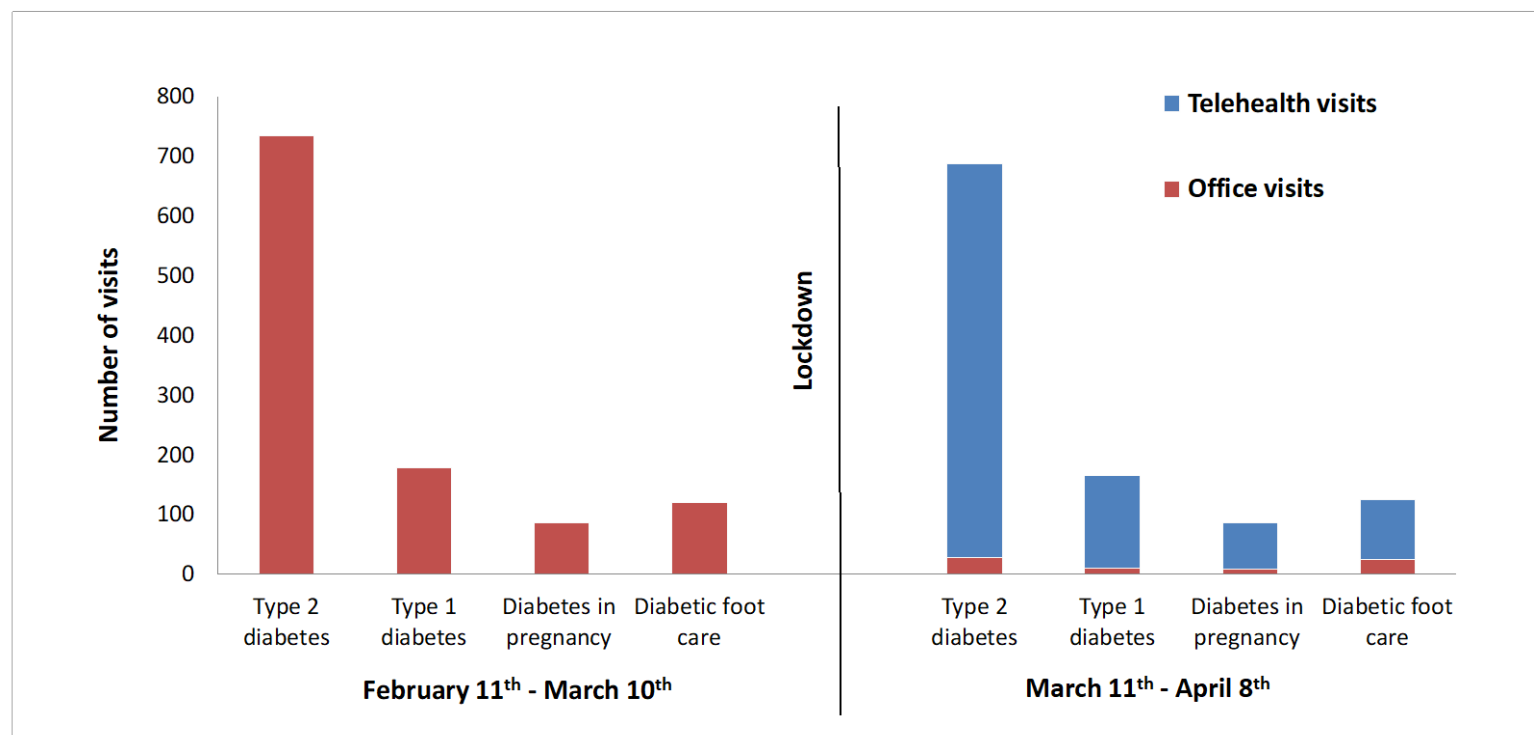
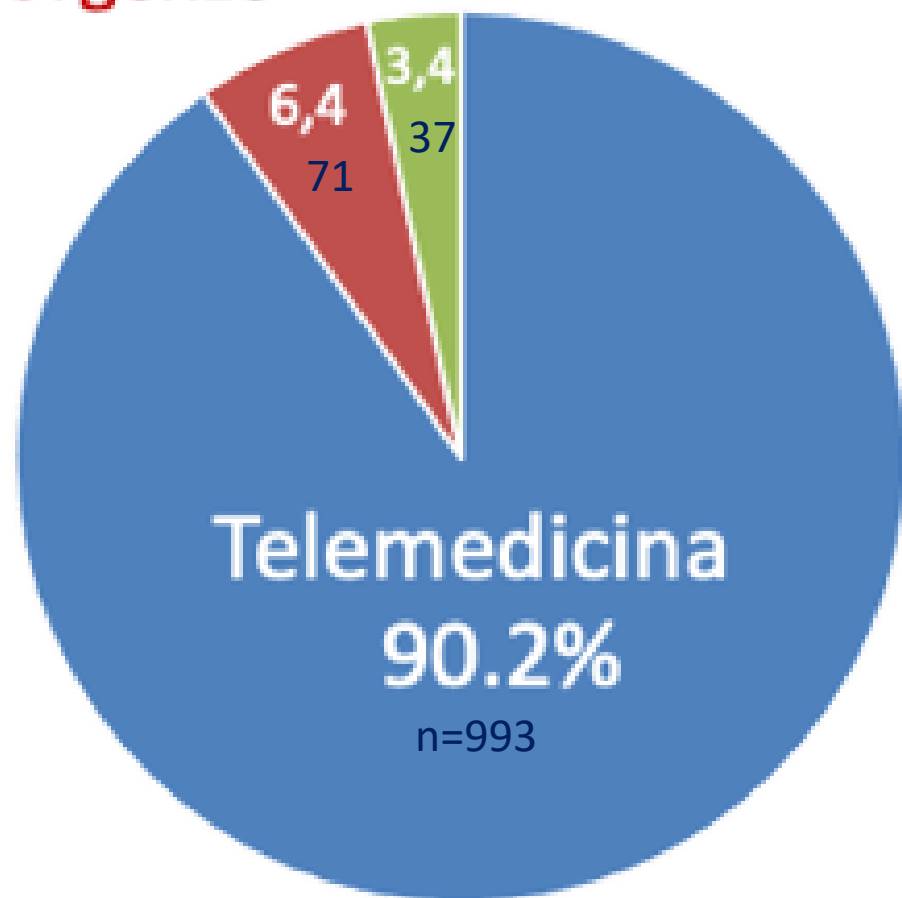
Verifica del compenso e modifica della
terapia





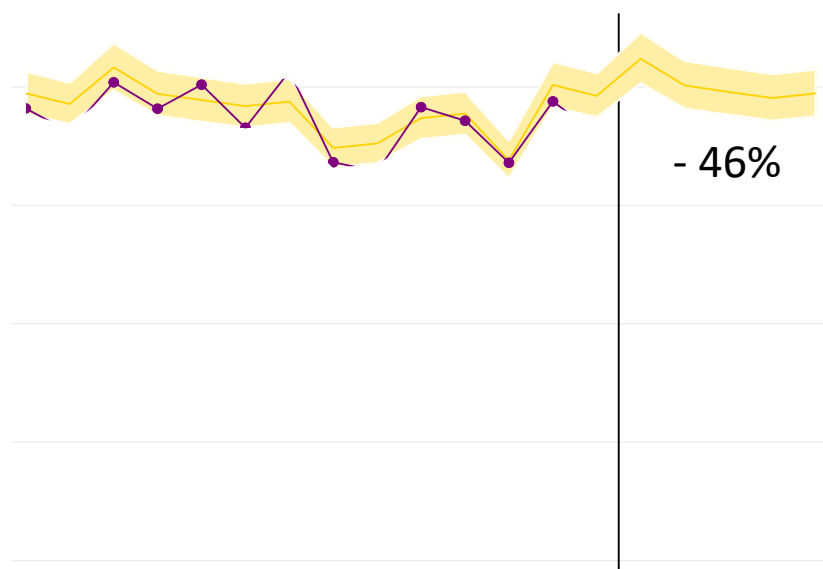
Urgenze

Non rintracciabili





Impact of COVID-19 on the diagnoses, HbA1c monitoring and mortality in people with type 2 diabetes: a UK-wide cohort study involving 13 million people in primary care



T2DM diagnoses

New metformin prescriptions



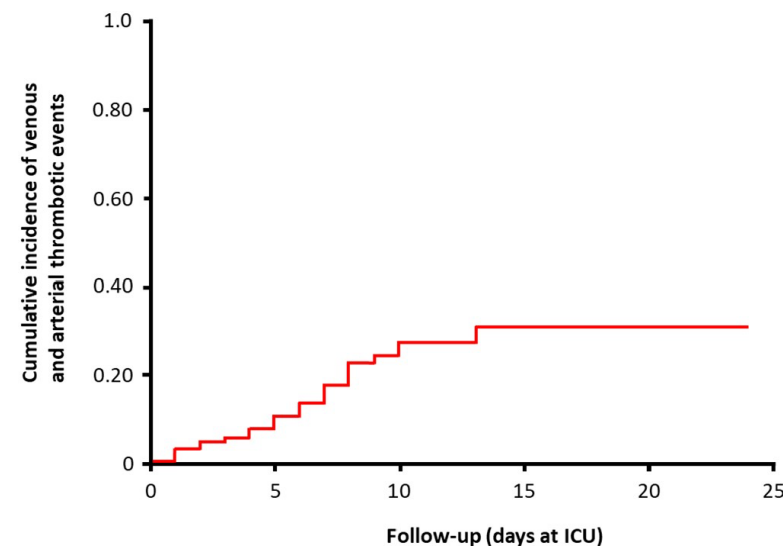
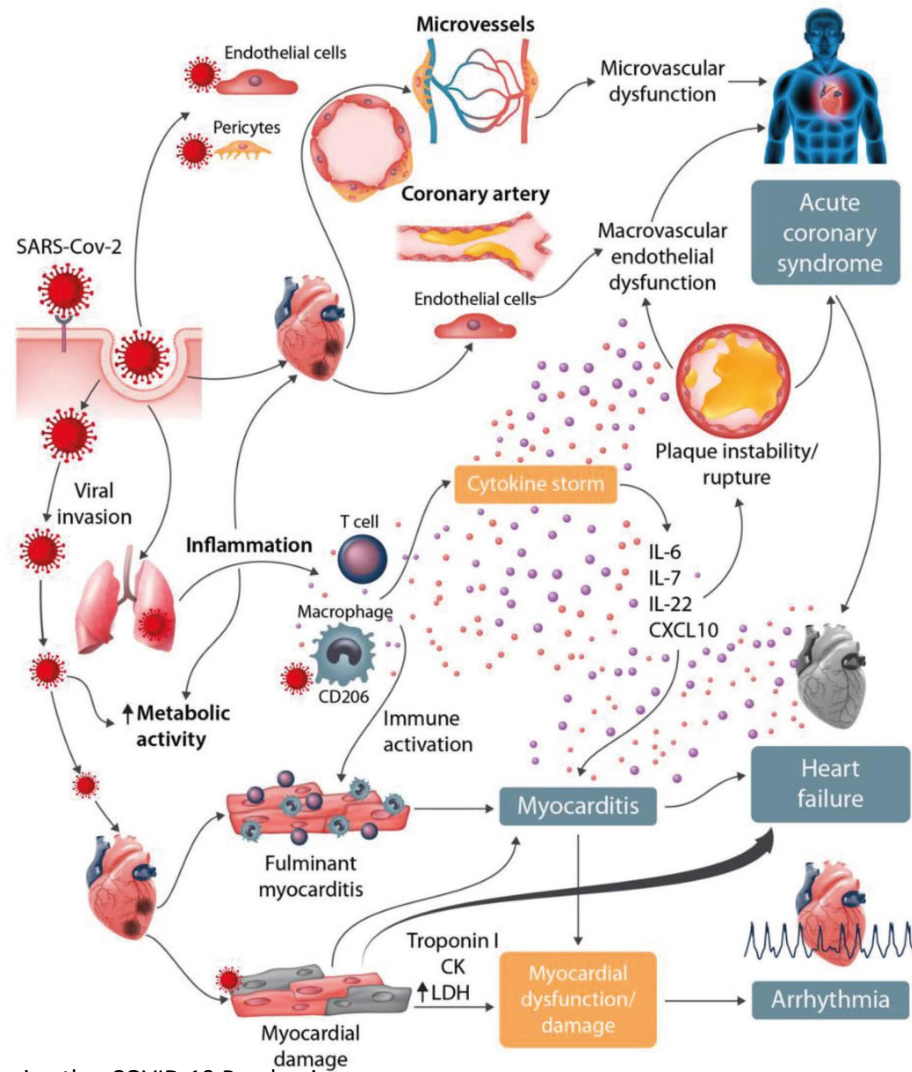
COMPLICANZE CRONICHE

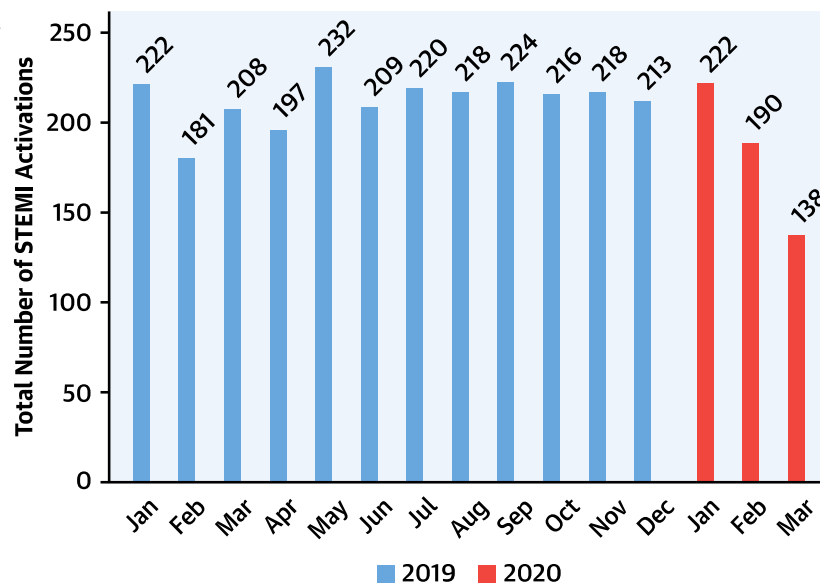
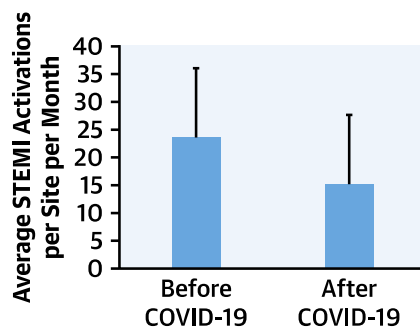
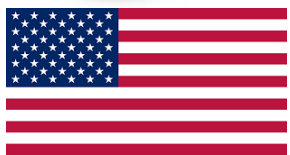


Screening delle complicanze sospeso

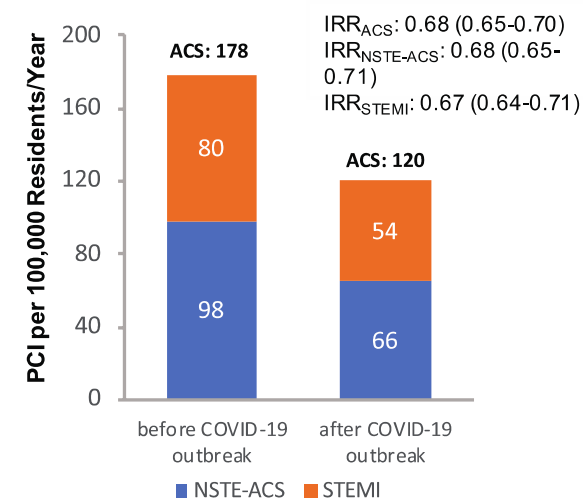


Malattia protrombotica cardiovascolare

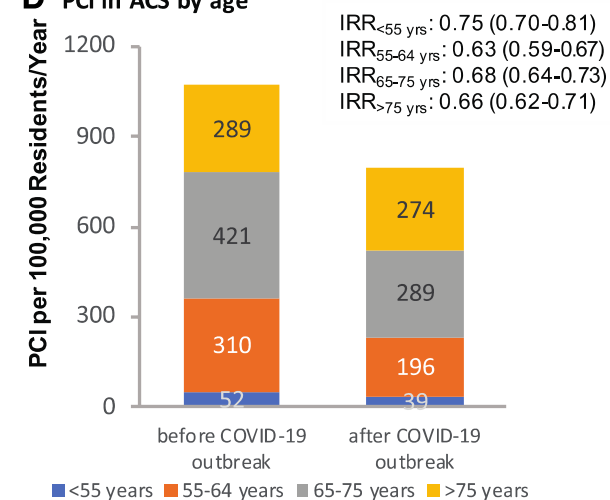




A Type of ACS before and after COVID-19 outbreak



D PCI in ACS by age



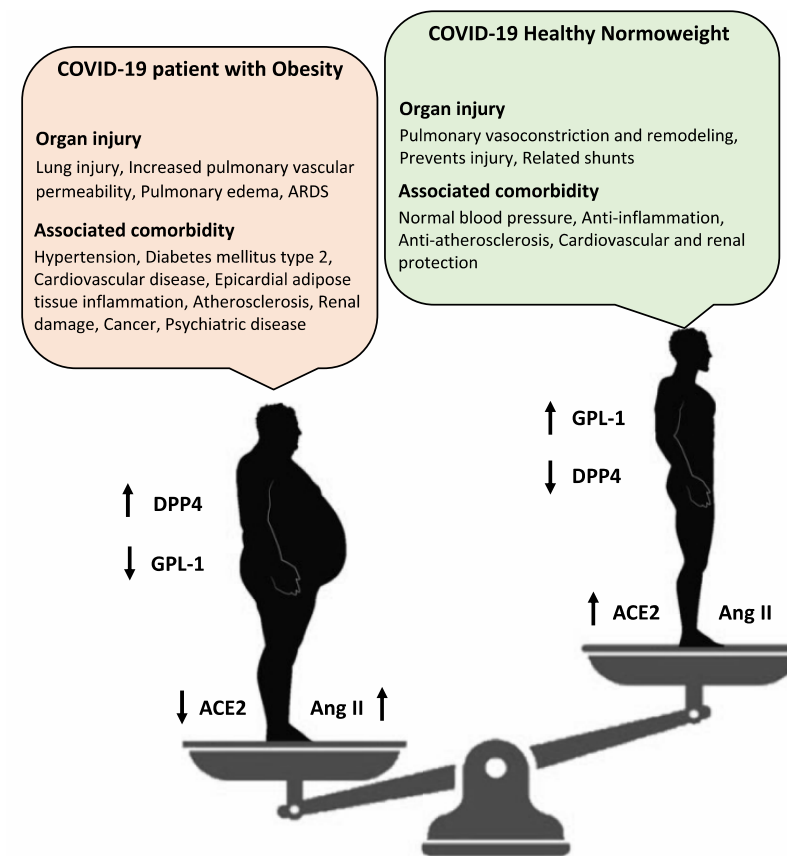
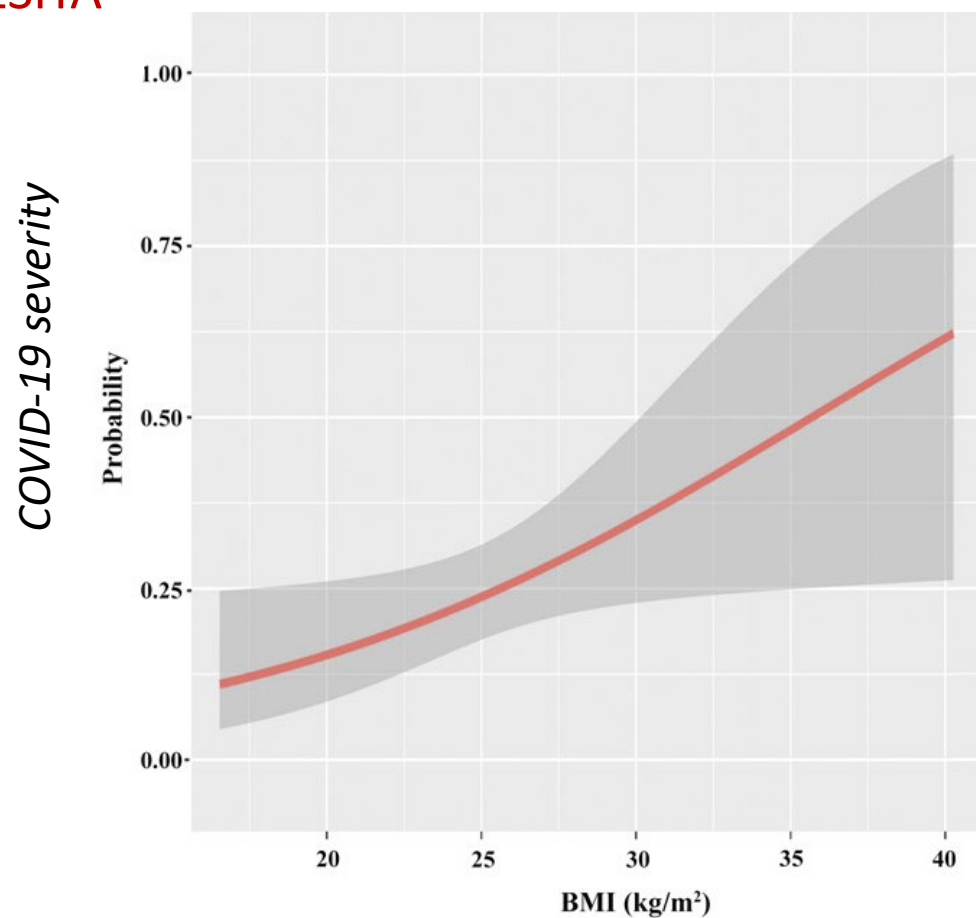


Diabetic Foot During COVID-19 Pandemic

Parameter	2020 group (n = 25)	2019 group (n = 38)	P
Age, years	62.6 ± 11.1	65.4 ± 16.8	0.47
Male/female, n	21/4	23/15	0.055
Outpatient patients, n (%)	4 (16)	17 (45)	0.028
Patients admitted for emergency, n (%)	19 (76)	10 (26)	<0.001
Diabetes duration, years	15 (10, 24)	20 (10, 28)	0.91
HbA _{1c} , %	8.1 ± 1.8	8.3 ± 1.8	0.60
HbA _{1c} , mmol/mol	65 ± 20	67 ± 20	0.60
GFR, mL/min/1.73 m ²	67 ± 28	78 ± 31	0.18
UACR, mg/g Cr	58 (23, 319)	36 (9, 76)	0.050
CRP, mg/dL	2.35 (1.01, 7.86)	1.45 (0.45, 3.98)	0.31
PAD, n (%)	23 (92)	31 (82)	0.30
Neuropathy, n (%)	22 (98)	30 (79)	0.50
Previous ulcers, n (%)	16 (64)	23 (61)	0.99
Ulcer duration, months	5 (2, 7)	4 (2, 12)	0.95
Osteomyelitis, n (%)	20 (80)	23 (61)	0.17
Gangrene, n (%)	16 (64)	11 (29)	0.009
Intervention, n (%)			
Revascularization	8 (32)	6 (16)	0.21
Amputation*	15 (60)	7 (18)	0.001
Other surgeries†	9 (36)	8 (21)	0.31



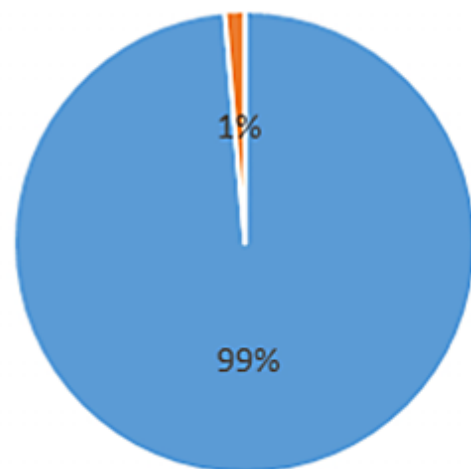
COVID 19 e OBESITA'





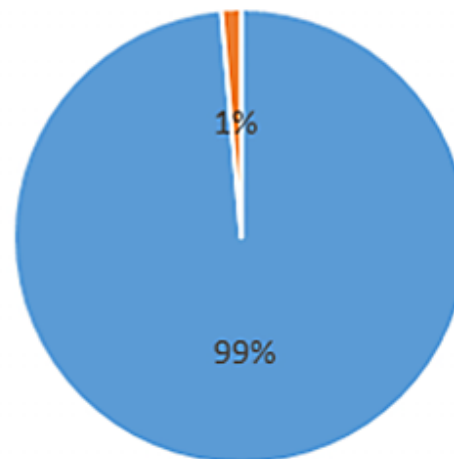
Visite ambulatoriali per obesità sospese

Are face-to-face outpatient visits blocked or reduced in your COM?

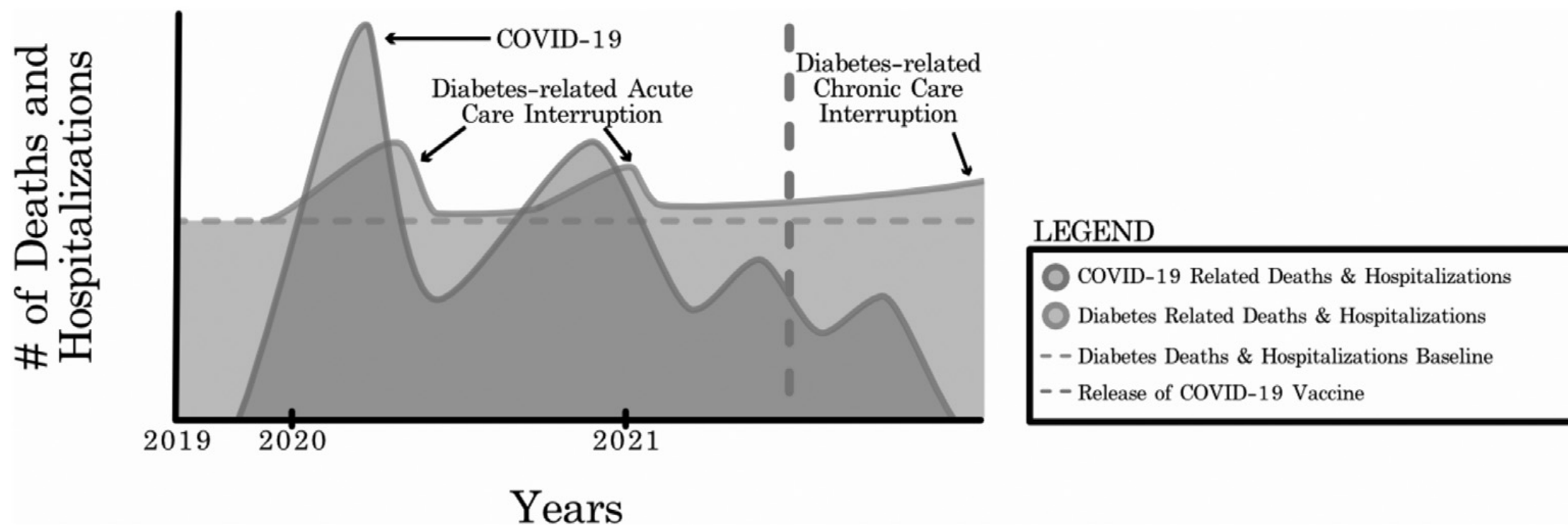


■ Yes ■ No

Are face-to-face outpatient visits blocked or reduced in your COM?



■ Yes ■ No





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Debra Malina, Ph.D., Editor

The Untold Toll — The Pandemic's Effects on Patients without Covid-19

Lisa Rosenbaum, M.D.

“As the coronavirus pandemic focuses medical attention on treating affected patients and protecting others from infection, how do we best care for people with non-Covid-related disease?”

*“Perhaps the **greatest challenge**, then, **is an invisible one**:
How do we help people who are afraid to seek care to
begin with? “*

*“**Covid or no Covid, we are still here to care for
you**”*





Grazie