

THE RELATIONSHIP BETWEEN DIABETES AND COVID-19

Current status of the COVID-19 pandemic-

The COVID-19 pandemic caused by the SARS-CoV-2 virus has resulted in over 6 million deaths worldwide, including almost 1 million in the US. Although effective vaccines and new treatments have been developed, COVID-19 will remain a public health emergency for the foreseeable future due to vaccine hesitancy, the emergence of new variants of concern that may escape the effects of current vaccines, and the increasing evidence for long-term effects of COVID-19 ("long COVID"). Importantly, long COVID is common even in people who were not sick enough to be hospitalized, and long COVID may become a bigger problem than acute COVID-19 disease. Unfortunately, the COVID-19 pandemic is occurring during the ongoing global obesity/diabetes pandemic. The high proportion of obesity and prediabetes in the population exposed to the SARS-CoV-2 virus increases the chances of having severe acute COVID-19 and the risk of metabolic disease associated with long COVID, as described below.

Diabetes increases the severity of COVID-19-

It is now clear that COVID-19 severity is increased by several pre-existing conditions that are widespread in the US population. These include obesity and diabetes, heart disease, and high blood pressure (hypertension). People with type-1 or type-2 diabetes in particular are at risk for severe COVID-19, and have a much greater risk for hospitalization, ventilator support, and death. It is thought that the high blood glucose levels in type-1 diabetes and the chronic inflammation found in type-2 diabetes (usually in connection with obesity) contribute to the greater risk for severe COVID-19. Obesity, which is a major risk factor for prediabetes and type-2 diabetes, increases the chance for more severe respiratory diseases in general, and this is also true for COVID-19.

COVID-19 increases the risk of developing diabetes-

While diabetes makes it more likely that a person with diabetes will experience more severe COVID-19, the converse is also true- having COVID-19 can increase the risk of diabetes in people not previously diagnosed with diabetes. In some cases, this may be because the stress of acute COVID-19 makes previously mild symptoms of pre-existing diabetes more obvious so that diabetes becomes clinically evident. In other cases, the diabetes in long COVID may be truly new-onset (not present at all before). This is likely the result of the ability of the SARS-CoV-2 virus to infect the pancreatic islets that produce insulin as well as the fat tissue that helps control blood glucose levels. Although both type-1 and type-2 diabetes are risk factors for more severe acute COVID-19 infection, the exact type of diabetes seen in long COVID is still unclear.

The need for diabetes screening in people at risk for COVID-19 and in COVID-19 survivors-

These data suggest that screening for diabetes in people already at risk for severe COVID-19 because of age, immunocompromised status, or other metabolic disease will allow better monitoring of these individuals for COVID-19 exposure and indicate more aggressive treatment upon if they become infected. Conversely, diabetes screening of all people with previous COVID-19 would identify cases of long COVID in which previously undiagnosed diabetes is now more advanced, as well as cases in which new-onset diabetes is present, which will allow appropriate diabetes therapy to be started. **Diabetomics' Glucema[™] non-invasive, point-of-care diabetes screening test** that uses oral fluid to determine short-term average blood glucose levels can be an effective tool for assessing risk for severe COVID-19 and identifying COVID-19 survivors that have long COVID-linked diabetes.







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