

# Managing T2DM during COVID-19 pandemic

A guide for Southwark General Practice

## Key Messages

1. Patients with T2DM have twice the risk of death if they contract coronavirus<sup>1</sup>
2. The pandemic effect on wellbeing has impacted on individuals' diabetes control
3. Prioritise T2DM patients for review<sup>2</sup>, remote when possible and acceptable, and face to face when not
4. Coronavirus can trigger new onset diabetes, poor diabetes control and ketoacidosis in those with existing disease<sup>1</sup>, check ketones if sugars are high.

Always work within your knowledge and competency: [ALSO SEE CES T2DM GUIDE](#)

# T2DM and CONTRACTING COVID-19

1

## INCREASED SEVERITY OF COVID-19 INFECTION IN PATIENTS WITH T2DM

Use [Southwark COVID pathways](#) for management of COVID symptoms recognising that patients with T2DM are at higher risk of developing complications. Have a lower threshold to seek advice or admission.

2

## INCREASED RISK OF POORLY CONTROLLED T2DM WITH COVID-19 INFECTION

Ensure patients with T2DM:

- Have at least one month of medication and test strips
- Can self monitor if appropriate
- Know about sick day rules
- Know when to seek advice

3

## POST COVID INFECTION

**COVID can trigger diabetes:**  
Consider a diagnosis of new onset diabetes even after relatively mild disease<sup>1</sup>.

**Post-COVID de-escalation of insulin:**  
High insulin requirement during COVID infection can drop dramatically when better. Use [SEL guidance for insulin de-escalation](#)

**Long COVID** – see [CES](#) guide for diagnosis and management

## SICK DAY RULES

### Patient Information Leaflet: Type 2 Diabetes: What to do when you are ill (TREND)

- If available Increase glucose monitoring to at least 4 times a day
- Maintain fluid and carbohydrate intake. Sugary fluids if glucose low and sugar-free fluids if glucose high
- NEVER stop insulin: change dose of insulin and gliclazide according to glucose readings

### SADMAN rules

Classes of drugs that should be temporarily stopped during dehydrating illness

S	SGLT2 inhibitors	M	Metformin
A	ACE inhibitors	A	ARBs
D	Diuretics	N	NSAIDs

Seek medical advice if:

- No access to glucose monitoring and symptoms of high glucose – e.g. thirst, polyuria, fatigue
- Unable to maintain hydration or take carbohydrates due to vomiting
- Persistently high or low glucose despite altering medication doses
- Other concerns

If changing medication doses remember to change them back when better.

### SELF MONITORING - [NHS Video library guide to using glucometer](#)

<4mmol/l	treat hypo, see <a href="#">TREND Guidance</a>
4-13mmol/l	carbohydrate meal replacement + fluids + adjust insulin if on this
Persistently >18mmol/l	seek medical advice

[London guidance](#)

[Primary care Diabetes Society guidance](#)

# MANAGING T2DM DURING COVID-19 PANDEMIC

## IMPACT OF PANDEMIC ON WELLBEING

- Mental Health impact
- Reduced physical activity
- Negative impact on weight and T2DM control
- Patients may have missed T2DM reviews and present with late complications

Balance advice on social isolating with impact on wellbeing on a case by case basis.

### SIGNPOST PATIENTS TO SUPPORT

[Diabetes UK guide to managing diabetes when stuck at home](#)

Diabetes UK helpline: 0345 123 2399

[Diabetes UK](#)

Social Prescribing Link Worker (SPLW): Refer via Elemental on your EMIS system or via email – links below:

[North Southwark \(QHS\)](#)

[South Southwark \(IHL\)](#)

[Southwark Wellbeing Hub](#)

[Book and Learn](#) need bloods in last 12 months

[NHS Patient videos](#)

[Southwark Advice and support](#)

## WHO TO PRIORITISE FOR REVIEW?

Prioritise patients for review depending on their risk of complications from COVID-19, T2DM and comorbidities<sup>2</sup>

Increased risk of COVID infection is associated with age, poor control, ethnicity, co-morbidity, obesity, missed reviews, male<sup>3</sup>.

Also employment risk e.g. care and transport

Range of prioritisation searches available on EMIS include:

**CES Top Priority Search:** HbA1c  $\geq$  75

**UCLP search** which includes HbA1c, ethnicity, comorbidity and stratifies to high, medium, low risk

### 1. EMIS Ball top left

- Drop down: Reporting
- Bottom left list

### 2. CCG Southwark Enterprise Searches

- UCLP-CEG searches
- Clinical Effectiveness Southwark: Top priority searches

**3.** These searches can be copied into the practices own search list and run when needed. Regularly check in folder if updated (folder date will change).



**SEL suggested searches** see COVID-19: Diabetes High Risk Cohort Pro-Active Management

Use search best suited to your practice and combine with clinical judgement to prioritise patients for review

# T2DM REVIEW DURING COVID-19 PANDEMIC

## REMOTE WHEN POSSIBLE AND ACCEPTABLE - OTHERWISE FACE TO FACE

### Before the review:

Arrange bloods/urine ACR and home monitoring if possible: BP, weight, height, glucose monitoring if required

Accurx and E-consult have diabetes review for pre-review information gathering, can text/contact patient to encourage to complete.

Combine diabetes review with other LTC review especially if face to face to limit need for repeated contacts

### **Make Every Contact Count**

### Remote review guidance:

[Southwark LTC review: Remote Consulting Guidance \(page 7\)](#)

[Primary Care Diabetes Society Guide to Remote Review](#)

### General review:

Use [CES T2DM Guide](#) and template

### Guidance on possible COVID infection

Balance advice on social isolation with wellbeing

Signpost to [111](#) if COVID symptoms

Contact general practice if diabetes or other complications or concerns

Discuss sick day rules ( see page 2), and initiate self monitoring if particularly high risk of complications from diabetes: e.g. High HbA1c, BMI >30, CKD, COPD or on drugs that may precipitate hypoglycaemia [LINK](#)

## THINGS TO CONSIDER DURING COVID PANDEMIC

### Foot check

Needs to be done in person.

All clinical staff seeing patient should be trained in foot checks and do these opportunistically whenever possible.

Use [Diabetes Foot Navigator](#) for urgent active foot problems.

IHL practices can refer patients via EPCS for foot check/BP and BMI at Tessa Jowell Health Centre

### Eye check

[SEL diabetes eye screening](#) is up and running, frequency of checks may alter during pandemic according to patient risk, check latest guidance and encourage your patients to attend when invited

### Glucose monitoring

Lower threshold for glucose monitoring at home to reduce need for attendance for bloods tests for HbA1c for control and in case become unwell. This could be documented readings in the 2 weeks prior to review: on waking, pre and post meals.

[How to do glucose monitoring – advice for patients](#)

### ACE inhibitors

Are safe to use during COVID pandemic, except when unwell – (see sick rules on page 2)

**Refer when appropriate to:** remote delivery during COVID-19

[Diabetes Book and Learn](#)

[Weight Management referrals:](#) via ERS – require HbA1c and cholesterol in last 12 months

## REFERRAL AND CLINICAL ADVICE



**Consultant Connect:** for advice, if acutely unwell or considering admission

**Community Diabetes Clinic:** email for advice within 2 working days  
[gst-TR.southwark-diabetes@nhs.net](mailto:gst-TR.southwark-diabetes@nhs.net)

Phone: 02030498863

North Southwark Practices DSN contact: Helen Noakes and Rachel Mungosa

South Southwark Practices DSN contact: Jennifer Sharpe and Siobhan Ewing

**Advice and Guidance** via ERS for non-urgent queries

**At Home Team:** (accept referrals 8am-6pm, the earlier referral made the greater chance will be acted on that day)

GSTT: 0203 049 5751

KCH: 0203 049 5751

**Diabetes UK:** [advice for health professionals relating to COVID-19](#)

## References

1. New Onset Diabetes in COVID-19 N Engl J Med 2020; 383:789-790
2. Primary Care: Identification, risk stratification and interventions for patients at an increased risk. NHS London [LINK](#)
3. [COVID-19 Known risk factors fail to explain the increased risk of death among people from ethnic minorities. BMJ 2020; 369 doi: <https://doi.org/10.1136/bmj.m1873>](#)

## Abbreviations:

ACE	Angiotensin converting enzyme inhibitors
ACR	Albumin creatinine ratio
A&G	Advice and Guidance
ARB	Angiotensin II receptor blockers
BP	Blood Pressure
BMI	Body Mass Index
CES	Clinical Effectiveness Southwark
CKD	Chronic Kidney Disease
COPD	Chronic Obstructive Pulmonary Disease
EPS	Extended Primary Care Service
ERS	Electronic Referral System
GSTT	Guys and St Thomas' Foundation Trust
HbA1c	Glycosylated haemoglobin
IHL	Improving Health Ltd
KCH	Kings College London
LTC	Long term condition
QHS	Quay Health Solution
SEL	South East London
SPLW	Social Prescribing Link Worker
T2DM	Type 2 diabetes
UCLP	University College London Partners

Making the right thing to do  
the easy thing to do.