

What people with type 1 diabetes need to know about COVID-19

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(HealthDay)—If you or your child has type 1 diabetes, you already have

a lot of extra health worries, and now you need to add COVID-19 infections to the list.

You may be wondering if you have a higher risk of catching COVID-19, if you'll be able to get your [diabetes](#) supplies and how you might handle the illness if you do get sick.

Here's some information to help you get through this trying time:

Is my risk of COVID-19 higher?

Aaron Kowalski, CEO of JDRF (formerly the Juvenile Diabetes Research Foundation), has some good news on this front.

"Healthy type 1 folks aren't more at risk if they have a reasonable A1C," he said. An A1C is a [blood test](#) that estimates blood sugar control during the past two to three months.

But, for those who are having trouble keeping their A1C down, he added that consistently [high blood sugar](#) can make people more susceptible to infection.

Dr. Mary Pat Gallagher is director of the pediatric diabetes center at NYU Langone Health in New York City.

"If you have an A1C that is less than 9.5%, you are not really considered immunocompromised," she said. "Higher blood sugar levels for more than two weeks can impair immune function."

But, she cautioned, "None of us has any immunity to this virus. We're all extremely susceptible, whether or not we have type 1 diabetes."

What about complications?

While some of the early data from China and Italy seems to suggest that people with diabetes have a higher risk of complications, Gallagher said those findings probably represent older people with type 2 diabetes and additional medical conditions.

"Children appear—regardless of [any other illnesses]—to be doing very well. There are definitely children in the hospital, but their risk of developing serious illness is much lower," Gallagher noted.

And, no matter your age, if your blood sugar is well-controlled, you probably don't have a higher risk of COVID-19-specific complications. But getting sick when you have type 1 diabetes is always a challenge.

Having an illness often wreaks havoc on your [blood sugar control](#). Viral illnesses, like the flu, are known to increase your risk of ketones and diabetic ketoacidosis (DKA), so it's important to be extra vigilant when it comes to your type 1 diabetes management. Ketones are chemicals that can build up in the body when it breaks down fat for energy. When there are too many ketones, DKA—a potentially life-threatening complication—can occur.

Be aware that medications can raise your blood sugar, and some drugs affect the accuracy of readings on certain continuous glucose monitors.

"Getting sick definitely adds complexity to type 1 diabetes," Kowalski said. "Having a sick day management plan is important."

Gallagher recommended getting a 24-hour number for your doctor's office that you can reach in an emergency. Post it somewhere that's easy for everyone in the family to see.

Supplies to have on hand

Gallagher advised filling your prescriptions as soon as possible, if you haven't already. She suggested trying to get a three-month supply. "A lot of insurance companies are lifting prescription time restrictions," she said.

Supplies you should have on hand typically include:

- Insulin
- Back-up long-acting insulin (if you're currently using a pump)
- Glucagon
- Insulin pump supplies (such as reservoirs, infusion sets)
- Continuous glucose monitor (CGM) sensors
- Ketone strips
- Batteries for insulin pumps, CGMs and standard glucose meter
- Blood sugar test strips (be sure these aren't expired) and lancets
- Low blood sugar treatments (such as glucose tabs and juice)
- Easy-to-digest foods, like crackers, soup or ice pops
- Fluids with and without sugar (so you have options for both high and low blood sugar situations)

Kowalski said JDRF has been in touch with insulin and device makers, and the supply chain is strong. There are no significant shortage concerns. He said there may be spotty shortages for a few days at a time in some areas because a lot of people have been filling prescriptions all at once, and many have switched from one month at a time to three months.

What to do if you get sick

If you do get sick, call your doctor for more specific instructions on what to do.

Your diabetes sick day management should tell you when to test for ketones. As a general rule, if you're on an insulin pump and your blood sugar is over 250 milligrams per deciliter (mg/dL), and you haven't responded to a correction dose of insulin, check your ketones and call your doctor.

If you're on multiple daily injections and your [blood sugar](#) is over 250 mg/dL (despite a correction dose of insulin) for more than two or three hours, check for ketones and call your doctor, Gallagher suggested. Someone on your doctor's team will walk you through what to do next to help bring your [blood sugar](#) down.

Gallagher said it's important to remember that people with type 1 diabetes always need a long-acting insulin (called "basal" insulin in a pump), even when sick. She said you can reduce the basal [insulin](#), but you shouldn't stop it, especially not for more than several hours without speaking with someone on your diabetes health care team.

If you have abdominal pain, nausea, vomiting, excess fatigue or fruity-smelling breath, call your diabetes doctor right away. These are signs of DKA.

Day by day

Kowalski suggested that everyone follow the guidelines on washing hands, keeping a safe physical distance from others, and getting up and moving. In scary times exercise can be a good way to work off stress, he said.

Gallagher emphasized the need for people with type 1 diabetes *and* their

families to try to get some physical activity every day, while maintaining social distancing rules, of course. An hour is ideal, she said.

And, she said, "There's a lot of worry about consistent access to food, making it harder to meal plan. It's also easy to eat poorly when you're under stress, so try to make good food choices when you can."

More information: For more on type 1 diabetes and the coronavirus, go to [JDRE](#).

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