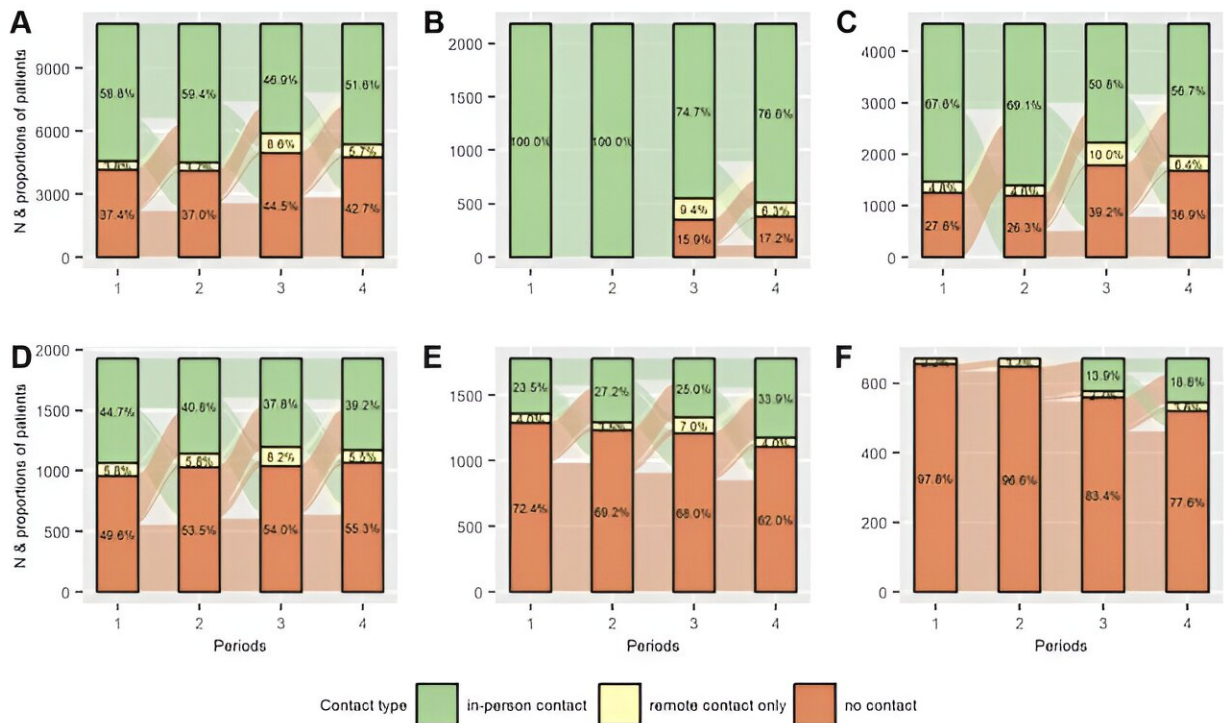


Diverging effects of the COVID-19 pandemic on type 2 diabetes care processes

January 16 2024



Transition of patients between contact types by usual in-person service use frequency groups Groups based on in-person contact during 16 Mar 2017 to 15 Mar 2020: A) all patients, B) group 1: every 0–6 months, C) group 2: every 6–12 months, D) group 3: every 12–18 months, E) group 4: every > 18 months, and F) group 5: none. Credit: *Primary Care Diabetes* (2024). DOI: 10.1016/j.pcd.2023.12.003

A recent study by the University of Eastern Finland [published](#) in the journal *Primary Care Diabetes* reveals varied impacts of the COVID-19 pandemic on individuals with type 2 diabetes in North Karelia, Finland.

The study compared care processes and outcomes during two periods of the first pandemic year (16 March 2020 to 15 March 2021) with the equivalent periods one year earlier (16 March 2019 to 15 March 2020).

Generally, there was a decline in health care visits and monitoring of blood sugar and [cholesterol levels](#). However, distinct patterns emerged when evaluating [patients](#) based on their engagement in follow-up care in the three years preceding the pandemic, i.e., from 16 March 2017 to 15 March 2019.

The pandemic had the greatest effect on patients who, prior to the pandemic, had in-person contact at least every six months. Among them, service use decreased the most, with 1 out of 4 not seeking in-person contact during one of the two six-month periods following the onset of the pandemic.

"Patients with the most consistent pre-pandemic service use have greater service needs due to more comorbidities," says Doctoral Researcher Laura Inglin from the University of Eastern Finland. "Despite the significant changes, service use remained highest among these patients who need close monitoring to prevent micro- and macrovascular complications."

Conversely, patients who had no in-person contact before the pandemic exhibited a different trend. About 1 in 6 of these [individuals](#) had their first in-person contact in over three years during the [pandemic](#).

The study used electronic health records data. The [patient records](#) comprised both public primary health care and specialized care in the

whole region and was not gathered separately, but at the moment of care. "High-quality [electronic health](#) records, which provide structured and up-to-date information about patients and care processes, are a valuable source of information for the surveillance and management of type 2 diabetes," Inglin says.

More information: Laura Inglin et al, Consistent service use before the COVID-19 pandemic predicted the continuity of face-to-face appointments during the lockdown among type 2 diabetes patients, *Primary Care Diabetes* (2024). [DOI: 10.1016/j.pcd.2023.12.003](https://doi.org/10.1016/j.pcd.2023.12.003)

Provided by University of Eastern Finland

Citation: Diverging effects of the COVID-19 pandemic on type 2 diabetes care processes (2024, January 16) retrieved 29 April 2024 from <https://medicalxpress.com/news/2024-01-diverging-effects-covid-pandemic-diabetes.html>

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