

## **Scottish Diabetes Group Update 3<sup>rd</sup> April 2020**

**Patient Information Leaflet to individuals with diabetes:** a patient information leaflet for individuals deemed to be at increased risk of severe illness from coronavirus has been prepared by the Scottish Government. This includes individuals with diabetes. The patient information leaflet will be published on NHS Inform and will be regularly reviewed and updated. We will send the relevant link once it is available and ask that you use this link on your communication platforms. In the meantime this leaflet is attached for information.

**Pregnancy Guidance:** Clinics will find it difficult to provide the usual pattern of detection of gestational diabetes. OGTT is now recommended against due to the need to minimise patient contacts. All clinics are converting to as much remote working as possible. We particularly note helpful online resources including modules on gestational diabetes available at <https://www.mydiabetesmyway.scot.nhs.uk/>

We note recent RCOG guideline on maternal medicine <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-30-guidance-for-maternal-medicine-in-the-evolving-coronavirus-covid-19-pandemic.pdf>. This includes second trimester screening based around 28 week HbA1c and fasting or random glucose. Clinical teams may interpret this according to local circumstance but we include a plan based on the option of **HbA1c and random glucose at booking and 26-28 weeks** as supplying a service based on fasting samples may also prove difficult. This should also have greatest influence to avoid footfall into antenatal areas as testing can take place at routine clinics. It is expected that screening based on the combination of fasting and HbA1c and eventually OGTT would be possible in the future.

Most importantly, of necessity, while these plans are designed to detect women at highest risk, they may miss women who would have been previously diagnosed as having GDM. It will be particularly important to direct women with risk factors to general healthy eating advice in their pregnancy <https://www.nhsinform.scot/ready-steady-baby/pregnancy/looking-after-yourself-and-your-baby/eating-well-in-pregnancy>.

**Suspension of Diabetes Retinal Screening Services:** many of you will already be aware that national screening initiatives, such as DRS, have been suspended meantime until further notice. Any patients with acute eye issues should be referred urgently to ophthalmology via your local referral routes. Some Frequently Asked Questions for the DRS Programme is available on NHS Inform at: <https://www.nhsinform.scot/healthy-living/screening/coronavirus-covid-19-changes-to-screening-tests-and-appointments#common-questions>

**Diabetes Scotland HCP Website:** a dedicated information and advice page for health care professionals is available at: <https://www.diabetes.org.uk/professionals/resources/coronavirus-clinical-guidance>

**In-patient Guidance:** early reports have highlighted the following issues which are worth considering when managing individuals with diabetes admitted with COVID-19:

- A significant number of people with diabetes (both type 1 and 2) and COVID-19 are being admitted in Diabetic Ketoacidosis (DKA)
- Not all cases of DKA in type 2 diabetes are on an SGLT2 inhibitors

- **STOP** SGLT2i (**Canagliflozin, Dapagliflozin, Empagliflozin, Ertugliflozin**) in all admissions with COVID-19. The UK wide inpatient diabetes COVID response group are reporting that patients with COVID are at significantly increased risk of disproportionate ketogenesis (this is the same in those type 1 or type 2 diabetes). To make this safe and simple stop all SGLT2 inhibitors for those hospitalised and they should not be re-started until 2 days post discharge if COVID symptoms have resolved and the patient is eating and drinking well.
- Metformin should be stopped as per sick day rule guidance for lactate >2, or AKI egfr <30mls/min)
- Follow local protocols for DKA and Hyperosmolar Hyperglycaemic State (HSS) however carefully consider fluid replacement as risk of fluid overload i.e. one size protocols do not suit all patients.
- Individuals are often very insulin resistant.
- Catabolic state may be driving ketosis and euglycaemic ketoacidosis may require 20% dextrose to ensure adequate insulin administration.
- An early observation is that individuals treated for pneumonitis, getting better, then sudden collapse with cardiogenic shock/heart failure.

More comprehensive UK wide guidance is likely to be forthcoming in due course.

**Glooko Update:** Glooko are providing their diasend® Remote-Care Solution, free of charge during the pandemic, enabling clinicians to view diabetes data uploaded by patients from their homes. diasend® Remote-Care Solution is a version of diasend® (with no clinic transmitter or uploader software) which may be useful for those Diabetes Services that do not currently use diasend®, such as Community Diabetes Teams, Ante-natal/Gestational Clinics & Cystic Fibrosis Services. Clinics who don't already have a diasend® account can apply for this service by contacting Kerry Lipton (Glooko Regional Account Manager): [kerry.lipton@glooko.com](mailto:kerry.lipton@glooko.com) for further information or discussion.

**mySugr App:** Roche Diabetes Care are offering free access to mySugr Pro diabetes management app (usually £20.99 per person per year) for all adults with diabetes in the UK. This offer provides 12 months free access for each user, by using a code that can be redeemed until 30th September 2020. The activation code and all further updates regarding My Sugr can be found on <https://www.accu-chek.co.uk/> People with diabetes can download the mySugr app to their smartphone and unlock the Pro version using the activation code. Roche recognise that there is no capacity within the NHS currently for healthcare providers to install additional software, so the healthcare provider will need to provide an email address for people with diabetes to send PDF reports to.

**Accu-Chek Combo and Accu-Chek Insight insulin pumps update:** for those pumps whose warranties were due to expire before the end of June will be automatically extended, initially for three months. Accu-Chek Careline is available to HCPs and pump patients **24/7** on **0800 731 2291**. Roche are happy to consider running any training sessions or meetings virtually, and of course, to have email and telephone contact with teams. If you want further information or support regarding this then please contact Marion Guthrie, ([marion.guthrie@roche.com](mailto:marion.guthrie@roche.com))

**Medtronic insulin pump update:** for pumps that are out of warranty or whose warranties are due to expire before the end of June, these will be automatically extended, initially for three months.