

The Implications of the Pandemic with Covid-19 in the Glycemic Control of People with Type 2 Diabetes [Letter]

Deddy Adam, Ngadino

Department of Environmental Health, Poltekkes Kemenkes Surabaya, Surabaya, Indonesia

Correspondence: Deddy Adam, Email deddy.kesling@gmail.com

Dear editor

We are writing to express our appreciation for the insightful article titled “The Implications of the Pandemic with Covid-19 in the Glycemic Control of People with Type 2 Diabetes” by Adriana Gherbon et al, published in Diabetes, Metabolic Syndrome and Obesity. The study conducted by Gherbon et al provides valuable insights into the effects of the COVID-19 lockdown on glycemic control in people with type 2 diabetes mellitus (T2DM). The findings of the study shed light on the impact of the pandemic-related restrictions on the management of T2DM, including the influence of stress, anxiety, and lifestyle changes on glycemic control.¹

The study’s observation that people with T2DM treated with oral antidiabetics demonstrated better glycemic control compared to those treated with insulin therapy is particularly noteworthy. Additionally, the study highlights the challenges faced by T2DM patients in maintaining a balanced lifestyle and managing their disease during the pandemic. The authors’ emphasis on the importance of telemedicine and alternative models of care for people with T2DM during the pandemic is highly relevant in the current healthcare landscape. The study’s findings have significant implications for healthcare providers and policymakers in optimizing diabetes care and education in the post-pandemic era.

Although this study makes a valuable contribution, we have a comment on the weakness of this study: one of the weaknesses of this study is the relatively small sample size, which may limit the generalisability of the findings. In addition, the study was observational and retrospective in nature, making it impossible to draw direct cause-and-effect conclusions. There is also the potential for bias in data collection through questionnaires, especially as they are subjective and may be susceptible to different interpretations by respondents. Furthermore, the study was conducted in a limited geographical area (Romania), so the findings may not be fully applicable globally. Furthermore, the study did not consider external factors that may have influenced the results, such as changes in health policies during the pandemic. Lastly, this study did not consider differences in diabetes management between urban and rural populations in detail, which could provide valuable additional insights.

To increase the validity and relevance of this study, several recommendations for improvement can be considered. Firstly, this study can be expanded by involving a larger and more representative sample from various geographical areas, so that the results can be more generalised and widely applicable.²⁻⁴ In addition, prospective studies with a more robust control design can provide a deeper understanding of the impact of COVID-19 lockdown on glycaemic control in people with type 2 diabetes. The use of more objective data collection methods, such as direct measurement of blood sugar, may increase the validity of the findings. In addition, considering external factors that might affect the results, such as health policy changes during the pandemic, will provide a more comprehensive context. Research can also extend the analysis to compare diabetes management between urban and rural populations in detail. Finally, this study could provide richer insights by considering other factors that could potentially affect glycaemic control, such as socioeconomic status, access

to healthcare, and psychosocial support. By improving the study design and considering these factors, future research could make a greater contribution to our understanding of type 2 diabetes management during the pandemic.

Disclosure

The author(s) report no conflicts of interest in this communication.

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