

Patients with type 1 diabetes that have adapted to remote medical appointments would continue this post COVID-19

23 September 2020

A survey of more than 7,000 patients with type 1 diabetes from 89 countries, presented at this year's online Annual Meeting of the European Association for the Study of Diabetes (EASD) shows that three quarters of patients who have adapted to telemedicine appointments would consider continuing the use of online or telephone appointments with their doctors, as has been happening during the COVID-19 pandemic, after the pandemic ends. The study is by Dr. Sam Scott and Prof Christoph Stettler, University of Bern, Switzerland, and colleagues, and will be published in the journal *Endocrinology, Diabetes & Metabolism*.

The COVID-19 [pandemic](#) has forced rapid reconsideration as to the way in which [health care](#) is delivered. One potential means to provide care while avoiding unnecessary person-to-person contact is to offer remote services ([telemedicine](#)).

Type 1 [diabetes](#) may be particularly well suited to telemedicine, as consultations are mostly based around a review of glucose data and conversations about therapy. The increasing use of continuous glucose monitoring (CGM), [insulin pumps](#) and smart insulin pens, alongside cloud/screen-based data sharing and greater access to webcams, can make this particularly useful, as both the healthcare provider and patient can simultaneously view the data without being together physically.

This study aimed to gather [real-time information](#) on the use and perception of telemedicine in people living with type 1 diabetes, and assess the challenges, such as restricted access to health care and/or [medical supplies](#) at the beginning of the COVID-19 pandemic.

There were 7477 survey responses from individuals in 89 countries. Globally, 30% reported

that the pandemic had affected their healthcare access due to cancelled physical appointments with their healthcare providers. A third (32%) reported no [fundamental change](#) in their medical follow-up during this period, and 9% said that no [personal contact](#) was established with their doctors over the duration of the study.

More than a quarter (28%) received remote care through telephone (72%) or video-calls (28%). Of these, 86% found remote appointments useful and 75% plan to have remote appointments in the future. Glucose control, indicated by glycated haemoglobin HbA1c, was positively associated with positive perception of telemedicine. In males, 45% of respondents with an HbA1c > 9% (considered poor control) rated telemedicine not useful compared to those with lower HbA1c, while 20% of females with an HbA1c > 9% rated it not useful compared to those with lower HbA1c.

Dr. Scott explains: "Due to the rapidly changing situation at the start of the pandemic, there was tremendous uncertainty, with almost no information on how people with type 1 diabetes would be affected. At the time, it was unknown whether people would experience difficulties gaining access to supplies such as insulin or what the impact of missing appointments with their endocrinologist would mean."

He concludes: "The COVID-19 pandemic poses unique challenges to diabetes care. The results from this real-time worldwide survey demonstrate that a large number of people living with type 1 diabetes have rapidly adopted telemedicine or plan to in the near future and that this has generally been perceived positively. Interestingly, age and level of education do not appear to influence peoples' perceptions of telemedicine so far, whereas poor glucose control seems to negatively

affect the perception on usefulness of telemedicine, particularly in males. Beyond the pandemic, telemedicine may offer an alternative means to improve efficiency and cost effectiveness of care for people with diabetes."

More information: Sam N. Scott et al. Use and perception of telemedicine in people with type 1 diabetes during the COVID-19 pandemic—Results of a global survey, *Endocrinology, Diabetes & Metabolism* (2020). [DOI: 10.1002/edm2.180](https://doi.org/10.1002/edm2.180)

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