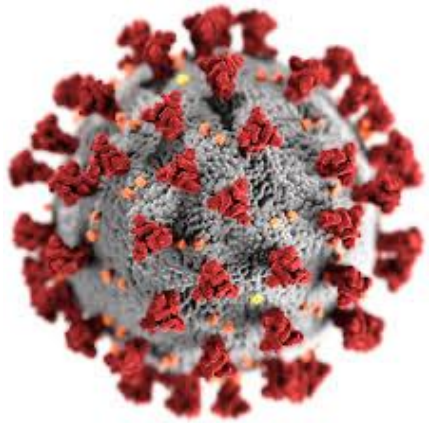
SOCIETÀ ITALIANA METABOLISMO DIABETE OBESITÀ

Vision SIMDO su COVID-19

Versione 20.04.20



COVID-19 & Diabete: cosa accadrà domani ?

Estimation of effects of nationwide lockdown for containing coronavirus infection on worsening of glycosylated haemoglobin and increase in diabetes-related complications: A simulation model using multivariate regression analysis

Samit Ghosal, Binayak Sinha, Milan Majumder, Anoop Misra

Disaster Name	Number of days*	Baseline A1c	Post-disaster A1c	A1c % increment
KATRINA[6]	8	7.5	7.6	0.01
KOBE[7]	8	7.44	7.64	0.03
Hanshin-Awashi[8]	14	7.74	8.34	0.08
Gulf War[9]	60	10.1	10.9	0.08
Marmara[10]	21	7.4	8.8	0.19
GEJE Tsunami[11]	14	5.9	6.5	0.10

Diabetes & Metabolic Syndrome: Clinical Research & Reviews https://doi.org/10.1016/j.dsx.2020.03.014

COVID-19 & Diabete: cosa accadrà domani ?

Number of days of lock-down	Baseline A1c	Post-disaster A1c	Non-proliferative diabetic retinopathy	Proliferative diabetic retinopathy	Photocoagulation	Microalbuminuria	Overt proteinuria	DPN	Amputation risk	MI	CVA	Infections
*	8.9		11.0%	11.6%	5.8%	36.5%	11.3%	41.4%	11.6%	3.4%	1.9%	2.1%
30	8.9	11.16	13.8%	14.5%	7.3%	45.8%	14.2%	51.9%	14.5%	4.3%	2.4%	2.6%
45	8.9	12.58	15.5%	16.4%	8.2%	51.6%	16.0%	58.5%	16.4%	4.8%	2.7%	3.0%
60	8.9	14.00	17.3%	18.2%	9.1%	57.4%	17.8%	65.1%	18.2%	5.3%	3.0%	3.3%
75	8.9	15.42	19.1%	20.1%	10.0%	63.2%	19.6%	71.7%	20.1%	5.9%	3.3%	3.6%
90	8.9	16.84	20.8%	21.9%	11.0%	69.0%	21.4%	78.3%	21.9%	6.4%	3.6%	4.0%

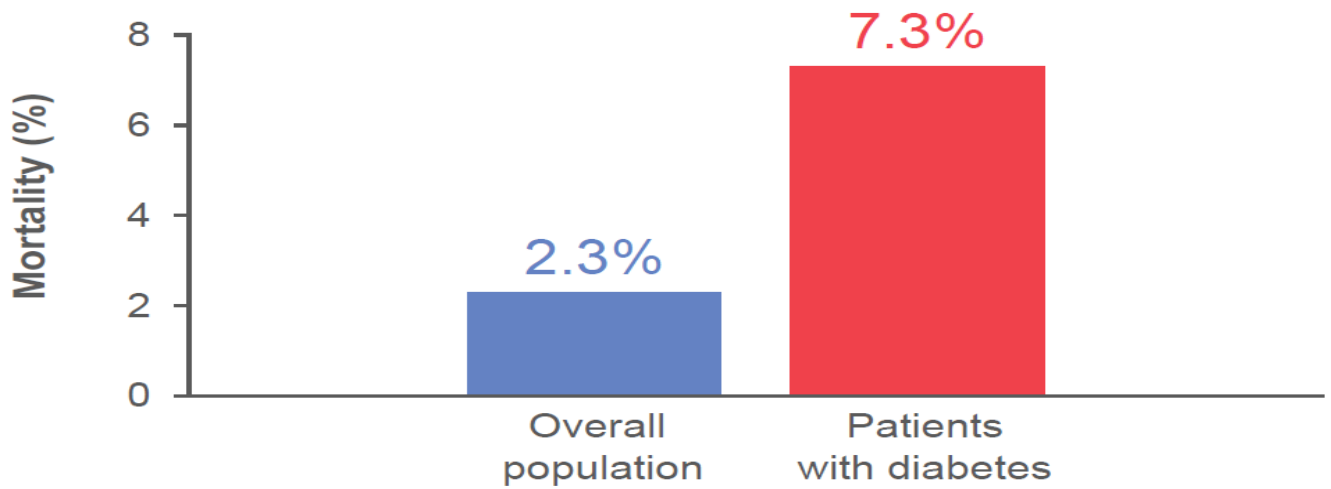
Table 3: Predicted diabetes-related complication rates in proportion to the increasing duration of lockdown (30-90 days) and associated increase in HBA1C.

«A pre-planned strategy must be put in place to prevent such a scenario as poorly controlled diabetes is an independent risk factor of mortality from COVID19».

Diabetes & Metabolic Syndrome: Clinical Research & Reviews https://doi.org/10.1016/j.dsx.2020.03.014

COVID-19-related mortality rates are higher in patients with diabetes compared with the general population

A report of 44,672 cases of COVID-19 published by the Chinese Centre for Disease Control and Prevention



Wu Z *et al. J Am Med Assoc* 2020; doi.org/10.1001/jama.2020.2648

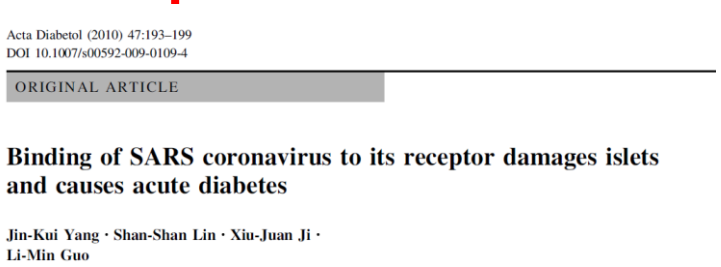
Modello SIMDO di gestione della persona con diabete in tempo di COVID-19

Le criticità

- La paura di uscire di casa, di andare in ambulatorio o in ospedale
- L'isolamento sociale: più stress, meno **attività fisica**, peggiore **dieta**,minore **aderenza terapeutica**
- Meno visite, meno cure, più scompenso e complicanze
- Prevedibile «ondata di ritorno» in ambulatorio diabetologico

Peculiarità della relazione COVID-19 – Diabete

- **Nesso epidemiologico:pandemia cardiometabolica**
- **Nesso patogenetico**
  - Ingresso nella cellula – ACE2, DDP4, TMPRSS2
  - Replicazione virale – Iperglicemia
  - Risposta immune – CD4 – sistema HLA – **adipochine**
  - Implicazioni **cardiologiche**
  - Ruolo delle pre-esistenti **complicanze**
- **Aspetti clinici**
  - Ruolo del Controllo glicometabolico
  - Ruolo dell'Idrossiclorochina
  - Ruolo di DDP4-I e GLP1-RA



Acta Diabetol (2010) 47:193–199
DOI 10.1007/s00592-009-0109-4

ORIGINAL ARTICLE

Binding of SARS coronavirus to its receptor damages islets and causes acute diabetes

Jin-Kui Yang · Shan-Shan Lin · Xiu-Juan Ji · Li-Min Guo

COVID-19 :anche malattia cardiometabolica ?

Modello SIMDO di gestione della persona con diabete in tempo di COVID-19

Le risposte

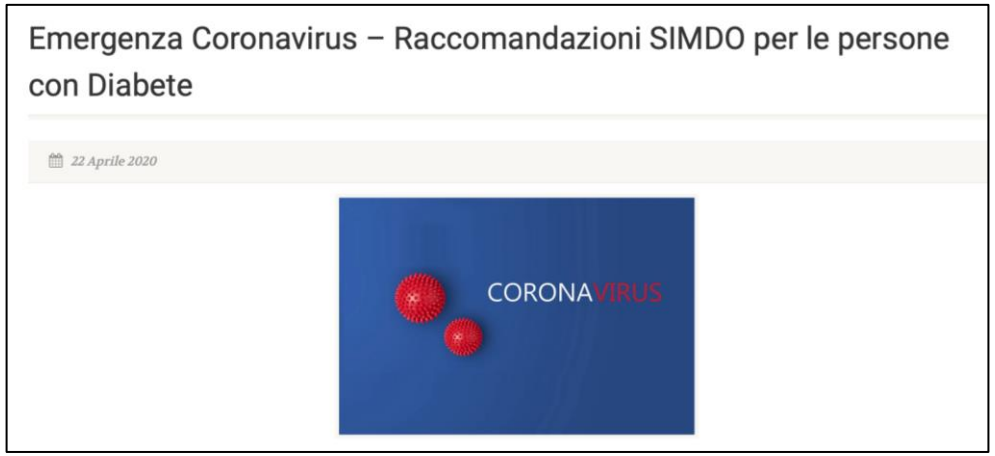
1) Medicina di iniziativa → il diabetologo cerca il paziente

2) Implementare la Telemedicina

3) **4C**: verifichiamo **C**ompenso, attività fisica in **C**asa, **C**ibo, aderenza alla **C**ura

4) Oltre la telemedicina: necessità della visita «tradizionale»

5) Visita «tradizionale»: quanto e come

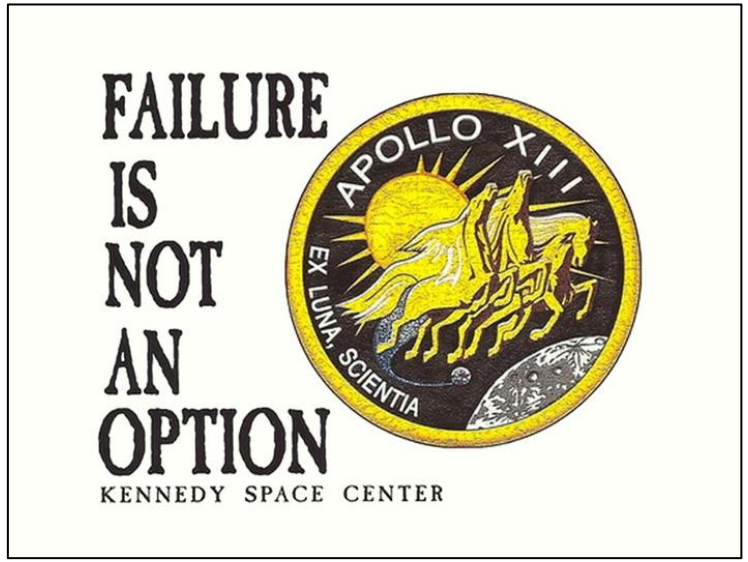


https://www.simdo.it/2020/04/22/emergenza-coronavirus-raccomandazioni-simdo-per-le-persone-con-diabete/

SIMDO

PERCORSO DIAGNOSTICO-TERAPEUTICO DEL PAZIENTE CON COVID-19 CASO CONFERMATO – Vers 200420

Dal PS all'Area Medica COVID-19



Ciclo di lavoro

Visita in PS

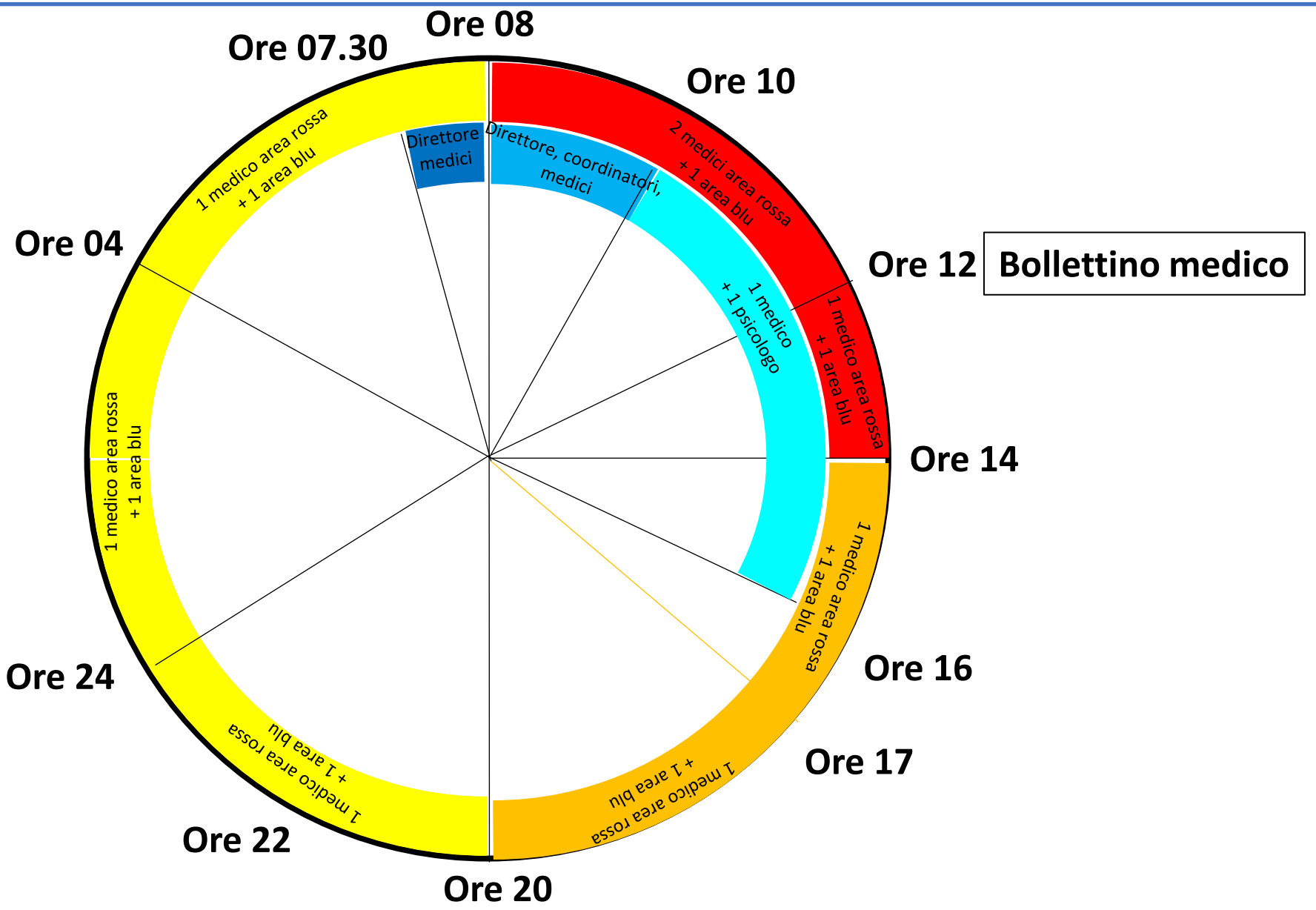
Briefing

Comunicazione ai familiari

Visita

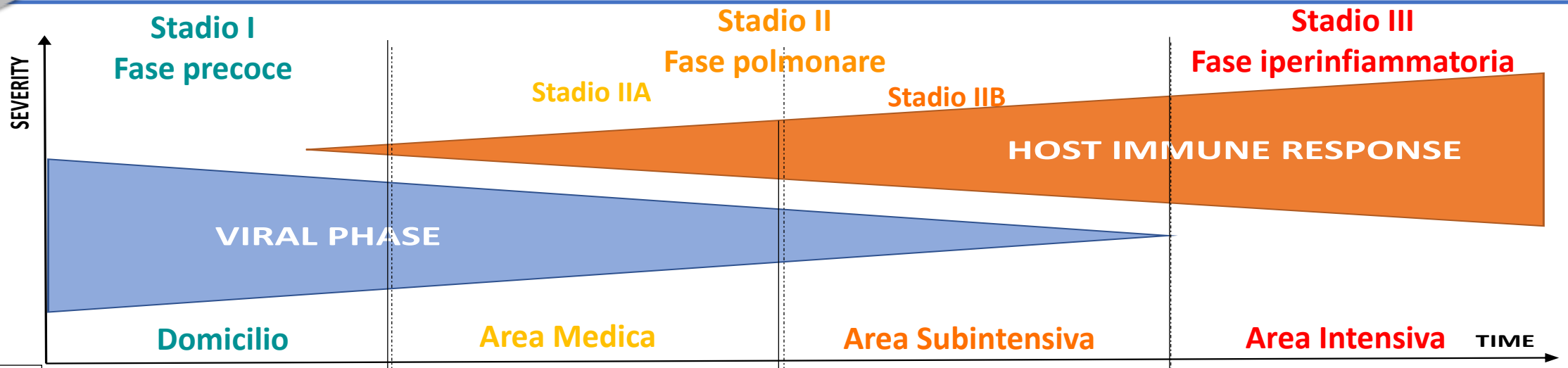
Visita

Visita



Bollettino medico

Terapia della polmonite virale – COVID 19



TERAPIA

Idrossiclorochina
200 mg cpr 2 x 2/die 1° giorno
→ 200 mg 1 x 2/die

Lopinavir/Ritonavir
200/50 mg cpr 2 cpr x 2/die | 200/50 mg cpr 2 cpr x 2/die | 200/50 mg cpr 2 cpr x 2/die

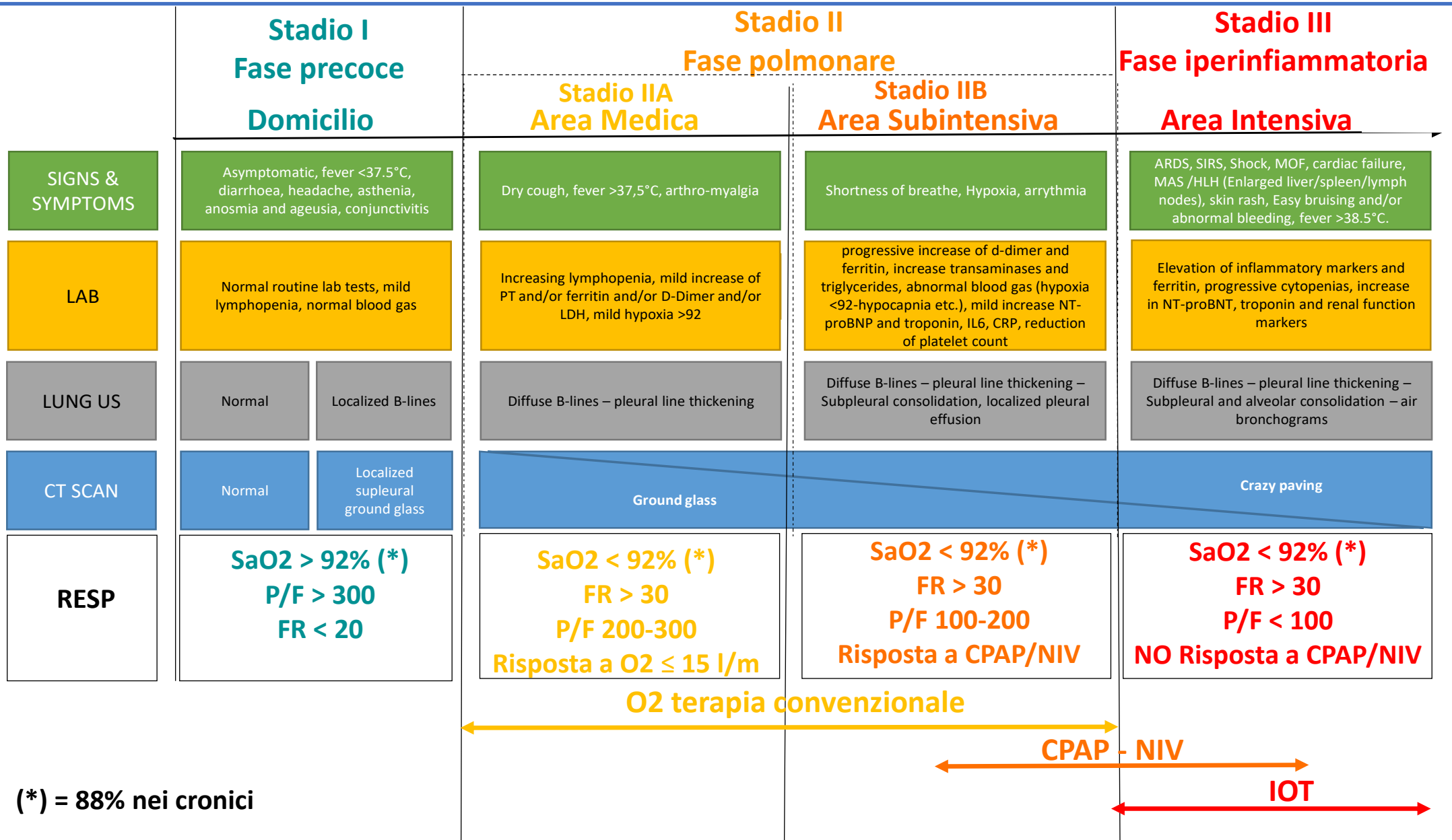
Enoxaparina
50 UI/kg x 2/die | 75-100 UI/kg x 2/die | 75-100 UI/kg x 2/die

Metilprednisolone
8 mg cpr 1 cpr/die | 1-2 mg/kg/die | 1-2 mg/kg/die

Tocilizumab
8 mg/kg IV (max = 800 mg), ev. da ripetere dopo 12 h

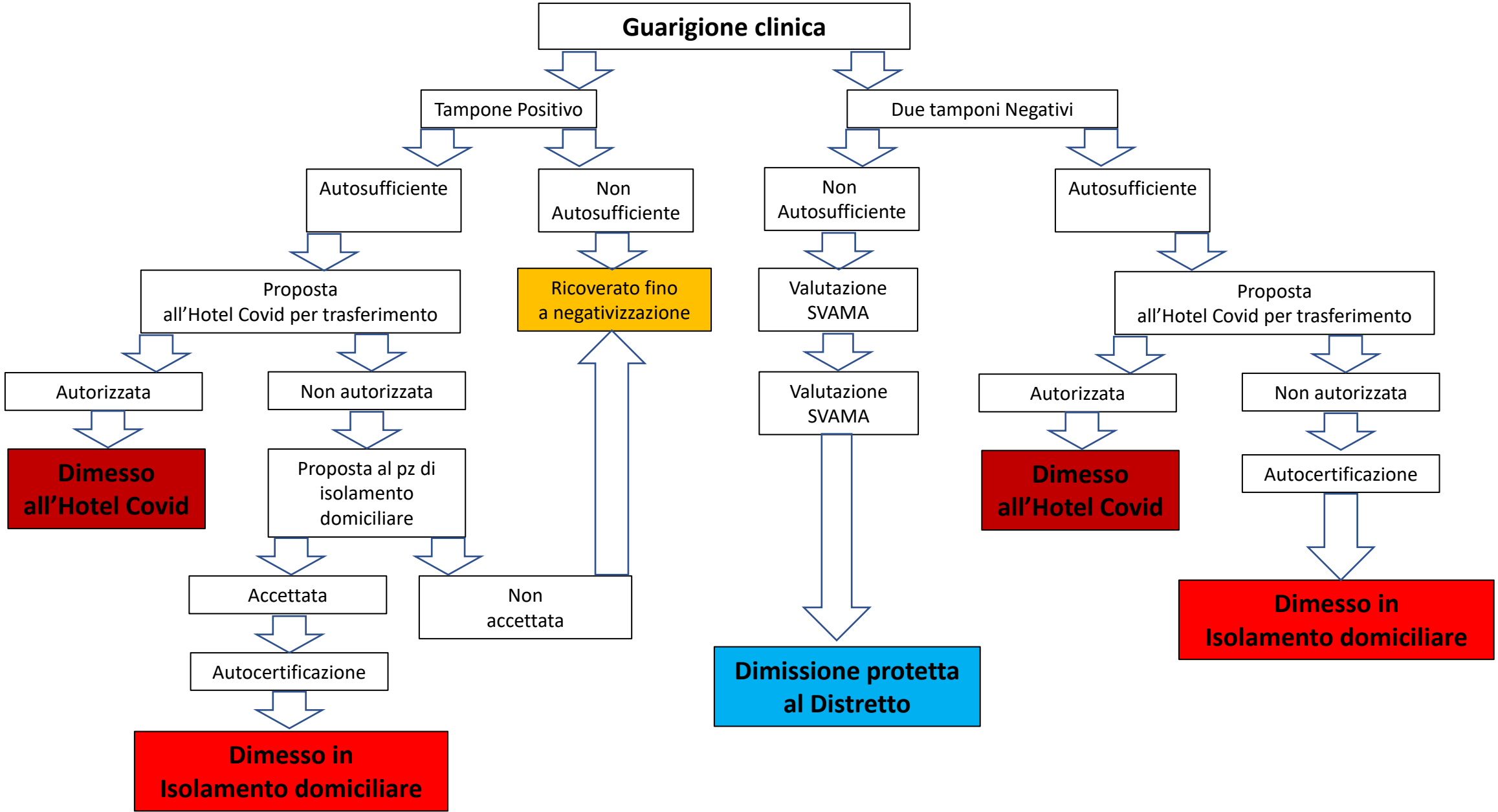
COLCHICINA ?

Stadiazione, allocazione «ideale» ed O2 terapia



(*) = 88% nei cronici

Proposta operativa SIMDO : Percorso di dimissione



E dopo ?

Le criticità sia per la gestione del Diabete che per i soggetti post acuzie

- Quali sequele ?
- Quale modello di follow-up ?
- Quale ruolo del diabetologo nel follow-up post-dimissione ?