

Pandemic impact on routine diabetes care associated with poorer prognosis

Rates of non-COVID-related mortality in England, particularly in people with diabetes, were significantly increased in July to October 2021 compared to the same period in the previous 5 years. A population-based parallel cohort study aimed to quantify this excess mortality in people with diabetes, and used the National Diabetes Audit to explore any association between mortality and delivery of care processes in the preceding two years. An 11% higher non-COVID mortality rate was identified in those with diabetes in this 15-week period in 2021 compared to the all-cause mortality rate in the historical cohort of people with diabetes in England in the same time period in 2019. An association between significantly higher mortality risk in the 2021 group and not receiving all eight care processes in both of the preceding years (2019/20 and 2020/21) was identified compared with the group who had received all care processes, with lesser mortality risk increase associated with not receiving the eight care processes during either of the preceding two years, suggesting a dose–response relationship. This association between not receiving all eight care processes and all-cause mortality was similar in people with diabetes in the pre-COVID 2019 cohort. An association between missed care processes and mortality 4 and 7 years later had previously been identified in people with diabetes. The authors concluded that consistent associations between missed care processes and mortality strongly suggests people with diabetes who do not receive all eight care processes for whatever reason, are at higher risk of poor outcomes. Efforts should be made to preserve routine diabetes care delivery in future.

Previous studies have highlighted the increased risk of mortality from COVID-19 in those with diabetes, and exploration of indirect impacts of the pandemic on care (such as late diagnoses and reduced rates of care delivery) and outcomes are ongoing. Previous studies highlighted an association between delivery of routine diabetes care processes and mortality in people with diabetes in England 4 years (McKay et al, 2021) and 7 years (Holman et al, 2021) later. Between July and October 2021, the Office for Health Improvement and Disparities highlighted significantly increased non-COVID-19-related deaths in England compared with data from a similar period during the previous 5 years, with higher increases in those with diabetes, prompting this study by Valabhji and colleagues (2022).

Study method

A population-based parallel cohort design was used to quantify the excess mortality, and used the National Diabetes Audit (NDA) to explore the association between mortality and delivery of the eight care processes (HbA_{1c}, blood pressure, cholesterol, serum creatinine, urine albumen, foot surveillance, BMI and smoking status) in the preceding two years. The results from this 2021 cohort (3.2 million individuals) were compared with data from a 2019 comparator cohort (just under 3 million). For inclusion in each cohort, people had to have been included in the NDA for the preceding two years. Thus, in the cohort looking at non-COVID-19 related deaths from July 2021 to October 2021, people with diabetes had to have been included in the NDA from



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