Diabetes, Obesity in COVID-19

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Diabetes patients are at increased risk in this pandemic.

A multidisciplinary team is required to treat patients with Covid-19 as well as monitoring as outpatients such as outpatients and the severe patients. Especially the obese patient with metabolic syndrome has a disbalance as he has adiponectin and leptin are elevated. In diabetics, there is a decrease in the number of T cells regulating pro-inflammatory cytokines. Adipose tissue is resistant to T lymphocytes and promotes pro-inflammatory Cytokines.

All of this promotes death of pancreatic cells with decreased insulin release and glucose deregulation. Diabetes patients have an increased risk of infectious diseases. Steroids are diabetogenic and decrease immunity. It is important that the diabetic patient monitor glycemia either with monitoring or with telemedicine. Medicines such as next-generation empagliflozin can increase ketosis and the risk of vaginal infections. Hydration of the diabetic patient is very important.

Medical-based evidence has suggested that the risk of infectious diseases in the diabetic has weak evidence. This association with isolated observations promotes the existing possibility that glycemia could be an important factor in patients with Covid.

Insulin glycemia monitoring is important in patients with type one diabetes as the risk of insulin glycemia is ketoacidosis. Ketosis, basal insulin. The use of sulphonylureas in COVID decreases its potency as well as metformin that of Dpp4 the patient should be well hydrated since suspending hydration decreases effectiveness.

Is ketosis a threat?

Ketosis and ketoacidosis, which are dangerous entities, may occur in type 1 diabetes. Diabetes is always there on the lookout for attack. We have to keep an eye on it. If the patient has precordial pain, the doctor should be consulted for the emergency or performed by telemedicine.

In COVID-19, hypoglycemia may be seen in patients with type one diabetes and with the presence of ketosis, beta cells are attacked by the beta crown in the pancreas through the receptors made producing apoptosis in pancreatic cells.

The patient should follow their medical treatment and vaccination as long as they are not hospitalized. Washing hands make the rules dictated by the global health organization and biosecurity protocols. Complications have been reported in obese patients with CPAP positive ventilation for apnea in patients with Covid-2.

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These patients are at risk and evidence suggests they are at increased risk of infection. Diabetic patients should be vigilant and should avoid contact with Covid 2 virus at all costs. SARS and H1N1 in patients with diabetes were at high risk and in patients. In addition, in critically ill people they had complications and death. The first patient described in Hong Kong was a 39-year-old man and died with Covid and diabetes. Handwashing hygiene should be instilled in masks and avoid exposure to Covid.

Type one and type two diabetes require medical treatment. They require medical treatment, which increases the risk of multi-organ injury with increased mortality in data provided from England, China where mortality is two to three times higher than normal. The incidence in China was 7.3 years of age, and eight at ages 70 to 79. The diabetic patient is like cardiovascular; more studies are required in this pandemic to suggest that drugs continue what if it is protocol is to discontinue oral antidiabetics in the hospitalized patient [1-5].

Bibliography

4. About blood and cellular therapy.
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