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Reduce risk of severe illness in COVID-19 & diabetes with insulin

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People with diabetes should not shy away from Insulin and instead demand to know more about this life-saving drug from their doctors through tele-consultations and online appointments during the ongoing pandemic



With 15.8 lac confirmed cases and exponentially rising, India is facing exceptional struggles in combating with the COVID-19 pandemic.

Throughout this rise, it has been observed that people living with diabetes are disproportionately affected by the infectious disease as they are at a 50% higher risk of meeting a fatal outcome than those without it.

The extreme vulnerability of people living with diabetes during the COVID-19 pandemic calls for the need to maintain good metabolic control at home when health systems across the country are prioritizing treatment for COVID-19 patients and are inundated with challenges of increased social distancing and isolation.

This may ensure prevention of a fatal illness from COVID-19 in people with diabetes. In this complex emergency, there is a strong consensus amongst endocrinologists that Insulin is a safe choice as it is the single most therapy for people with type 1 diabetes mellitus, and a better choice than most other anti-diabetic agents in people with type 2 diabetes mellitus, having poor metabolic control.

Maintaining Good Metabolic Control

For maintaining good metabolic control (blood sugars, blood pressure, and lipids), treatment should be intensified to achieve metabolic targets whereby blood glucose is tested frequently, and ongoing medications are not discontinued. In cases where the blood glucose is high, insulin should be used to hasten and intensify control. Hesitation in the initiation of insulin is not advised at this time as Insulin ensures a safe and speedy rectification of blood sugars even in the unavailability of hospitalization and in-clinic care.

Type 2 diabetes is a progressive disease that typically begins as early as 15 years before diagnosis[i]

Most people living with diabetes, need various blood glucose-lowering medicines over a period of time to enhance their Insulin levels since the pancreatic beta-cell mass and function progressively diminishes over time and leaves patients with marginal capacity for secreting insulin[ii].

While some newly developed anti-diabetes therapies can limit the progression of the disease, insulin therapy becomes a necessity for most patients eventually.

Accessing Insulin in Lockdown

For many people living with diabetes in India, access and affordability of life-saving Insulin are of utmost importance. With more than 77 million people living with diabetes in the country, the Ministry of Home Affairs, Government of India released guidelines in March 2020, stating that all known or diagnosed people with diabetes will receive regular supply of medicines for up to three months through ASHAs (Accredited Social Health Activists) or SHCs (Sub Health Centres) on prescription. This includes access to Insulin.

Under the social obligations of this pandemic, people with diabetes should be mindful that diet and exercise although very useful, they alone cannot always help them in maintaining a good metabolic control. In the current situation, where faster control of glucose levels is desirable, early initiation of Insulin can significantly improve their condition. Moreover, the Insulins used today for treatment are very similar to the Insulin produced by our natural body and can help in restoring the body towards normalcy. Hence, people with diabetes should not shy away from Insulin and instead demand to know more about this life-saving drug from their doctors through tele-consultations and online appointments during the ongoing pandemic.

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[i] Tabák AG, Jokela M, Akbaraly TN, et al. Trajectories of glycaemia, insulin sensitivity, and insulin secretion before diagnosis of type 2 diabetes: an analysis from the Whitehall II study. Lancet 2009;373:2215–21.

[ii] Halban PA, Polonsky KS, Bowden DW, et al. ?-cell failure in type 2 diabetes: postulated mechanisms and prospects for prevention and treatment. Diabetes Care 2014;37:1751–8.