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Hyperglycaemic emergencies during the COVID-19 pandemic in one of the worst affected areas in England

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Diabetes is an established risk factor for poor outcome in COVID-19. Newham was among the worst affected areas during the first UK peak and has an extremely high diabetes prevalence.

We examined admissions for hyperglycaemic emergencies to Newham University Hospital during the initial COVID-19 peak, comparing with 2019 admissions.

39 adults were admitted with hyperglycaemic emergencies DKA (38%), HHS (36%) or mixed DKA/HHS (26%) between 1st March-31st May 2020. Median age 62 years, 22 male, 17 female. 62% were Afro-Caribbean ethnicity, 15% Caucasian and 10% Asian. 72% of patients had known T2DM, 15% known T1DM and 13% were newly diagnosed on admission. 31% required intensive care. 16 patients had confirmed COVID-19.

10 patients died, all had pre-existing T2DM, 7 presented with HHS, 2 DKA and 1 mixed DKA/HHS. Median age was 79.5 years; 6 male, 4 female. 8 Afro-Caribbean, 1 Caucasian and 1 Asian. COVID-19 was confirmed in 8 of those who died.

In comparison, during the same period in 2019, there were 32 admissions (DKA 56%, HHS 38%, mixed DKA/HHS 3% or non-hyperosmolar hyperglycaemic ketosis (3%)). Median age 50 years; 22 male, 10 female. 34% Afro-Caribbean, 25% Caucasian and 22% Asian. 47% had T2DM, 38% T1DM and 15% were newly diagnosed. None required intensive care and there were no deaths.

Hyperglycaemic emergency admissions during COVID-19 were different. Most had T2DM and more presented with mixed DKA/HHS. Mortality in those with COVID-19 was high (50%), especially in Afro-Caribbean patients. Identifying such at-risk groups could have implications for future pandemic peaks.