

COMMENTARY

Diabetes, Homelessness and COVID-19 Lockdowns: A Precarious Mix

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Commentary

COVID-19 lockdowns and restrictions are triggering chronic and considerable suffering for people from all walks of life. However, as Barr [1] quite rightly professed, we might be in the same storm, but we certainly are not all in the same boat. This proverb couldn't be closer to the truth right now, particularly for individuals with illnesses that are being poorly managed or left untreated during the COVID-19 pandemic [2]. People with diabetes are by no means immune to these ramifications and this is a potential public health problem which is of global concern. Homeless populations are another vulnerable group who continue to be negatively affected by COVID-19 lockdowns [3]. This combination of factors has yet to be researched concurrently. When diabetes and homelessness are coupled amidst a global lockdown, it begs the question as to whether there are one too many irons in the fire for any overstretched health system to handle. This commentary aims to provoke

further discussions on this topic.

Managing diabetes is complex in normal times. Indeed, it can be challenging and demanding for people who find it difficult to adhere to recommended management practices [4]. Applying what we already know about effective diabetes management and gaining a more thorough appreciation of how individuals manage their condition under traditional (pre-pandemic) living circumstances can to some extent inform strategies that promote healthy and effective diabetes management during adverse and unprecedented situations. Examples might be offering guidance on self-management strategies such as glucose testing, hydration and regular exercise [5-6]. However, these tried and tested approaches may prove less effective and unrealistic for those who are both homeless and living with diabetes.

Being homeless can create further hurdles to effective diabetes management because of the consequential social determinants of health. Indeed, a recent review of the literature affirmed that these factors include barriers to healthcare; limited social support; unemployment; mental

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illness and wavering access to adequate sources of food and shelter [7]. Furthermore, on a practical level, homeless individuals may have limited access to insulin and injecting equipment. Additionally, homeless people are reported to be one of the hardest to reach vulnerable groups, due to being more transient with no fixed abode [8]. A report that was presented at the Diabetes UK Professional Conference recently [9] confirmed that people with diabetes who are also homeless are at increased risk of adverse health outcomes; and this was the case internationally. Discouragingly, this review also pointed to a dearth of scientific data on this issue [9], thus providing ample scope and opportunity for experts in the field of diabetes management to intervene.

According to a recent report [10], almost a quarter of homeless people worldwide have diabetes and many of those struggles to adequately control their condition and it is contended that, globally, we are underprepared for the impact of lockdowns on the homeless population [10]. Likewise, barriers to healthcare for homeless individuals during COVID-19 is conceived within the academic literature as a public health problem [3]. Such that the multitude of issues surrounding homelessness are likely to become exacerbated and only more grueling to manage during lockdowns. Moreover, homeless individuals are more likely to engage in health-compromising behaviors, such as substance abuse and needle sharing, and are at an overall increased risk of disease than those with stable housing. When these factors are coupled with diabetes, the situation becomes ever more convoluted.

To further elucidate, diabetes is not only a chronic and arduous illness to manage, but individuals with diabetes are also at an increased risk of severe complications associated with

COVID-19 restrictions [11]. This results from restrictions in access to healthcare [12]; changes in diet [13] and reductions in exercise [14]. Diabetes has also been reported to be one of the most significant comorbidities associated with COVID-19 sensitivity and severity [15] and published figures indicate that half of those testing positive for COVID-19 have diabetes [16]. It is therefore imperative that we gain a more comprehensive understanding of the harmful and unfavorable effects that COVID-19 and its associated lockdowns and restrictions have on the management of diabetes among the homeless.

Overall, it has been widely accepted that diabetes can be difficult to manage successfully and research recognizes that diabetes is even harder to manage under lockdown regulations that restrict movement, social connectivity and access to healthcare and services. We also appreciate the added complications faced by homeless people during lockdowns and the further challenges faced by homeless individuals who have diabetes. However, a trawl through current literature failed to detect any presence of research that has investigated these factors in combination.

It is therefore proposed that a large-scale and multi-method approach is necessary to overcome this research shortage. In order to gain a valuable appreciation of the lived experience of homeless individuals who are endeavoring to manage their diabetes under the restrictions of a global pandemic, we need to ask them directly. Thus, obtaining an understanding of the complexities surrounding diabetes management during a pandemic from the homeless persons' perspective would provide key information that could be used to support the development of tailored interventions for this vulnerable group.

It may not appear too radical at this juncture to propose weighing up the risks and benefits of social distancing, as this could bring us a step closer toward tackling the issues. Especially considering that prior studies have established that nurse-led and multidisciplinary-team supported community-based services can be most effective in addressing some of the socioeconomic barriers that vulnerable populations encounter when attempting to access care [17]. Nevertheless, whichever tactic is employed to tackle this problem, what remains paramount is that work is carried out to narrow the existing gap in research. This

will be valuable for informing the delivery of appropriate diabetes care that will be accessible and viable for homeless populations during pandemic-related constraints.

In conclusion, this commentary contests that despite homeless individuals with diabetes being a high-risk and vulnerable group with complex needs, this topic is receiving inadequate attention amidst a visible sea of fast-tracked COVID-19 scientific literature. This apparent lack of evidence-base surrounding a potentially dangerous cocktail of health-risk factors deserves rapid attention.

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