Diabetes in Portugal in the time of the COVID-19 pandemic
Reflecting on the year 2020
In 2020, Portugal was on the same COVID-19 rollercoaster as the rest of Europe. It had been hoped that the pandemic would be under control by the autumn, but then the resurgence of COVID-19 cases hit. By 30 December 2020, 396,666 people in Portugal had tested positive with COVID-19 and 6,677 had died. For the 700,000 people with diabetes and who therefore were at high risk, the stress and anxiety continued.

“Our patients have been very fearful,” says Dr Joao Filipe Raposo, Clinical Director of the Portuguese Diabetes Association (APDP), a non-profit provider. “We have had no respite. It has been a full year of changing and adapting and adapting again. In the first wave, we made great progress. We worked creatively, changing the way we worked to reorganize everything so that we could be sure that all our patients had medication and support online or on the phone. We rang every single patient, the personal touch was really appreciated, and that continues. Then came the summer when we hoped it was going back to normal, infection rates decreased and we could persuade our patients to go outside. But the pressure was still high because we had to catch up on all the treatments and diagnostic checks that we had postponed. Before we knew it, however, the resurgence of COVID-19 cases broke over us and it has become worse than the first. However, despite the stress involved, in some ways this experience has shown us that significant progress can be made very quickly in response to a crisis.”

The APDP plays a central role in diabetes care through its outpatient clinic in Lisbon, to which patients with diabetes in the region are referred by their general practitioner (GP). Outpatient care is much less stressful than being in hospital, especially for children. The clinic normally provides preventive, curative and rehabilitative care, including endocrinology, nephrology, urology, cardiology, podiatry and ophthalmology services, to more than 18,000 beneficiaries from the National Health Service. Before March 2020, most of these services involved face-to-face personal appointments.

As the pandemic spread in spring 2020 and shops and services were closed, the clinic switched to teleconsultation. It happened very quickly. Central government expedited the authorization of changes in clinical practice to allow prescription medications to be distributed directly to patients’ homes and consultations to be conducted online. Every single patient was telephoned by the clinic, arrangements were made for their equipment and medication to be delivered, and patients were made aware of the personal support available online or on the phone. The costs of the new telephone lines and personal protective equipment were met by contributions from the community and companies, whose support was very heartening.

Informational webinars on diabetes with various doctors and support workers, including psychologists, were provided. Ninety-five per cent of consultations were conducted online. This was particularly valuable because in Portugal, GPs across the country are obliged to contact each of their patients with COVID-19 every day. This was a
major extra daily workload, and it meant that for all other patients – including those with diabetes – getting access to their GP was very difficult.

As Dr Raposo observes, “After years of discussion in the health sector overall about working this way, suddenly teleconsultation was seen to be the obvious thing to do. Everything accelerated. It has been a success. We are preparing a document describing its advantages, how to prepare and do it and the different roles of doctors, nurses and psychologists. This will be useful in future for any part of the health sector nationally, and not just in a time of pandemic.” It will include the private sector, which works with the National Health Service. Teleconsultation will continue to be useful for its speed and convenience, particularly for patients with mobility problems, who may struggle to enter buildings with poor physical access.

In some ways, people with diabetes are better prepared for a pandemic than the general population, as they are used to managing their condition every day of their lives. They can now have their equipment at home, but they need to acquire enough knowledge or technical know-how to use it properly and send their results through. Some can get left behind. Regular face-to-face online contact can make a real difference to people who also have mental health problems, especially those now isolated by the virus. The mental health cost of the pandemic is thought to be significant, especially for those with conditions such as diabetes; they may have barely left their houses all year and therefore appreciate the human contact, albeit online, especially if they are then offered counselling.

During summer 2020, COVID-19 numbers were brought under control and the clinic opened up its face-to-face appointments again, with ophthalmic and foot services. The APDP is responsible for the diabetic retinopathy screening of 30,000 people. Some changes were made to the service to ensure it could be maintained. Instead of screening taking place within health facilities, mobile eye-screening services travelled to different primary care centres in the region so that patients could reach them easily. Where there was not room for physically distanced face-to-face consultations, services were based in sports halls or church halls. Only 50% of the normal service could be provided, but it still succeeded in providing screening to a third of the total number of diabetic patients in the region before face-to-face consultations had to contract again in the autumn. It also reached the people that the clinic tries hardest to reach – older people and those in rural and isolated situations.

This has not been the case across the whole country, however, with diabetic retinopathy screening still on hold in most of the other centres in the five regions outside Lisbon. Many regions have not been able to ensure that patients have their essential annual foot examinations. Imaging is not being done in some places – people are still afraid of going near a clinic, or equipment has not been moved to more spacious locations. Diabetes specialists had worked hard over the last 10 years to reduce complications from diabetes, including amputations, but now these appear to be on the rise again.

The crisis has encouraged more creative thinking on how in future safer environments can be created in hospitals to protect patients and visitors. Thought is also going into more fundamental change. “We hope to build back better,” says Dr Raposo. “We must not go back to normal when this is over. COVID-19 is exacerbating inequality. We should be working for the common good, building on what we have learnt about what people need, and including patients in planning. There is also inequity between disciplines, so cancer and cardiovascular disease tend to be in front of chronic diseases such as diabetes in the queue for resources. Some services such as ophthalmology have always been the poor relation in the National Health Service.” APDP highlighted the situation of diabetes patients very early in the national discussion about the impact of COVID-19 on the health service, increasing awareness among professionals as well as the general public.

It has become very clear that staff resources are limited. Even when hospitals are allowed to hire more health-care professionals, there are none to be found, either in the public or private sectors. The winter, with its higher than ever infection rates, has exacerbated the pressures. At one point, regulations were issued that forbade staff in the national health system from leaving their current posts to move to new positions. As in other countries’ health systems, staff who have been working to the utmost extent with COVID-19 patients for months and months are exhausted and tired of constant change. Working overtime with frightened patients can be emotionally draining and is getting tougher. The clinic’s team is finding that people in general – staff and the population – can be easily upset, and there are no easy answers, except in the vital hope that the vaccines will bring.

However, despite the war of attrition against the virus, Dr Raposo sees a new resilience. “What we are seeing is that there is a new determination to assess needs and find a solution quickly, however out of the box it seems, as the situation evolves. This is positive.”