

5-OR: Health Disparities in People with and without Diabetes during the COVID-19 Pandemic

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Abstract

Purpose: To characterize the psychosocial experiences of adults with (PWD) and without diabetes (ND) during the COVID-19 pandemic. US adults (2176) completed a web-based survey in May-June, 2020 and November-December, 2020, including demographics, COVID-19 exposure, diabetes-related distress (DDS-17), depressive symptoms (PHQ-8) and anxiety (GAD-7). At baseline, mean age was 49.6 years (S.D. = 16.9), 80% female, 88.3% White, with an annual household income of \geq \$60,000 (57.6%), type 2 diabetes (T2D; 301,13.9%), 145 prediabetes (145, 6.6%) and type 1 (T1D, 100, 4.6%). One-third (29.7%) reported decreased income due to the pandemic. T2Ds had more medical comorbidities and COVID risk factors than T1Ds and NDs (all $p < 0.01$). Mean PHQ-8 scores were 7.1 (S.D. = 5.8; mild), with the T2Ds ($M = 7.7$; S.D. = 5.9) exceeding NDs ($M = 6.9$; S.D. = 5.7; $p < .001$). Mean DDS-17 and GAD-7 scores were comparable for T1Ds and T2Ds (moderate level; $p = \text{NS}$). At 6 months (6MFU), 1,345 (62.6%) completed follow up surveys. Completers were more likely to be older, male, White, married, with higher education levels, and homeowners, with a greater proportion of medical comorbidities and lower A1cs at baseline than non-completers (all $p < .05$). 6MFU completers had lower baseline depressive symptoms and diabetes distress, lower household COVID-19 rates and less difficulty paying bills than non-completers (all $p < .05$). At 6MFU for all groups, depressive symptoms decreased ($p < .0001$) and financial strain improved ($p < .001$), while COVID exposure increased (personal and household, $p < .001$). Diabetes distress remained at a moderate level for T1Ds and T2Ds. T1Ds and T2Ds showed comparable levels of depressive symptoms to NDs but were more likely to report financial hardship ($p < .05$) and difficulty paying bills than NDs ($p < .001$).

Health outcomes were worse for PWDs compared to NDs during the COVID-19 pandemic despite high SES protective factors. Persistent financial strain and diabetes distress increase the risk for future poor health outcomes.

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