

# Fight against COVID-19 by Diabetes Research and Clinical Practice

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## Perspective

The global COVID-19 pandemic is still going strong. Diabetes has a steep price for those who have it. According to the data, patients with diabetes have a higher frequency of COVID-19 and a worse prognosis. Additionally, preliminary research suggests that COVID-19 might cause diabetes to develop on its own. The scientific community made significant efforts to combat COVID-19 and diabetes. A role was performed by research and clinical practise. Since putting out a request for papers on COVID-19 and diabetes, DRCP has, as of this writing, published no fewer than 153 papers on the subject. Additionally, I think that the DRCP contributed to the creation of new research opportunities [1]. The potential impact of hyperglycemia on a disease's prognosis. The likelihood that COVID-19 in diabetes may have been somewhat comparable to what is known for other acute diseases, as well as the need to feel comforted about using standard drugs if affected by COVID-19, have been anticipated by DRCP and validated by published studies [2]. Furthermore, the idea that glycaemic control can influence how persons with diabetes react to immunisation was advanced in DRCP and recently proven. As DRCP's editor, I'm proud of the part the publication has played in the fight against COVID-19 among diabetics. I must also admit that this strategy has significantly boosted the Journal Impact Factor, which this year climbed as a result of the Journal of journals being placed in a higher ranking [3]. In the "Endocrinology & Metabolism" category. It gives me the chance to express my gratitude to everyone who helped make this project a success, including the Associate Editors, the Elsevier team, and our significant partner, the International Diabetes Federation. The IDF President and two other authors co-wrote one of the articles that has received the most citations. Of course, the significance of the IDF link to DRCP goes much beyond this. In conclusion, DRCP has contributed to setting the standard in the fight against COVID-19 as part of its larger objective to promote the global understanding and management of diabetes. Traditional approaches to managing and caring for diabetic patients in Ghana prioritise a patient's physical demands at the expense of psychosocial issues and cultural beliefs that may have an impact on the illness. The purpose of this study is to examine how cultural practises and beliefs affect the experiences of Ghanaian patients who have just been diagnosed with diabetes and the consequences for medical personnel who treat these patients in Ghanaian healthcare facilities. Method: A convenience sample of newly diagnosed diabetes patients who were contacted through the diabetes clinic was used in an exploratory descriptive to qualitative manner [4]. In-depth, semi-structured one-on-one interviews were used to gather the data. Data gathering and analysis were done concurrently. Content analysis was used to examine the data. Findings: Four key themes—participants' understanding of diabetes mellitus; shared meanings associated with diabetes; accepting a diagnosis of diabetes; seeking treatment and a "cure"—were all detected. Conclusion: Patients, healthcare professionals, nurse educators, and the general public in Ghana are regarded to benefit from a style of treatment that acknowledges and prioritises both the psychosocial and medical elements of a problem. Over the past few decades, diabetes mellitus has become more and more common everywhere. According to statistics from around the world, an estimated of adults have the condition. In addition, it is

anticipated that this number will rise to if governments and other key stakeholders in health do not make meaningful initiatives [5]. Adults in Ghana are more likely to have diabetes mellitus than children, with type 2 diabetes accounting for the majority of occurrences in both rural and urban settings. This exponential increase is alarming since people with diabetes mellitus have a higher risk of mortality and morbidity than people without the disease. Patients with diabetes mellitus and other long-term conditions in Ghana have historically and continue to rely on medical models of care, which frequently overlook psychosocial issues and have an impact on how patients perceive their health. These factors include knowledge, understanding, health practises, and beliefs. Patients must receive efficient, research-based medical care in order to effectively control their diabetes. The stigma associated with having diabetes as a fatal condition and the belief that diabetes mellitus is a supernatural illness, to name a few, are other difficulties that patients with newly diagnosed diabetes face and must be dealt with magically, according to my personal observations as a nurse who has interacted with them. In a study conducted in Ghana, diabetes patients who missed follow-up doctor appointments after receiving a type diabetes diagnosis did so because their condition was viewed less as an acquired illness as such and more as "bonsam yare," which means "devil or witchcraft-oriented disease" and calls for spiritual therapy. According to Assimeng's theory that "healing of spiritual ailments," such a notion is plausible. A healer looks to social and spiritual domains to assess potential ailment causes and treatments. Patients are less likely to receive holistic care if the psycho-social aspects of health and illness are not addressed along with proper and prompt medical care. In Ghana, subsequent research on diabetes and its management has concentrated on incidence and prevalence, treatment options, resource implications, staffing levels, and the financial burden of treatment costs due to the traditional lack of attention paid to the psychosocial determinants of health and illness. Studies like those by De Graft Aikins et al, De Graft Aikins, Anum, Agyemang, Addo, & Ogedegbe, and Owusu-Daaku and Smith, which looked at psychological concerns surrounding chronic diseases, such diabetes in Ghana, failed to take patients' needs into account. The research appears to have a focus on the treatment of people with diabetes mellitus in order to encourage self-management behaviours among patients and support for self-management from healthcare professionals. Diabetes patient education, which empowers the patient to enable the practise of self-care, is one of the major aspects in promoting self-management for patients and self-management

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support by health care professionals Rickheim, Weaver, Flader, & Kendall, 2002; Naik, Teal, Rodriguez, & Haidet, 2011. The idea of self-care in diabetes seems to have an immediate impact on blood sugar, glycated haemoglobin, blood cholesterol, and blood pressure, similar to the results of a diabetes empowerment training programme in which patients who were actively involved in the programme were seen to have healthier metabolic control.

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