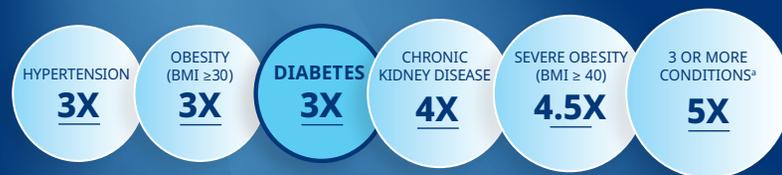


# COVID-19 HAS ILLUMINATED THE CRITICAL IMPORTANCE OF GLYCEMIC CONTROL IN DIABETES

The data below illustrate the findings of 2 separate US studies:

Diabetes was one of the underlying conditions that showed an increase in **HOSPITALIZATION RATE** for COVID-19 patients vs those without the condition<sup>1</sup>



Numbers above are approximate calculations.

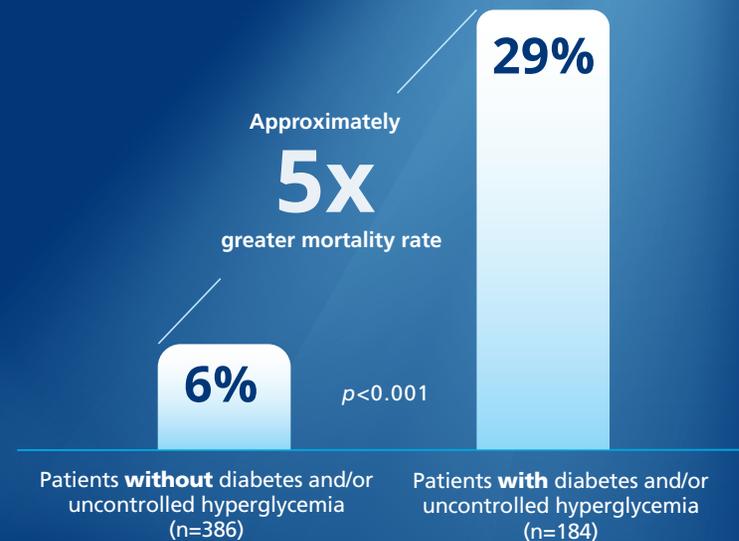
<sup>1</sup>Including asthma, obesity, diabetes, chronic kidney disease, severe obesity, coronary artery disease, history of stroke, and COPD. Hypertension was not included in "3 or more conditions."

Based on a retrospective analysis of data collected from 2 large multistate surveillance systems across 12 states, consisting of 5416 US adults hospitalized with underlying medical conditions and with laboratory-confirmed COVID-19 from March 1 to June 23, 2020.

Increase in hospitalization rate shown above represents adjusted rate ratios (aRR) of hospitalization by age, sex, race/ethnicity, and underlying medical condition.

Of the 5416 adults with COVID-19-associated hospitalization, 55% had obesity, 49% had hypertension, 33% had diabetes, 16% had severe obesity, 13% had asthma, 12% had chronic kidney disease, 9% had a history of coronary artery disease, 6% had COPD, and 4% had a history of stroke.

Diabetes and/or uncontrolled hyperglycemia showed an increase in the **MORTALITY RATE** in US-hospitalized COVID-19 patients vs those without the condition<sup>2</sup>



Diabetes was defined as A1C  $\geq 6.5\%$ . Uncontrolled hyperglycemia was defined as  $\geq 2$  blood glucoses  $>180$  mg/dL within any 24-hour period with an A1C  $<6.5\%$  or no A1C testing during hospitalization.

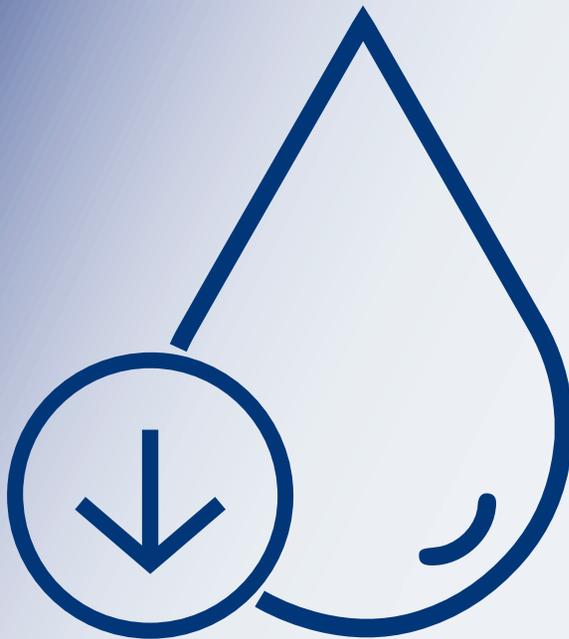
Based on a US retrospective observational study, spanning 10 states and 88 US centers, of 1122 laboratory-confirmed COVID-19-positive adults, that evaluated glycemic and clinical outcomes in patients with and without diabetes and/or acutely uncontrolled hyperglycemia hospitalized from March 1 to April 6, 2020.



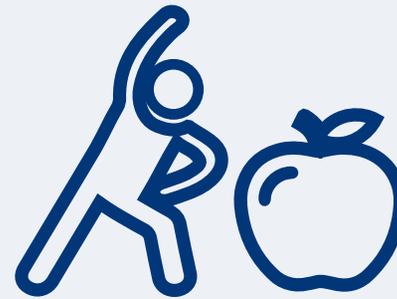
# THE TIME IS NOW TO HELP YOUR PATIENTS WITH TYPE 2 DIABETES ACHIEVE GLYCEMIC CONTROL

This has always been the goal for you and your adult patients with type 2 diabetes—however, COVID-19 has made this goal all the more critical.<sup>1,2</sup>

When coming up with a type 2 diabetes care plan, there is a broad range of factors to take into consideration:



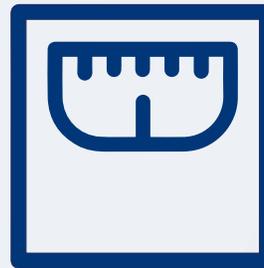
A1C REDUCTION



DIET AND EXERCISE



CARDIOVASCULAR DISEASE



WEIGHT REDUCTION



PATIENT COST

**References:** **1.** Ko JY, Danielson ML, Town M, et al, for the COVID-NET Surveillance Team. Risk factors for COVID-19-associated hospitalization: COVID-19-associated hospitalization surveillance network and behavioral risk factor surveillance system 2020 Sep 18:ciaa1419. doi:10.1093/cid/ciaa1419. [Published online ahead of print.] *Clin Infect Dis*, ciaa1419. doi:10.1093/cid/ciaa1419. **2.** Bode B, Garrett V, Messler J, et al. Glycemic characteristics and clinical outcomes of COVID-19 patients hospitalized in the United States. *J Diabetes Sci Technol*. 2020;14(4):813-821.