

Reviewer #1:

Language Quality: Grade B (Minor language polishing)

Specific Comments to Authors: It is a well written manuscript

Author's response: We appreciate your comments and suggestions and worked on language polishing. After addressing your comments, we believe that our manuscript provides important information and updates to the current information available on the topic.

Language edits: Authors worked on language polishing with help from native English speaker.

Reviewer #2:

Language Quality: Grade B (Minor language polishing)

We appreciate your comments and suggestions and worked on language polishing. After addressing your comments, we believe that our manuscript provides important information and updates to the current information available on the topic.

Specific Comments:**Comment #1:**

At the end of the "Introduction" section, the authors could kindly add data regarding diabetes-related emergencies in COVID-19 patients (see reference: Papadopoulos VP, Koutroulos MV, Zikoudi DG, Bakola SA, Avramidou P, Touzlatzi N, Filippou DK. Diabetes-related acute metabolic emergencies in COVID-19 patients: a systematic review and meta-analysis. Diabetol Int. 2021 Mar 23:1-15. doi: 10.1007/s13340-021

00502-9). Under the same point of view, the authors could consider revising the phrase "An unusually high number of COVID-19 patients developing diabetic ketoacidosis or hyperglycemic hyperosmolar syndrome have been noted (20) and negative outcomes during COVID-19 have been reported in two clinical cases of diabetic ketoacidosis and hyperglycemic hyperosmolar syndrome (21)".

Authors' Response: Thank you for pointing this out and we agree with your advice.

We used the reference you provided and summarized data regarding diabetes- related emergencies in COVID-19 patients. Also, addressed the suggested revision to the phrase.

Comment #2:

Please amend "Although ketosis might have resulted from discontinuation of glucose lowering drugs because of anorexia before hospital admission, a direct effect of COVID-19 should be considered" for "Although ketosis might have resulted from discontinuation of glucose-lowering drugs because of anorexia before hospital admission, a direct effect of COVID-19 should be considered".

Authors' response: Thank you for pointing this out. We have amended the statement as per your comments in the final copy.

Comment #3:

Please explain the acronym "NEFA" (Non-Esterified Fatty Acids).

Authors' response: Thank you for pointing this out. We have amended the acronym as per your comments in the final copy of manuscript.

Comment #4:

Please give a reference for "Enteric and parenteral nutrition frequently used in critically ill patients add rapid or persistent glucose load leading to hyperglycemia".

Authors' response: Thank you for pointing this out and we agree with the advice. We have added references (34-37).

Comment#5:

Please give a reference for "Other therapies administered often in ICU patients such as catecholamines, vasopressors, glucocorticoids and mineralocorticoids contribute to hyperglycemia mainly by augmenting insulin resistance at peripheral tissues.

Immunomodulatory medications were shown to have mixed effects on glycemic control".

Authors' response: We agree with the reviewer's comment and agree with your suggestion. We have added references (38-42).

Comment# 6:

Please further discuss the background antidiabetic treatment in relation with outcome (see reference Israelsen SB, Pottegård A, Sandholdt H, Madsbad S, Thomsen RW, Benfield T. Comparable COVID-19 outcomes with current use of GLP-1 receptor agonists, DPP-4 inhibitors or SGLT-2 inhibitors among patients with diabetes who tested positive for SARS-CoV-2. Diabetes Obes Metab. 2021 Jan

27;10.1111/dom.14329. doi: 10.1111/dom.14329. Epub ahead of print. PMID: 33502076; PMCID: PMC8014019.)

Authors' response: We agree with the reviewer's comment and agree with the suggestion. We used the reference you provided and further discussed the background antidiabetic treatment in relation to diabetic related outcomes in COVID-19 infection.

This background information will help to better understand the management of hyperglycemia in COVID-19 infection. (Reference# 63)

Comment #7:

Please shortly refer to the potential contribution of SGLT2i in the development of euglycemic diabetic ketoacidosis in COVID-19 patients.

Authors' response: Thank you for pointing this out and we agree with the advice. We used the references (55-62) and discussed the background information and potential contribution of SGLT2i in the development of euglycemic diabetic ketoacidosis in COVID-19 patients.

Comment #8:

Please amend "There is enough evidence that optimal COVID-19 infection management with Tocilizumab" for "There is enough evidence that optimal COVID-19 infection management with Tocilizumab".

Authors' response: Thank you for pointing this out. We have amended and refined the language as per your comments in the final copy.

Comment #9:

Please amend "Serum K levels" for "Serum K+ levels".

Authors response: Thank you for pointing this out. We have made correction as per your comments in the final copy.

Comment #10:

Please further discuss the potential benefit from the use of spironolactone especially in COVID-19 patients with diabetes (see reference: Kotfis K, Lechowicz K, Drożdżał S, Niedźwiedzka-Rystwej P, Wojdacz TK, Grywalska E, Biernawska J, Wiśniewska M,

Parczewski M. COVID-19-The Potential Beneficial Therapeutic Effects of Spironolactone during SARS-CoV-2 Infection. Pharmaceuticals (Basel). 2021 Jan 17;14(1):71. doi: 10.3390/ph14010071).

Authors response: We agree with the reviewer's comment and agree with the suggestion. We used the reference you provided and further discussed the potential benefit from the use of spironolactone especially in COVID-19 patients with diabetes. This information will add value to the management of hyperglycemia in COVID-19 infection (Reference #64).

Comment #11:

Please amend "Limited data is available regarding the most appropriate management of hyperglycemia in patients infected by COVID-19" for "Limited data is available regarding the most appropriate management of hyperglycemia in patients infected by COVID-19".

Authors response: Thank you for pointing this out. We have amended and refined the language as per your comments in the final copy.

Comment #12:

Please amend "Consider Moving intravenous drips" for "Consider moving intravenous drips".

Authors response: Thank you for pointing this out. We have made correction as per your comments in the final copy.

Language edits: Authors worked on language polishing with help from native English speaker.