

Round 1

Reviewer #1:

Specific Comments to Authors: Dear Authors this is a crucial point for lifestyle and diabetes complications. Please the authors can describe the review such as a systematic review and not as narrative. Thank you

RESPONSE: Dear reviewer we sincerely acknowledge your suggestion. However, we would like to state that this was an invited manuscript which was pre-approved for us a mini-narrative review, as such, we did not gather data for a systematic review. Also, as reviewer #2 noted and we quote as follows:

“The study presents the impact of religious factors and faith communities in managing diabetes among patients during the COVID-19 pandemic. The mini review is interesting and adds to the knowledge.”

Also, the science editor acknowledged the innovativeness in our paper by stating as follows:

“This review article address an innovative topic.”

Reviewer #2:

Conclusion: Minor revision

Specific Comments to Authors: The study presents the impact of religious factors and faith communities in managing diabetes among patients during the COVID-19 pandemic. The mini review is interesting and adds to the knowledge. I have a few suggestions, figure 01 can be removed as it does not represent any added information, and secondly the authors should define their search strategy in order to make this review comprehensive.

RESPONSE: Dear reviewer we sincerely acknowledge your suggestion. We have now removed figure 1 as requested. Also, we have added a section containing information about the search strategy as follows:

Literature Search Strategy

For the literature search, the authors utilized a variety of databases and sources including Google Scholar, PubMed MEDLINE, Proquest, Scopus, JSTOR and APA PsycNet to retrieve peer-reviewed journal articles, student dissertations, and books on

diabetes management and COVID-19 pandemic. Search terms included COVID-19 and diabetes; COVID-19 and religion; diabetes and religion; and diabetes and faith communities. Qualitative and quantitative papers and materials published in English were searched for, appraised, selected and synthesized by the authors.

Reviewer #3:

Specific Comments to Authors: This topic have been identified and reviewed before. I do not think that this paper adds more to the literature.

RESPONSE: Dear reviewer we sincerely acknowledge your time to review our submitted manuscript. We think there is a misunderstanding here as this paper was never submitted before to have been reviewed by you initially. Regarding the import of our paper, as reviewer #2 noted and we quote as follows:

“The study presents the impact of religious factors and faith communities in managing diabetes among patients during the COVID-19 pandemic. The mini review is interesting and adds to the knowledge.”

Also, the science editor acknowledged the innovativeness in our paper by stating as follows:

“This review article address an innovative topic.”

(1) Science editor:

This review article address an innovative topic. However, methods employed to select the reported references have not been described. Searching criteria should be carefully reported in a methods section, and the paper should be converted in a systematic review. The running title is out of topic and should be reformulated. The introduction section should be significantly shortened and should focus on the specific aim of the paper, rather than on a non-specific description of covid disease. From this point of view, the aims of the review should be better described. Differences in results from subjects with different religions should be discussed. Figure 1 does not add nothing to text, and might be removed.

Language Quality: Grade C (A great deal of language polishing)

Scientific Quality: Grade D (Fair)

RESPONSE: Dear science editor we sincerely acknowledge your suggestion. However, we would like to state that this was an invited manuscript which was pre-approved for us a mini-narrative review, as such, we did not gather data for a systematic review. The methodology we utilized to write this paper is one that we are very much knowledgeable in it. Also, as reviewer #2 rightly noted and we quote as follows:

“The study presents the impact of religious factors and faith communities in managing diabetes among patients during the COVID-19 pandemic. The mini review is interesting and adds to the knowledge.”

We have now removed figure 1 as requested. Also, we have added a section containing information about the search strategy as follows:

Literature Search Strategy

For the literature search, the authors utilized a variety of databases and sources including Google Scholar, PubMed MEDLINE, Proquest, Scopus, JSTOR and APA PsycNet to retrieve peer-reviewed journal articles, student dissertations, and books on diabetes management and COVID-19 pandemic. Search terms included COVID-19 and diabetes; COVID-19 and religion; diabetes and religion; and diabetes and faith communities. Qualitative and quantitative papers and materials published in English were searched for, appraised, selected and synthesized by the authors.

Table 1 and Table 2 points out the role of religious factors and faith communities in managing diabetes among patients from different religion.

The introduction has been shortened and realigned to focus on the main aim of the paper as follows.

Introduction

The prevalence of diabetes is increasing worldwide as one of the leading causes of morbidity and mortality^[1]. Diabetes mellitus is a long-term condition in which blood

sugar levels are out of balance because of insufficient insulin^[2]. Diabetics with type 1 diabetes (T1D) and those with type 2 diabetes (T2D) are the most common, but the condition can appear in many different forms^[3]. Diabetes type 1 occurs when the immune system attacks insulin-producing b-cells in the pancreas; diabetes type 2 results from insulin resistance and b-cell failure^[4]. The worldwide prevalence of diabetes is high, with 9.3% of people having it and 463 million people affected^[2,3]. According to prevalence data, diabetes and obesity accounted for 43.4 percent of all deaths worldwide in 2012, while HIV/AIDS and TB combined accounted for 33.6 percents^[5,6]. These long-term complications include obesity, hypertension, vasculopathy, inflammatory and hypercoagulable states, and cardiovascular disease^[4,7].

Diabetes mellitus (DM) patients in countries hardest hit by the pandemic have been associated with increased morbidity and mortality from COVID-19^{[5][8]}. People with chronic conditions such as high blood pressure, diabetes and heart disease may be at high risk for SARS-CoV-2 infections^[5,9]. Consequently, diabetics have a higher chance of getting COVID-19 and a higher chance of getting sick or dying from it^[10]. SARS-CoV-2 can affect the pancreas and endocrine pancreas in people with diabetes, making glycemic control more difficult^[11]. The prevalence of diabetes in COVID-19 patients varies widely, depending on the local area in which they reside, the age of the population in that area, and the severity of their disease^[5,11]. The prevalence of diabetes was found to be 10.3% among patients with COVID-19, which is similar to the overall prevalence of diabetes in the general population^[11,12]. Conversely, patients with diabetes had a much worse condition and a higher death rate associated with COVID-19

infections^[13]. COVID-19 patients admitted to the intensive care unit (ICU) had a 22% higher risk of death due to diabetes, according to Yang et al^[14]. A study found that the overall mortality rate is 2.3%. Among diabetics, the mortality rate is 7.3% greater than that of the general population^[15,16].

Some consequences of this pandemic include that people with diabetes have a harder time living a normal life in society, are more dependent on medical and nursing care, have fewer opportunities to socialize with friends and family, and have to adjust their lifestyle^[4,17]. Unlike other diseases that only require medication, diabetes has a number of complex physiological, psychological, and social consequences that make it difficult to manage^[17,18]. Managing diabetes is made easier by medication and lifestyle changes, such as reducing calorie intake or exercising more often^[5]. However, psychological and spiritual supports are also crucial to managing diabetes^[19,20]. The physical, mental, and spiritual effects of diabetes (especially physical and mental discomfort) are many (especially since diabetes can cause amputations) ^[17,20].

A growing body of research has been conducted to find new ways to help diabetics, particularly for those who suffer from COVID-19-related complications^[2,21]. Around the world, discussions have taken place regarding the role of religion and spirituality in the care of diabetic patients^[18,22]. Also, since diabetes is a potentially fatal and long-term condition, patients must take an active role in their own treatment^[23]. Considering faith communities' management methods, such as prayer and meditation, is highly recommended^[24,25]. Unfortunately, the lack of information about the potential role of religious factors and faith communities in diabetes management during the

COVID-19 era prevents us from fully understanding the issue of diabetes management during the COVID-19 pandemic period. The article adds to the body of knowledge in this field. In this paper, we examine the role of religious factors and faith communities in assisting diabetics during the COVID-19 era.

(2) Company editor-in-chief:

I recommend the manuscript to be published in the World Journal of Clinical Cases.

RESPONSE: Dear editor-in-chief we sincerely acknowledge your recommendation. Thank you.

Round 2

Reviewer #1:

Dear Authors, it is very crucial issue. The authors describe that diabetics have a higher chance of getting COVID-19 and a higher chance of getting sick or dying from it. To this regard they can add the description reported by Ciarambino et al (J Clin Med. 2021 Aug 23;10(16):3740. doi: 10.3390/jcm10163740) on the mortality in Covid-19 patients with diabetes and hypertension? However the authors describe the role of religious and women gender in the management of diabetes. Please can describe age and educational of women gender in this management? Ciarambino et al for example reported that older women and loss educational level can influence the satisfactory perception (DOI: 10.31491/APT.2021.06.058). Can be need indicate the role of age and educational level on this perception? Thank you

RESPONSE: Thank you the review, please find attached our revised manuscript. We have provide information about the research reports by Ciarambino et al and other related studies in relation to our current study as follows. If clinicians hope to achieve effective outcomes in the management of diabetes, they must consider

factors such as patients' comorbidities, gender, age, and educational level that may affect perceptions of diabetes management on the part of patients and their relatives. As reported by Ciarambino et al.[114] in a retrospective study, there were differences between male and female patients with hypertension and diabetes who contracted SARS-CoV-2. There was a longer hospital stay, an increased number of admissions to the intensive care unit, and an increased death rate for male patients compared to female patients, according to their findings.[114] In a prospective observational study of 148 family members of 151 patients with suspected COVID-19 cases, Ciarambino et al found that older women and low educational levels influence perceived satisfaction with COVID-19 management[115]. Their research indicates that age, gender, and education level matter in the satisfaction of family members of patients with suspected COVID-19 cases[115]. On the other hand, it has been found in another study that men and younger COVID-19 patients felt more apprehensive of probable clinical errors, but that the level of satisfaction with the care they received improved with their educational level as well[116]. Research also indicates that the immune response to COVID-19 differs with gender and age; testosterone, for example, decreases the vaccination response and delays the cytokine response in a male individual[117]. Also, evidence indicates that the immune system's function declines with age, especially in female older patients[117]. Therefore, in order to properly assist diabetic patient with COVID-19 cases, it is necessary to take into account the gender and the age of the patient. The references included are as follows: 114 Ciarambino T, Ciaburri F, Paoli VD, Caruso G, Giordano M, D'Avino M. Arterial Hypertension and Diabetes Mellitus in COVID-19 Patients: What Is Known by Gender Differences? *J Clin Med.* 2021; 10:3740. [PMID: 34442038; DOI: 10.3390/jcm10163740] 115 Ciarambino T, Palmiero L, Bottone R, Schettini F, Adinolfi LE, Giordano M. Older female relatives of Covid-19 patients have an un-satisfactory perception of emergency room performance by clinical staff. *Aging Pathobiology and Therapeutics.* 2021; 3:37-8 [DOI: 10.31491/APT.2021.06.058].

116 Mazor KM, Simon SR, Yood RA, Martinson BC, Gunter MJ, Reed GW, Gurwitz JH. Health plan members' views about disclosure of medical errors. *Ann Intern Med.* 2004;140:409-418 [PMID: 15023706 DOI:10.7326/0003-4819-140-6-200403160-00006]

117 Ciarambino T, Para O, Giordano M. Immune system and COVID-19 by sex differences and age. *Womens Health (Lond).* 2021 Jan-Dec;17:17455065211022262. [PMID: 34096383 DOI: 10.1177/17455065211022262].