



CODEN [USA]: IAJPBB

ISSN : 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**

SJIF Impact Factor: 7.187

<https://doi.org/10.5281/zenodo.7037210>Available online at: <http://www.iajps.com>

Review Article

**REVIEW: IMPACT OF COVID 19 PANDEMIC ON HEALTH
AND CHRONIC PATIENTS CARE**

¹ Dr. Safaa Anwar Felemban, ² Dr. Saad Mansour Alqarni, ³ Dr. Walaa Anwar Felemban,
⁴ Dr. Alaa Kamel Garoot, ⁵ Dr. Raji Ehsan Kensara, ⁶ Dr. Danyah Abdulkarim Karsan,
⁷ Ahmed Muhammad Alyahiawi, ⁸ Meshari Abdo Alasmari,
⁹ Anas Mohammad Sendi, ¹⁰ Mohammed Bakhit Alsaedi

Article Received: July 2021**Accepted:** August 2021**Published:** September 2021**Abstract:**

The Coronavirus disease 2019 (COVID-19) pandemic globally changed the priorities of medical and surgical procedures. It has forced several healthcare institutions to discontinue routine screenings. A thorough literature search was conducted separately for published research between 2019 and 2021.

SARS-CoV-2, the virus that produces COVID-19, has had a devastating effect on patients who have or are at risk of developing chronic disease. COVID-19 has made chronic disease prevention and management more difficult. The concerns and solutions mentioned here are vital in assisting people devoted to chronic illness prevention and intervention in identifying next steps.

Corresponding author:**Dr. Safaa Anwar Felemban,**

QR code



Please cite this article in press Safaa Anwar Felemban et al, Review: Impact Of Covid 19 Pandemic On Health And Chronic Patients Care., Indo Am. J. P. Sci, 2021; 08(9).

INTRODUCTION:

The COVID-19 pandemic has had a severe impact on public health, resulting in excess death rates of 170,000 in Europe and more than 100,000 in the United States [1]. The influence of COVID19 on the health care system has been dramatic, requiring major changes such as deferral of elective procedures and non-urgent medical care, as well as acceptance of telehealth to attain pandemic readiness. Patients had trouble accessing the hospital by ambulances, and those with chronic diseases preferred to postpone their follow up; outpatient hospital activities were limited to urgent cases, and all scheduled activities were disrupted. As a result, telephonic consultations and messenger services were used to avoid losing contact with patients. Despite all of the advantages of telemedicine during the COVID19 pandemic, the telemedical assessment does not appear to be effective. In addition, training programs have been affected by the COVID-19 pandemic to the highest degree [2,3].

Furthermore, the COVID19 pandemic has had a significant impact on training programs [2,3].

People with chronic diseases, on the other hand, are not only directly harmed by the COVID-19 pandemic, but also indirectly. The COVID-19 pandemic wreaks havoc on whole communities, including ordinary health-care institutions. The extraordinary scope of this pandemic posed a substantial challenge to modern medical care, necessitating a collective shift toward acute care for COVID-19 patients with severe presentation in hospitals, as well as community infection control optimization. This all-out attempt to contain the pandemic and reduce morbidity and death has had an impact on both the continuity and quality of care for patients with chronic conditions [4]. The majority of people with non-communicable diseases live in low-middle income countries, where these technologies may not be widely available or practical [5]. The COVID-19 pandemic has had direct and indirect effects on people with chronic disease. In addition to morbidity and mortality, high rates of community spread and various mitigation efforts, including stay-at-home recommendations, have disrupted lives and created social and economic hardships [3,5]. This pandemic has also generated questions about the safety of health-care access (5), as well as the ability to prevent or control chronic disease. Furthermore, persons with various chronic conditions may rely significantly on regular check-ups or hospital appointments to control risk factors, and may be left having to adapt to non-face-to-face interactions or

enduring treatment delays, which may have serious repercussions. Many studies have determined that it is critical for people with chronic conditions to continue receiving therapy despite the pandemic in order to avoid an increase in non-COVID-19-related morbidity and mortality, including increased depression and anxiety [6].

METHODOLOGY:

Narrative review of studies published between 2019 and August 2021 was performed. Keywords were selected for each subsection including (Covid19, Coronavirus, Pandemic, Chronic diseases, health care and public health) and used to search PubMed, Medline, and google scholar as reliable bibliographic databases. Results of each different subsection were then subject to review; using a quality appraisal method and the most related articles were selected.

DISCUSSION:

The COVID-19 pandemic and the The difficulties in guaranteeing effective chronic care have revealed pre-existing shortcomings in primary care practices. To improve general chronic illness treatment and to be resilient to future COVID-19 waves and pandemics, structural changes in primary care organizations are required [7].

The challenges of the pandemic have been categorized into three groups by public healthcare professionals [7].

The first group includes the current impacts of COVID-19 on people who have or are at risk of having chronic conditions, as well as those who are at increased risk of severe COVID-19 sickness. This category includes the need for a balance between safeguarding persons with chronic diseases from COVID-19 and ensuring they can participate in disease prevention, manage their symptoms effectively, and receive needed health care safely [7,8].

We have lost ground in prevention across the chronic disease spectrum and in other areas, including pediatric immunization [13], mental health, and substance abuse [14].

The third category relates to the long-term COVID-19 sequelae, both as a disease entity and from a population perspective. Has COVID-19 created a new group of patients with chronic diseases, neurologic or psychiatric conditions, diabetes, or effects on the heart, lungs, kidneys, or other organs [15]? Has it worsened existing conditions or caused additional chronic disease? And, at the population level, have the

incidence and prevalence of chronic diseases increased because of pandemic-related health behaviors or other challenges, such as decreased food and nutrition security?

Given the distribution of COVID-19 vaccines and the impending conclusion of the pandemic, now is a critical time to investigate COVID-19's impact. To enhance health outcomes and reduce health disparities among those with or at risk of chronic disease, solutions at all levels are required [15].

Despite the fact that Belgium is a high-income country that spends roughly 10% of its budget on health care, earlier research [16,17] demonstrated that patients with chronic diseases are frequently not receiving optimal care - especially prior to COVID-19. These flaws are especially pronounced in the primary care response to COVID-19. All of the practices analyzed

were obliged to adapt to the crisis scenario, although the majority of practitioners did not (re-)organization of chronic care necessary, relevant or possible. Some practices even missed their multidisciplinary colleagues or team members because of emerging financial constraints.

Lockdowns and the fear to refer to healthcare centers prevented the identification of new patients as well as appropriate treatment of prior patients. This reduction in patient referrals overshadowed cardiac surgery training [18]. There will be an increase in elective procedures and delayed elective procedures after the pandemic [19]. Post-Myocardial Infarction complications will increase, which will potentially have a considerable effect on the healthcare economy, especially for developing countries [19,20]. (Figure 1).

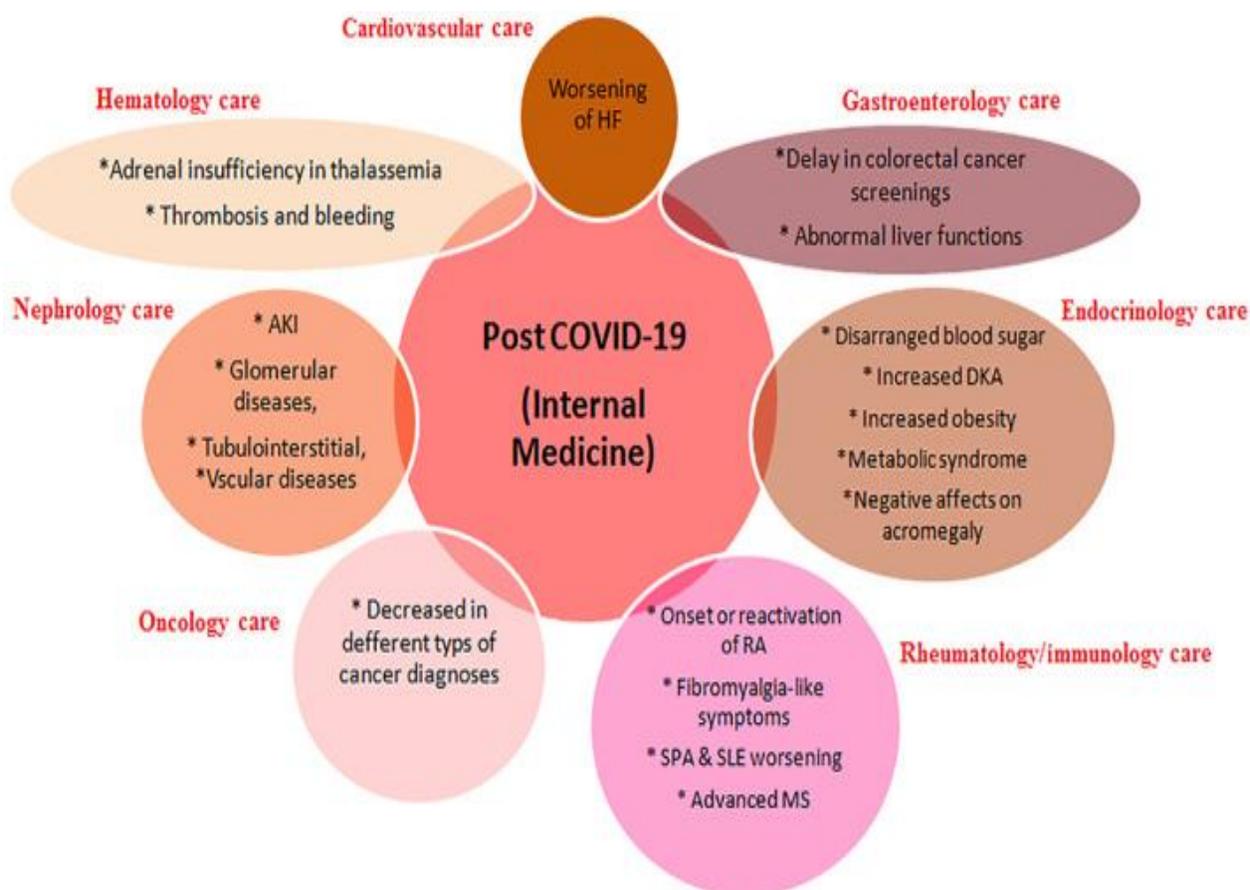


Figure 1: The consequences of COVID-19 on internal medicine care after the pandemic

CONCLUSION:

SARS-CoV-2, the virus that produces COVID-19, has had a devastating effect on patients who have or are at risk of developing chronic disease. COVID-19 has made chronic disease prevention and management more difficult. The concerns and solutions mentioned here are vital in assisting people devoted to chronic illness prevention and intervention in identifying next steps. The COVID-19 pandemic and the associated challenges in ensuring quality chronic care have shed light on pre-existing deficiencies in primary care practices. Structural changes in primary care organization are needed to improve general chronic illness management as well as to be resilient to future COVID-19 waves and pandemics.

REFERENCES:

- Danhieux K, Buffel V, Pairon A, Benkheil A, Remmen R, Wouters E, van Olmen J. The impact of COVID-19 on chronic care according to providers: a qualitative study among primary care practices in Belgium. *BMC Fam Pract.* 2020 Dec 5;21(1):255. doi: 10.1186/s12875-020-01326-3.
- Wang B, Li R, Lu Z, Huang Y. Does comorbidity increase the risk of patients with COVID-19: evidence from meta-analysis. *Aging.* 2020;12(7):6049–6057. doi: 10.18632/aging.103000.
- Shahid Z, Kalayanamitra R, McClafferty B, et al. COVID-19 and older adults: what we know. *J Am Geriatr Soc.* 2020;68(5):926–929. doi: 10.1111/jgs.16472.
- World Health Organization. Information note on COVID-19 and noncommunicable diseases. <https://www.who.int/publications/m/item/covid-19-and-ncds>.
- Webster Paul. Virtual health care in the era of COVID-19. *Lancet.* 2020;395(10231):1180–1181.
- Managing diabetes during the COVID-19 pandemic. 2020. <https://www.cebm.net/covid-19/managing-diabetes-during-the-covid-19-pandemic/>
- Cordes J, Castro MC. Spatial analysis of COVID-19 clusters and contextual factors in New York City. *Spat Spatio-Temporal Epidemiol* 2020;34:100355. 10.1016/j.sste.2020.100355
- Nicola M, Alsafi Z, Sohrabi C, Kerwan A, Al-Jabir A, Iosifidis C, et al. The socio-economic implications of the coronavirus pandemic (COVID-19): a review. *Int J Surg* 2020;78:185–93. 10.1016/j.ijssu.2020.04.018
- Mehrotra A, Chernew M, Linetsky D, Hatch H, Cutler D, Schneider EC, et al. The impact of the COVID-19 pandemic on outpatient care: visits return to prepandemic levels, but not for all providers and patients.2020. <https://www.commonwealthfund.org/publications/2020/oct/impact-covid-19-pandemic-outpatient-care-visits-return-prepandemic-levels>.
- Hartnett KP, Kite-Powell A, DeVies J, Coletta MA, Boehmer TK, Adjemian J, et al. Impact of the COVID-19 pandemic on emergency department visits — United States, January 1, 2019–May 30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69(23):699–704. 10.15585/mmwr.mm6923e1
- London JW, Fazio-Eynullayeva E, Palchuk MB, Sankey P, McNair C. Effects of the COVID-19 pandemic on cancer-related patient encounters. *JCO Clin Cancer Inform.* 2020;4(4):657–65. 10.1200/CCI.20.00068
- Bakouny Z, Paciotti M, Schmidt AL, Lipsitz SR, Choueiri TK, Trinh QD. Cancer screening tests and cancer diagnoses during the COVID-19 pandemic. *JAMA Oncol* 2021;7(3):458–60. 10.1001/jamaoncol.2020.7600
- Sharpless NE. COVID-19 and cancer. *Science* 2020;368(6497):1290. 10.1126/science.
- Santoli JM, Lindley MC, DeSilva MB, Kharbanda EO, Daley MF, Galloway L, et al. Effects of the COVID-19 pandemic on routine pediatric vaccine ordering and administration — United States, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69(19):591–3. 10.15585/mmwr.mm6919e2
- Sunaert P, Bastiaens H, Feyen L, et al. Implementation of a program for type 2 diabetes based on the chronic care model in a hospital-centered health care system: “the Belgian experience” *BMC Health Serv Res.* 2009;9:152. doi: 10.1186/1472-6963-9-152.
- Van Durme T, Macq J, Anthierens S, et al. Stakeholders’ perception on the organization of chronic care: a SWOT analysis to draft avenues for health care reforms. *BMC Health Serv*

- Res.* 2014;**14**(1):179. doi: 10.1186/1472-6963-14-179.
17. Paulus D, Van den Heede K, Gerkens S, Desomer A, Mertens R. Development of a national position paper for chronic care: example of Belgium. *Health Policy.* 2013;**111**(2):105–109. doi: 10.1016/j.healthpol.2013.04.010.
 18. Shafi AM, Atieh AE, Harky A, et al. Impact of COVID-19 on cardiac surgical training: our experience in the United Kingdom. *J Card Surg.* 2020;**35**:1954-1957.
 19. Bandyopadhyay D, Akhtar T, Hajra A, et al. COVID-19 pandemic: cardiovascular complications and future implications. *Am J Cardiovasc Drugs.* 2020;**20**:1-14.
 20. Singh AK, Misra A. Impact of COVID-19 and comorbidities on health and economics: focus on developing countries and India. *Diabetes Metab Syndr Clin Res Rev.* 2020;**14**:1625-1630.