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Impact of COVID-19 on routine care for chronic diseases: A global survey of views from healthcare professionals

Yogini V. Chudasama a,*, Clare L. Gillies a, Francesco Zaccardi a, Briana Coles a, Melanie J. Davies b, Samuel Seidu a, Kamlesh Khuntia a

a Leicester Real World Evidence Unit, Diabetes Research Centre, Leicester General Hospital, University of Leicester, Leicester, United Kingdom

b NIHR Leicester Biomedical Research Centre, Leicester Diabetes Centre, Leicester, United Kingdom

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Abstract

Routine care for chronic disease is an ongoing major challenge. We aimed to evaluate the global impact of COVID-19 on routine care for chronic diseases. An online survey was posted 31 March to 23 April 2020 targeted at healthcare professionals. 202 from 47 countries responded. Most reported change in routine care to virtual communication. Diabetes, chronic obstructive pulmonary disease, and hypertension were the most impacted conditions due to reduction in access to care. 80% reported the mental health of their patients worsened during COVID-19. It is important routine care continues in spite of the pandemic, to avoid a rise in non-COVID-19-related morbidity and mortality.

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Table 1
Responses from healthcare professionals who completed the online survey between March 31 and April 23, 2020.

| Survey questions                                                                 | No. (%) |
|----------------------------------------------------------------------------------|---------|
| Healthcare profession (n = 202)                                                  |         |
| Primary care physician                                                           | 75 (37.1) |
| Hospital physician                                                               | 40 (19.8) |
| Nurse                                                                            | 46 (22.8) |
| Other                                                                            | 41 (20.3) |
| How are you continuing to provide routine chronic disease management care for your patients? (n = 202) |         |
| Face-to-face                                                                     | 29 (14.4) |
| Telephone                                                                        | 90 (44.6) |
| Both (face-to-face and telephone)                                                | 70 (34.7) |
| Other                                                                            | 13 (6.4) |
| How has the management of chronic disease care for your patients been since the outbreak of COVID-19? (n = 202) |         |
| Very poor                                                                        | 9 (4.5) |
| Poor                                                                             | 39 (19.3) |
| Fair                                                                             | 96 (47.5) |
| Good                                                                             | 52 (25.7) |
| Excellent                                                                        | 6 (3.0) |
| What effect do you think changes in healthcare services has had on your patients with chronic disease since the outbreak of COVID-19? (n = 200) |         |
| No effect                                                                        | 5 (2.5) |
| Mild effect                                                                      | 61 (30.5) |
| Moderate effect                                                                  | 92 (46.0) |
| Severe effect                                                                    | 42 (21.0) |
| How frequently have your patients been impacted by medication shortages since the start of COVID-19? (n = 201) |         |
| Never                                                                            | 32 (15.9) |
| Rarely                                                                           | 37 (18.4) |
| Sometimes                                                                        | 96 (47.8) |
| Often                                                                            | 35 (17.4) |
| Always                                                                           | 1 (0.5) |
| Has the mental health of your patients worsened since the outbreak of COVID-19? (n = 200) |         |
| Yes (most patients)                                                              | 41 (20.5) |
| Yes (some patients)                                                              | 118 (59.0) |
| No, it has stayed the same                                                       | 36 (18.0) |
| No, it has improved                                                              | 5 (2.5) |

**Fig. 1.** Chronic disease and comorbidities most impacted by COVID-19 due to the reduction in care, based on responses by healthcare professionals who completed the online survey between March 31 and April 23, 2020.
these technologies may not be widely available or practical [1]. Moreover, those with multiple chronic conditions may rely heavily on regular check-ups or hospital appointments to manage risk factors, are left trying to adapt to non-face-to-face interactions, or experiencing delay in treatment which may potentially have severe consequences.

Limitations of this survey include that it was only disseminated in English, as part of our networks we may have preferentially approached those working in diabetes. Also, difficulty in obtaining responses from HCPs when workloads may have already increased considerably. There will be heterogeneity between countries in that some countries are currently not as affected by the virus compared to others, and regulations of lockdown and social distancing differ by country, thus further research is required.

To avoid a rise in non-COVID-19-related morbidity and mortality, including increased depression and anxiety, it is important that patients with chronic diseases continue to receive care in spite of the pandemic [2]. Our study found that this is currently being done through face-to-face consultation in clinics (away from COVID-19 patients) or through virtual communication.

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**Ethical approval and informed consent**

All participants gave informed consent at the start of the survey and no confidential data was collected, as all responses remained completely anonymous. This study has been approved by the University of Leicester College of Life Sciences Committee for Research Ethics Concerning Human Subjects (Non-NHS).

**Declaration of competing interest**

The authors have no conflict of interest to declare.

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