COVID-19

Gone, but not Forgotten

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Abstract
The direct impact of coronavirus disease 2019 (COVID-19) has resulted in a shift from inpatient to offsite care, as bed utilisation is appropriated to COVID-19 patients or potential COVID-19 patients. The mean number of hospitalisations for acute coronary syndrome was significantly reduced in northern Italy when compared to the same time period in 2019 and prior to the national lockdown.¹ Data from the Veterans Affairs Corporate Data Warehouse showed that, from 29 January–10 March 2020 to 11 March–21 April 2020, there was an overall 41.9% reduction in hospitalisations, with admissions decreasing by 51.9% for strokes, 40.3% for MI and 49.1% for heart failure. There was no decline during the same period in 2019.²

At the University of Mississippi, a comparison of heart failure hospitalisations during the comparable timeframe in 2019 showed a 50% decline (average cases 30 per week) after the first case of COVID-19 was diagnosed (mean heart failure hospitalisations declined to 15 per week). After a state of emergency was declared in Mississippi, there was a further decrease. Hospitalisations continued to decline even further, once the shelter-in-place order was mandated.³

There was a median reduction in the cardiac surgery case volume of 50–75% in 60 centres included in the international Randomized comparison of the Outcome of single versus Multiple Arterial grafts (ROMA) trial.⁴

In addition, there has been a decline in patients presenting by emergency medical services or to the emergency department with ST-elevation MI. Patients and family members are less apt to call the 911 emergency number, perhaps due to fear of contracting coronavirus.⁵ As a result, numerous organisations have initiated public awareness campaigns highlighting the safety of their facilities and reminding patients to seek help when they have symptoms of a heart attack or stroke.

It is interesting to postulate that a decline in heart failure hospitalisations may be related to improvements in access to care related to telehealth, patients’ newly developed appreciation for salt and fluid restriction, changes in access to food sources, discontinuation of smoking, initiation of exercise regimens or adherence to medication.

The impact of COVID-19 has no less an effect on outpatient visits. There was a 60% reduction in ambulatory patient visits to physicians by early April 2020. Although there has been some rebound recently, outpatient visits remain approximately one-third lower than prior to the pandemic. As onsite clinic visits declined, telehealth visits increased.⁶

Unfortunately, many patients are unable to utilise video visits, due to lack of familiarity with technology, inadequate internet service or lack of access due to financial constraints. Many patients have expressed concern over co-payments related to video visits. The lack of these options may further enhance disparities in care.

Many patients admit they are not exercising and cannot provide weights or blood pressures or recite their medication information. At times, they are out driving during video visits. They do not respond to calls in a timely manner, delaying visits with onsite and other offsite patients. One patient said via video visit that she was delighted she had lost 4.5 kg (10 lb), as she was running after her grandchildren. When she arrived at the clinic 2 weeks later, she had actually gained 4.5 kg. Another patient

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Cardiogenic shock is a medical condition where the heart is unable to pump enough blood to meet the body's needs. It is a serious and potentially life-threatening condition that can occur in people with heart disease. When a patient presents with cardiogenic shock, it is crucial to act quickly to stabilize the patient and prevent further deterioration. This may involve administering medications, using mechanical support devices, or even performing cardiac surgery. The management of cardiogenic shock requires a multidisciplinary approach, involving cardiothoracic surgeons, intensivists, and cardiac anesthesiologists. Early intervention is critical to improve outcomes and reduce mortality. In the context of the COVID-19 pandemic, cardiogenic shock patients are at increased risk due to the potential for COVID-19 to affect the heart. Healthcare providers must collaborate closely with local authorities and other healthcare providers to ensure that patients receive prompt and appropriate care. With the right approach, patients with cardiogenic shock can recover successfully, even in the midst of a pandemic.