



Editorial Article

Impact of Covid 19 on Cardiology Practice

Dr. Sunil Reddy D *

***Corresponding Author: Dr. Sunil Reddy D**, Editor in Chief, Journal of MAR Cardiology, Head, Department of Cardiology, Russh Super specialty Hospital, Hyderabad, Telangana, India.

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COVID-19, the ongoing viral pandemic, has irrefutably unleashed an unprecedented turmoil in the medical world. What began as seemingly isolated cases confined to a province in China, exponentially multiplied and geographically expanded affecting millions of patients worldwide. Despite the tremendous improvements made in the medical field so far, including improvement in the overall economy and technology, the dismal trend that this pandemic has shown in the present day is quite similar to what the world had witnessed in the past during the Spanish flu pandemic. Sudden surge in the COVID-19 patients worldwide has crippled the health sector with bottlenecking of the healthcare care infrastructure. Majority of healthcare systems started adopting unprecedented measures to minimize disease transmission and combating the increase of COVID-19 patients.

COVID-19 infection has significantly affected the management of cardiovascular disease (CVD) with impact on all spectrums of CVD like acute coronary syndrome (ACS), stable ischemic heart disease (SIHD), stroke, valvular heart disease, electrical disorders etc. COVID-19 infection has played its part in making the time-tested practice of clinical cardiology redundant. With the methodology of clinical examination on a decline in these COVID times and progressively increased emphasis and reliance on investigations may lead to errors in judgement of diagnosis and treatment of CVD.

The current pandemic has succeeded in initiating a debate on the resurgence of thrombolysis in the management of acute coronary syndromes (ACS). Amidst this pandemic, the utilization rates of various cardiac procedures like coronary angiography (CAG), PCI or CABG has shown a decremental trend globally. It is indeed difficult time for a specialty habituated with interventional procedures, to be practically grounded. A UK based study showed a 21% reduction in the number of PCI procedures for STEMI patients vis-a-vis 37% decrease in PCI procedures for NSTEMI patients. [1] There was not only decline in number of acute cardiovascular hospitalizations but patients who were admitted had shorter lengths of stay. [1]



In addition to the increasing morbidity and mortality of patients with the existing cardiac issues, COVID-19 has overnight authored new protocols and doctored novel algorithms to manage clinical entities that the health care professionals (HCP) were hitherto unquestionably confident. It is probably the first time that a predominant droplet-borne non cardiac viral infection has compelled the cardiovascular community to design strategies to treat heart diseases, to instruct cardiologists on exercising self-care as much as patient care, and to conduct urgent randomized trials to assess cardiac safety on drugs to treat the corona virus. Mortality among HCP is another important area of concern. Elder age, comorbidities, lack of preparedness against COVID-19, lack of adequate and good quality PPEs in every setup, exposure to higher viral loads could be some of the possible reasons behind the same. [2]

Medical care avoidance behaviour among patients is being significantly noted in this pandemic. [3] Increased utilization of telemedicine facilities during the pandemic also contributed to decrease hospital visit. Emphasis on COVID-19 testing to all new patients and delay in emergency evaluation even with life threatening emergency significantly impacts the time scale of management of these condition and patient outcomes. [4] Increase incidence of SCD has been reported both in community and hospital settings⁵. Delay in presentation to the hospital after an ACS and deferrals across all tiers of medical facilities may be contributing for increase in the incidence of out of hospital cardiac arrest. [5]

In conclusion, COVID-19 pandemic with its widespread impact across the world has affected the entire health care system. Cardiovascular care and patient outcomes are seriously jeopardized. The burden on the medical fraternity in terms of patient load, risk of infection and mortality has been an area of concern. Concerted effort among the government, different agencies and the medical fraternity is the need of the hour to successfully control and combat the menace of this pandemic. Special efforts by the all the stake holders are required to improve cardiovascular care and patient outcomes during these challenging days

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