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Scientific letters

Twitter and the pursuit of global health-care during COVID-19 pandemic

Twitter y la búsqueda de una atención sanitaria global durante la pandemia COVID-19

To the Editor,

The coronavirus-2 disease 2019 (COVID-19) presents a particularly high infection rate and, by 1st May 2020, a total of 3,269,667 cases were confirmed worldwide.[1,2] Social distancing measurements approved by national governments have been demonstrated as the most efficient way for controlling the spread of the disease, though severe socio-economic impact is derived from the limitation of non-essential activities. Medical attention at all levels is not an exception with a variable interpretation of what "essential health-care" is in each geopolitical context. For the first time in our era, we health-care professionals are facing the feeling of having abandoned some of our duties to focus in only one. At the same time, we are all aware of the great anxiety that the population is suffering while we are unable to comfort them, which is one of our main missions. Not only that, but from our particular perspective as cardiologists, there are also all the potential cardiovascular effects of the pandemic that we are not preventing.[3] Such frustration has forced both, physicians and patients, to seek for alternative ways to communicate. Telephonic attention to our patients was slowly settled, but this tool has not been widely available. As a consequence, there was a movement in the social network Twitter where physicians offered their free advice to whoever needed it. I joined that initiative in March 15th 2020 (XXXX1[1]). Not being one of the most popular physicians (or even cardiologists) in this network – with only little above 1200 followers – I was surprised on how quickly the tweet spread. One month and a half after its publication, more than 22,600 people watched it and a total of 1077 people worldwide directly requested my help. The aim of this manuscript is to report the results and analyze the potential impact of this approach in the health-care system logistics from now on.

Users that requested attention were mainly from Spain (556, 51.6%) and Latin America or other regions (521, 48.4%), though this was not always identifiable. As seen in Fig. 1, the main symptom was variable but chest pain and palpitations accounted for 72% of the global number of messages. The larger proportion of the cases (86.3%) could be solved via Twitter through a short anamnesis given the lack of risk criteria according to the Guidelines.[3] In these cases, recommendation to attend their primary care professional once social distancing measurements were relaxed was

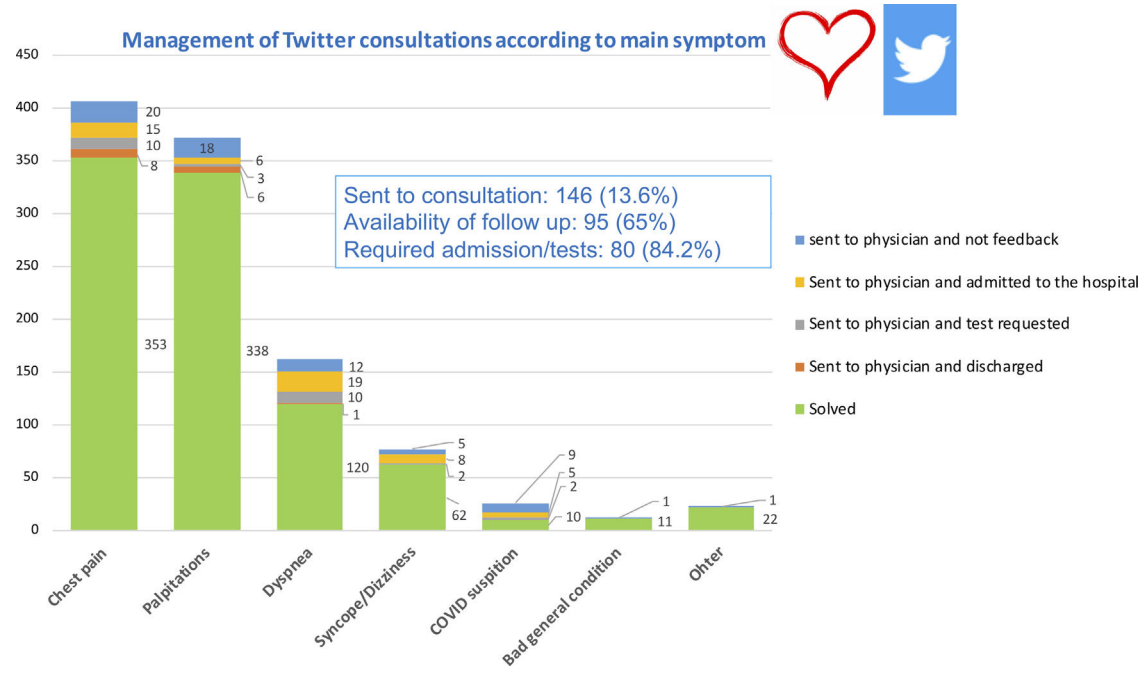

Fig. 1. Distribution of consultations attended through Twitter from March 15th to May 1st 2020.

[1] Omitted information (https://twitter.com/ignamatsant/status/1239117293843623940?s=21).

given. In this group, none of the patients with an available follow up required emergent attention. An immediate visit to an emergency department or a primary care physician was recommended in a total of 145 cases (13.5%). In 65% of these cases follow up was obtained with 84.2% of the patients requiring further tests or admitted to the hospital and only 9.6% discharged after this initial medical contact.

Our main conclusion from this experience is that the initiative was useful for the society. We do not ignore its limitations, including the unknown rate of misdiagnosis due to lack of appropriate evaluation, and the lack of a legal framework to protect both professionals and patients. These crucial elements were disregarded only due to the global health-care crisis but this provided an unprecedented opportunity to perform a preliminary evaluation of the ability of digital platforms for providing health assessment globally. National health-care systems have demonstrated to be limited to confront global health crisis in the 21st century. It is well-known that health-care access is unequal worldwide; however, the ability to provide a basic *triage* is easier and cheaper than ever. Just imagine how we could have anticipated the course of events if people in Wuhan had massively requested attention through such kind of platform. Perhaps we can get something good out of the pandemic and the sentence "creating opportunities in times of crisis" is more than a catch phrase.

Financial disclosures

None to declare.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at http://dx.doi.org/10.1016/j.medcli.2020.06.004.

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Aumento de la gravedad de las hemopatías malignas agudas diagnosticadas durante la pandemia COVID-19

Increase in the severity of acute malignant hemopathies during the COVID-19 pandemia

Sr. Editor:

En diciembre de 2019 se detectó la aparición de la enfermedad por coronavirus (COVID-19) en Wuhan, China, y desde entonces se ha registrado una extensa diseminación, que ha convertido esta infección en una pandemia. El sistema sanitario ha movilizado gran cantidad de recursos asistenciales para controlar dicha pandemia, lo que ha tenido un gran impacto en la atención hospitalaria de los enfermos, especialmente durante los meses de marzo y abril de 2020[1]. Una de las consecuencias observadas, una vez superada la fase aguda de la pandemia, es el gran impacto que ha tenido en la atención de los pacientes con enfermedades distintas de la infección COVID-19, entre ellas el cáncer. Aparte del retraso en los programas de cribado poblacional, en los circuitos de diagnóstico rápido y en las intervenciones quirúrgicas diagnósticas y terapéuticas, se ha observado una demora en la consulta médica en pacientes que finalmente se diagnostican de cáncer[2,3]. Ello se ha debido tanto al colapso del sistema sanitario como al hecho de que los pacientes han desistido o han demorado su consulta a la atención primaria o a la hospitalaria hasta que sus manifestaciones clínicas han sido intolerables. En el caso de las hemopatías malignas, su curso frecuentemente agudo ha motivado que los enfermos se diagnostiquen en fases más avanzadas, con las implicaciones pronósticas que ello comporta. Este hecho, ampliamente comentado por los profesionales, ha sido escasamente analizado. El objetivo de este estudio fue analizar las características de los pacientes con hemopatías malignas agudas de nuevo diagnóstico atendidos en un servicio de Hematología de un hospital terciario de una área con alta incidencia de infección por COVID-19[3].

En los meses de marzo y abril de 2020 se diagnosticaron 17 pacientes con hemopatías malignas agudas (10 leucemias agudas y 7 linfomas), cuyas principales características pronósticas figuran en la tabla 1. Cuatro enfermos con leucemias agudas presentaban factores de mal pronóstico (hiperleucocitosis, coagulación intravascular diseminada, hemorragia cerebral) y en 5 casos los pacientes sufrían infecciones graves en el momento del diagnóstico. Seis de los 7 pacientes con linfoma también presentaban características pronósticas desfavorables, como masas voluminosas, marcada elevación de la LDH sérica, así como compresión medular en 2 enfermos.

El colapso del sistema sanitario en áreas de gran incidencia de infección COVID-19, como es el área de Barcelona, ha llevado a la focalización mayoritaria del sistema hospitalario en la atención de los pacientes con la citada infección que presentaban manifestaciones clínicas de diversa gravedad y que requerían ingreso hospitalario o soporte en unidades de medicina intensiva. Ello ha tenido un gran impacto en áreas asistenciales de enfermedades de alto impacto sanitario como las enfermedades cardiovasculares y el cáncer. Este hecho, junto a la reticencia de los pacientes a acudir a centros hospitalarios prácticamente saturados de enfermos con infección COVID-19, ha determinado que con frecuencia dichas enfermedades se diagnostiquen en fases más avanzadas, con las consecuencias pronósticas que ello comporta. En el caso de las hemopatías malignas agudas analizadas en el presente estudio cabe destacar que la mayoría comparten características propias de un retraso en el diagnóstico, como son la hiperleucocitosis en las leucemias agudas y las masas tumorales voluminosas en los linfomas. Más preocupante aún ha sido la atención de pacientes con compresión medular establecida, cuyas posibilidades de recuperación funcional son muy escasas.