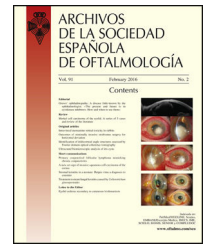




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Letter to the Editor

Has there been a more rational use of the ophthalmic emergency services in the face of the COVID-19 pandemic?☆



¿Se ha hecho un uso más racional de los servicios de urgencias oftalmológicas ante la pandemia por COVID-19?

Dear Sir,

In the March 2019 issue of our journal, Dr. Domínguez-Serrano et al.¹ published an epidemiological study on ophthalmological emergency and expressed some doubts about the adequate utilization of resources. At present we are in the midst of a social alarm state decreed by the government due to the COVID-19 pandemic, during which only genuine emergencies should visit these services. We have analyzed all ophthalmological consultations seen since March 15 to April 25, 2020 and compared these with consultations between March 12 and April 22, 2017. These dates were selected to compare data per day of week because in our previous study² we realized it was a significant factor.

We conduct our professional activity in a third level hospital that provides attention round-the-clock and 365 days a year for a population of approximately 1,630,615 inhabitants. In addition, it is the only provincial hospital that receives pediatric ophthalmological emergencies.

The first thing to say is that said analysis evidenced a reduction in the number of patients. During the confinement period, 341 ophthalmological emergencies were seen with a daily average of 8 patients, in contrast with 1900 patients seen during the same period of 2017 with a daily average of 45 patients. This is a reduction of 82%.

As mentioned, in our previous study² we observed that the day of the week became a factor that had a significant influence in the number of visited patients, Monday being the busiest day with almost twice the amount of patients than the rest of the week. However, in the period analyzed since March 2020, patients visited ophthalmological emergencies

any day of the week. The morning shift (from 8 am to 3 pm) has remained as the busiest day, providing care to 60% of patients.

On the other hand, if we analyze the most frequent reasons for consultations, differences have been observed between this year and 2017. During the pandemic, ocular discomfort continues to be the most frequent reason for visits. However, if we analyze the percentage of all visits, a significant reduction can be seen (65% against 81% in 2017). In contrast, visits due to visual alterations have increased (26% against 17% in 2017) together with ocular traumatism (7% against 3% in 2017) of all reasons for visits (Fig. 1).

Considering discharge diagnoses, significant differences can be found (Fig. 1), notably a reduction in visits due to conjunctivitis, from 309 in 2017 to 35 in 2020, in addition to hyposphagma (from 104 to 9), ocular sties (from 52 to 7) and blepharitis from 62 to 10. However, the number of patients visiting due to acute glaucoma, ocular burst, retinal tear, caustication and acute diplopia, all of which can be considered to be urgent, remained unchanged. We have also observed less visits for each disorder that can be regarded as urgent such as uveitis and retina detachments, which diminished from 41 to 13 diagnostics and from 13 to 6, respectively. This raises the question whether some patients have refrained from visiting the emergency department despite having an urgent disorder for fear of hospitals in view of the current situation.

Taking the above data into account, we can conclude that a more rational use has been made of emergency services during confinement, which evidences that the population is aware of the conditions under which it should visit an ophthalmological emergency department because the majority of patients with urgent conditions continue to visit in

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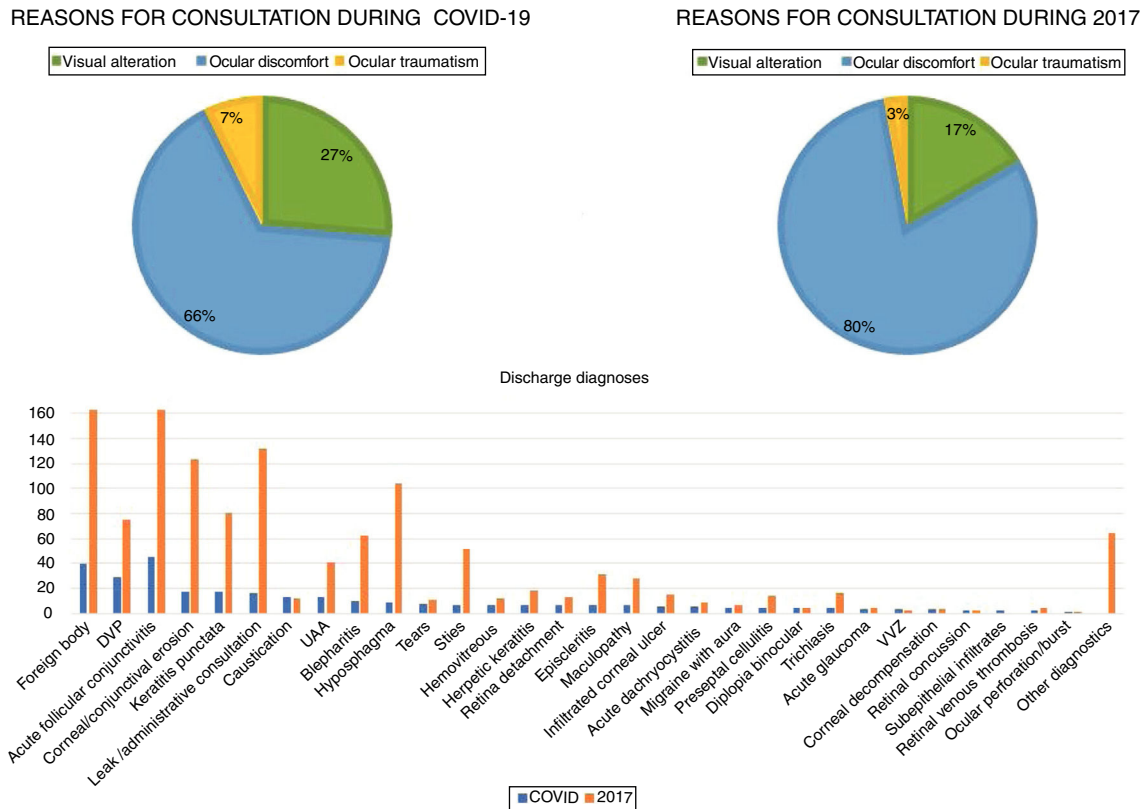


Fig. 1 – increase in diagnostics during the confinement period compared to 2017.

similar numbers to those of 2017. On the other hand, in the next few months we should study whether the diagnostic of other conditions regarded as equally urgent has been delayed for patients who have decided not to attend the emergency department due to the social alarm.

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