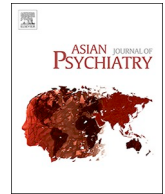




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Letter to the Editor

Patients with chronic illness urgently need integrated physical and psychological care during the COVID-19 outbreak


Letters to the Editor,

With the global outbreak of the 2019 coronavirus disease (COVID-19) (Wang et al., 2020), different quarantine policies have been implemented in different countries in order to control the epidemic in time. In this circumstance, patients with chronic diseases, such as cardiovascular diseases, active cancer, diabetes, stroke, dementia, schizophrenia, major depressive disorder, and so on, would suffer from emotional disturbance, anxiety, anger, confusion, and stigma as summarized by Brooks et al. (2020) because of sudden separation from loved ones, shortage of living supplies, the loss of freedom, and uncertainty over disease status. In addition, some patients have been confronted with difficulties in routine medical treatments due to delayed transportation and shortages of medicines and human resources in hospitals (Pellino and Spinelli, 2020). What's more, in this epidemic the mortality rate in elderly patients with chronic diseases is the highest. The data from China and Italy showed that the presence of these comorbidities might have increased the risk of mortality independent of COVID-19 infection (Graziano et al., 2020). So some old patients with chronic diseases dare not go to hospital. All these situations increase the possibility of relapse or even death.

Though it is known that socioeconomic disadvantage is a risk factor for many diseases, and that policy and health-care practice addressing psychological health issues in social context and early in the life course could be effective strategies (Kivimäki et al., 2020), however, even in daily clinical work, many psychological problems encountered by patients with chronic diseases will be neglected, not to mention in the current stressful epidemic.

The abilities of medical care in the epicenter would be greatly decreased because most medical staffs are busy for combating the epidemic as it happened at Hubei province in China from Jan to March in 2020. That is why by February 28, 330 medical teams with more than 40 thousand medical staff had been sent to Hubei Province to support the local health service, of whom 400~500 are psychiatrists. During two month from around January 22, a few of patients with chronic diseases can only consult doctors through the online platform, mainly about their physical status. Even obtained the suggestions from doctors, there would be other problem exist that shortage of medications because of stopped transportation, which resulted in the treatment discontinuation.

Besides the physical care, psychological care for these patients with chronic diseases still needs to provide timely. Even though there are lots of online psychological self-help services, however, it can only be a general consultation, and it is difficult for these patients to get diagnosis and treatment from mental health perspective. What is more, many questions remain unanswered with regards to online mental health services in low and middle-income countries (Yao et al., 2020).

While the epidemic continues to ravage most of countries, becoming

a worldwide public health emergency, and social isolation will be required for the whole society, the patients with chronic severe diseases would suffer from more and more difficulties. Now the outbreak is under control for China since the middle of March, many patients flood into hospitals seeking for help, however, because some medical staffs from other provinces are still in Hubei or in the quarantine last for 14 days, in addition to the shortage of medical supplies, so medical physicians can only take care of some patients physically. In this context, psychiatrists can play pivotal role in supporting the well-being of those affected and their families, the at-risk healthcare staff as well as the public (Banerjee, 2020), including the patients with chronic severe diseases. Therefore it is necessary and urgent to address the comprehensive physical and psychological intervention for the vulnerable population during the epidemic.

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Declaration of Competing Interest

The authors declare no competing interests.

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