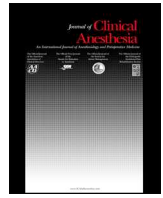




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Correspondence

Chronic pain management in COVID-19 era



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To the Editor,

The 2019 coronavirus disease (COVID-19) is a global health threat [1], and is by far the largest outbreak of atypical pneumonia as within weeks of the initial outbreak in China the total number of cases and deaths exceeded those of any previous similar diseases [1,2].

At the present time COVID-19 is quickly expanding all around the Europe and the world [3].

The governments are ramping up social distancing and isolation measures for general population, with even tighter restrictive measures for people affected by COVID-19.

Data recorded just two weeks into the China outbreak of COVID-19 reported that 53.8% of respondents rated the psychological impact of outbreak as moderate or severe; 16.5% of respondents reported moderate to severe depressive symptoms; 28.8% of respondents reported moderate to severe anxiety symptoms, and 8.1% reported moderate to severe stress levels [2].

Chronic pain patients are at higher risk for depression, social isolation itself is a risk factor for the development of depressive symptoms [4,5].

It is obvious that the relationship between chronic pain, COVID-19 related mental disorders, and the affected of social isolation could be dramatic for these patients, with a further impairment of their clinical conditions, and quality of life in general.

The greatest part of daily chronic pain services (CPS) activity is considered as non-urgent, thus as hospital resources, including physicians and nurses usually employed in CPS are used to face COVID-19 emergency, the activities of CPS will become interrupted or reduced.

Even in this scenario we must remember that CPS are an important social support for the patient that can be helpful, so given the limitation caused by COVID-19 we think that it is important to keep CPS clinical activity for some selected urgent cases. In order to serve as point of reference for the patients we also encourage to expand the applications of telehealth and telemedicine to follow chronic pain patients at home.

We can consider this emergency period as an opportunity to improve the organization of CPS and to learn new skills that will make our care better for the patients, more convenient, and more affordable also when this period will in the distant past.

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