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Letter to the Editor

Tips from the battlefront: Psychological support of patients with a chronic illness during the COVID-19 lockdown in four steps

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The coronavirus disease 2019 (COVID-19) epidemic outbreak quickly became an international public-health emergency. COVID-19 poses a challenge to the general population in terms of psychological resilience.[1] Yet, chronically ill patients may perceive they are at a higher risk of infection and in greater need of health care.

In Italy, the lockdown measures started in some quarantined 'red zones' in Northern Italy on 23 February 2020 and were extended to the whole country on 8 March 2020. Within a few weeks, the government forced the closure of schools, administrative offices and commercial activities with the exception of a few public services that are essential for the community, including supermarkets and pharmacies. Also, public and private health care could only treat emergencies.

The experience of Chinese doctors showed that in the general population, the perception of the spread of the disease had a significant impact on psychological balance.[2,3] From the very beginning, physicians noticed that chronic patients' first request was to have alternative support in the quarantine period. The neologism 'coronaphobia'[3] describes the complicated feelings of danger and the desire to keep a safe social distance.

Currently, there is no vaccine against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Physicians, governments and the media have strongly underlined that currently there is no vaccine against SARS-CoV-2. As a result, vulnerable groups in society – the elderly and chronically ill who are at higher risk of infection – have had to face the impact of a potentially non-preventable mysterious disease with high mortality rates.

Subgroups of inflammatory bowel disease (IBD) patients are at increased risk of infection due to their therapy, steroids, immunosuppressants and biologic agents.[4,5] Pneumococcal and injectable influenza are the two essential vaccines recommended in all immunocompromised IBD patients.[6] Patients with IBD are often anxious regarding their health and live with considerable uncertainty due to their recurrent and variable symptoms.[7]

The present communication aims to share our experience of the psychological support provided to IBD patients during the COVID-19 pandemic. We hope that our experience might be useful for all health-care providers during the lockdown and in the immediate future.

We contacted 450 patients with IBD attending the IBD Clinic of the University of Salerno, Italy, by phone, instructing them to avoid regular visits. We offered them either a dedicated phone number to call or the option to communicate via WhatsApp messages. The staff at the IBD Centre also provided a video call option.

Besides adjustments to therapies, prescriptions and laboratory testing checks, we also provided a video call with a psychologist (M.S.) upon request. Many patients reported their worries about the continuation of immunosuppressant or biological therapy. A few patients revealed they had voluntarily stopped taking their medication (steroids, azathioprine). There was a feeling of fear surrounding COVID-19. The main concerns that emerged during the video calls were: fear of death, fear of being more prone to getting COVID-19

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than the general population, fear of being alone because of the social distancing imposed by the quarantine, fear of unavailability of drugs and fear that doctors and caregivers would not be able to take care of them.

On the first day, the psychologist and the patients spontaneously led the video calls. The duration of the video calls ranged from 25 to 65 minutes. In two days, the team video called, at no charge, 53/53 patients. Two-thirds of the requests for the video call came from patients with active disease, mostly ulcerative colitis. After the video-call marathon, we set up a protocol to provide prompt yet convenient answers to questions raised by the patients in order to try to contain their anxiety. The psychologists tracked the following four steps for the video-call consultations performed by physicians and nurses:

1. Ask 'What can we do to help you feel better?'
2. Say 'We are here to support you'.
3. Say 'It is right to be worried; everybody is worried'.
4. Say (and do) 'I will call you again in a few days. Take care of yourself. Stay safe, at home if you can'.

In summary, patients with chronic illness in the days of the COVID-19 pandemic must cope with their existing illness and another deadly, invisible enemy: the mysterious SARS-CoV-2 virus. New technologies may help in supporting patients who are in need of psychological support. The analysis of the video counselling with the IBD patients during the first days of the national lockdown to combat the epidemic showed a generalised high rise in anxiety and an increased number of panic attacks. We have reported here our experience with IBD patients. However, all chronically ill patients are likely to need support under the present circumstances. A few actions may control and help patients with their fears. We advise the health-care providers to prepare to provide prompt psychological support in addition to medical assistance, at a distance, for those in need.

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