

Are your **MRI contrast agents** cost-effective?

Learn more about generic **Gadolinium-Based Contrast Agents**.



**FRESENIUS
KABI**

caring for life

AJNR

Stroke Health Care Use and COVID-19

I. Derraz

AJNR Am J Neuroradiol published online 7 May 2020
<http://www.ajnr.org/content/early/2020/05/07/ajnr.A6563>

This information is current as
of April 20, 2024.

Stroke Health Care Use and COVID-19



The patterns of health care use change in emerging infectious disease outbreaks. During an outbreak, resources are scarce and the focus is appropriately on the urgent needs of reducing the spread of disease and providing supportive care to victims.¹

Similarly, the coronavirus disease 2019 (COVID-19) pandemic has placed an enormous strain on the health care systems of the nations where it has spread widely. Hence, care streams have been rapidly reprogrammed when trying to contain the COVID-19 and to rationalize the use of resources.

A serious increase in patients with COVID-19 should be anticipated. At the same time, provisions for general health services for acute and severe chronic illnesses must be maintained.

Several countries implemented stringent infection-control measures starting in early March 2020, including, but not limited to, social distancing measures, use of telemedicine, emergency infection protocols instituted in hospitals to contain COVID-19, suspension of all nonessential visits, and adjustment of clinical inpatient and outpatient services.

Although these protocols are essential for containing COVID-19 infections, these may impact health care systems in unexpected ways. Therefore, the response to COVID-19 and the large number of infected people requiring care can compromise rapid triage and may impact optimal treatment delivery to patients with acute cerebrovascular conditions. Delays in seeking care, transferring patients, and evaluating patients after hospital arrival could have a detrimental impact on outcomes if health care systems are not prepared. For instance, preliminary available data showed that the number of thrombectomies in Shanghai decreased by 50% in the first month after the Spring Festival compared with the same period in 2019.²

Adverse health outcomes resulting from accessibility barriers posed by the fear of COVID-19 should not be overlooked. Thus,

it is necessary to encourage patients to continue seeking emergency care if experiencing acute stroke symptoms. Furthermore, all stroke teams should endeavor to adhere to all published guidelines regarding patient selection for therapies, treatment times, and posttreatment monitoring, and all staff engaged in acute stroke care should receive training for COVID-19 infection control to strictly prevent cross-infection.³

Finally, information on the most up-to-date evidence surrounding COVID-19 management should be widely disseminated. In our current digital world, on-line platforms are perhaps the most accessible source of health-related information for the public.⁴ Hence, government agencies and national and international health agencies should consider increasing their on-line presence and consider on-line platforms and social media as a popular source for dissemination of reliable information to get to an optimal adherence to preventative measures population-wide and improve the education of the public.

REFERENCES

1. Chang HJ, Huang N, Lee CH, et al. **The impact of the SARS epidemic on the utilization of medical services: SARS and the fear of SARS.** *Am J Public Health* 2004;94:562–64 CrossRef Medline
2. Jing Z, Anthony R, Renyu L. **Challenges and potential solutions of stroke care during the coronavirus disease 2019 (COVID-19) outbreak.** *Stroke* 2020 Mar 31. [Epub ahead of print] CrossRef Medline
3. **Temporary emergency guidance to US stroke centers during the COVID-19 pandemic.** *Stroke* 2020 Apr 1. [Epub ahead of print] CrossRef Medline
4. Hernández-García I, Giménez-Júlvez T. **Assessment of health information about the prevention of COVID-19 on the Internet.** *JMIR Public Health Surveill* 2020;6:e18717 CrossRef Medline

I. Derraz

Department of Diagnostic and Interventional Neuroradiology
Gui de Chauliac Hospital, Montpellier University Medical Center
Montpellier, France

Indicates open access to non-subscribers at www.ajnr.org

<http://dx.doi.org/10.3174/ajnr.A6563>