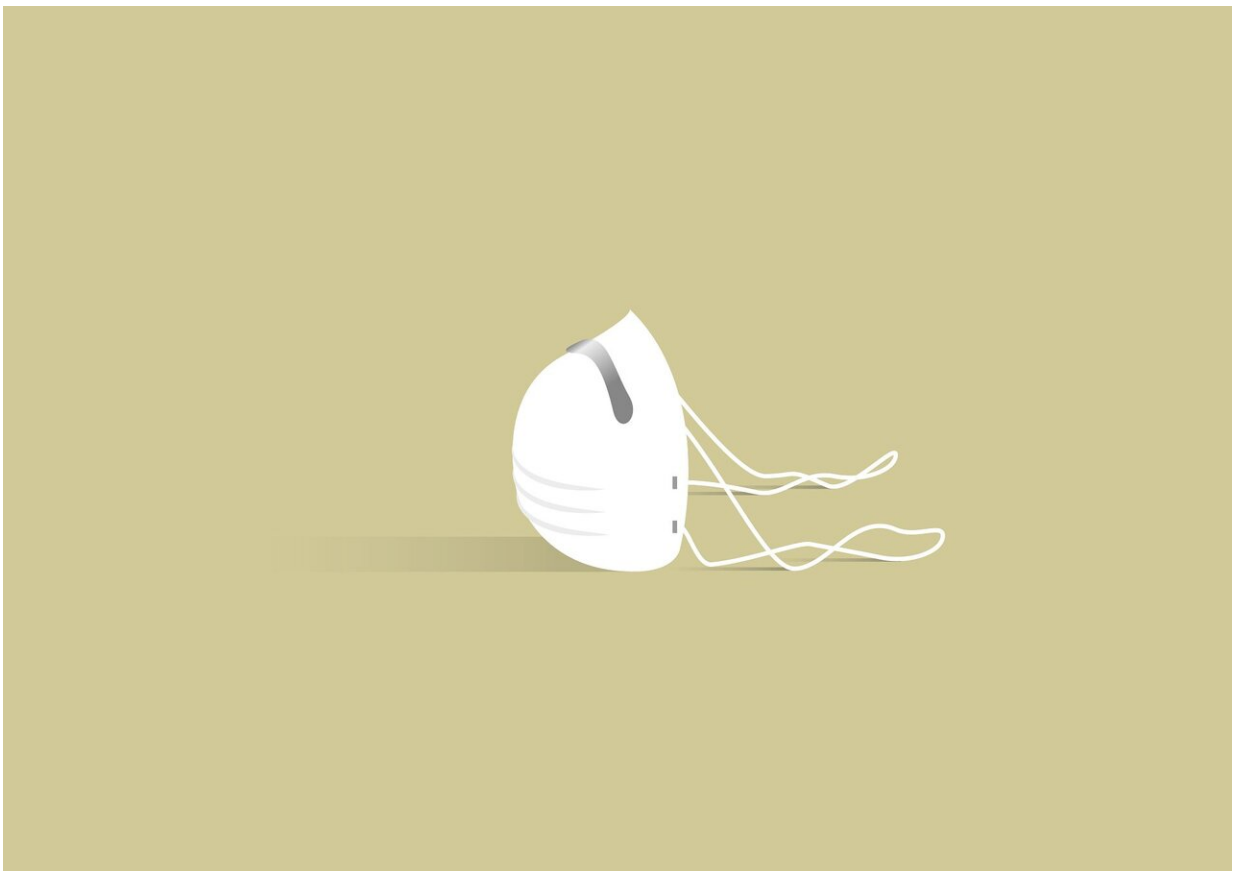


# What you need to know about managing chronic medical conditions during the COVID-19 pandemic

April 29 2020, by Gillian Rutherford

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As many as 40% of Canadians suffer from underlying medical

conditions that put them at increased risk of severe COVID-19 disease, and those over 60 face a double whammy, according to a University of Alberta infectious disease specialist.

"The challenge is teasing out exactly how much these underlying conditions contribute and how much of it is also age-related," said Stephanie Smith, an associate professor and the director of infection prevention and control for the University of Alberta Hospital and Mazankowski Heart Institute.

Smith said the increased risk of death by decade is striking in data from Italy, one of the hardest hit regions in Europe.

"For those over 60, the risk of death is 3.6%," Smith said. "Over 70, it's 8% and over 80, it's 14.8%."

Smith worries that fear of the virus holds people back from seeking needed [medical care](#) for non-COVID conditions, leading to delayed diagnoses and treatment, and a backlog of patients needing attention once the pandemic ends.

"I do worry that people can't access care because they can't get through to their [family doctor](#) or they don't know how to navigate the system, and therefore they don't get seen in a timely manner," she said.

Smith, who also sits on the Public Health Agency of Canada's expert working group on infection prevention and control, shared her best advice on how to manage chronic illness during the pandemic.

## **Which medical conditions increase my risk?**

Smith said age is a risk factor for severe COVID-19 disease, even without underlying conditions.

While new data about COVID-19 are coming in every day, Smith said the [chronic illnesses](#) that have been linked to morbidity in credible studies include cardiovascular (heart) disease, hypertension ([high blood pressure](#)), diabetes and respiratory conditions such as asthma, [chronic obstructive pulmonary disease](#) (COPD), emphysema or bronchitis. Those with chronic kidney, liver and neurologic conditions are also being warned of increased risk. And those with a weakened immune system due to conditions such as HIV, steroid treatment or chemotherapy are also at risk.

Smith said another possible underlying factor that is still being studied is obesity.

"We know that people who are obese have increased risk for things like diabetes and cardiovascular disease, so it's a little more difficult to tease that out as an independent risk factor," she said.

"We will probably have more information about this as time goes on, especially when we get more data from the U.S."

## **Why do old age and chronic illness make people more vulnerable?**

Smith explained that both aging and underlying disease lead to a gradual deterioration of the immune system, known as "immunosenescence."

"The [immune system](#) just isn't functioning quite as well due to these conditions and that increases the risk of severe disease," she said.

Those with underlying lung disease can't clear secretions as well as healthy people, which gives the virus an advantage in their bodies.

"It's more of a structural problem that actually predisposes to higher replication of virus and potentially worse outcomes," Smith said.

And for others, such as those with lupus or cancer, the drugs that manage their chronic conditions may suppress their immune systems, so they're not as ready to fight the virus when they are exposed to it.

## **How can I get medical advice about my condition during the pandemic?**

"It's really important to get the message out that people with medical concerns need to contact their family doctors or specialists by phone," Smith said.

"We have had to shift the way we do things, but it doesn't mean that all care stops," she said. "A lot of appointments are about counselling on medical conditions, as opposed to having to do a focused [physical exam](#), so a lot of that can be done over the phone."

She said doctors can make sure their patients are stable, taking their medication, checking their blood sugars and doing whatever else they need to do to manage those chronic medical conditions.

## **What about my regular blood tests?**

This is another thing your doctor can help you with, Smith said. Your doctor can determine which blood tests can be delayed and which need to be done no matter what.

"With my HIV patients, if they have been completely stable for many years then I might defer their blood work for a couple of months," she said.

For those who need non-COVID testing, "There are labs still open and absolutely, if it's determined that it's still necessary, then they should still get it."

## **Does the increased risk for those with chronic illnesses apply to children too?**

Smith said while it looks like children are generally less affected by COVID-19 than adults, it appears chronic illness is a complicating factor for those under 18 as well.

"One study out of the U.S. looked specifically at children, and it did appear that the same kinds of risk factors were present," she said. "Seventy-seven% of children who were hospitalized had underlying medical conditions, and underlying lung disease was one of the most common ones."

## **What if I have to go in for dialysis or cancer treatment during the pandemic?**

"Dialysis, chemotherapy and cancer surgery are life-saving treatments, and obviously these need to continue," Smith said.

Extra precautions are now being taken in Alberta hospitals to ensure these treatments can be carried out without exposing patients or the health-care workers who administer them. For example, everyone is screened as they enter all hospitals and cancer centres, and all health-care workers wear masks.

"We know that people who are coming in for dialysis or chemo are at increased risk for severe disease so we need to make sure it's as safe as possible," she said.

## What if my condition worsens and I get really sick?

Smith has observed that the number of people visiting hospital emergency departments for non-COVID reasons is way down. While this may be a good sign—since not all emergency visits are really related to emergencies—she worries that some people are staying home when they should be going to hospital.

"If you have onset of chest pain and you have diabetes, you're over 60 and you have hypertension, then you should get to the emergency department right away," Smith said.

"Our emergency departments are still open and functioning, and absolutely we want people to come in if they have issues that require emergent services."

## What's the bottom line?

Smith pointed out that while the public health recommendations during the pandemic are there for everybody, people who are older or have underlying [medical conditions](#) need to be even more strict about following the rules.

"Physical distancing, cleaning your hands, not touching your face—those are probably the most important measures to take compared to anything else you can do," she said.

Provided by University of Alberta

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