

Five ways the pandemic has affected routine medical care

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Since the beginning of the pandemic, COVID has infected at least [a third of the U.K. population](#) and is estimated to have factored in the deaths of [almost 200,000 people](#) in the U.K. But critically, COVID has also had a devastating impact on our health care systems. While this was expected, new evidence is beginning to reveal the scope of the issue—in

particular the effects for people living with long-term health conditions.

Here are five ways the pandemic has affected access to routine medical care.

1. Heart disease

A [2022 review](#) looked at evidence on the impact of the pandemic on [heart disease](#) and care, covering 158 studies across 49 countries.

Across all types of heart disease and all countries studied, there were fewer hospitalizations, treatments and health care appointments than before the pandemic. This might seem like a good thing, but actually it means that people delayed seeking medical attention when suffering from heart conditions. Indeed, this review found that the people who made it to hospital were more unwell than patients hospitalized with heart conditions before the pandemic.

The impact was the most severe in low and [middle-income countries](#), where deaths from heart disease in hospital increased.

2. Diabetes

Diabetes care and services have been disrupted throughout the pandemic, from new diagnoses to critical screening and treatment programs. A [study](#) published in May 2022 reveals that in England, [death rates](#) (excluding deaths caused by COVID) were higher among people with diabetes in 2021 compared with previous years. A recent analysis has linked this to disruptions in routine care caused by the pandemic.

People from the most deprived groups have had poorer outcomes compared with those from more advantaged groups. This plays out

globally, too—people with access to sophisticated diabetes technology such as continuous blood glucose monitors appear to have had [relatively stable](#) blood sugar levels during the pandemic. But others have experienced serious declines in health and well-being, due in part to issues accessing insulin.

3. Immunization services

Another [recent report](#) brought together data from 170 countries and territories and showed that, compared to pre-pandemic, administration of vaccines for common childhood illnesses declined. Vaccine supply and demand were interrupted, and fewer health care professionals were available to deliver vaccines.

People may have also been hesitant to go and get their vaccinations because of fears around contracting COVID. Reductions spanned the different areas the researchers studied, but tended to be largest in lower and middle-income regions.

This introduces the possibility of future vaccine-preventable disease outbreaks, as we saw following disruptions caused by Ebola in parts of Africa. A [risk-benefit analysis](#) looking at re-opening vaccination clinics during the pandemic in African countries found that for every death from COVID acquired at the clinic, 84 deaths from vaccine-preventable diseases could be avoided.

4. Cancer diagnosis and care

2022 [data](#) from Cancer Research U.K. shows that cancer care provision declined across all areas. In the first year of the pandemic, one million fewer screening invitations were sent, 380,000 fewer people saw a specialist after an urgent suspected cancer referral, ten times more

people were waiting six weeks or more for cancer tests, and almost 45,000 fewer people started [cancer treatment](#).

This isn't because fewer people had cancer. Cancers were less likely to be picked up, and once picked up, less likely to be promptly treated. By November 2021, cancer waiting time standards in the U.K. were missed by wider margins than ever before. Significant efforts are underway to rectify this, but there's still a long way to go. Such disruptions to cancer care have been observed [across the world](#).

5. Waiting lists

Treatment backlogs—of people who should be receiving treatment, but haven't yet—existed before the pandemic, but the pandemic made them much worse. A [February 2022 report](#) from the NHS in England showed that 6 million people were on the waiting list for [elective care](#) (care planned in advance, as opposed to emergency care), compared to 4.4 million prior to the pandemic.

This is, of course, not unique to England. In Finland, for example, [elective surgery waiting times](#) have increased by one-third since before the pandemic, even though the rate of elective surgeries increased by one-fifth after lockdown restrictions were lifted.

Delayed treatments, including surgeries, can [increase preventable deaths](#) and [harm well-being](#). Delays in [receiving health care](#) are associated with anxiety, depression and poor quality of life among patients and caregivers.

What next?

It will be years until we can say for sure what the impacts of all of these

disruptions will be. There is little doubt that they will be devastating on individual, national and global levels. There is also little doubt that some people will be much more affected than others—including those already living with long-term conditions, people from less advantaged backgrounds, and those living in areas with less equitable health care systems.

In our third year of the [pandemic](#), prioritization—of treatments, patients and services—continues to be both complex and necessary, and robust funding and support of health care services and staff are more critical than ever.

On an individual level, if you're due for a check-up or vaccine, do your best to ensure you receive it. If you have a worrying symptom, don't let concerns of contracting COVID stop you from getting it checked out.

On a societal level, we'd do well to remember that the risks from COVID disruptions have not been equally distributed. When we make plans to address and recover from these disruptions, we need to acknowledge that [digital advances](#) won't be a solution for all groups, and direct more resources to the people and areas who need them most.

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