EDITÖRYAL EDITORIAL

DOI: 10.5336/medsci.2020-76613

# Online Counselling for New Onset Symptoms/Signs in 65+ Patients with Lympho-Venous Diseases in the Era of COVID-19

## COVID-19 Çağında 65 Yaş ve Üstü Lenfo-Venöz Hastalığı Olanlarda Yeni Gelişen Şikâyet ve Bulgularda Online Danışmanlık

Ahmet AKGÜL[a]

[a]İstanbul University-Cerrahpaşa Faculty of Health Sciences, Department of Gerontology, İstanbul, TURKEY

The current mainstay of lymphedema with venous insufficiency treatment is the combination of conservative therapy with physiotherapeutic techniques, education of the patients and relatives as well as psychological support.[1] This combination necessitates very much effort, which performed by both the patients themselves and medical staff, however, the causes of the disease may not be resolved by the mentioned "effort", but relieves the poor consequences (i.e. symptoms and physical findings). Additionally, patients are needed to be advised to exercise, maintain an acceptable body mass index, and avoid the diseased limb from trauma.[2]

Physicians can provide direct/indirect medical counseling and consultations as well as new information on diseases and treatments to patients and their relatives through social media and online chat systems without constraints of time and location. This online counseling tools are especially critical for patients who have difficulties in reaching to physicians either during endemic/pandemic process or during routine time for elderly (65+ of age) patients with or without disabilities.

The initial attack of the present pandemic, coronavirus disease 2019 (COVID-19), is to the currently existing healthcare system, which none of healthcare institutions were designed for the capacity of such an outbreak. To cope with this concern, all elective visits/treatments/surgeries are postponed to an appropriate (still unknown) time period and the number of visitors to hospitals are restricted. Additionally, modifications to reduce the possibility of exposure of virus to physicians are performed by limiting outpatient visits and arranging proper physical/social distance among doctors and patients.[3]

Using online communicating systems as social media (Skype, WhatsApp, Facebook, WeChat..) and/or more professional media (Good Doctor Online...), health professionals can communicate with patients and/or relatives through news, pictures, graphics, text and video messaging without concerns of potential possibility of exposure of acute respiratory syndrome coronavirus (SARS-CoV-2).

The author receives very large number of counseling especially from elderly patients with chronic cardiovascular system symptoms and signs due to his

**Correspondence:** Ahmet AKGÜL
İstanbul University-Cerrahpaşa Faculty of Health Sciences, Department of Gerontology, İstanbul, TURKEY/TÜRKİYE
**E-mail:** ahmet.akgul@istanbul.edu.tr

Peer review under responsibility of Turkiye Klinikleri Journal of Medical Sciences.

***Received:*** 21 May 2020 ***Accepted:*** 22 May 2020 ***Available online:*** 23 May 2020

profession (professor of cardiovascular surgery and gerontology, the only one in Turkey) every day, provides professional counseling, treatment and follow-up plans. This study presents to explore the role of online counseling to diagnose/differentiate new onset symptoms/signs for acute respiratory syndrome coronavirus (SARS-CoV-2) infection in elderly patients with vascular diseases during 65+ curfew laws (in Turkey) in the era of COVID-19.

From March 22, 2020 to April 5, 2020, the author consulted on 22 follow-up cases (mean age 68) of potential COVID-19 infections for new onset symptoms/signs in 65+ patients with lymphedema/venous disease through Whatsapp and Skype online platforms. The author performed appropriate recommendations for admission of the patients as well as their families to pandemic hospitals where available. Followed-up patients who were treated for COVID-19 also received post-discharged advice for cardiovascular system.

Besides classical symptoms/signs of primary disease (lymphedema/venous diseases), additional 16 symptoms were also questioned and evaluated among patients as fever, dry cough (non-productive cough), productive cough, headache, muscle and joint pain, sore throat, runny nose, tiredness, chest pain, shortness of breath (dyspnea), diarrhea, vomiting, muscle tremors, abdominal pain, decreased sense of taste and smell, red and watery eyes. Ten patients had venous diseases, 4 of whom underwent venous surgery before COVID-19 pandemic. 12 patients had lower extremity lymphedema (10 of them had secondary and else had primary).

Three patients referred to pandemic hospital for nasopharyngeal swab testing, with a positive result for SARS-CoV-2 on real-time reverse transcriptase-polymerase chain reaction in 1, who was discharged with COVID-19 treatment for isolation at home. Two patients who were referred to hospital, with negative SARS-CoV-2 on real-time reverse transcriptase-polymerase chain reaction were hospitalized due to cardiovascular event (severe lower leg infection due to lymphedema-related ulcers). Other 19 patients were recommended to stay at home (with medical treatment and advice) for isolation, whereas 2 of them referred to pandemic hospital, however their swabs were negative for virus.

To avoid poor outcome and associated complications in patients with lymphedema raises the importance of skin care and exercise in the management of lymphedema both at home and out. Thomas and et al. presented complications of lymphedema as frequent falls (4%), wounds (1%), recurrent cellulitis (3%),[4]

This educational project has identified the value of raising awareness of lymphoedema within care homes.

Social online platforms facilitate communication and helps diagnosis as well as recommendations among doctors and patients/families. During epidemics/pandemics additional measures are needed to be taken as “online counseling” for both to diminish the administration of healthcare institutions for handling the increased numbers of infective patients with the capacity of currently existing healthcare system and to cope with the probable decreases in the number of physicians due to possibility of exposure of existing virus/pathogens during both existing SARS2 and potential coming SARS3.

## REFERENCES


1. Akgul A, Tarakci E, Arman N, Civi T, Irmak S. A randomized controlled trial comparing platelet-rich plasma, low-level laser therapy, and complex decongestive physiotherapy in patients with lower limb lymphedema. Lymphat Res Biol. 2020. [Crossref] [PubMed]
2. Akgul A. Future concepts: Lymphangiogenesis in lymphedema therapy. Plast Reconstr Surg. 2020;145(1):214e-5e. [Crossref] [PubMed]
3. Sayın İ, Yazıcı ZM, Öz F, Akgül A. Otolaryngology-head and neck surgery perspective of COVID-19. Turkiye Klinikleri J Med Sci. 2020. [Crossref]
4. Thomas M, Morgan K, Humphreys I, Hocking K, Jehu D. The benefits of raising awareness of lymphoedema among care home staff. Br J Nurs. 2020;29(4):190-8. [Crossref] [PubMed]