

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/gi-insights/caretaking-considerations-for-gi-patients-during-the-covid-19-pandemic/12131/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Caretaking Considerations for GI Patients During the COVID-19 Pandemic

Dr. Nandi:

Coming to you from ReachMD Studios in Fort Washington, Pennsylvania, this is GI Insights. I'm Dr. Neil Nandi, and on this episode, I'm going to talk about my experience caring for patients amidst the COVID-19 pandemic.

We are headed into a brave new world, 2021, as the mRNA vaccines we've long awaited are being dispatched. Now is the best time to reflect and look back upon this entire year in perspective. It is one of the most eventful years in human history. I thought about how my own individual practice evolved throughout this year of 2020. And I realized that with the advent of the pandemic really hitting the United States in February, early March, I turned to Academic Twitter. (chuckles) Yes, that's right – Academic Twitter – for more professional support and access to the most cutting edge information.

In those early days and weeks, we knew very little about the virus, and information seemed to change instantaneously. It was necessary that I have access to the best information, and there was no better platform than my trusted colleagues and professional community, who promoted and backed only evidence-based science and evidence-based articles on Academic Twitter. I've always used Academic Twitter, if you follow me online, but it really emphasized to me how important it was to have instantaneous access to information, especially when times were so strained, as we saw with coronavirus.

Also, I realized that the same standards of care that I had promoted pre-pandemic really held a spotlight, even now. I'm referencing immunizations and vaccinations for things like the flu virus, pneumonia shots, and of course, now promoting the mRNA vaccines that we're looking for. I also turned more to the utility of telemedicine, making sure that my patients had access to me, and I to them – that we would not delay or skip or cut corners on quality care. I found myself looking towards home infusion visits as a way to get people access to their drugs, and utilizing non-invasive biomarkers even more fastidiously, such as stool calprotectin. These are just some of the things that I know that were able to help me still provide access and good care to my patients.

In one of my conversations, I was asked, "What are some of the biggest threats to our GI patients during this entire pandemic?" One of them has been depression and anxiety. One survey showed that anxiety and depression tripled and quadrupled in the second quarter of 2020 versus the same second quarter in 2019, all because of the pandemic. We know that our IVD patients and most chronic illness patients have high comorbid anxiety and depression, but this pandemic took it to all new heights. And the need for televideo services and telemedicine access to mental healthcare professionals has never been greater. If you're my colleague listening to this, I'm not just talking about mental health access for my patients, but also for you and I, as healthcare providers, and the threat of burnout.

Another big threat to our patients is misinformation. And nevermore has there been a greater force of misinformation, myth and misconception, propagated about this virus, and it threatens the very health of our patients. It threatens their beliefs and their trust in western medicine. And it's upon us, as healthcare professionals, as patient advocates, to arm ourselves with the very best information, so that we can fight and dispel those myths and misconceptions.

I think one of the other things that I've seen that this pandemic has done – it has been a catalyst for medicine and for technology. We've seen the benefits of telemedicine, and I think that the majority of our patients will agree that it has been a boon, and I think clinicians will also agree that it has afforded them many different luxuries in terms of providing more interdisciplinary care. I mentioned mental health access previously, but also greater acceptance and access of dietitian and nutrition services, too. Noninvasive monitoring traditionally refers to labs and stool calprotectin, for instance. But now, the pandemic has really helped catalyze biotechnology sectors that are trying to bring home-based stool calprotectin that can relay and be read off smartphones, or even better access to biologic delivery. And I'm not talking IV infusion, but capsules that you ingest and then inject medicines into the lining of the stomach, that are then slowly absorbed and released over time. These are just some of the few and exciting technologies that are being developed for our IBD

patients that will go on to enter our actual care and practices in the coming years ahead. There's no doubt that the coronavirus and COVID-19 has caused chaos that we cannot begin to imagine for years to come, as we're only just learning what it's doing to us now. But from it, I think we have learned a lot more about humanity's ingenuity, about humanity's compassion. I think we're just only scratching the surface of what we're to learn about how COVID-19 has impacted patient care.

For ReachMD, I'm Dr. Neil Nandi. To access this episode and others in our series, visit reachmd.com/giinsights, where you can Be Part of the Knowledge. Thanks for tuning in.