

## Facing the Collateral Damage

### *Enfrentando el daño colateral*

June 20, 2020

Since the last President's letter was written at the beginning of April, the evolution of the pandemic has been staggering. However, after three long months of lockdown, while I am writing these lines, we have not reached the peak of contagion.

During this interval we became dramatically conscious of the decrease in the care of cardiovascular disease, and the consequences on its morbidity and mortality are silently devastating, not only now, but in the mid and possibly long-term future.

The purpose of my third letter since I assumed the Presidency, is not only to describe this phenomenon, but also to report the actions the Argentine Society of Cardiology is undertaking as leader of the cardiovascular health policy.

Numerous actions have been assumed. The first was the creation of an extensive expert committee which elaborated a position document presenting objective evidence on the reduction of adequate cardiovascular disease treatment. Data were presented showing a significant decrease in the admission of patients with cardiac attacks and the ensuing increase of home, street and hospital mortality as a consequence of delays in the arrival of patient care.

Also, an epidemiological analysis of the cardiovascular reality in Argentina was performed and actual data were published. Later, the Stent Save a Life initiative was added showing a twofold increase of ST-segment elevation myocardial infarction mortality from 4.79% to 8.9%, comparing the lockdown period with the same interval during 2019 and with a continuous increase projected until the end of this year.

The main causes of this phenomenon were also described, such as refusal of patients to attend the consultation for fear of infection and, not less importantly, the postponement of studies and procedures in high-risk patients. This rescheduling was the consequence of healthcare policies, but also of institutional provisions to preserve beds and protect staff.

In this document, the SAC did not just alert on the situation, but proposed an action plan in the form of "Proposals for the Implementation of a Continuous Cardiovascular Care Process". These proposals focused on measures for the healthcare system. For the emergency: emergency room consultations, transfers, triage in the emergency department, separation of care circuits and protection measures. Moreover, systematic measures were recommended for outpatient care and management of appointments and telemedicine. The document made a first analysis on the use of studies and procedures and the recommended policy for patient testing.

It concluded with a strong appeal to government entities for an immediate widespread and effective warning communication to the population.

Subsequently, this document was released through the SAC page, social networks and selected by different

first level media leading to numerous radio and television interviews. The cardiovascular problem was also presented to the National and City of Buenos Aires Ministries of Health with good reception through interviews and meetings with the Ministers.

Additionally, other scientific entities were contacted to provide more consistency and amplitude to the message.

During the following month, we could see that the supposed overflow of patients with COVID-19 did not occur, but the healthcare institutions remained empty, without the necessary reactivation in care and with a still uncertain opening.

In this situation, the SAC, this time together with FAC, decided to disclose a document on "Recommendations for the Management of Cardiovascular Studies and Procedures during the Pandemic".

In this document, a four-phase flexible program was proposed with reversible passage from one phase to another depending on the institutional demand and the COVID occupation rate in each site (the success of the proposal is that it is applicable in the whole country according to the local number of infected patients). An urgency/emergency-non-deferrable and deferrable elective patient triage was suggested according to the institutional phase.

This second position document was released and similarly received by the authorities, although as the number of cases increase and the curve becomes steeper, it is more difficult to sustain the message.

There has been a remarkable participation of all members involved in cardiovascular activities, be they clinicians, surgeons or interventional cardiologists, to spread the common message.

In the academic field, SAC significantly increased the number of participants in virtual courses compared with the previous year and continued organizing webinars inviting local Argentine speakers and other fellow-citizens living abroad. This program was a great success (in less than three months, 26 webinars were issued with 12,942 participants).

As the year progresses, the SAC continues working in the organization of the Argentine Imaging Congress (with still undefined modality) and all the regional district meetings are virtual. Similarly, we continue establishing joint activities with International Societies in our country and abroad, in totally virtual format.

Finally, I wish to close this third letter reiterating my gratitude for the huge effort made by all members of our Society, medical and non-medical, who allow us to go on in this crisis, keeping and elevating our contribution and leadership in cardiovascular health in Argentina.

#### **Ethical approval**

Not applicable.

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