

COPD Outreach Team in the COVID-19 Era – “Bringing un petit je ne sais quoi!”

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Sir,

The Irish National Healthcare Quality Reporting System Annual Report 2019 estimated that almost 500,000 people aged 40 years and over in Ireland have COPD, of whom over 200,000 have moderate or severe disease and only half are likely to be diagnosed. These figures were based on the 2011 census. As our population has become larger and older in the interim, it is likely that these figures are even higher today.¹ At Tallaght University Hospital as well as many other centres across the country, the COPD outreach service has shown to reduce length of stay in hospital and improve Quality of life of our COPD patients.² However with the emergence of the COVID-19, the timelines of the growing pandemic being uncertain, we noticed that many COPD patients cocooning have a feeling of loneliness.

Retrospectively we analysed the feedback forms of the COPD outreach patients submitted in 2019 and the ones submitted after the start of the COVID-19 pandemic in May 2020. The feedback of 18 COPD patients were analysed. Pre COVID-19 when our COPD outreach team did home visit: 16(89%) patients found the staff friendly; 15(83%) patients found the team interested in their concerns, information given to them and were satisfied of the service. During the COVID-19 pandemic when lockdown rules were introduced, our team continue to keep in touch with the patients via telephone call. The feedback received during the pandemic showed a positive response of at least 10% more in all the above questions previously asked.

Receiving empathy from caregivers—feeling understood and accepted—is critical for patient satisfaction. Empathy is a crucial element that our COPD outreach team felt is important in this difficult period. Although it took longer time than a usual consultation, it served to be an adaptive emotion regulation strategy developed by lonely people to reduce their loneliness effectively. Loneliness is an experience that has been around since the beginning of time. Problems can arise when an experience of loneliness becomes chronic. Studies have shown that loneliness should be addressed in patients with COPD as it could play a significant role in their disease progression.³

With cocooning, mobility of COPD patients decreases significantly. Decrease mobility in COPD patients have negative impact on exercise tolerance and quality of life.⁴ Furthermore by expressing empathy our COPD outreach team builds patient trust and calms anxiety.

Reflecting on our findings we can only conclude that science alone will not give us the solution for our lonely COPD patients cocooning in this difficult challenging era; humanity needs to play a major contribution to optimise their management.

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