

Management of Patients with Multiple Sclerosis During the COVID-19 Pandemics: A Portuguese Single-Centre Experience

Acompanhamento Médico de Doentes com Esclerose Múltipla Durante a Pandemia COVID-19: Experiência de um Centro Português

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Dear Editor,

The emergence of the COVID-19 pandemic presented a unique challenge to neurologists, patients and health-care institutions. Shortly after the introduction of the first lockdown policies, multiple sclerosis (MS) experts worked around the clock in order to reorganize MS outpatient and inpatient care and to provide consensus-based evidence for managing MS during the COVID-19 pandemic.¹

We conducted an online survey via Google forms to evaluate clinical management disruption and physical and social effects of the COVID-19 pandemic in MS patients followed at the Neurology Unit of Cascais Hospital. After approval from the Hospital's ethics committee, an online link was sent to the mailing list of our MS patients. A total of 62 answers was obtained (with a response rate of 61.4%), from the 10th August to the 7th September 2020. Our sample was comprised of 66.1% female and 33.9% male participants, with a mean age of 44 years. Most participants had relapsing/remitting MS (16.1%), followed by primary and secondary progressive MS (16.1%) and clinically isolated syndromes (3.2%).

Since the beginning of the COVID-19 pandemic, 21.0% of the participants have already had one MS relapse: 25% were admitted for inpatient care and 66.7% received intravenous steroids. Unfortunately, a comparative analysis with patient relapse rates from previous years was not conducted. Therefore, we are not able to extrapolate how disruption

of care (less in-person appointments, delayed diagnostic testing and patients changing/interrupting MS therapies due to fear of immunosuppression in the context of a viral outbreak) have impacted on disease relapses.

Our MS participants were mainly followed by telemedicine appointments (79.0%). Only 21.0% were selected for an in-person outpatient clinical appointment.

Regarding treatment, 11.3% of our participants reported having changed their MS therapies: 42.8% due to disease relapse, 14.3% by recommendation of their attending Neurologist (in order to minimize further Sars-CoV-2 infection risk in immunosuppressed patients) and 14.3% by their own initiative.

In terms of diagnostic testing, 21.0% and 29.0% of the participants had their scheduled MRIs and regular blood work delayed, respectively.

From the physical activity point of view, 16.1% of the participants were integrated in motor rehabilitation programs before COVID-19, with 80.0% of them having interrupted those programs. So far, only 12.5% of participants have resumed physiotherapy.

During the pandemic, 60.0% of our employed patients changed their working settings: 36.0% started working from home, 32.0% interrupted work due to lay-off policies and 12.0% due to disease progression, 8.0% quitted their jobs out of fear of COVID-19. Carefully selected cases were shielded (12.0%), after considering their high-risk exposure jobs and particularly immunosuppressive therapies.

Our descriptive analysis was limited by the sample size and the participant recruitment strategy. Therefore, certain population selection biases cannot be excluded. Furthermore, future follow-up of participants will be required to assess the degree to which these clinical management and social challenges have impacted on disease activity or severity, regardless of COVID-19. This analysis will be invaluable to understand how to meet our patient needs in periods of crisis, rethinking the role of the Neurologist in similar future epidemiological contexts.

REFERENCES

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