

## High Outpatient Attendance During COVID-19 Lockdown When Patients Were Given the Option to Return

Since the onset of the COVID-19 pandemic, there has been a resurgence of interest in telemedicine, with calls for a shift to virtual assessment.<sup>1,2</sup> In addition, research in digital innovations and their potential applications in different clinical settings have gathered pace.<sup>3,4</sup>

It is frequently presumed that patients with chronic diseases will not turn up for their regular outpatient visits during the current pandemic, and telemedicine is an accepted default choice. However, there are limited data on the prevalence and reasons for outpatient attendance of patients during the COVID-19 lockdown. A better understanding of the circumstances of their visits will facilitate development of a more comprehensive virtual assessment tool to meet patients' needs.

Between February and May 2020, a total of 550 movement disorders (MD) patients were contacted via telephone to postpone their appointments because of the evolving COVID-19 situation. They were given options: either face-to-face consultations or virtual assessments at a later date. Among the 550 patients, 303 (55.1%) were previously classified as "unstable" patients (requiring shorter follow-up intervals of 1–3 months) and 247 (44.9%) as "stable" patients (requiring follow-up every 6–12 months) (Table 1). A total of 65.5% of the patients have Parkinson's disease (PD), 8.5% have essential tremor, and the remaining have Parkinson's plus syndromes and other MDs.

A total of 388 of 550 patients (70.5%) still turned up for their scheduled outpatient visits during the lockdown period despite being given the option not to return. Overall, there was no significant difference in the attendance rate between

"stable" and "unstable" patients (69.2% vs 71.6%,  $P > 0.05$ ) who insisted on face-to-face consultations. Similarly, no significant differences were observed between 2 groups of patients who agreed but did not turn up (30.8% vs 28.4%,  $P > 0.05$ ). However, there was a significantly higher attendance rate among "unstable" patients with Parkinson's plus syndromes compared with "stable" ones (100% vs 46.1%,  $P = 0.016$ ). Compared with "stable" PD patients, more "unstable" PD patients came to seek medical attention, although the difference did not reach statistical significance (77.1% vs 71.4%,  $P = 0.2$ ). Among patients with PD, 30% of them came for "off" symptoms, 30% for motor fluctuations, 10% for dyskinesia, and the remaining for nonspecific symptoms, of which nonmotor symptoms (such as stress, anxiety, etc.) were commonly reported. We also encountered "urgent" cases such as deep brain stimulation adjustments because of unexpected problems (2 cases) and those with unexpected severe off and dyskinesias (5 cases). They were given special arrangement for review or admitted for management.

All the patients who turned up offered 1 or more of the following reasons: the need to have face-to-face consultations because of worsening/fluctuating symptoms, the need for onsite evaluation, lack of trust on virtual assessment, and the opportunity to go outdoors during the lockdown.

Our study highlights surprisingly high outpatient attendance during the COVID-19 lockdown despite efforts to convince patients to delay their appointments or for telemedicine. The findings reflect the choices of our patients when they were given the option to return despite our advice against doing so. It is possible that the thinking and decision of some of these patients may have been influenced by cultural and social differences, and hence our findings may not be fully generalizable because in some countries/centers where patients were not allowed to show up, a drastic drop in clinic visits was seen. Although there are merits and challenges of telemedicine,<sup>5,6</sup> our findings provide food for thought to sug-

**TABLE 1.** Attendance rate of "stable" and "unstable" neurology patients during COVID-19 lockdown period (n = 550)

Characteristics	"Stable" patients who turned up despite calls to postpone visit	"Unstable" patients who turned up despite calls to postpone visit	"Stable" patients who agreed and decided not to turn up	"Unstable" patients who agreed and decided not to turn up
Age (years), mean (SD)	67.25 (13.38)	63.85 (14.77)	70.79 (11.12)	61.57 (15.46)
Sex, male (%)	104 (60.8%)	110 (50.7%)	35 (46.1%)	45 (52.3%)
Number of patients (%)	171 (31.1%)	217 (39.9%)	76 (13.8%)	86 (15.7%)
Diagnosis				
Parkinson's disease (%)	132 (77.2%)	135 (62.2%)	53 (69.7%)	40 (46.5%)
Essential tremor (%)	18 (10.5%)	16 (7.4%)	5 (6.6%)	8 (9.3%)
Parkinson's plus syndrome (%)	6 (3.5%)	9 (4.2%)	7 (9.2%)	0 (0%)
Other movement disorders (%)	15 (8.8%)	57 (26.3%)	11 (14.5%)	38 (44.2%)

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gest that, at least in some populations, face-to-face consultation was still a preferred option when patients were given a choice, and addressing the factors behind such a behavior will facilitate more holistic integration of digital and clinical medicine in the future. ■

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