

PSYCHOGERIATRIC NOTE

Influences of COVID-19 in a dementia outpatient clinic: experience from the Fujita-Health University Hospital in Aichi, Japan

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The recent COVID-19 pandemic has produced profound changes in our lives. In Japan, the first identified case of COVID-19 was reported on January 16, 2020.¹ Mortality among elderly patients with COVID-19 has been striking,² suggesting that patients with dementia may also belong to a high-risk group. Fujita-Health University is located in Toyoake, Aichi prefecture. The outpatient clinic of the Department of Geriatrics and Cognitive Disorders at Fujita-Health University was opened in April 2016. The clinic staff currently comprises three medical doctors, five nurses, five occupational therapists and three psychologists. The clinic received 2700 total visits from patients with 364 first visits patients between April 2019 and March 2020. In particular, 198 first visits patients were suffering with dementia, with a mean age of 80.0 years (SD 6.7; 61.7% female). Another 94 showed mild cognitive impairment, with a mean age of 78.5 years (SD 6.4; 49.7% female). The other 72 were diagnosed normal or other diseases. The number of face-to-face visits in the outpatient clinic was predicted to be reduced with outbreak of COVID-19. Here, we report observational data for visits to our outpatient clinic by dementia patients during the COVID-19. We compared monthly total visits, first visits, cancelled reservations or no-shows and telemedicine consultations performed from February until June 2020. This study was approved by the institutional review board of Fujita-Health University Hospital.

The first case of COVID-19 infection in Aichi prefecture was reported on January 26, 2020.³ The number of cases started growing in February. With the increasing number of cases, a decline was seen in the number of first visits. Thereafter, total visits also decreased (Fig. 1). The first state of alarm was declared in Tokyo metropolitan and six prefectures on April 6, 2020, but did not include Aichi prefecture.

However, the state of alarm was expanded to the entirety of Japan on April 17. April showed a 23.5% decrease in total visits to our outpatient clinic (Fig. 1). The number of new domestic infections of COVID-19 peaked at 714 on April 12,⁴ then the number of new domestic infections gradually decreased. The state of alarm was lifted on May 25, 2020. Numbers of first visits in February, March, April, May and June were 27, 18, 23, 18 and 33, respectively. Numbers of cancelled reservations or no-shows for the same periods were 13, 10, 18, 16 and six, respectively. The telemedicine consultations started in March 2020 at Fujita-Health University Hospital, with two, 12, eight and three consultations in March, April, May and June, respectively. The number of telemedicine consultations showed a marked decrease in June (Fig. 1). Overall, total visits and first visits were trending toward the pre-outbreak baseline. Overall, numbers of first visits and total visits between February and June 2020 were 119 and 1008, respectively, compared to 160 and 1035, respectively, for the same period in 2019.

Our results show that after an initial dip, activity in our outpatient clinic resumed baseline activity within 4 months. A Spanish study reported that total visits including telemedicine consultations were at 78% of visit levels before the outbreak.⁵ One reason for the decrease in first visits may have been declines in referrals from general practitioners. Telemedicine is a real option for care, but the number of telemedicine consultations decreased within a short time. One reason for this may be that the state of alarm was lifted on May 25, 2020.

Patients and their families may have desired face-to-face visits due to anxiety about potential deterioration of dementia. According to Japan Medical Association, medical fees in outpatient clinics of internal medicine based on year-on-year comparison

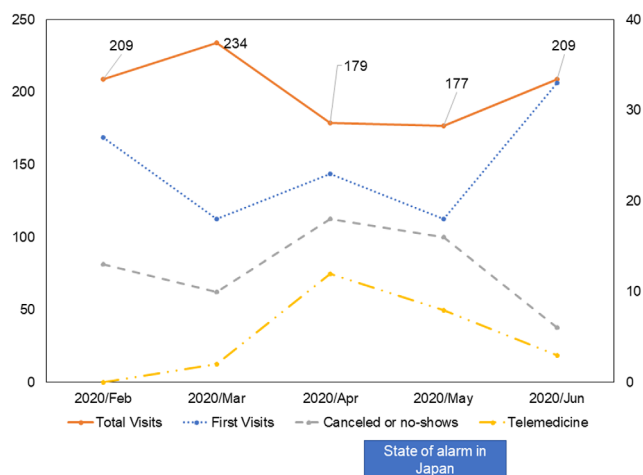


Figure 1 Monthly visits during 2020 in the outpatient clinic. Left vertical axis: the number of total visits. Right vertical axis: the number of first visits, cancelled reservations or no-shows, telemedicine consultations.

in March, April, May and June 2020 were -8.0 , -13.5 , -17.2 , and -8.9% , respectively, which indicated no difference or even faster recovery in outpatient dementia clinics than outpatient clinics of internal medicine under COVID-19 conditions.⁶ Limitations of the present study were as follows. First, this detailed analysis was limited to only a single facility. Second, this study examined an extremely limited period of only 4 months. A long-term, multi-centre analysis is warranted in the future. In conclusion, we should consider that patients with dementia or their families may desire face-to-face visits. We also believe that outpatient dementia clinics represent essential resources, even under COVID-19 conditions.

DISCLOSURE

The authors have no potential conflicts of interest to disclose.

DESCRIPTION OF AUTHORS' ROLES

H. Yoshino designed the study, collected the data, completed analysis and wrote the paper.

H. Takechi completed analysis and reviewed the paper.

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