



LETTER TO THE EDITOR

Telemedicine in patients with chronic pain in COVID-19 pandemic

COVID-19 pandemisinde kronik ağrısı olan hastalarda teletıp

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To the Editor,

With the COVID-19 pandemic, there has been a serious imbalance between the increasing demand for medical care and its limited supply. Elective surgeries and patient visits have been postponed or restricted, and many pain therapists have been employed to COVID-19 care units. During this period, the majority of patients with chronic pain were in the high-risk group due to advanced age and comorbidities; therefore, they had a high probability of death or hospitalization in the intensive care unit due to COVID-19. Consequently, this patient group was one of the main targets of the call to stay at home.^[1] The COVID-19 pandemic has made it difficult to implement traditional medical diagnostic and treatment approaches. This has led to the reconsideration of traditional patient-doctor interviews.

Telemedicine is the use of information technologies and electronic communications to provide clinical services when the patient and the health-care provider are at different locations.^[2] It serves the purpose of exchanging valid information for diagnosing and treating diseases and injuries and reduces overcrowding in hospitals. In addition, it aims to provide equal service to all, is cost-effective, provides safety to both patients and doctors during pandemics, reduces the risk of infection transmission, and provides timely and prompt care.

The recently published consensus of pain therapists, psychologists, and researchers from North America and Europe regarding pain management during the

COVID-19 pandemic recommends using telemedicine as much as possible, even for conducting the first examination of patients. It is stated that even opioid drug prescriptions can be made with this method.^[3] In a study on regular pain monitoring for patients with cancer, it was reported that home telemonitoring helped to increase pain awareness and treatment rate.^[4]

A specific disadvantage of telemedicine is that a comprehensive physical examination is not possible, because there is no physical contact with the patient. Only the limited amount of evaluation that is possible through observation can be made using video-based telemedicine. Furthermore, the camera needs to be positioned in a way such that the patient and any physical movements (such as walking) of the patient that may be requested by the doctor can be clearly seen. Before the planned interview, patients with chronic pain may be asked to fill out a questionnaire that includes a pain scale (such as Visual Analog Scale and Oswestry Disability Index) that will enable them to report the location and character of the pain in the body. Preliminary preparation includes preparing a short and understandable educational material (video or text with visual aids) regarding muscle strength and sensory examinations, and the patients can be asked to examine it before the interview. In order for the evaluation process to be effective, it may be requested that a family member be present to accompany elderly patients. All these steps not only make the evaluation process practical but also enable the physician to compare and record current examination findings with previous symptoms.

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Untreated chronic pain results in increased morbidity and mortality. Access to health services are extremely important in this period when patients need treatment and care. In this respect, telemedicine increases patient benefit. However, it should also be kept in mind that the consequences of wrong or incomplete treatment can be catastrophic. Without gathering adequate medical information and accurate diagnosis and treatment rationale, it is impossible for physicians to successfully provide medical services online. Diagnosis and treatment provided through telemedicine instead of face-to-face interviews do not diminish the responsibility of the physician. Therefore, patients with acute changes in symptoms, suspected drug abuse, and complex symptoms must be referred to the hospital.

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