

## IPCRG 2020: Weekly Series of Hot Topic Clinical Practice Webinars & Abstract Presentations

# A Very Warm Welcome to the 2nd IPCRG Hot Topic Webinar

# Agenda for today..

<b>1000hrs</b>	<b>Welcome and Introduction</b> Amanda Barnard, Webinar Chair
<b>1005hrs</b>	<p><b>COVID-19 in Primary Care</b></p> <p>Managing Common Mental Health Issues in Respiratory Patients Amidst COVID-19: <i>Lindsay Ip, UK</i></p> <p>Supporting People's Mental Health: <i>Jaime Correia de Sousa, Portugal</i></p>
<b>1035hrs</b>	Discussion / Q&A Session
<b>1050hrs</b>	Comfort Break – 5 mins Tai Chi with Sian Williams, CEO, IPCRG
<b>1055hrs</b>	Oral Abstract Presentations
<b>1155hrs</b>	Closing Remarks

# 6 x Oral Abstract Presentations

1. **Challenges in conducting surveys on chronic respiratory diseases in Low and Middle-Income Countries: Experience from 4CCORD pilot** *Ee Ming Khoo, Malaysia*
2. **Culturally tailored school-based intervention for asthma in Malaysia (CuT-AsthMa): A protocol for a mixed-methods feasibility study** *Siti Nurkamilla Ramdzan, UK*
3. **Feasibility of using a structured sleep medicine clinical review template in clinical practice** *Phyllis Murphie, UK*
4. **Screening for undiagnosed COPD; Accuracy of different strategies among hypertensive patients in Brazil: A Breathe Well study** *William Salibe-Filho, Brazil*
5. **Attitudes of Primary Care Physicians towards the management of an Asthma Case in Tunisia** *Malek Chaabouni, Tunisia*
6. **What features do patients and clinicians 'want' in the future Internet Of Thing (IoT) systems for asthma: A mixed method study** *Chi Yan Hui, UK*

# Presentation 1

Lindsay Ip, UK



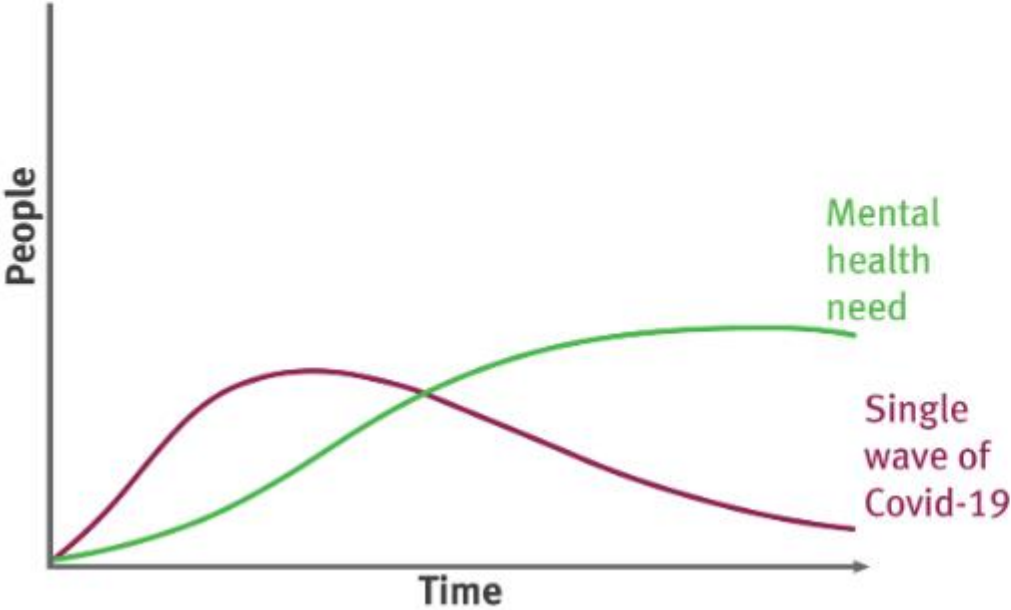
## Managing common mental health issues in respiratory patients amidst Covid-19

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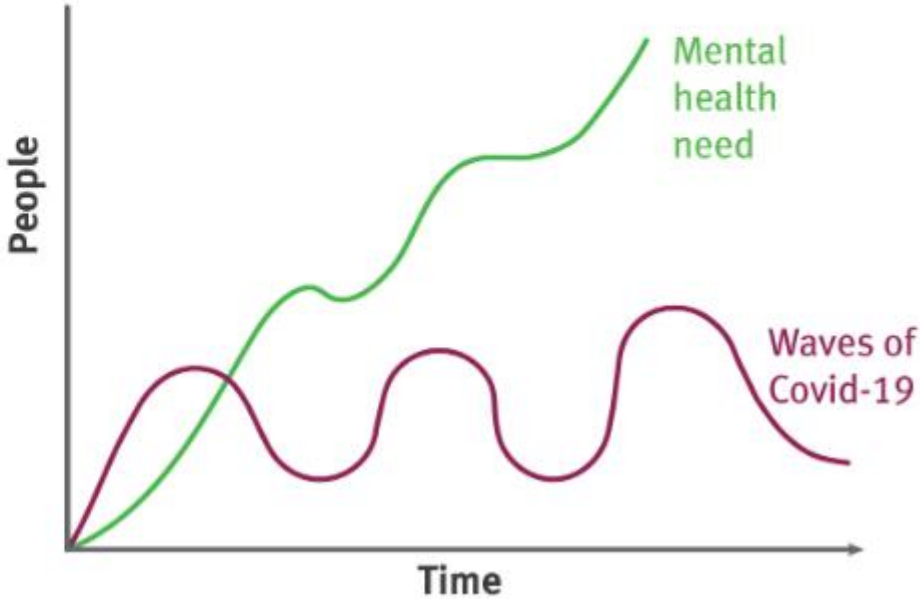
Dr. Lindsay Ip, Principal Clinical Psychologist  
King's Health Partners  
23/5/2020

# Scenarios of mental health need relating to Covid-19 and how they could compare with the trajectory of the virus itself

### Scenario 1: A single wave of Covid-19



### Scenario 2: Two or more waves of Covid-19



# Anxiety is skyrocketing

- Pre-Covid-19, about 30-40% of COPD patients have anxiety or depression
- With Covid-19, Over 2/3 of people with lung conditions said they were at 8, 9 or 10 on an anxiety scale of 1-10 (British Lung Foundation 2020)
- Routine care often interrupted e.g. pulmonary rehab, some outpatient appointments, switch to video consultations, 10% people with lung conditions in the UK said their GP appointments had been cancelled
- Fear of going out
- Loss, grief and possibly trauma from the death of loved ones
- Increased loneliness as family couldn't visit
- For those who are working, 81% of those who can work from home said they feel supported, only 51% of those who can't work from home said they feel supported by their employers → worsen inequalities



ROLE OF PRIMARY CARE



CBT FRAMEWORK

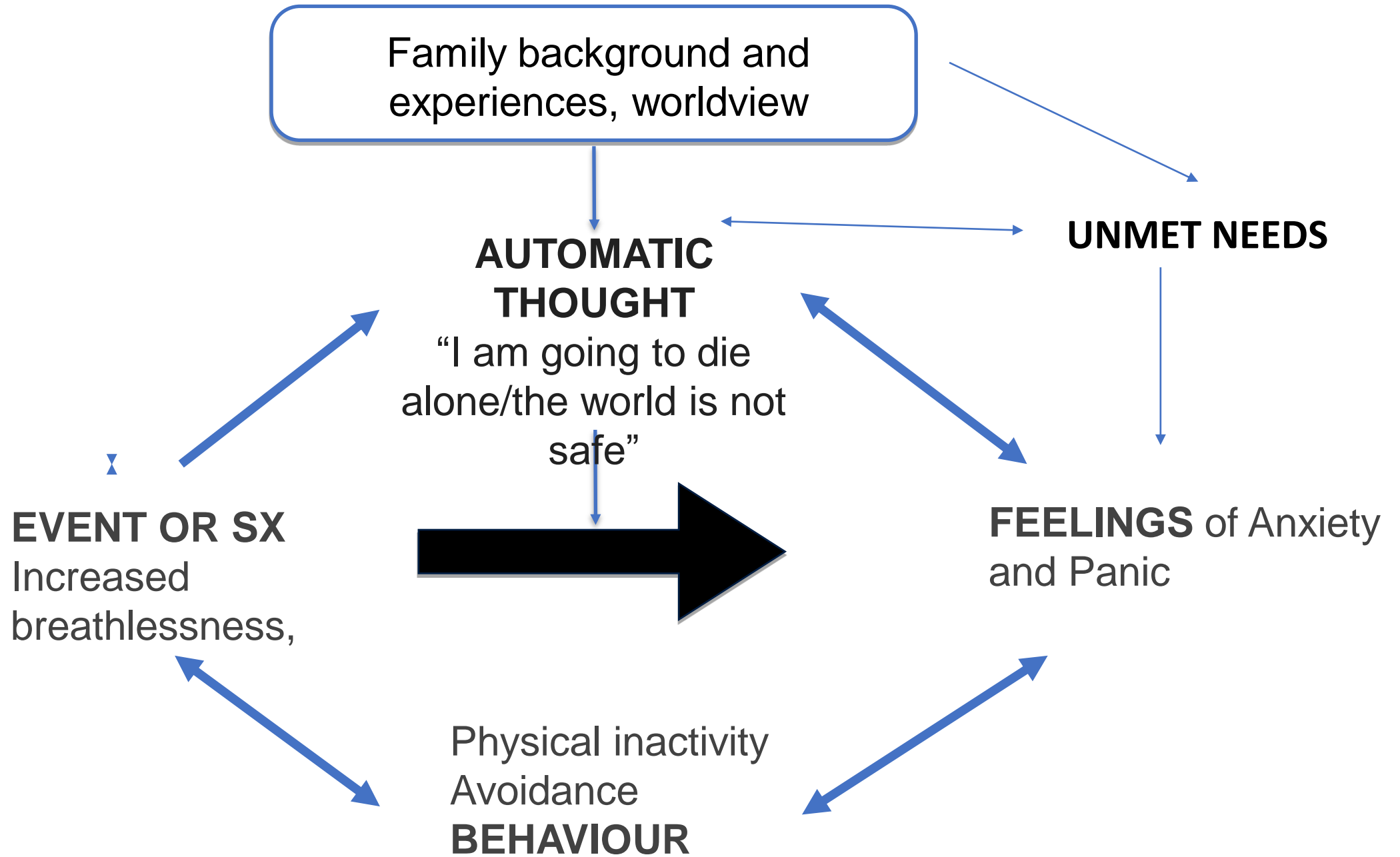


SKILLS AND PRACTICE



# Role of primary care

- Not offering therapy
- One of the influencers in patients' life nudging patient to change
- A container of anxiety in order to offer enough psychological safety for patient to accept problem which in turns leads to more effective change
- An authority figure to dispel myths
- In certain situations, a guide to more balanced thinking or finding healthier strategies to meet unmet needs
- A hub and convenor to match patients with support in the community or refer on for specialty mental health





## Points to consider:

- How can you use the CBT framework to explain some of your patients' problems?
- As a healthcare professional, what role can you play in breaking the negative cycle?

Focus on the basics first: things to consider on a practice level to prevent or ease anxiety

How are you **communicating** accurate information to your patients with lung conditions? Is it proactive? Is it in a format that is easy to understand? Is the practice clear about what is offered and what is not during Covid-19?

- Use of volunteers to call patient list and check-in on those who are most vulnerable
- Video briefings with a familiar face more effective way to communicate for some population

How can primary care **link patients up to support in their local community?**

- Act as match-maker – match patient with skills and time to offer with patients who needs help
- Listen well to needs and sign-post to voluntary sector or other non-statutory services in your community
- Social Prescribers working with volunteers in the community

Family background and experiences, worldview

How helpful is this thought? Any examples / reasons why this may not be true?

**AUTOMATIC THOUGHT**

**UNMET NEEDS**

**EVENT OR SX**

**FEELINGS**

Does watching the news constantly help you get reassurance? What's a more helpful way of getting that clarity and reassurance you need?

**BEHAVIOUR**

It's quite anxiety provoking to be uncertain about losing your job/whether NHS can save you, and you'd like more clarity/reassurance/support



# Strategies to promote acceptance and change

## **Acceptance**

- Reflect feelings
- Identify unmet needs
- Accept thoughts as thoughts
- Normalise
- Describe the CBT pattern observed
- Reinforce positive behaviour

## Nudge towards change

### LOW MOOD

What is the effect of thinking this way? Tie to CBT cycle

What matters to you most and what can you do to express that value despite having frequent unhelpful thoughts and feelings?

### ANXIETY

What is within your control and what is outside of it?  
What are your options going forward?

What is the worst that can happen? Is this realistic? How would you feel and think differently if you can accept even the worst case scenario? What's the best case scenario?

### LIFESTYLE CHANGE

What are the good things about doing xyz and not so good things about it? (can reflect and highlight the negative CBT cycle)

On a scale of 0-10 how important is it for you to quit smoking? Why ?

On a scale of 0-10 how confident are you to do xyz in xyz time? What makes you that confident? What needs to happen to increase your confidence level by 2 points?

### DISTRESS DUE TO MISINFORMATION

Explicitly highlight link between mind and body

Educate and dispel myths

Reassure and coordinate with other HCPs

Engage to  
mental health  
services as  
appropriate

What you are experiencing is understandable and very common, you do not have to cope with it on your own. Many people find gaining some support and coping skills from a professional helpful. We work with colleagues who specialise in helping people cope with stress and low mood especially when it becomes hard to bear. Would you like to speak to someone about this?



# Self-help tools

- Headspace – mindfulness app to reduce stress and anxiety
- Feeling good by David Burns– CBT self help book
- Self-Help Leaflets for Anxiety and Depression in people with long-term conditions (IMPARTS at King’s College London)
- Coping with stress amidst Covid-19 resources from the WHO
- Resources and forum on the British Lung Foundation website



# Presentation 2

**Jaime Correia de Sousa, Portugal**

The COVID-19 pandemic  
Supporting People's Mental  
Health

Jaime Correia de Sousa, MD, PhD

Family Physician

Associate Professor, School of Medicine, University of Minho, Portugal

# Caring for the health care workforce

## A primary health care perspective

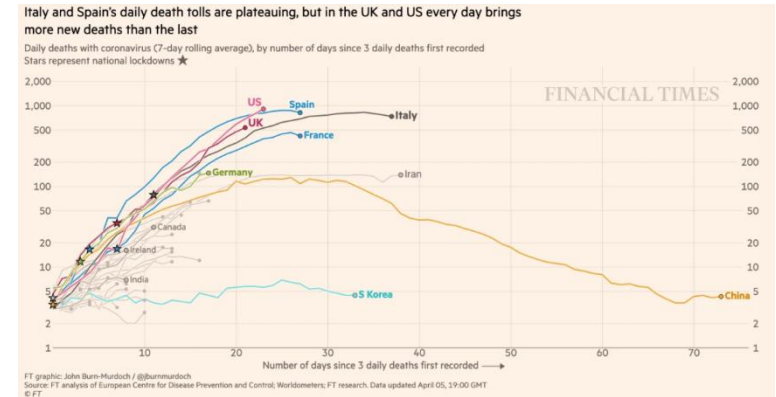
- Maintaining motivation & engagement of the workforce with new ways of working
- Trauma of dealing with post COVID-19 increased morbidity and mortality, especially with colleagues



# How to maintain motivation & engagement

# The emotional impact of COVID-19 on *primary health care workers*

- A new disease
- The other “epidemics”:
  - Fear or panic.
  - Scepticism and denial.
  - Overflow of information:
    - scientific papers,
    - media,
    - social media,
    - fake news.
  - Socioeconomic problems.
  - Mental health disorders.
  - Self-made epidemiologists, virologists, *predictologists*.



# The emotional impact of COVID-19 on *primary health care workers*

- The unknown → fear  
→ anxiety and depression.
- Fear for our families and friends.
- Physical distancing and social isolation.
- Shortage of personal protective equipment (PPE)  
→ fear of getting infected.



# The physical impact of COVID-19 on *health care workers*

- Stress
- Fatigue
- Exhaustion
- Side-effects of PPE
  - Dehydration,
  - Heat , Sweat
  - Skin rash





# So, we had to adapt during the 1<sup>st</sup> stage of the pandemic

## and develop new ways of working

- Working with personal protective equipment (PPE)
- Changing routines
- Cancelling appointments for chronic conditions
- Distance work – the challenges
- Decreased testing capacity
- Tracing / follow-up of patients with Covid-19
- New bureaucracy – sick leaves, certificates
- Home visits – risks and benefits



# Distance work

## **Non-COVID-related consultations: video may be appropriate for**

- Routine chronic disease check-ups, especially if the patient is stable and has monitoring devices at home
- Administrative reasons e.g. re-issuing sick notes, repeat medication
- Counselling and similar services
- Duty doctor/nurse triage when a telephone call is insufficient
- Any condition in which the trade-off between attending in person and staying at home favours the latter

Trisha Greenhalgh. Video consultations: a guide for Practice.

<https://bjgplife.com/wp-content/uploads/2020/03/Video-consultations-a-guide-for-practice.pdf>

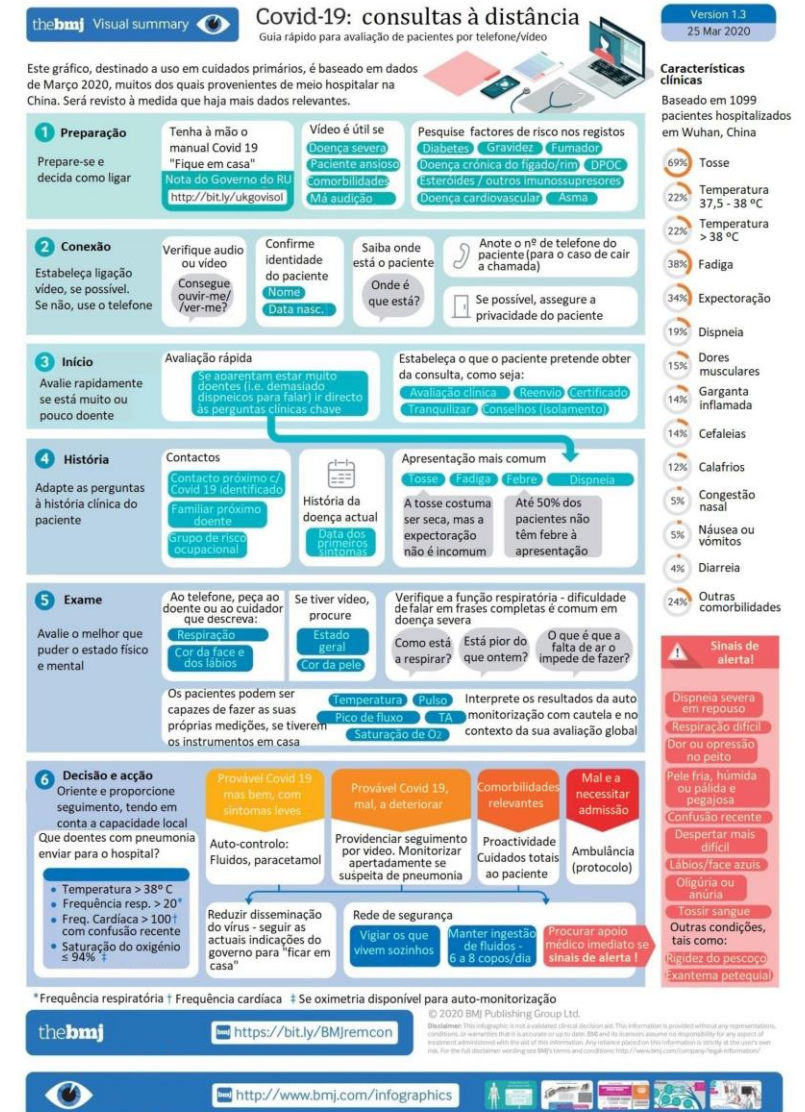
# Guidance for remote consultations

## Home monitoring of patients with Covid-19

- Most patients with Covid-19 can be seen remotely with advice on symptomatic treatment and self-isolation.
- While these consultations can be done over the phone in many cases, the video provides additional visual cues and therapeutic presence.
- Breathlessness is a worrying symptom; it can be assessed remotely using an algorithm such as the NHS Networks IMPRESS breathlessness algorithm
- Safety net counselling is crucial because some patients may get worse in the second week, most often due to pneumonia.

Trisha Greenhalgh et al. *BMJ* 2020;368:m1182 doi: 10.1136/bmj.m1182

<https://www.bmj.com/content/bmj/suppl/2020/03/24/bmj.m1182.DC1/gret055914.fi.pdf>



# How to maintain motivation & engagement?

- Protect the personal health of the working force – safe working environment, safe routines and availability of appropriate PPE
- Plan ahead: we'll need to constantly improvise and adapt. Be creative and use common sense when evidence is lacking. GPs are usually good at improvising.
- Stimulate team work, improve communication and maintain regular distance contacts and meetings with your colleagues and peer support groups.
- Stay tuned: read essential scientific literature from reliable sources but, be careful as a lot of statements with very low levels of evidence are constantly being issued by too many “experts” at all levels of the society.
- Keep well informed about Covid-19 news, but take time to follow other subjects too.
- Watch scientific webinars, but don't try to watch them all.

Trauma of dealing with post  
COVID-19

# We need to be creative in the following stages of the pandemic

## New ways of working

- Rescheduling appointments for some acute and chronic conditions
- Continue to use PPE
- Maintain remote consultations with some patients
- Restart exams and investigations
- Continue the follow-up of patients with Covid-19
- Still dealing with sick leaves and certificates



# Patients with increased morbidity and mortality risk

- Balance accessibility and risk.
- Use remote consultations as often as possible.
- Choose very wisely when to refer.
- Consider doing home visits balancing risks and benefits.
- Some of your higher risk patients might have died due to Covid-19.
- Help their spouses and families dealing with bereavement and grief.

# Trauma of dealing with post COVID-19 – *health care workers*

Dealing with bereavement and grief:

- Family member, relatives or friends who perished.
- Colleagues hit by the disease.
- Consequences of fatigue, sleep deprivation, stress and depression in yourself or in your colleagues.
- Be aware of signs of substance abuse (alcohol and illegal or self-prescribed drugs).



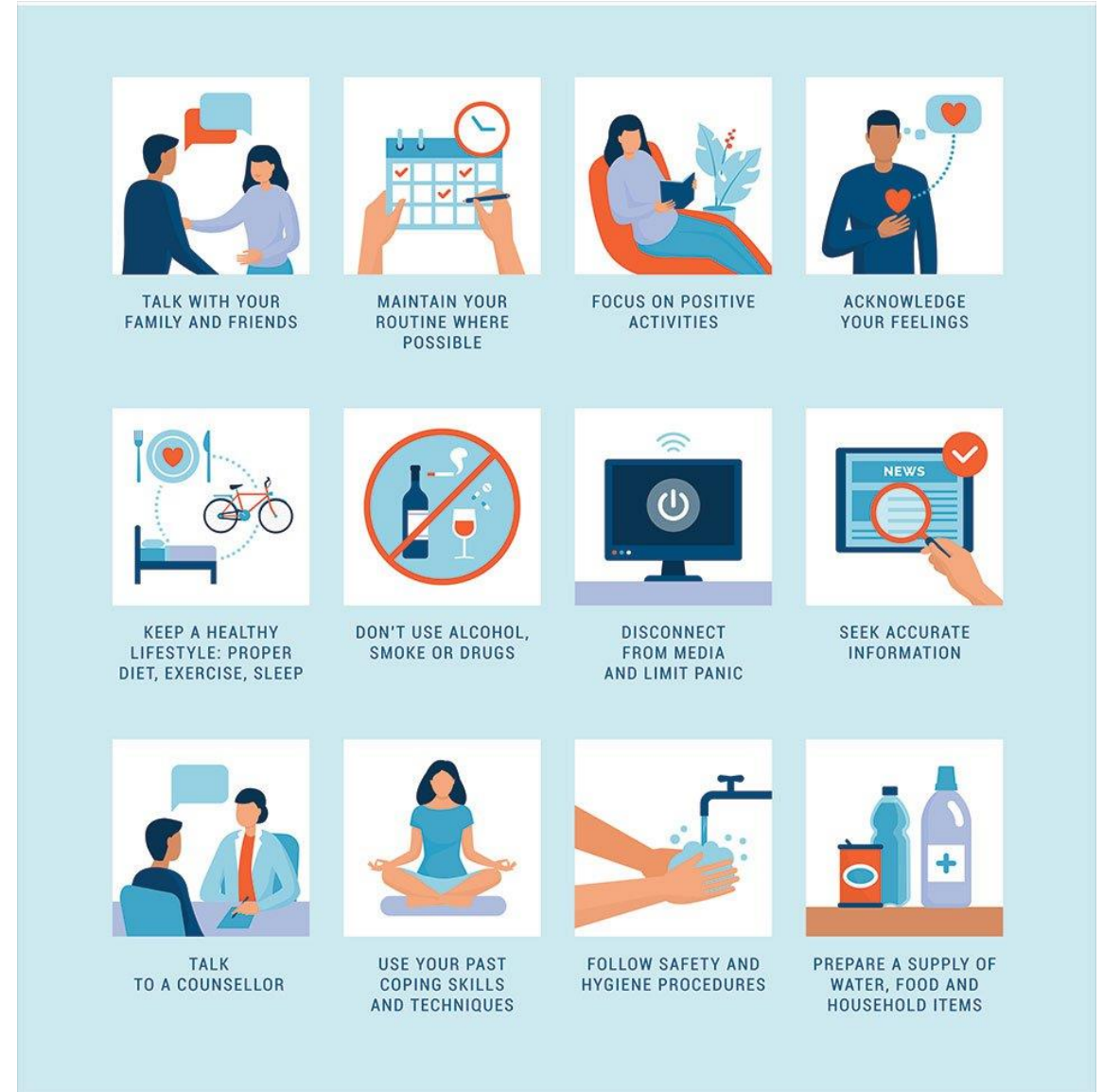


# Trauma of dealing with post COVID-19 – *health care workers*

## Coping strategies

- Find time to discuss personal experiences
- Try to slowly go back to your usual personal and working routines
- Eat well, sleep enough, do some physical exercise
- Advice for key worker parents\*

\* The British Psychological Society



# Additional resources

- Professor Trish Greenhalgh on video consultations and PPE <https://bjgplife.com/2020/03/31/professor-trish-greenhalgh-video-consultations-ppe/>
- Death, dying, and love with Iona Heath [https://www.youtube.com/watch?v=EAR15jyfaql&feature=emb\\_rel\\_pause](https://www.youtube.com/watch?v=EAR15jyfaql&feature=emb_rel_pause)
- Managing vulnerable patients during the COVID-19 crisis [https://www.youtube.com/watch?v=L55qpH1MqxA&feature=emb\\_rel\\_pause](https://www.youtube.com/watch?v=L55qpH1MqxA&feature=emb_rel_pause)
- Video Consultations: A Guide For Practice <https://bjgplife.com/wp-content/uploads/2020/03/Video-consultations-a-guide-for-practice.pdf>

Thank you for your attention!