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Middle East North Africa Committee for
Treatment and Research in Multiple Sclerosis

POSTER PRESENTATION

Telemedicine and multiple sclerosis management in the era of COVID-19, Al-Azhar experience

Dr. Ahmed Essmat, MD

INTRODUCTION

The COVID-19 pandemic reduced the accessibility of many patients to MS units in hospitals due to shortage of resources, fear of coming to hospitals and a lack of physicians. The disruption of many hospital services was reported with a subsequent need to put adequate counter measures to decrease the disease burden.

Public health safety measures such as social distancing and postponing non urgent visits triggered a potential decline in the quality and safety of health care. This was planned to minimize the need for access of non immunocompetent patients to health care facilities during the lockdown of hospitals. As a result, even if a medical prescription was overdue, patients were allowed to continue long-term therapies to avoid complications.

Telemedicine solutions were found to be feasible and cost-effective in many neurological diseases, as well as Multiple Sclerosis (MS) Specific, quickly deployable, and mobile telemedicine solutions may increase the access to care for patients with mobility limitations or geographic barriers.

AIM

The aim of this retrospective case series analysis was to evaluate the use of mobile telemedicine in a MS outpatients service during the COVID-19 pandemic.

METHODS

All of the patients of our outpatients service (total population of 100 subjects assisted), their age ranged from 20 to 39 years old, needing a follow up visits during the lockdown months period April 2021 to October 2021) were candidates (from Al Hussein and Sayed Galal) Al Azhar university hospitals.

Participants were recruited from the local MS database. Inclusion criteria included age >18 and a diagnosis of MS (relapsing or progressive). Participants were initially required to have an internet connected smartphone or tablet. Participants were required to reside within the same region.

At each visit, participants provided interval clinical history and underwent a focused general neurological examination. The neurological evaluation is focused on the rating of the Expanded Disability Status Scale (EDSS).

All patients had informed about disease activity as regard their status, informed about their condition and the appropriate treatment for them..

RESULTS

Participants were recruited and a total of 100 participants joined the program (75 % of the outpatients population, 12 % new comers to MS unit and 13% searching for medical advice as regard MS treatment).

The mean subject age was 42.8 with a female predominance (65.2%). A large majority of participants (86.9%) had a Relapsing Remitting form of MS with a shorter disease history (below 10 years: 86.9%). The mean duration time of the disease in the population was 8.9 years.

Patients who participated in multiple calls (15 cases) were: those complaining of fevers of an unknown cause (5 cases), patients suffering COVID-19 infection (5 cases), and those needing drug dose changes involving oral DMTs (5 cases).

Preview:

The COVID-19 pandemic required rapid adoption of new technologies to improve access to healthcare while social distancing was mandatory. The current COVID-19 pandemic with many associated local and national restrictions have compelled healthcare systems across the world to adopt telemedicine at unprecedented speed. Our MS service implemented telemedicine as a way to continue to provide care to our patients during the crisis. All patients contacted for telemedicine visits showed interest in and a willingness to use this modality.

CONCLUSIONS

Televisits were found to be feasible and engaging to both persons with MS and physicians. Telemedicine is an affordable solution in major emergencies, as well as in more ordinary scenarios. It should be encouraged in all areas of neurology where remote treatment has been shown to be feasible and effective.