

Side Effects of COVID-19 in Family Medicine

Efectos colaterales de la COVID-19 en la Medicina Familiar

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The SARS-CoV-2 pandemic has impacted all human activities; however, the economy and health are the ones that have suffered the most. Unfortunately, the pandemic has highlighted some important weaknesses in health care systems around the world, but it has also helped to show the adaptive capacity of medical personnel to face new clinical and epidemiological scenarios. In this context, family physicians have and will have an enormous challenge, given the consequences caused by the pandemic, especially in a discipline in which there is much uncertainty due to the early stages of diseases and in which risk must be managed appropriately;¹ however, the biopsychosocial approach to diseases, as well as person-centered care, are and will be fundamental to mitigate the effects caused by COVID-19. This has led Family Medicine to become a pillar of health care systems of different parts of the world, which have often focused more on the second and third levels.²

In Family Medicine practice, one of the most important challenges in a pandemic environment is related to face-to-face restrictions; in this regard, it has been pointed out that antibiotic prescribing during the COVID-19 pandemic is higher in remote consultations than face-to-face ones;³ in addition, it has been reported that 72% of patients presenting COVID-19 received antibiotics inappropriately,⁴ in the United States alone. This is of concern, as efforts to promote the rational use of antibiotics and prevent widespread antibiotic resistance could be seriously affected. For decades, efforts have been made to strengthen the appropriate use of antibiotics, and the maxim “every antibiotic prescription counts” reflects the existing concern to avoid their indiscriminate use in the field of Family Medicine.⁵

Suggestion of quotation: López-Ortiz G. *Side Effects of COVID-19 in Family Medicine*. *Aten Fam*. 2021;28(4):229-230. <http://dx.doi.org/10.22201/fm.14058871p.2021.4.80587>

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Quarantine periods, coupled with pandemic peaks and, in some countries, curfews, have led many patients to be absent from the Family Medicine consultation and to not give appropriate follow-up to not related COVID-19 diseases, this may trigger another health crisis in the short and medium term in which mental illness, delays in diagnosis and lack of control of conditions would worsen even more and could considerably affect both patients and health personnel and institutions.⁶

Another aspect to be taken into account, in the Family Medicine scenario, is the susceptibility of the population to contracting COVID-19, as well as the health impact that patients will see once the infectious conditions have subsided, regardless of their severity. It has been pointed out that high social marginalization and economic poverty are factors that lead to a higher incidence of SARS-CoV-2 infections in groups that already have important risk factors for multiple diseases, which are treated by family and first-care level physicians.^{7,8} An immense number of clinical manifestations have also been reported after getting severe COVID-19, among which organic dysfunctions involving lungs, brain and heart stand out, as well as emotional affectations and persistent exhaustion; in the management of these affectations, Family Medicine will have to be updated to contain the adjacent effects caused by the pandemic, for whose approach there is no solid knowledge.

Finally, there is a growing concern about the training of Family Medicine specialists during the COVID-19 pandemic, since this meant a double burden for many of them, on one hand they had to update themselves to face a new disease and, on the other hand, continue with their academic training in the midst of an unprecedented health contingency; many doctors in training have seen their medical preparation affected by not being continuously treating patients and seeing the dynamics in which the medical residency was usually developed significantly altered. In addition, it has been reported that some students have been excluded from learning experiences due to deliberate efforts to limit exposures and the rational use of personal protective equipment,⁹ clinical activities have also been suspended and adjustments have been made to educational programs without necessarily being prepared to make such changes.¹⁰ In addition to the above, many residents caring for patients with COVID-19 may have emotional problems that affect their adequate learning, so the long-term psychological impact of the pandemic should be assessed to determine the effect this has had on their mental health and, more importantly, should be addressed immediately to replace or mitigate the effects the pandemic has had on them throughout this time.¹¹

Many of the collateral effects caused by the COVID-19 pandemic are not yet fully known, given the enormous

responsibility that Family Medicine has around the world in health systems, this medical speciality must adapt and anticipate these new scenarios.

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