

**How to manage, after containment,
patients with chronic conditions at risk?**

Press Release from the French National Academy of Medicine

June 11, 2020

Age over 70 years, male sex, and the presence of chronic disease are the risk factors for death in patients with Covid-19 [1]. The main co-morbidities associated with fatal outcome are diabetes, obesity, chronic respiratory diseases such as chronic obstructive pulmonary disease, renal failure at dialysis stage, cancers under treatment, organ transplant suites, autoimmune diseases with respiratory involvement, multiple sclerosis, high blood pressure and cardiovascular diseases.

The situation of healthy seniors has already been the subject of recommendations aimed at favoring individual choices for release from containment, informed if necessary by the advice of their attending physician [2].

In at-risk chronically patients, the significant reduction in the number of consultations since the emergence of the epidemic raises fears of numerous follow-up and treatment breaks, as well as delays in the implementation of essential treatments [3].

These patients should therefore be invited to resume or continue the regular surveillance of their chronic disease, either by direct contact or by teleconsultation, with their general practitioner or specialist, at their regular frequency, and to continue their usual treatment without modification out of different medical advice. The maintenance of a regular physical activity in strict compliance with physical distancing measures is desirable for all and is essential in obese and diabetic patients, in combination with dietary measures.

Given the heterogeneity of situations, including the patient's chronic disease severity, the decision and modalities of deconfinement should be discussed on a case-by-case basis between each patient and his or her attending physician.

The National Academy of Medicine recommends:

- the continuation of “the” regular medical monitoring of patients with chronic conditions at risk, according to the surveillance scheme defined prior to the epidemic, with the attending physician or by teleconsultation;
- the continuation or initiation of treatments adapted to each individual situation without deviations from professional recommendations;

- the immediate initiation of treatments recommended by standard guidelines for newly identified chronic risk conditions, with screening for SARS-CoV-2 by RT-PCR in patients requiring hospital care;
- a careful, measured and personalized organization of release from containment after consultation with the attending physician;
- for patients released from containment measures, the prolonged and strict maintenance of barrier measures including, in particular, the permanent wearing of masks in public places.

1. OpenSAFELY: factors associated with COVID-19-related hospital death in the linked electronic health records of 17 million adult NHS patients. <https://www.medrxiv.org/content/10.1101/2020.05.06.20092999v1.full.pdf>

2. Press release from the National Academy of Medicine: Emerging from the Covid-19 outbreak. For a methodology of deconfinement that respects the Human being, April 15, 2020.

3. Press release from the National Academy of Medicine Telemedicine applied to cardiovascular and neurovascular diseases during containment, April 27, 2020.