Acute cardiovascular diseases may be less likely to be considered because of the COVID-19 pandemic – our duty is first to alert, then to analyse more deeply: Response to a letter entitled “Severity of cardiovascular diseases during the COVID-19 pandemic” from T. Imamura


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Acute cardiovascular diseases may be less likely to be considered because of the COVID-19 pandemic—our duty is first to alert, then to analyse more deeply: Response to a letter entitled “Severity of cardiovascular diseases during the COVID-19 pandemic” from T. Imamura

Les maladies cardiovasculaires aiguës ont probablement été moins prises en compte à cause de la pandémie à COVID-19 notre devoir était tout d’abord d’alerter, puis d’analyser plus en profondeur: réponse à la lettre de T. Imura

Keywords COVID-19; Acute cardiac care; Intensive care unit; Acute coronary syndrome; Heart failure
Mots clés COVID-19; Soins aigus cardiaque; Unité de soins intensifs; Syndrome coronarien aigu; Insuffisance cardiaque

To the Editor,

We would like to thank T. Imamura for his valuable letter sent to the Archives of Cardiovascular Diseases regarding our publication entitled "One train may hide another: Acute cardiovascular diseases could be neglected because of the COVID-19 pandemic" [1]. In this paper, we reported for the first time a dramatic drop in the number of admissions in several centres in France after the establishment of containment. Our Italian colleagues have published a similar observation in the New England Journal of Medicine [2]. We also proposed some hypotheses that might explain this phenomenon.

Our colleague underlines that our finding deserves to be highlighted, but better understood, as we acknowledged early in the article. He proposes further work, especially the collection of additional data associated with in-hospital mortality and disease severity. We totally agree, and many studies with that purpose are presently ongoing. Our group continues to collect similar data. Furthermore, members of the French Acute Cardiac Care group have submitted results elsewhere, with detailed investigations in order to better understand the pathways. In parallel, a French group of interventionists is working on a large similar analysis based on the medical reports. Finally, our group has just obtained a public grant to lead a large national study investigating differences in the management of patients admitted to various acute care structures, through the examination of large health databases, including in-hospital and out-of-hospital data, and mechanistic aspects in the medical files.

In other words, our first duty was to raise the alert as soon as possible about the fact that the increase in mortality during the pandemic period might not only be related to COVID-19 cases—this, we have done. Now, it is time to better understand the causes, pathways and consequences. This unprecedented period will be rich in concerns and findings, beginning with its impact on the patient–physician relationship.

Disclosure of interest

The authors declare that they have no competing interest.

References


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