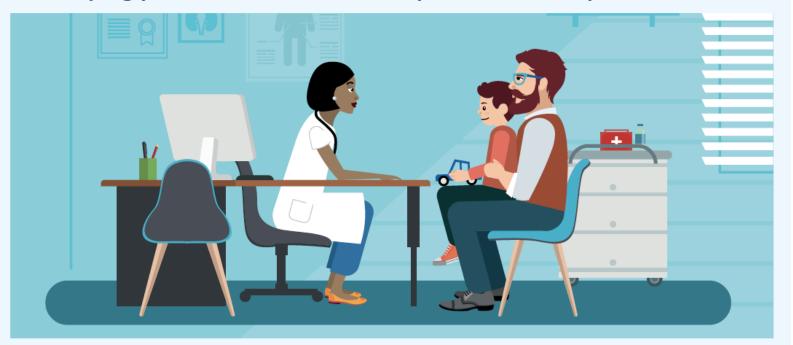


## Epilepsies (ERN EpiCARE)



#### **EUROPEAN REFERENCE NETWORKS**

Helping patients with rare or low-prevalence complex diseases



# REORGANIZATION OF EPILEPSY DEPARTMENTS DURING THE COVID-19 CRISIS: PERSPECTIVES FROM ITALY AND SPAIN

THE EXPERIENCE OF THE **EPILEPSY UNIT** AT THE

**PAEDIATRIC DEPARTMENT IN** 

A NON-COVID INSTITUTE IN MILANO, LOMBARDIA (WUHAN OF EUROPE)

A NEUROLOGIC MONO-SPECIALTY INSTITUTE

WITH ABOUT 50% OF PATIENTS COMING FROM OUTSIDE LOMBARDIA

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### COVID-19 situation in the WHO European Region data as of: 05 April 2020, 10:00 (CET)

Total confirmed cases Total confirmed deaths 622.251 46.430

53	Countries with confirmed cases					
Spain	124.736					
Italy	124.632					
Germany	91.714					
_	10.105					

United Kingdom of Great Britain

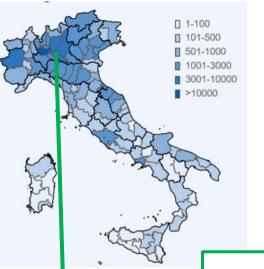
41.903

and Northern Ireland





## Epidemiology for public health Istituto Superiore di Sanità



#### 6 April 2020 UPDATE

**124,527** cases of COVID-19\*

**12,681** health-care workers

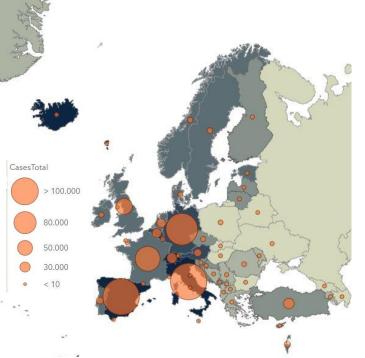
**14,860** associated deaths

#### LOMBARDIA

Population: 10.019.166 (2018)

51534 cases of COVID-19

9202 associated deaths (61% of whole Italy)





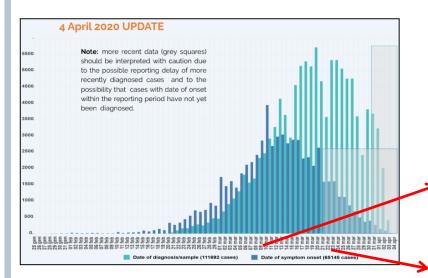
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January 29: two Chinese tourists in Rome tested positive for the virus

February 21: first cases in a small area of Lombardia

February 22: first death

Red zone limited to a part of Lombardia



March 8-20 quarantine to all of Lombardy and soon after to all Italy, several restrictions

March 21: additional restriction LOCKDOWN





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#### THE PLANNING HAS CHANGED

#### February 21– March 6

#### **INPATIENTS**

#### Progressive decrease of admissions: 50% less

- patients, particularly those coming from outside Lombardia, gave up
- few beds to guarantee one room for each patient/parent (usually 2-3 pts/room, shared bathroom)

#### **Triage and IPD**

- anamnestic triage by phone prior to the admission
- anamnestic and clinical triage on admission
- No individual protective devices (IPD)

#### To unburden Covid hospitals:

Call for non covid patients from other hospitals

#### **OUTPATIENTS**

Progressive decrease of visits: up to 30% less

patients, particularly those coming from outside Lombardia, gave up

#### No Triage no IPD





## About 40% of patients come from outside Lombardia

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LOCKDOWN

Z4 MPIII, ZUZU

#### THE PLANNING HAS CHANGED

#### March 9 – March 21

#### **INPATIENTS**

#### Further decrease of admissions: 80% less

- All the scheduled admissions cancelled
- Only from Lombardia
- Only urgent patients

#### **Triage and IPD**

- anamnestic triage by phone prior to the admission
- anamnestic and clinical triage on admission
- <u>Individual protective devices (IPD)</u>

#### **OUTPATIENTS**

• For all the scheduled visits:

triage by phone done by doctor:
clinical interview to understand
the clinical condition
the need for in-person visit

- Most scheduled visits were managed by phone
- Few in-person visit with IPD
- → Start implementing <u>telemedicine</u>

## About 40% of patients come from outside Lombardia







#### THE PLANNING HAS CHANGED

#### March 23– ongoing **LOCKDOWN**

#### **INPATIENTS**

Admissions: less than 10% of beds

- Only from Lombardia
- Only urgent patients

#### **Triage and IPD**

- anamnestic triage by phone prior to the admission
- anamnestic and clinical triage on admission
- Patient and parent:

Blood sample for CRP and blood count

Nasopharyngeal swab

- <u>Precautionary isolation of patient and parent</u> until the test results
- Individual protective devices (IPD)

#### **OUTPATIENTS**

#### **Unchanged**





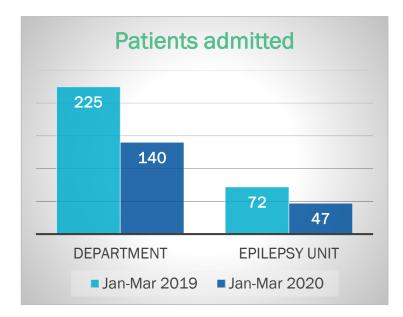
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### **INPATIENTS**

#### **DEPARTMENT OF PEDIATRIC NEUROSCIENCE**

36 BEDS

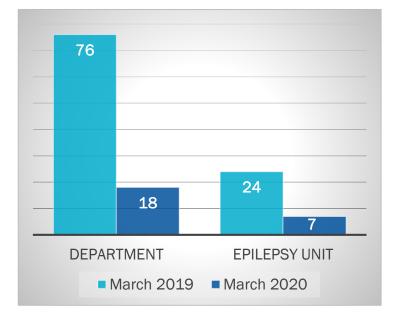
**40% OUTSIDE LOMBARDIA** 



#### PEDIATRIC EPILEPSY UNIT

8 BEDS

**50% OUTSIDE LOMBARDIA** 







## EEG

#### **OUTPATIENTS**

Since March 9:

Cancelled all the scheduled EEGs

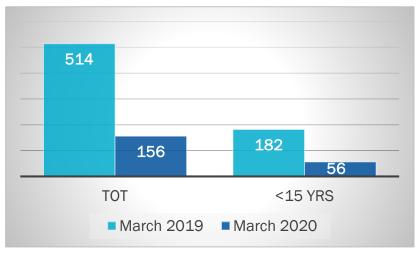
Only urgent EEGs, as judged by the specialist (for example new onset seizure in children) and agreed with the neurophysiologists

#### **INPATIENTS**

Very few, urgent, patients in the ward, all admitted after triage and inflammatory screening

No LTM

No pre-surgical procedures



EEG 16-31 March 2020 (LOCKDOWN)

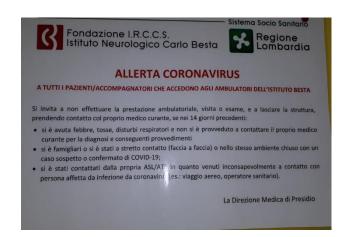
All ages: 44 exams 0-15 yrs: 11 exams







#### TRIAGE FOR OUTPATIENTS





While booking the visit/examination:

anamnestic triage on Covid risk is done by phone.

While entering the hospital:

the patient and accompanying person (only one allowed)

sign a declaration stating that:

they are free of symptoms

that they did not have contact with suspected Covid patients.

have to wear a mask and disinfect their hands temperature is taken.

Personnel wear protective devices (that vary according to the procedure to do)





## **TRIAL**

#### TRIALS GO ON, BUT:

NO RECRUITMENT OF NEW PATIENTS
MOST VISIT BY PHONE
DRUGS DELIVERED TO PATIENTS





## **PERSONNEL**

FEBRUARY 21– MARCH 6: NO LEAVE ALLOWED (MINISTERIAL DECREE)





#### FROM MARCH 7:

NEED TO REDUCE PERSONNEL IN THE HOSPITAL

MANDATORY LEAVES

SMART WORKING (FELLOWS, RESEARCHERS)

SMART WORKING AND TELEMEDICINE

ALSO FOR REHABILITATION

(PSYCHOLOGISTS, THERAPISTS)



SENSE OF UNREALITY
SENSE OF LONELINESS
SPEECHLESS

FEELING OF FUTILITY IN RELATION TO OUR WORK.

**DEPRESSION AND ANXIETY** 

- →APATHIC, INERT, MOTIONLESS
- → NEED TO ACT: COMPULSIVE PURPOSELESS BEHAVIOR

INCAPACITY TO CARRY OUT RESEARCH, PAPER, ETC THE MIND WAS ELSEWHERE

GRADUALLY WE RESET OUR MINDS

REASONING ABOUT NEXT PHASES

TELEMEDICINE also for the future







## PATIENT-DOCTOR RELATIONSHIP

PHONE NUMBER DEDICATED TO PATIENTS Usual: 9.00 a.m. -1 p.m.

Covid emergency: 8.00 am – 8 pm

The doctor is in to answer to your questions

Families tend to avoid contacts Few phone calls Families favour emails Only for urgent issues

Sometimes we actively call patients known to be more fragile or at risk



FEAR?





## **EPILEPSY**

No significant change in seizure frequency in most cases

At the beginning of emergency: increase of seizures in children with severe disability (probably apparent, h 24 with parents)

Treatment adjustment only on a clinical basis (no blood examination, no EEG in most cases)

No weaning of ongoing AE medication.

No change in AEDs (unless urgent)

No presurgical-surgical procedures (to unburden other hospitals in Lombardia, the Institute is now hub for urgent neurosurgery)





## BESIDE EPILEPSY

#### Problems arising from closing the school/diurnal center & work

- planning of everyday life
- family reorganization: all the family at home
- child to be cared 24/24 hours
- all the patient's disability on the parents' shoulders

#### **Problems arising from**

- stop rehabilitation
- stop recreational activities and sports
- Great differences according to the social status (house, garden, terrace, electronic devices, P.C. and wi.fi. facilities, level of education, severity of the disease)

#### **Comorbidities:**

Worsening or new onset of symptoms:

behavioral disorders, sleep disorders, headache, mood disorders (depression, anxiety)

Major problems in children with intellectual disability or behavior disorders: the loss of acquired routine, rules, and motor activity, resulted in regressive behavior, severe hyperactivity, explosion of anger → INCREASED FAMILY BURDEN





## **FAMILY SURVEY**

## 20 questions

To evaluate the indirect effect of Covid in patients with epilepsy and their family, with regard to:

- Management of epilepsy: problems arising from the need to cancel or postpone visits, admission, examinations, rehabilitation
- Impact of the Covid crisis on comorbidities, and on everyday life, including the risk for post traumatic stress disorders
- Opinion on potential consultation by remote, also in a post-crisis phase.







MILAN PIAZZA DUOMO PRE- COVID19

MILAN PIAZZA DUOMO DURING COVID19



