# Letters to the Editor

*[The Editor is not responsible for the views expressed by the correspondents]*

## *Special Corresponding*

### "Hypertensiologists" — The Need and Necessity in India

Sir, — Hypertension and diabetes mellitusare increasingly emerging as public health problems in developing countries like India.[1]According to evidence, the crude prevalence of diabetes mellitus (DM) and hypertension (HTN) has been reported to be 7.5% and 25.3%, respectively.[2]The prevalence levels for both these conditions in India are high across all geographical locations and socioeconomic groups in middle as well as old age groups.[2]According to the Global Burden of Diseases Study 2016, diabetes and HTN accounted for 3.1% and 16.7% of total deaths in India, respectively.[3,4] Moreover, diabetes accounted for 10 million disability-adjusted life years (DALYs) while HTN accounted for 39.4 million DALYs in the same year.[3,4] Also, HTN accounts for 57% of all stroke mortality and 24% of all coronary artery disease mortality in the country and isthe most important risk factor for cardiovascular morbidity.[5,6] An important point to be noted is that these conditions often share a significant overlap in underlying risk factors.[7] Approximately 75% of adults with DM also present with HTN, which could subsequently exacerbate the associated morbidity and mortality.[7,8] HTN and DM are both complex and heterogeneous phenotypes related with a high risk of life-endangering cardiovascular disease.[9]

In the past few years, various developments have occurred and are still emerging in the field of management of DM. Unfortunately, the same has not been observed for HTN in India. Taking into consideration the high magnitude of undiagnosed or untreated HTN cases in the country, there is a substantial lack of methodical screening and awareness programs to detect undiagnosed cases, provide early interventions and implement regular follow-ups.[10] Till date, there is scarce large-scale population-based evidence from India with respect tovarious stagesranging from screening to efficacious control of HTN.[11] There is a need to improve HTN care by targeting, rural populations, and those with low economic status, since these population groups are likely to get lost at each step of the HTN control cascade.[11]

There is an absolute necessity to reinforce the healthcare system in India and to focus on significantly improving HTN screening and treatment to decrease cardiovascular risks.[12] This would imply strengthening health careat primary, secondary and tertiary levels, integrating prevention, diagnosis and appropriate treatment.[13] Notably, vigor oustraining, regular enrichment and updating skills of health professionals is imperative for delivering better HTN related-care.[13] Moreover, provision of specialized clinics for HTN with trained specialists (Hypertensionologist) is required for addressing the current needs in urban as well as rural areas across the country. Such clinics equipped and powered with "Hypertensionogists" would effectively help in reducing the morbidity and mortality related with this condition. Furthermore, there is a severe shortage of well-trained specialists in India, especially in the rural areas; this needs to be addressed on priority.[14]

Most importantly, the health care system must take efforts for enhancing health education and increasing awareness on HTN to improve resultant outcomes.[13,15] These efforts can begin with simple measures like promoting self-blood pressure monitoring (SBPM) at home. As per evidence, SBPM has led to improved patients' awareness of blood pressure (BP), bettercontrol rate of BP and superior antihypertensive drug adherence.[11] SBPM needs to be focused largely to optimize the management of HTN patients. Likewise, accurately validated devices for BP measurement must be present at all health facilities and made accessible to all healthcare professionals.[13]

Along with SBPM and pharmacological measures, non-pharmacologic interventions also need to be incorporated for favouring effective BP reduction. Non-pharmacological interventions aid in decreasing the daily dose of medications and delaying the progression from pre-hypertensive to hypertensive stage.[17] These measures include lifestyle changes such as dietary modifications, regular exercise, relieving stress, and limiting consumption of alcohol.[17] Also, population-based preventive approaches combined with evidence-based therapeutic approaches focused on early recognition and treatment may prove to be beneficial for thepatient population.[13]

Inspite of being highly prevalent and more dangerous, HTN is a neglected entity and significantly less identified, treated and succeeded. Currently, we do have potential scope to tackle the numerous challenges pertaining to HTN management. Ensuring proper training of existing physicians, setting up exclusive HTN clinics operated by "Hypertensionogists" increasing patient awareness, implementation of home BP monitoring and good lifestyle modifications etc. could definitely help in achieving good control of HTN. Just like Diabetes and Diabetologists, creating Hypertension as sub specialty of medicine and creating more Hypertensionologists will aid our sincere efforts and appropriate therapeutic approaches, to considerably reduce the growing chronic burden of HTN and its catastrophic consequences in the country.

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## Effect of the Crisis Arising due to COVID-19 Pandemic in Patients with Hematological Disorders

Sir, — These are unprecedented times. A novel disease has gripped the world and brought it to a standstill. The term 'lockdown' is now a familiar term in every household. As the world struggles to adapt to the new ways of life, some are being faced with more difficulties than others. Patients having chronic or terminal illnesses, such as, cancer, chronic renal disease or collagen vascular diseases- for which, they require regular follow up with a doctor, at a hospital, for life-saving medicines or procedures, are being severely affected.

We wish to share our experiences regarding the patients who attended our Outpatient department (OPD) during the Covid-19 crisis after the Government of India declared a complete lock-down on movement of people and transportation from the 25th of March onwards[1].

Our OPD noted a significant reduction in footfall. We give here an account of 440 patients who attended our Hematology OPD in the 1st 45 days of lockdown (25th March-8th May, 2020)[1,2], a drastic reduction of79-81% as compared to previous months (Fig 1A). Out of the 440 patients, 19 patients came for more than one consultation, while 421 patients attended only once.

Our centre is a super-speciality centre for Hematology and patients visit us from all over Bengal including, neighbouring states and countries. However, as depicted in Figure 1B, fewer patients attended from farther districts or states during this period. Even within Kolkata, fewer patients were noted. A total of 104 new patients (24.7%) visited our OPD, most of whom required admission or urgent interventions, such as, immediate blood transfusions or management of acute leukemia (n=37).

During this period, our in-patient, out-patient or Day care facilities, continued as usual. All the staff, including doctors, had rotational duties. However, gradually as lockdown progressed, blood products became scarcer, and outsourcing certain investigations (of parameters not tested at our institute), became difficult.

Though hospital facilities remained functional, many hematological malignancy patients who had been receiving maintenance chemotherapy on a Day care basis, or were due for in-patient admission, failed to arrive. Most stayed away from hospitals, unless it was a medical emergency or they were out of medicines. The reasons ranged from lack of transportation to general fear among patients, and their relatives, regarding this novel disease. Patients realized the need for social distancing and avoidance of crowded places, unless absolutely necessary. While many postponed their dates on their own volition, many were forced to do so in view of distance, lack of adequate transportation or accompanying persons. Of the patients who reached the hospital, many had made high monetary payments to procure appropriate transport. Few others walked. For instance, one 60-year-old gentleman walked for 7km to reach our OPD.

This delay in receiving adequate therapeutic interventions is detrimental for patients with hematological diseases. Patients with leukemia or lymphoma whose treatment is being delayed due to the current pandemic are losing their chance at achieving disease remission.3Many patients with chronic hematological neoplasms, such as Chronic myeloid leukemia, who failed to attend the hospital in order to collect

medicines, risked a break in therapy, thus, jeopardizing the disease prognosis. Many Thalassemia patients failed to attend Hematology Department for their scheduled blood transfusions and those who could attend, had difficulty arranging for blood products for transfusion. Patients with diseases such as, Aplastic anemia, who require transfusional support as part of their treatment, also faced similar difficulties in getting admitted for life-saving blood transfusions. Even patients with Hemophilia who were leading a normal life by receiving regular weekly prophylaxis, could not attend for their scheduled dosages, and others were unable to attend the hospital, in spite of suffering from a hematoma which necessitates immediate Factor replacement therapy.

Patients with hematological malignancies or bone marrow failure syndromes are immuno-compromised and naturally more susceptible to infections, including SARS-CoV2 infection[4,5]. These patients face more difficulties than normal population, and require to practice stringent infection control measures.

In conclusion, our observation highlights how Covid-19 disease is more than one disease. The various indirect effects of this disease are also affecting our patients with hematological diseases, as many patients require to attend the hospital physically in order to get therapy. Educating our patients regarding precautions to be taken during the current Covid-19 pandemic, might encourage them to seek adequate and timely medical advice, without being unduly scared.

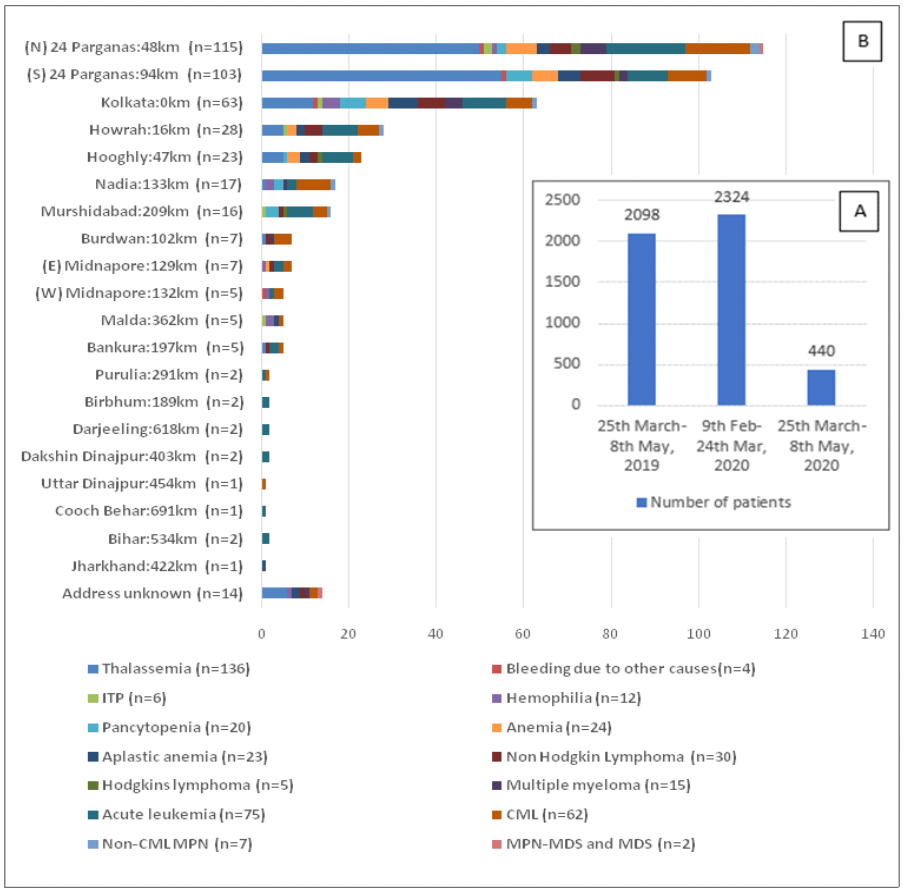


Fig 1A — Comparison of the number of patients who attended the Haematology OPD at NRS Medical College during the i) same time period in 2019, i.e. 25th March-8th May, 2019; ii) 45days immediately preceding the lockdown, 9th February-24thMarch, 2020; and, iii) 45days since the start of lockdown in India, i.e. 25th March-8th May, 2020.
Fig 1B — Demographic distribution of 421 patients along with their diseases, based on the average distance travelled to reach NRS Medical College situated in Kolkata, from the different districts of West Bengal and neighbouring states of Bihar and Jharkhand. The numbers within brackets denote the number of patients. The average distance of each district and state from Kolkata is mentioned in kilometres (km). Abbreviations: ITP=Immune thrombocytopenia, CML=Chronic Myeloid Leukaemia, MPN=Myeloproliferative Neoplasm, MDS=Myelodysplastic Syndrome

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