

THE  
HIDDEN  
TOLL  
OF  
COVID-19

How the pandemic has  
impacted our health—far beyond  
the virus itself.

BY GINNY GRAVES

When COVID-19 infections began rising in the U.S., Danica Ross knew she had to protect herself. She suffers from ankylosing spondylitis (a rare form of arthritis, which causes severe spinal inflammation and pain), and the intravenous medication she takes once a month to keep it in check impairs her immune system. “I started sheltering at home before the official order, and my husband began sanitizing everything—the mail and groceries,” says Ross, 43, a PR executive in Sherman Oaks, California.

In mid-March, her doctor’s office notified her that they were closing until they could get adequate personal protective equipment. “My IV treatment is the only thing that controls my pain—and I was scheduled for one the day after the office closed, so it had already been four weeks,” Ross says.

As the days passed, the ache in her back intensified. After two weeks, she couldn’t wash her hair without her husband’s help. The oral prednisone her doctor prescribed took the edge off. “But by the time the doctor’s office reopened, I’d gone two months without an IV treatment. I was essentially bedridden, and my pain was a 9 out of 10. It was scary to realize how vulnerable I was without my usual access to health care.”

Scary is right. In March, the customary churn of preventive and diagnostic cancer screenings, elective surgeries, and non-COVID visits to the ER ground to a halt, due to a combination of government restrictions, loss of income or health insurance, and fear of being exposed to the virus. Women were more likely than men to be very concerned about COVID-19 exposure in a medical setting, a Gallup poll found.

Women also were more likely than men to postpone medical care, according to a Kaiser Family Foundation survey, which found that more than half of all people in the U.S.—or one of their live-in family members—put off everything from doctor’s visits for new symptoms to surgery. And 27 percent of those who skipped or postponed care said their condition got worse as a result.

Now, doctors are worried about the fallout from this “pause-demic.” For several months, cancer screenings, physical therapy, and elective surgeries stopped, and emergency-department visits dropped by 40 percent or more, says Baruch Fertel, MD, director of operations and quality improvement officer for emergency services at the Cleveland Clinic. “The ramifications of that lapse may be felt for a long time, and for some serious issues, maybe for years.”

As the country continues to wrestle with the virus, it’s important to understand the risks of that postponed care—and what you can do to protect your health going forward.

## THE LOOMING CANCER CRISIS

The number of screening appointments for breast, cervical, and colon cancer in March this year was 86 to 94 percent lower than the average monthly number between January 2017 and January 2020, according to a study of electronic health records by the Epic Health Research Network.

“The data gives me a chill. We know cancer didn’t just stop,” says Mikkael Sekeres, MD, a medical oncologist at the Cleveland Clinic and author of *When Blood Breaks Down: Life Lessons from Leukemia*.

Many cancers are more curable if caught early. The question is, how much difference will the pandemic-related delay make? “Colon cancer is [typically] slow-growing. Breast cancer is usually slow-growing, although there are types that are quite aggressive,” says Dr. Sekeres. With acute leukemia, he says, every day counts. “In May, we had a patient who thought her weeks-long cough and fever was COVID-19,” says Dr. Sekeres. When she finally went to the ER, she was diagnosed with leukemia. It was too late. She passed away.

And there are undoubtedly more pandemic-related cancer deaths to come. In June, two doctors—Tomislav Mihaljevic, MD, chief executive officer and president

of the Cleveland Clinic, and Gianrico Farrugia, MD, president and CEO of the Mayo Clinic—wrote an opinion piece in *The New York Times* that said, “In the case of cancer alone, our calculations show we can expect a quarter of a million additional preventable deaths annually if normal care does not resume.”

The upshot: If you’re due for screening, do it now—and let your doctor know ASAP if you’re having any worrisome symptoms, like a breast lump, blood in your stool, or a suspicious mole. To make sure your health-care facility is taking appropriate precautions, the American Cancer Society suggests talking to your health-care provider about the risks and benefits of being screened now. Questions to ask prior to an appointment: Are you prescreening patients for COVID-19 symptoms? Are you cleaning equipment and surfaces after each patient visit? Does the staff wear personal protective equipment? Are you enforcing physical distancing in waiting and screening areas? “We want people to get their care. You’re doing it for your health,” says Dr. Sekeres.

## THE DANGEROUS DELAY IN CARDIOVASCULAR CARE

“I’m seeing patients with preexisting heart problems who’ve gotten worse and had increases in blood pressure or blood sugar during the shelter in place,” says Suzanne Steinbaum, DO, preventive cardiologist and volunteer medical expert for the American Heart Association’s Go Red for Women movement. “Even women without heart problems were eating and sleeping poorly, skipping exercise, and under lots of stress—all of which can contribute to heart disease, the leading cause of death in women in the U.S.”

As worrisome: A CDC report, which compared ER visits in April this year with data from 2019, found that the number of people coming in with nonspecific chest pain and heart attacks decreased, as did visits for high blood pressure or nausea and vomiting (common heart attack symptoms, particularly in women)—and substantially more women stayed away from the ER than men. “Heart attacks and strokes didn’t stop during the pandemic. What happened to all those patients?” asks Dr. Fertel.

A *New York Times* analysis of CDC data may provide a clue. It found that from March 15 to May 2, 6,000 more people in New York and New Jersey died of heart disease, and 800 more people died of diabetes than would have been expected based on data from prior years.

Some may have been undiagnosed COVID patients. But then there are “people who mistook their [heart attack or stroke] symptoms for COVID,” says Thomas McGinn, MD, MPH, deputy physician-in-chief and senior vice president at Northwell Health, a health-care network in New York. “People preferred to stay home rather than go to the hospital and risk being exposed to the virus. One of my dear friends was hiding at home with chest pains. He thought it might be [COVID], but he didn’t mention it. He was admitted in [late June], but by then he had tremendous damage to his heart.”

In order to prevent dangerous lapses in heart care going forward, Dr. Steinbaum says that anyone with diabetes, high blood pressure, metabolic syndrome, or heart disease should monitor blood pressure, weight, and heart rate at home. “Keeping track of those numbers can help you be proactive about your health and know if you need to reach out to your doctor, even if it’s over the phone,” says Dr. Steinbaum. “And it’s vital to get to the ER if you’re having symptoms of a heart attack or stroke. They’re deadlier than COVID.”

## THE PANDEMIC AND RACE

The pandemic didn’t cause health-care inequities; it exposed them. Last year, the American Medical Association launched the Center for Health Equity to identify racial disparities in health care, advocate for equitable access, and increase diversity in the medical workforce. This is a conversation that is long overdue, and it must continue after the current pandemic subsides, says Patrice A. Harris, MD, former president of the American Medical Association. “Many of the essential workers who weren’t able to shelter in place were from communities of color. They’re also more likely to live in denser settings and multigenerational families. And the long-standing structure of racism and implicit bias means people of color have less access to health care. They’re more likely to be uninsured, and less likely to have access or be able to afford health care.”

They’re also more likely to experience toxic stress. “Dealing day in and day out with stress causes cortisol to stay high, and that takes a toll on everything from mental health to heart health,” says Dr. Harris. It undoubtedly also contributes to the higher rates of underlying conditions, like hypertension and diabetes, among people of color—which also put them at increased risk for COVID-19.

# MANY CANCERS ARE MORE CURABLE IF CAUGHT EARLY. THE QUESTION IS, HOW MUCH DIFFERENCE WILL THE PANDEMIC-RELATED DELAY MAKE?

## THE PERIL OF POSTPONING ELECTIVE SURGERY

An estimated 4 million elective surgeries were canceled in the U.S. during 12 weeks of disruption due to COVID-19, according to a study published in the *British Journal of Surgery*. “Now that we’ve started performing surgeries, I’m concerned that women’s care might lag behind, because with work and childcare, there’s a higher burden than ever on their time,” says Giana Davidson, MD, MPH, study coauthor and associate professor of surgery at the University of Washington Medical Center.

Many of us think of elective surgeries as optional. Most aren’t. These are procedures like knee replacements, hysterectomies, and cancer biopsies. They’re not emergencies, “but delaying them can have a big impact on patients’ quality of life,” says Dr. Davidson. “We’ve seen people come into the hospital with more severe symptoms, who now need longer hospital stays because their disease is more advanced.”

Most surgery units have massive backlogs of patients, so it’s important to let your doctor know if your condition has deteriorated. On the flip side, some surgeries actually can wait, so it’s worth discussing the pros and cons with your doctor.

## THE EMOTIONAL IMPACT OF THE PANDEMIC

The U.S. National Pandemic Emotional Impact Report, based on the findings of an internet survey conducted during the last two weeks of May, found that since January, 78 percent of people had an increase in anxiety, 55 percent were more stressed, 66 percent were having trouble sleeping, 65 percent were lonely, 65 percent were depressed, and 53 percent were more

worried about money. At the same time, new prescriptions for anxiety medication and anti-depressants soared 25 percent.

“About 90 percent of people in our survey were affected emotionally in some way—and about half were affected significantly,” says Sarah Gray, PsyD, report coauthor and instructor of psychology at Harvard Medical School. “Our brains are trained to focus on survival. When we perceive a threat, like a pandemic, over which we have little control, it’s natural to experience a range of unsettling emotions.”

Candy Keane, a 44-year-old in Jacksonville, Florida, says her chronic anxiety spiked—and in mid-June, she wound up in the ER with “the worst panic attack I’ve ever had. I couldn’t breathe and thought I was having a stroke.”

Erin Khar, 46, the New York City-based author of *Strung Out: One Last Hit and Other Lies That Nearly Killed Me*, has been in recovery for an opiate addiction for 17 years. Khar says: “The pandemic set off feelings of anxiety and depression and triggered a jumping-out-of-my-skin feeling I haven’t had since my early years of recovery. I didn’t feel like I was going to use, but I was shocked to feel that overwhelmed.”

Gray wants everyone to know that’s normal—and there are things you can do. “Mindfulness helps because it allows you to practice putting focused attention on things that are in your control in the here and now. Any stress management, from walking outdoors to connecting with family and friends, is beneficial,” says Gray. Most therapists have continued seeing patients via video or phone during the shutdown, so if you have a therapy routine, stick with it. “For those who aren’t coping well on their own, telehealth is as effective as in-person therapy,” says Gray. If you need help and don’t have a therapist, this is a good time to seek one out. Ask your doctor for a referral or a trusted friend or family member for a recommendation. Or search the comprehensive list on the American Psychological Association’s website ([locator.apa.org](http://locator.apa.org)). ☘