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# COVID-19 and its collateral damage

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## To the Editor

I read with great interest the article entitled: COVID-19 pandemic year in the cardiology department by Lackowski et al. [1]. Authors reported decreased number of total hospitalizations in the pandemic year of 2020 vs. 2016–2019 period together with increased all-cause mortality. The average monthly mortality in 2019 was 3.5%, while in 2020 it was 5.4% ( $p = 0.0009$ ). The all-cause mortality peaked twice in the pandemic year of 2020 — in April and December reaching up to 9% and 14%, respectively. The COVID-19 pandemic has significantly influenced the everyday life of all people, but the most severely burdened the healthcare systems worldwide. Healthcare workers have been putting themselves at risk of getting infected with the SARS-CoV-2 virus while taking care of the COVID-19 patients. Particularly readable analysis was performed by Grzelakowska et al. [2] assessing, the impact of the COVID-19 on healthcare workers' absenteeism. In the analyzed period from October 1st, 2020 to February 28th, 2021 they found 23.8% of healthcare workers of the University Hospital No. 1 in Bydgoszcz to be infected with the SARS-CoV-2 virus (most of them being doctors and nurses). Importantly, infection and quarantine rates were higher in healthcare workers as compared with general population ( $p = 0.001$ ). The number of employees on sick leave was significantly higher in the analyzed period of 2020/2021 vs. time-matched pre-COVID-19 pandemic period of 2019/2020 ( $p = 0.001$ ). Everyday exposure to the SARS-CoV-2 virus while taking care of the COVID-19 patients has put a tremendous psychological strain on healthcare workers. According

to the results of a questionnaire survey performed among healthcare workers of Emergency Medical Services between December 2020 and February 2021 the experience of quarantine was associated with feelings of ambiguous mood, anxiety, and irritability [3]. Most of the study participants were quarantined once in the analyzed period of 3 months (71.9%), but there were 6 people (6.7%) quarantined three times. Inability to leave the house, helplessness in the situation and fear of family members getting infected were three of the most frequently reported aspects of being quarantined. Moreover, 34.8% of quarantined healthcare workers felt the desire to consume alcohol and 21.3% to smoke cigarettes or other psychoactive substances. Many COVID-19 survivors suffer from multiple and persisting symptoms including: fatigue, dyspnoea, anosmia, cognitive impairment, and psychological distress defined as the post-COVID syndrome. Kubica et al. [4] have evaluated 79 patients with post-COVID syndrome using the Functioning in Chronic Illness Scale (FCIS). The mean FCIS score was  $86.2 \pm 12.8$  meaning medium functioning level. The level of functioning according to the FCIS score was lower in females vs. males ( $p = 0.02$ ) and patients  $> 67$  years of age (third tercile) vs.  $\leq 67$  years ( $p = 0.01$ ). Importantly, the reduced level of functioning seems to endure within the first year of the post-COVID syndrome, independently of the time recovering from the disease. All in all the impact of the COVID-19 pandemic goes far beyond the illness itself.

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