

The Connection Between COVID-19 Pandemic Attention and Health Practice Improvements

Mohammad Unisha*

Department of Clinical Medicine, University of Karachi, Karachi, Pakistan

DESCRIPTION

Systemic Lupus Erythematosus is an autoimmune illness that occurs when the immune body's own tissues are attacked by the system. Symptoms might range from exhaustion to joint discomfort, rash, and fever. These can then gradually improve on a regular basis. While there is no therapy for lupus, modern treatments aim to improve quality of life by reducing symptoms and preventing acute flare-ups. This begins with dietary and lifestyle adjustments, such as using sunscreen. Medication, which includes anti-inflammatories and steroids, is used to manage the disease further. Individuals with SLE perform poorly in a variety of domains, particularly perceived physical health, community mobility and interaction with others, and cognitive.

The COVID-19 pandemic has been linked to interrupted health routines and fewer possibilities for social, mental, and physical exercise; fear of COVID-19 may have reduced these opportunities even further. Thus, anxiety about the pandemic and associated alterations in health routines, especially those directly connected to illness self-management, may have significantly impacted everyday functioning among these persons, who are already functionally impaired in a disproportionate manner.

Using data from a continuing additional cohort investigation (Approaches to Positive, Patient-centered Knowledge of Ageing in Lupus (APPEAL)), we investigated whether pandemic-related issues were linked to expressed physical functioning, community mobility, and cognitive performance in people with SLE.

The six potential pandemic-related issues are: Level of concern about the pandemic (dichotomised as very vs. somewhat/not at all concerned) and changes in health routines relative to before the pandemic: Level of physical activity and amount of sleep (dichotomised as less vs. more/about the same); and difficulties obtaining food, routine medical care, and medications (dichotomised as very/unable, much or some vs. no difficulty).

This study provides information regarding the pandemic, and reported changes in health routines were prevalent, and were related with significantly lower scores for perceived physical functioning, community mobility, and social participation, which is comparable with trends seen in older adults. We cannot

tell whether the observed connections are actual causal associations based on this cross-sectional investigation. Additionally, we are unsure of the relationships' direction or if they are different from those observed in the broader population. Regardless, these findings suggest that lower-functioning SLE patients may be disproportionately deprived of resources such as food, medications, and medical care during periods of massive societal shifts such as this pandemic, rendering them more susceptible to further declines in performing and poor outcomes. In contrast, despite some indications that the pandemic had a negative impact on cognition in older persons, these pandemic-related difficulties were not associated with decreased scores on episodic or memory retention. This lack of connection may be due to a real absence of correlation between these difficulties and cognition. It is also probable that the cognitive areas of working as well as episodic memory (the only areas that could be determined remotely via NIH Toolbox) were not the domains that were most immediately affected by pandemic-related issues between people who have SLE, but attention, inhibitory control, as well as processing speed scores were significantly lower, implying that these domains were more susceptible to damage due to pandemic-related challenges among individuals with SLE.

Other constraints should be mentioned. There is a possibility of residual confounding, selection bias (added by the extra exclusion of persons unable to conduct a remote visit), and lack of generalizability. Furthermore, given quickly changing policy and resource availability, there may have existed temporal trends in correlations that were not able to be caught by year-only analysis.

In this perspective study of people with SLE, we discovered that those who were more concerned about the COVID-19 pandemic and experienced more disruptions to their health routines had lower physical health and community mobility scores, yet higher episodic or working memory scores. Further abrupt decreases in functioning could be disastrous to both the amount and the number of life years remaining in this relatively young demographic, which already suffers levels of functional impairment that are most frequently linked with older age. Future research should look into the durability of lower functioning after the pandemic, the long-term mental and physical health effects, and patients' perceptions on the motivators and impediments to sustaining function during a crisis.

Correspondence to: Mohammad Unisha, Clinical Medicine, University of Karachi, Karachi, Pakistan, E-mail: marinamargret@gmail.edu

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