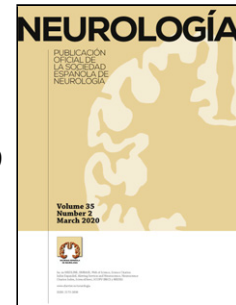


Journal Pre-proof

Will neurological care change over the next 5 years due to the COVID-19 pandemic?

J. Matías-Guiu J.A. Matias-Guiu J. Alvarez-Sabin J. Ramon Ara J. Arenillas I. Casado-Naranjo M. Castellanos M.D. Jimenez-Hernandez J.M. Lainez-Andres E. Moral A. Morales A. Rodriguez-Antigüedad T. Segura P. Serrano-Castro E. Diez-Tejedor



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Table 1 Conclusions drawn from moderate consensus (disagreement with survey items, > 71%).

- The general public will not consider neurological diseases less relevant due to the impact of the infection.
- PET scans will not be indicated to a lesser degree.
- Brain ultrasonography will not be indicated to a lesser degree.
- Neuro-ophthalmological studies will not be indicated to a lesser degree.
- Vestibular studies will not be indicated to a lesser degree.
- Evoked potential studies will not be indicated to a lesser degree.
- Contrast magnetic resonance imaging will not be indicated to a lesser degree.
- Magnetic resonance angiography studies will not be indicated to a lesser degree.
- EMG equipment reducing exposure time will not become available.
- Brain ultrasonography equipment not requiring the probe to be moved will not become available.
- The pandemic will not lead to the recruitment of more neurology specialists.

Table 2 Conclusions drawn from moderate consensus (agreement with survey items, > 71%).

- The specialties involved in the pandemic will be taken into higher consideration by public authorities
- The fact that many neurology specialists and residents have been working with COVID-19 patients, is a practical demonstration of the capacity of the neurology training programme to equip neurologists to perform general healthcare duties; this contradicts the position that neurology trainees should receive more extensive training in general healthcare during the residency period.
- The pandemic will have long-term neurological effects that should be taken into account.
- Serological tests to confirm infection should be incorporated into routine testing, as occurred with the serological test for syphilis.
- Telephone or electronic consultations will be promoted.
- Handshakes as a greeting will be avoided at consultations.
- Ward rounds with large groups will be avoided.
- Intervals between consultations will be increased to avoid the accumulation of patients in waiting rooms.
- Systematic protective procedures for physicians and patients will be established in the performance of complementary testing.
- Face masks will be used when treating patients with fever of known origin.
- The use of paper in hospital internal documentation will be reduced.
- Better and more accessible telemedicine equipment will become available.
- The role of the nurse case manager will be promoted.
- Nurse supervisors should monitor the work of cleaning staff in inpatient wards.
- Diagnostic pathways will be modified for patients positive for COVID-19.
- The pandemic will lead to an increase in stroke mortality.
- The pandemic will change the teaching methods used in neurology departments.
- The structure of on-site clinical sessions will be modified.
- Digital workshops for students will become more common.
- Neurology congresses will change after the pandemic.
- An action protocol for clinical research associates will be established for the management of patient histories.

- An action protocol for clinical research associates will be established for accessing the hospital and the room where they are to perform their work.

Table 3 Conclusions drawn from strong consensus (disagreement with survey items, > 85%).

- Lumbar punctures will not be indicated to a lesser degree.
- Computed tomography studies will not be indicated to a lesser degree.
- Electromyography and peripheral nerve conduction studies will not be indicated to a lesser degree.
- EEG will not be indicated to a lesser degree.
- Magnetic resonance imaging studies will not be indicated to a lesser degree.
- History of SARS-CoV-2 infection will not be anonymised for research.
- The pandemic will not lead to an increase in resources for neurology research.

Table 4 Conclusions drawn from strong consensus (agreement with survey items, > 85%).

- Consultation waiting rooms will be modified to avoid the accumulation of patients.
- Neurology specialists will change their working practices.
- Face masks will be used when treating patients with fever of unknown origin.
- Hand washing after each consultation will be compulsory.
- Handshakes to greet patients will be avoided at consultations.
- Repeated re-evaluations will be reduced in on-call neurology shifts.
- Overbooking will no longer be used in order to decrease delays.
- More telephone lines and internet access will become available.
- Due to the risk of infection, the age criterion in code stroke protocols will be modified.
- The structure of on-site training courses will be modified.
- Virtual training will become more common.
- Virtual courses will become more common.
- Neurology tutors will ensure that residents acquire the necessary skills to protect themselves during clinical practice.
- Neurology departments will initiate lines of research into the consequences of COVID-19 for the nervous system.
- Considering the high number of infected patients, specific databases of neurological alterations will be created.
- It is appropriate that *Neurología*, like other scientific journals, has established a fast-track publication procedure for articles on COVID-19.