

Scientific Production on Suicide by Ibero-American Authors During the COVID-19 Pandemic

Produção Científica Sobre Suicídio por Autores Ibero-Americanos Durante a Pandemia por COVID-19

Keywords: COVID-19; Pandemics; Publishing; South America; Suicide; West Indies

Palavras-chave: América do Sul; COVID-19; Índias Ocidentais; Pandemia; Publicação; Suicídio

Dear Editor,

We read with interest the article “The Impact of the COVID-19 Pandemic on Children’s Health in Portugal: The Parental Perspective”, by Poppe M. *et al*, which aimed to describe the impact of the pandemic on the health, well-being, and access to medical care of children in Portugal. In this article, parents reported being concerned about the psychological, social and physical consequences that the pandemic could have on their children.¹ Knowing the consequences of confinement during the pandemic is essential in order to be able to adopt countermeasures,² considering that confinement has caused mental health problems in children and adolescents, such as the risk of suicide.³ Therefore, developing research in this area contributes to the promotion of coping, resilience and increased access to mental health services in children and adolescents⁴ as well as in the general population.

We conducted a retrospective study where we examined published articles on suicide during the covid-19 pandemic that were indexed in the Scopus database and whose authors were affiliated with Ibero-American institutions. The search included all articles published and indexed from January 2020 to April 2021 in the fields Article Title, Abstract, Keywords, using the following words as search terms: “suicide” OR “suicide ideation” OR “suicide attempts” OR “suicide epidemiology” OR “suicide risk factor” OR “suicide assessment” OR “suicide treatment” and its relation with the terms “2019-nCoV” OR “SARS-CoV-2” OR

“2019 novel coronavirus” OR “COVID-19” OR “Coronavirus disease 2019”. We found 44 articles, including four types of articles: Research papers (63.64%), Reviews (27.27%), Letters to the Editor (4.55%), and Editorials (4.55%). The Ibero-American scientific production on suicide continues to increase; Spain is the country that contributes with the highest production, representing 29.55% of the Ibero-American production, followed by Mexico, Brazil and Portugal. Countries such as Puerto Rico, Dominican Republic, Argentina, and Chile have only one publication (Table 1).

In conclusion, there is lack of research on suicide during the covid-19 pandemic in Ibero-America, with most of it focused on a few Latin-American countries such as Brazil and Mexico, or in European countries such as Spain and Portugal. These countries could contribute to the reduction of the research gap on suicide if they provide research training to other countries in Ibero-America and are committed to developing collaborative projects.

AUTHORS CONTRIBUTION

MASL: Draft of the paper.

MRP, LJSN, RMH, XMCR: Critical review and approval of the final version of the paper.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

DATA CONFIDENTIALITY

The authors declare that they followed the protocols in use at their working center regarding patients’ data publication.

COMPETING INTERESTS

The authors have declared that no competing interests exist.

Table 1 – Percentage of distribution of scientific production on suicide during the COVID-19 pandemic in Ibero-American countries

Country	2020		2021		Total	
	n	%	n	%	n	%
Spain	6	13.64	7	15.91	13	29.55
Mexico	2	4.55	6	13.64	8	18.18
Brazil	2	4.55	5	11.36	7	15.91
Portugal	4	9.09	0	0.00	4	9.09
Colombia	2	4.55	1	2.27	3	6.82
Ecuador	1	2.27	2	4.55	3	6.82
Peru	1	2.27	1	2.27	2	4.55
Puerto Rico	0	0.00	1	2.27	1	2.27
Dominican Republic	1	2.27	0	0.00	1	2.27
Argentina	1	2.27	0	0.00	1	2.27
Chile	0	0.00	1	2.27	1	2.27

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Miguel A. SAAVEDRA-LÓPEZ✉¹, María ROJAS-PISFIL¹, Lynton J. SANDOVAL-NAVARRO¹, Ronald M. HERNÁNDEZ², Xiomara M. CALLE-RAMIREZ¹

1. Escuela de Psicología. Universidad Nacional de Tumbes. Tumbes. Perú.

2. Unidad de Virtualización Académica. Universidad de San Martín de Porres. Lima. Perú.

Autor correspondente: Miguel A. Saavedra-López. saavedralopezmiguel@gmail.com

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Cancellation on the Day of Surgery in an Ambulatory Setting Due to Patient Factors: A Preliminary Study

Cancelamento no Próprio Dia em Cirurgia de Ambulatório Devido a Fatores Relacionados com o Doente: Um Estudo Preliminar

Keywords: Ambulatory Surgical Procedures; Appointments and Schedules; Health Management

Palavras-chave: Agendamento de Consultas; Gestão em Saúde; Procedimentos Cirúrgicos Ambulatórios

Cancellations on the day of surgery cause a heavy burden for patients and pose a significant setback to health-care systems.^{1,2} Just like for inpatient care, the cancellations in ambulatory surgery also contribute negatively for patients and healthcare systems. The literature is, however, quite scarce concerning the parameters that are associated with missing a surgery in the ambulatory setting.^{1,2} Some of these cancellations are due to patient factors and frequently limit the enrolment of a new patient due to logistic and clinical constraints. Available surgical periods are thus lost.^{1,2}

We carried out a preliminary study at our hospital. We analysed a total of 19781 patients enrolled for elective day-case surgery in 2018, from which 1253 (6.33%) made a cancellation on their intended day of surgery (due to patient factors, the most prevalent being 'change in patient status' (33.04%; n = 414), 'missing surgery with a plausible reason' (28.01%; n = 351) and 'missing surgery without a plausible reason' (20.67%; n = 259). These numbers are in agreement with data from the literature.³

Patients residing closer to the hospital (under 10 km) were more likely to have cancellations than those residing more than 10 km away (36.7% vs 3.7% χ^2 , $p < 0.05$). This

could be because patients residing closer to the hospital have easier access to the hospital and may therefore be less reluctant in cancelling/postponing a surgical procedure.

Moreover, patients aged 65 years old and over had a higher cancellation rate (7.5% vs 5.3% χ^2 , $p < 0.05$). Patients of older age groups commonly have more comorbidities, increased limitations, and constraints in individual mobility. These factors may hinder the adequate completion of the process towards surgical treatment.

Finally, patients without a prior pre-operative medical appointment might have a higher likelihood of same day cancellation (those who cancelled were less likely to have had a pre-operative medical appointment (5.8% vs 14.01% χ^2 , $p < 0.05$). This suggests that, apart from what we already know, namely that attending the preoperative medical appointment is associated with a reduced likelihood of cancellation, patients without a prior pre-operative medical appointment regardless of the reason, might have a higher likelihood of same day cancellation in ambulatory surgery.^{4,5}

These initial results of our study are valuable as a preliminary assessment that could lead to the possible development of algorithms aimed at anticipating the cancellation of a given patient. A risk prediction tool aimed at identifying with a high degree of accuracy those with a higher likelihood of cancellation on the same day could be developed, which would enable the enrolment of a replacement in case of effective cancellation. Such an approach could allow faster treatment for patients while also optimizing healthcare resources.

AUTHORS CONTRIBUTION

ECA: Draft of the paper.

JTO; MG; CF, AP: Critical review and approval of the final version.