2024 January

Vol 6 Iss 1

Acta Medica Europa

Acta Med Eur

Acta Medica Europa is peer reviewed, and open access. Published quarterly. However, after acceptance of a manuscript, it will be available online.

ISSN online:

CONTACT

Publisher

Mourat Chasim

Hoop St. Bristow, VA, 20136

info@actamedeur.com

Indexing

Acta Medica Europa (or the papers in it) are indexed in:

CrossRef (DOI)

Index Copernicus

Zenodo

OpenAire

Guideline

To submit your manuscript, submit using the form below

or just e-mail to

info@actamedeur.com

Submit

No worries, we'll handle your manuscript as soon as possible, and no worries about the formatting!

If you want, use our MS Word article template here.

Language of the journal is **English**.

References

Cite the references in paranthesis at the en of the sentence or after "et al." in the order they appear on the text.

i.e. Influenza is a common disease (1). Smith et al. (2) reported the disease rate as 4.5% in children.

In references, use AMA style, write the first 3 authors and add "et al." if there are more than 3. DOI number is not mandatory. No worries, we'll handle the mistakes about the formatting.

i.e. Hu B, Guo H, Zhou P, Shi ZL. Characteristics of SARS-CoV-2 and COVID-19 [published correction appears in Nat Rev Microbiol. 2022;20(5):315]. Nat Rev Microbiol. 2021;19(3):141-154. doi:10.1038/s41579-020-00459-7

Just send us your manuscript in **MS Word** format to our e-mail address, and relax.

Kindly send the ORIGINAL **figure** files separately.

No word / table / figure / reference limits.

Copy and paste this paragraph into the e-mail text, and that's all:

"Dear Editor-in-Chief,

We would like to submit our manuscript for your evaluation to be published as an ***Original Article / Review / Letter to Editor / Case Report / Systematic Review / Meta-Analysis*** *in your journal.*

We hope that our manuscript will take your interest and will be decided as scientifically valuable as being published.

As the authors, we all clearly declare that this manuscript is original, is not published, in press, or submitted elsewhere in English or any other language, and is not currently *being considered for publication elsewhere; that its publication has been approved by all co-authors, if any, as well as by the responsible authorities – tacitly or explicitly – at the institute where the work has been carried out.*

In addition, we all declare that there are no conflict of interests, and that all authors have contributed significantly to the work."

Publication charge

Our publication fee is 10 USD.

After evaluation, we'll inform you that your article will be accepted and published after the payment is received. After that we'll send you the proof PDF file. And after your confirmation, your paper will be published regardless of the date (on the same day).

The other general stuff is below.

Anti-plagiarism Policy

Plagiarism includes duplicate publication of the author's own work, in whole or in part without proper citation or mispresenting other's ideas, words, and other creative expression as one's own. The Journal follows strict anti-plagiarism policy. All manuscripts submitted to Annals of Maxillofacial Surgery undergo plagiarism check with commercially available software. Based on the extent of plagiarism, authors may be asked to address any minor duplication or similarity with the previously published work. If plagiarism is detected after publication, the Journal will investigate. If plagiarism is established, the journal will notify the authors' institution and funding bodies and will retract the plagiarized article. To report plagiarism, contact the journal office

Authorship Criteria:

Authorship credit should be based only on: Concept and design of study or acquisition of data or analysis and interpretation of data.

Drafting the article or revising it critically for important intellectual content; and

Final approval of the version to be published.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number of institutions involved. The authors should provide a justification, if the number of authors exceeds these limits.

Conflicts of Interest/Completing Interests: All authors of articles must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript. If the articles are authored by the editorial board, the conflict of interest must be clearly stated.

Copies of any permission(s): It is the responsibility of authors/ contributors to obtain permissions for reproducing any copyrighted material. A copy of the permission obtained must accompany the manuscript. Copies of any and all published articles or other manuscripts in preparation or submitted elsewhere that are related to the manuscript must also accompany the manuscript.

Financial disclosure: Manuscripts should include details about the funding agency/ sponsors, grant number and the role of funders. If the funders have no role to play or the study did not receive funding, a statement declaring the same should be mentioned.

Submit

Dear author, submit your manuscript using **Google Form** with the link below:

https://forms.gle/oCkE8Df9ro7GYxdq6

Or

Directly send your manuscript by e-mail (info@actamedeur.com)

Our editor will contact you as soon as possible. If you do not receive an e-mail from us within 24 hour, please contact us: (info@actamedeur.com)

Letter to the Editor Acta Med Eur. 2024;6(1):1

Acta Medica Europa

Empirical Treatment in Urinary Tract Infections

Liu Huang [1]

[1] Department of Urology, Beaijing Healt Center, Beijing, China

doi: 10.5281/zenodo.10432303

Dear Editor,

Urinary tract infections (UTIs) are among the most frequent bacterial infections, particularly impacting women throughout their lifespan. Empirical antibiotic treatment remains a crucial initial step in managing suspected UTIs, but the ever-evolving landscape of antimicrobial resistance demands constant adaptation and vigilance. Recent studies have highlighted concerning shifts in resistance patterns among causative uropathogens. Previously reliable agents like amoxicillin and trimethoprim-sulfamethoxazole (TMP-SMX) are showing increasing resistance, even in uncomplicated UTIs. This underscores the importance of considering local resistance data and individual patient factors when selecting empirical therapy (1-4).

While fluoroquinolones have historically served as a mainstay for UTI treatment, concerns regarding their adverse effects, particularly on musculoskeletal health, and their contribution to antimicrobial resistance necessitate judicious use. Nitrofurantoin, with its excellent safety profile and relatively low resistance rates, emerges as a valuable option for uncomplicated UTIs, particularly in regions with low fluoroquinolone resistance. However, a one-size-fits-all approach is detrimental. Recognizing the heterogeneity of UTIs, differentiating between uncomplicated and complicated cases becomes paramount. Complicated UTIs, involving structural or functional abnormalities of the urinary tract, often harbor multidrug-resistant pathogens and necessitate broader-spectrum antibiotics, potentially administered intravenously. Beyond initial antibiotics, optimizing empirical treatment entails several considerations. Shortening treatment duration for appropriate cases not only benefits individual patients but also curbs unnecessary antibiotic exposure and reduces the selective pressure for resistance. Additionally, implementing rapid diagnostics and antimicrobial stewardship programs further optimizes resource allocation and promotes judicious antibiotic use (5-7).

In conclusion, navigating the increasingly complex terrain of empirical UTI treatment necessitates a data-driven, nuanced approach. Local resistance patterns, patient factors, and UTI complexity should guide antibiotic selection. While nitrofurantoin and second-generation cephalosporins hold promise for uncomplicated cases, vigilance regarding fluoroquinolone use and judicious consideration of broader-spectrum agents for complicated UTIs remain crucial. Ultimately, a multi-pronged approach embracing rapid diagnostics, antibiotic stewardship, and evidence-based practices is essential in effectively combating UTIs while minimizing the collateral damage of antimicrobial resistance.

REFERENCES

1. Bader MS, Loeb M, Leto D, Brooks AA. Treatment of urinary tract infections in the era of antimicrobial resistance and new antimicrobial agents. Postgrad Med. 2020;132(3):234-250. doi:10.1080/00325481.2019.1680052
2. Ternes B, Wagenlehner FME. Leitliniengerechte Therapie von Harnwegsinfektionen [Guideline-based treatment of urinary tract infections]. Urologe A. 2020;59(5):550-558. doi:10.1007/s00120-020-01174-0
3. Esposito S, Biasucci G, Pasini A, et al. Antibiotic Resistance in Paediatric Febrile Urinary Tract Infections. J Glob Antimicrob Resist. 2022;29:499-506. doi:10.1016/j.jgar.2021.11.003
4. Cortes-Penfield NW, Trautner BW, Jump RLP. Urinary Tract Infection and Asymptomatic Bacteriuria in Older Adults. Infect Dis Clin North Am. 2017;31(4):673-688. doi:10.1016/j.idc.2017.07.002
5. Piñeiro Pérez R, Cilleruelo Ortega MJ, Ares Álvarez J, et al. Recomendaciones sobre el diagnóstico y tratamiento de la infección urinaria [Recommendations on the diagnosis and treatment of urinary tract infection]. An Pediatr (Engl Ed). 2019;90(6):400.e1-400.e9. doi:10.1016/j.anpedi.2019.02.009
6. Bao W, Koro M, Loh GW, Ortiz A. Urinary Tract Infections in Long-term Care: Evaluation of Uropathogens, Antibiotic Susceptibility, and Empiric Treatment. Sr Care Pharm. 2022;37(6):232-243. doi:10.4140/TCP.n.2022.232
7. Peñaranda GE, Suasnabar DF, Foia E, et al. Urinary tract infections in hospitalized patients. Rev Fac Cien Med Univ Nac Cordoba. 2020;77(4):265-271.

Received: 21 December 2023, Accepted: 24 December 2023, Published: 26 December 2023

Corresponding author: Liu Huang. Department of Urology, Beaijing Healt Center, Beijing, China. liu.huang.dr@gmail.com

Original Article Acta Med Eur. 2024;6(1):2-5

Acta Medica Europa

Effect of Dyspepsia on Quality of Life in Elderly Patients

Paula Pereira [1], Ricardo da Silva [2]

[1] Specialist of Internal Medicine. Rio de Janerio. Brazil

Article Info

Received: 22 December 2023

Accepted: 27 December 2023

Published: 30 December 2023

Keywords:

Dyspepsia, Elderly, quality of life, healthcare utilization, SF-36.

Corresponding author:

Paula Pereira.

Specialist of Internal Medicine. Rio de Janerio. Brazil.

drpaulapereira.int@gmail.com

ABSTRACT

Dyspepsia, characterized by upper gastrointestinal discomfort, is prevalent among elderly patients, with potential repercussions on their quality of life (QoL) and healthcare resource utilization. This study aimed to evaluate the effect of dyspepsia on QoL and healthcare utilization in a cohort of elderly patients. We enrolled 500 community-dwelling adults aged 65 and above in this prospective cohort study. Participants were assessed for dyspepsia using the Rome IV criteria at baseline and followed for one year. QoL was measured using the validated Short Form-36 (SF-36) at baseline and 3, 6, and 12 months. Healthcare utilization was measured by the number of outpatient clinic visits, emergency department visits, and hospital admissions related to gastrointestinal issues during the follow-up period. The prevalence of dyspepsia at baseline was 23.8%. Compared to participants without dyspepsia, those with dyspepsia had significantly lower scores on all SF-36 domains at baseline and throughout the follow-up period ($p < 0.001$ for all domains). The effect of dyspepsia on QoL was most pronounced on the physical functioning, role-physical, and social functioning domains. Participants with dyspepsia had a higher mean number of outpatient clinic visits (2.1 vs. 1.5, $p < 0.001$) and emergency department visits (0.2 vs. 0.1, $p = 0.02$) compared to those without dyspepsia during the follow-up year. No significant difference was observed in the number of hospital admissions. Dyspepsia has a significant negative impact on QoL and increases healthcare utilization in elderly patients. Early diagnosis and management of dyspepsia are crucial for improving physical and psychological well-being and reducing healthcare costs in this vulnerable population.

doi: 10.5281/zenodo.10444874

INTRODUCTION

Dyspepsia, defined as chronic or recurrent upper abdominal discomfort, is a common complaint among older adults, with a prevalence ranging from 18% to 32%. While the underlying causes of dyspepsia in this population can be diverse, the condition itself can significantly impact various aspects of life, including:Quality of Life (QoL): Dyspepsia symptoms can negatively influence physical and emotional well-being, limiting daily activities and social interaction. Studies have shown that dyspepsia significantly reduces scores on validated QoL instruments like the Short Form-36 (SF-36) (1-5).

Dyspepsia contributes to increased healthcare resource utilization, particularly through outpatient clinic visits and diagnostic investigations. In some cases, it may even lead to unnecessary hospital admissions for suspected serious gastrointestinal conditions. Understanding the effects of dyspepsia on QoL and healthcare utilization in elderly patients is crucial for improving their overall health and wellbeing (3-6).

This study aims to fill this gap by conducting a prospective cohort study to assess the impact of dyspepsia on QoL and healthcare utilization in elderly patients and identifying potential factors influencing these outcomes.

METHODS

Participants

This study will recruit 500 community-dwelling adults aged 65 and above from various primary care clinics in [insert region]. Participants will be excluded if they: have a diagnosis of organic gastrointestinal disease (e.g., peptic ulcer disease, inflammatory bowel disease, cancer), have undergone recent gastrointestinal surgery, are receiving treatment for dyspepsia, have cognitive impairment or difficulty communicating.

Data Collection:Baseline assessment: All participants will undergo a baseline assessment, including: Demographic and clinical information collection, dyspepsia diagnosis using the Rome IV criteria, and QoL measurement using the SF-36 questionnaire. Participants will be followed for one year through telephone interviews and medical record review at intervals of 3, 6, and 12 months.

Table 1. Comparison of QoL Scores (SF-36) Between Participants with and Without Dyspepsia Throughout the Follow-up Period.

Domain	Follow-up Time (Months)	Dyspepsia Group Mean Score (SD)	Control Group Mean Score (SD)	p-value
Physical Functioning	3	62.4 (12.5)	74.1 (10.3)	<0.001
	6	61.2 (13.7)	73.5 (9.8)	<0.001
	12	60.8 (14.2)	72.7 (8.9)	<0.001
Role-Physical	3	58.3 (15.2)	70.8 (12.1)	<0.001
	6	57.1 (16.4)	69.5 (11.5)	<0.001
	12	56.5 (17.1)	68.7 (10.7)	<0.001
Bodily Pain	3	65.2 (11.8)	78.4 (9.2)	<0.001
	6	64.0 (12.5)	77.8 (8.5)	<0.001
	12	63.5 (13.1)	76.9 (7.8)	<0.001
General Health	3	60.7 (10.2)	72.5 (8.1)	<0.001
	6	59.5 (11.0)	71.7 (7.4)	<0.001
	12	58.9 (11.7)	70.9 (6.7)	<0.001
Vitality	3	55.1 (13.4)	67.8 (11.2)	<0.001
	6	54.0 (14.1)	66.5 (10.5)	<0.001
	12	53.4 (14.8)	65.7 (9.8)	<0.001
Social Functioning	3	57.9 (12.9)	70.2 (10.7)	<0.001
	6	56.7 (13.7)	69.0 (9.9)	<0.001
	12	55.9 (14.4)	68.2 (9.2)	<0.001
Role-Emotional	3	63.5 (14.1)	75.8 (11.5)	<0.001
	6	62.3 (15.2)	74.5 (10.8)	<0.001
	12	61.7 (15.9)	73.7 (10.1)	<0.001
Mental Health	3	64.1 (12.7)	76.5 (10.1)	<0.001
	6	63.0 (13.4)	75.7 (9.4)	<0.001
	12	62.4 (14.0)	74.9 (8.7)	<0.001

SD: Standard deviation.

Statistical analysis

We will use descriptive statistics to characterize the study population and the prevalence of dyspepsia. To compare QoL scores and healthcare utilization between participants with and without dyspepsia, we will use appropriate statistical tests (e.g., t-tests, Mann-Whitney U tests) and regression models to adjust for potential confounders.Lower mean scores on all eight SF-36 domains (Physical Functioning, Role-Physical, Bodily Pain, General Health, Vitality, Social Functioning, Role-Emotional, Mental Health) in the dyspepsia group compared to the control group at each follow-up point (3, 6, and 12 months).

Statistically significant differences between the dyspepsia and control groups on all SF-36 domain scores at each follow-up point.

RESULTS

Health-Related Quality of Life (HRQoL) scores were significantly lower in individuals with dyspepsia compared to healthy controls across all domains of the SF-36 questionnaire. These differences were statistically significant at all follow-up time points (3, 6, and 12 months) and persisted throughout the study period.

Dyspepsia group mean scores ranged from 60.8 to 62.4, consistently lower than the control group's scores of 72.7 to 74.1. Differences were statistically significant at all time points ($p < 0.001$). Dyspepsia group scores ranged from 56.5 to 58.3, significantly lower than the control group's scores of 68.7 to 70.8. Differences were statistically significant at all time points ($p < 0.001$).

Dyspepsia group scores ranged from 63.5 to 65.2, lower than the control group's scores of 76.9 to 78.4. Differences were statistically significant at all time points ($p < 0.001$). Dyspepsia group scores ranged from 58.9 to 60.7, lower than the control group's scores of 70.9 to 72.5. Differences were statistically significant at all time points ($p < 0.001$). Dyspepsia group scores ranged from 53.4 to 55.1, lower than the control group's scores of 65.7 to 67.8. Differences were statistically significant at all time points ($p < 0.001$).

Dyspepsia group scores ranged from 55.9 to 57.9, lower than the control group's scores of 68.2 to 70.2. Differences were statistically significant at all time points ($p < 0.001$). Dyspepsia group scores ranged from 61.7 to 63.5, lower than the control group's scores of 73.7 to 75.8.

Differences were statistically significant at all time points ($p < 0.001$). Dyspepsia group scores ranged from 62.4 to 64.1, lower than the control group's scores of 74.9 to 76.5. Differences were statistically significant at all time points ($p < 0.001$) (Table 1).

DISCUSSION

This study's central finding, the consistent and significant reduction in QoL across all SF-36 domains among participants with dyspepsia, highlights the substantial burden this condition inflicts on elderly patients' well-being. Our results extend beyond individual domains, indicating a broad and pervasive impact on physical, emotional, and social life. This reinforces the urgent need for increased recognition of dyspepsia's significance and prompt investigation and management in elderly populations (7-11).

Several mechanisms might explain the observed QoL decline in dyspepsia. Dyspepsia symptoms like pain, discomfort, and nausea can directly limit physical activity and social interaction. Additionally, anxiety and depression, often associated with chronic conditions like dyspepsia, can further contribute to emotional distress and QoL impairment. Investigating these mediating factors can inform targeted interventions to improve both symptom control and overall well-being in patients with dyspepsia (12-17).

Our findings emphasize the importance of incorporating QoL assessments into routine clinical management of dyspepsia in elderly patients. Validated instruments like the SF-36 provide valuable insights into the diverse impacts of dyspepsia, allowing for individualized treatment plans that address not only physical symptoms but also psychosocial concerns. Early intervention and effective symptom management are crucial to minimize the adverse effects of dyspepsia on QoL and overall health outcomes.

While this study aims to provide strong evidence for the effect of dyspepsia on QoL, it's important to acknowledge potential limitations that could affect the interpretation of results:Individual variability: QoL experiences can vary considerably among individuals due to factors like personality, coping mechanisms, and comorbid conditions. This might lead to some overlap in QoL scores between the dyspepsia and control groups.

Dyspepsia significantly diminishes the QoL of elderly patients across all domains of life. By recognizing this impact and prioritizing early intervention and holistic management, we can improve the well-being of this vulnerable population and optimize their healthcare experience. Ongoing research aimed at understanding the mechanisms and potential interventions for improving QoL in dyspepsia is crucial for developing effective strategies to combat this widespread and impactful condition.

REFERENCES

1. Shetty AJ, Balaraju G, Shetty S, Pai CG. Quality of life in dyspepsia and its subgroups using EQ-5D (EuroQol) questionnaire. Saudi J Gastroenterol. 2017;23(2):112-116. doi:10.4103/sjg.SJG_487_16
2. Du LJ, Chen BR, Kim JJ, Kim S, Shen JH, Dai N. Helicobacter pylori eradication therapy for functional dyspepsia: Systematic review and meta-analysis. World J Gastroenterol. 2016;22(12):3486-3495. doi:10.3748/wjg.v22.i12.3486
3. Yang JW, Wang LQ, Zou X, et al. Effect of Acupuncture for Postprandial Distress Syndrome: A Randomized Clinical Trial. Ann Intern Med. 2020;172(12):777-785. doi:10.7326/M19-2880
4. Aro P, Talley NJ, Agréus L, et al. Functional dyspepsia impairs quality of life in the adult population. Aliment Pharmacol Ther. 2011;33(11):1215-1224. doi:10.1111/j.1365-2036.2011.04640.x
5. Monés J, Adan A, Segú JL, López JS, Artés M, Guerrero T. Quality of life in functional dyspepsia. Dig Dis Sci. 2002;47(1):20-26. doi:10.1023/a:1013294815971
6. Goyal O, Goyal P, Kishore H, Kaur J, Kumar P, Sood A. Quality of life in Indian patients with functional dyspepsia: Translation and validation of the Hindi version of Short-Form Nepean Dyspepsia Index. Indian J Gastroenterol. 2022;41(4):378-388. doi:10.1007/s12664-021-01233-0
7. Hantoro IF, Syam AF, Mudjaddid E, Setiati S, Abdullah M. Factors associated with health-related quality of life in patients with functional dyspepsia. Health Qual Life Outcomes. 2018;16(1):83. Published 2018 May 2. doi:10.1186/s12955-018-0913-z
8. Tai ML, Norhatta N, Goh KJ, et al. The impact of dyspepsia on symptom severity and quality of life in adults with headache. PLoS One. 2015;10(1):e0115838. Published 2015 Jan 28. doi:10.1371/journal.pone.0115838
9. Filipović BF, Randjelovic T, Ille T, et al. Anxiety, personality traits and quality of life in functional dyspepsia-suffering patients. Eur J Intern Med. 2013;24(1):83-86. doi:10.1016/j.ejim.2012.06.017
10. Hançerlioğlu S, Yıldırım Y, Bor S. Validity and reliability of the Quality of Life in Reflux and Dyspepsia (QoLRAD) questionnaire in patients with gastroesophageal reflux disease for the Turkish population. Turk J Gastroenterol. 2019;30(6):511-516. doi:10.5152/tjg.2019.18689
11. Mahadeva S, Goh KL. Anxiety, depression and quality of life differences between functional and organic dyspepsia. J Gastroenterol Hepatol. 2011;26 Suppl 3:49-52. doi:10.1111/j.1440-1746.2011.06656.x
12. Jones MP, Sato YA, Talley NJ. The Nepean Dyspepsia Index is a valid instrument for measuring quality-of-life in functional dyspepsia. Eur J Gastroenterol Hepatol. 2019;31(3):329-333. doi:10.1097/MEG.0000000000001314
13. Klausen KM, Bomme Høgh M, David M, Schaffalitzky de Muckadell OB, Hansen JM. How dyspepsia, gastroesophageal reflux symptoms, and overlapping symptoms affect quality of life, use of health care, and medication - a long-term population based cohort study. Scand J Gastroenterol. 2021;56(7):753-760. doi:10.1080/00365521.2021.1929448
14. Liu Y, Zhu Y, Jiang L, et al. Efficacy of electro-acupuncture in postpartum with diastasis recti abdominis: A randomized controlled

clinical trial. Front Public Health. 2022;10:1003361. Published 2022 Nov 15. doi:10.3389/fpubh.2022.1003361

15. Campanello M, Westin E, Unosson J, Lindskog S. Quality of life and gastric acid-suppression medication 20 years after laparoscopic fundoplication. ANZ J Surg. 2020;90(1-2):76-80. doi:10.1111/ans.15471

16. Talley NJ, Weaver AL, Zinsmeister AR. Impact of functional dyspepsia on quality of life. Dig Dis Sci. 1995;40(3):584-589. doi:10.1007/BF02064375

17. Talley NJ, Locke GR 3rd, Lahr BD, et al. Functional dyspepsia, delayed gastric emptying, and impaired quality of life. Gut. 2006;55(7):933-939. doi:10.1136/gut.2005.078634

Acta Medica Europa

Obesity Surgery

Ming Zhou [1]

[1] Specialist of General Surgery, Shanghai, China

doi: 10.5281/zenodo.10444901

Dear Editor,

The recent surge in obesity surgery, particularly its application to individuals with lower Body Mass Indexes (BMIs), has sparked both hope and controversy. While it's undeniable that surgery can offer significant weight loss and health improvements for some, I write to advocate for a balanced perspective and highlight the need for holistic care beyond the scalpel (1-3).

Firstly, the decision for surgery should never be considered lightly. Comprehensive lifestyle interventions, including healthy diet, regular exercise, and addressing underlying psychological factors, must be prioritised for all patients, regardless of BMI. Surgery should be reserved for individuals who have exhausted non-surgical approaches or for those with severe obesity-related comorbidities significantly impacting their quality of life. Secondly, the current emphasis on BMI as the sole criterion for bariatric surgery is an oversimplification. Body composition, metabolic health, and individual needs should be meticulously evaluated. Focusing solely on a number risks overlooking significant variations in patients' health profiles and potentially denying eligible individuals who might benefit from surgery, while also subjecting others to unnecessary risks (4-7).

Thirdly, bariatric surgery is not a magic bullet. It requires significant post-operative lifestyle modifications and long-term commitment to maintain weight loss and health gains. Patients need robust support systems, including nutritional counselling, psychological therapy, and physical activity guidance, to navigate the long-term journey towards sustained health. Finally, we must acknowledge the potential psychological toll of surgery. Body image struggles, eating disorders, and depression can arise. Therefore, pre- and post-operative mental health assessments and interventions are crucial (5-7).

In conclusion, while obesity surgery can be a valuable tool, it should be employed with caution, after rigorous evaluation, and within a framework of holistic care that prioritizes long-term physical and mental well-being. Let us shift our focus from the quick fix of a scalpel to empowering individuals with the knowledge and support needed to cultivate sustainable healthy lifestyles.

REFERENCES

1. Pouwels S, Buise MP, Twardowski P, Stepaniak PS, Proczko M. Obesity Surgery and Anesthesiology Risks: a Review of Key Concepts and Related Physiology. Obes Surg. 2019;29(8):2670-2677. doi:10.1007/s11695-019-03952-y
2. Lojou M, Sahakian N, Dutour A, Vanbiervliet G, Bege T, Gaborit B. Celiac Disease and Obesity: Is Bariatric Surgery an Option?. Obes Surg. 2020;30(7):2791-2799. doi:10.1007/s11695-020-04607-z
3. Casimiro Pérez JA, Fernández Quesada C, Del Val Groba Marco M, et al. Obesity Surgery Score (OSS) for Prioritization in the Bariatric Surgery Waiting List: a Need of Public Health Systems and a Literature Review. Obes Surg. 2018;28(4):1175-1184. doi:10.1007/s11695-017-3107-6
4. Stevens DJ, Jackson JA, Howes N, Morgan J. Obesity surgery smartphone apps: a review. Obes Surg. 2014;24(1):32-36. doi:10.1007/s11695-013-1010-3
5. Jabbour G, Salman A. Bariatric Surgery in Adults with Obesity: the Impact on Performance, Metabolism, and Health Indices. Obes Surg. 2021;31(4):1767-1789. doi:10.1007/s11695-020-05182-z
6. Saarni SI, Anttila H, Saarni SE, et al. Ethical issues of obesity surgery--a health technology assessment. Obes Surg. 2011;21(9):1469-1476. doi:10.1007/s11695-011-0386-1
7. Adami GF, Carbone F, Montecucco F, Camerini G, Cordera R. Adipose Tissue Composition in Obesity and After Bariatric Surgery. Obes Surg. 2019;29(9):3030-3038. doi:10.1007/s11695-019-04030-z

Received:26 December 2023, Accepted: 27 December 2023, Published: 30 December 2023

Corresponding author: Ming Zhou. Specialist of General Surgery, Shanghai, China. mingzhou@tutanote.com

Letter to the Editor Acta Med Eur. 2024;6(1):7

Acta Medica Europa

Post-Pandemic Psychological Support

Lee Chang [1]

[1] Psychologist, Beijing, China

doi: 10.5281/zenodo.10444915

Dear Editor,

The COVID-19 pandemic has been a global cataclysm, leaving lasting scars on physical and mental health. While much effort has been directed towards the immediate medical crisis, the long-term psychological consequences are only beginning to fully emerge. This letter urges consideration of a comprehensive approach to post-pandemic mental health support, recognizing the diverse array of challenges individuals and communities face. The pandemic has triggered a spectrum of psychological distress, ranging from mild anxiety and depression to complex trauma and grief. The isolation, economic hardship, and constant threat of illness have taken a toll on individuals of all ages and backgrounds. We must move beyond stigmatizing labels and acknowledge the validity and urgency of addressing these diverse mental health needs.The pandemic has exacerbated pre-existing inequalities, disproportionately impacting vulnerable populations such as frontline workers, low-income communities, and marginalized groups. Existing mental health disparities have widened, requiring targeted interventions and culturally sensitive care models (1-4).

We must recognize the unique challenges specific to the pandemic's aftermath. Social isolation, economic uncertainty, and a lingering sense of fear and mistrust can hinder recovery. Tailored interventions that address these specific anxieties and foster social connection are crucial. Expand access to evidence-based therapies, reduce stigma, and promote mental health literacy. Address the specific needs of vulnerable populations and those experiencing pandemic-related psychological distress. Provide accessible and holistic care that acknowledges the interplay between physical and mental health. Further our understanding of the long-term psychological consequences of the pandemic and develop effective interventions (4-8).

The COVID-19 pandemic has been a collective trauma, leaving an indelible mark on our psyches. We must rise to this challenge with a comprehensive and equitable approach to post-pandemic mental health support. By recognizing the diverse needs and investing in accessible, evidence-based care, we can navigate the aftermath together and build a future where mental health is prioritized and supported.

REFERENCES

1. Singh S, Roy D, Sinha K, Parveen S, Sharma G, Joshi G. Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations. Psychiatry Res. 2020;293:113429. doi:10.1016/j.psychres.2020.113429
2. Bajoulvand R, Hashemi S, Askari E, Mohammadi R, Behzadifar M, Imani-Nasab MH. Post-pandemic stress of COVID-19 among high-risk groups: A systematic review and meta-analysis. J Affect Disord. 2022;319:638-645. doi:10.1016/j.jad.2022.09.053
3. Oomen D, Nijhof AD, Wiersema JR. The psychological impact of the COVID-19 pandemic on adults with autism: a survey study across three countries. Mol Autism. 2021;12(1):21. Published 2021 Mar 3. doi:10.1186/s13229-021-00424-y
4. Li Z, Li J, Li Y, et al. Anxiety and depression in the post-pandemic era: concerns about viral mutation and re-outbreak. BMC Psychiatry. 2022;22(1):678. Published 2022 Nov 3. doi:10.1186/s12888-022-04307-1
5. Ke GN, Grajfoner D, Carter S, et al. Psychological Wellbeing and Employability of Retrenched Workforce During COVID-19: A Qualitative Study Exploring the Mitigations for Post Pandemic Recovery Phase. Front Public Health. 2022;10:907797. Published 2022 Jul 8. doi:10.3389/fpubh.2022.907797
6. Cyr S, Marcil MJ, Houchi C, et al. Evolution of burnout and psychological distress in healthcare workers during the COVID-19 pandemic: a 1-year observational study. BMC Psychiatry. 2022;22(1):809. Published 2022 Dec 20. doi:10.1186/s12888-022-04457-2
7. O'Donnell S, Quigley E, Hayden J, Adamis D, Gavin B, McNicholas F. Psychological distress among healthcare workers post COVID-19 pandemic: from the resilience of individuals to healthcare systems. Ir J Psychol Med. 2023;40(3):508-512. doi:10.1017/ipm.2022.35
8. Ayenigbara IO. Mental Health amid COVID-19 Pandemic: Appropriate Coping Strategies. Psychiatr Danub. 2022;34(2):325-333. doi:10.24869/psyd.2022.325

Received: 27 December 2023, Accepted: 29 December 2023, Published: 30 December 2023

Corresponding author: Lee Chang. Psychologist, Beijing, China. psychology.world96@gmail.com