

## NEWS

# As lockdown eases, Victorian GPs brace for wave of health issues

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GPs in other states have warned of an influx of issues ranging from undiagnosed cancer to uncontrolled diabetes to depression and distress.



GPs from NSW and Queensland have warned Victorian colleagues that the long tail of lockdown health impacts will play out across the months ahead.

History can be a great teacher.

GPs from New South Wales and Queensland have warned their Victorian colleagues that the long tail of lockdown health impacts will play out across the months ahead, based on what they themselves experienced after their first wave and the subsequent easing of restrictions.

Victoria's months-long lockdown is progressively easing as coronavirus cases stay low and epidemiologists express [greater confidence](#) in the state's ability to track and trace outbreaks.

Melbourne GP Dr Catherine Orr told *newsGP* patient consultations have dropped dramatically in some parts of Melbourne.

'Cancer patients are reporting less referrals. Patients are putting off doing a lot of routine things like [breast cancer screening](#), [cervical screening](#) and even the posted bowel cancer kits,' she said.

'It's very easy at the best of times to let chronic disease management slip, but during COVID it will probably be a whole lot worse. Hypertension and diabetes don't make you terribly unwell [immediately], but they have long-term consequences.'

'There will be residual anxiety about going to the GP face-to-face. It's up to us to make sure our clinics are COVID-safe and to reassure patients that coming to their GP is safe.'



Dr Orr warns there will be specific cohorts who have been badly affected by lockdown measures, such as international students stuck in Australia who may have lost their jobs and struggled to pay their health insurance.

Although telehealth has proved its worth in maintaining a high level of care, GPs fear specific cohorts such as older patients or those with comorbidities may not have sought care during lockdown, or felt it was risky to come to clinics in person.

Practice manager and consultant Riwka Hagen told *newsGP* that chronic disease management plans and reviews have seen declines of up to 30% in the practices with which she is familiar.

GPs from states that did not experience a second wave of community transmission say patients may take several more months to feel comfortable returning to face-to-face consultations.

RACGP Queensland Chair Dr Bruce Willett told *newsGP* that his older patients did not return immediately following easing of lockdown restrictions, even after cases fell to very low levels.

‘We certainly saw a lot of patients avoiding going to the doctor during height of COVID, but that anxiety didn’t lift as soon as restrictions did,’ he said. ‘It took a long period of low transmission for a lot of older people to feel comfortable.’

‘We are seeing people gradually coming back to usual care, and we are seeing people use less telehealth. Older people in particular wanted to get back to face-to-face consults, as they really value that human contact.’

Dr Willett said delayed bowel cancer screening, colonoscopies and breast screening are of particular concern for his patient cohort.

‘It’s just getting back to normal now, but there was a backlog which created some concerns,’ he said.

‘My chief message is to be proactive in putting the COVID caseload into perspective and encouraging people to come out, either via telehealth or in person.’

‘Now that cases are so low in Victoria, you can certainly say people are more at risk from neglecting issues other than COVID.’



*GPs in NSW and Queensland say many patients have been reluctant to return to face-to-face consultations even after COVID restrictions have been lifted.*

Sydney GP and UNSW senior lecturer Dr Michael Tam told *newsGP* people with chronic illness may have deferred care to COVID-related anxieties.

‘It’s possible some chronic illnesses may be less stable, with either symptoms less well controlled or it has been destabilised from a previous homeostasis,’ he said. ‘They may well have lived with symptoms without going to hospital.’



Dr Tam recently diagnosed cancer in a patient who had experienced delays in testing.

His own practice – which focuses on severe mental illness – saw an increase in people living with very significant distress in the wake of the first wave of COVID between March and May.

‘For people living with mental illness, it has not been an easy time,’ he said. ‘There was a change in routine, greater isolation, and people stuck at home.’

‘Often people aren’t used to spending the whole day with family members, and they may not necessarily get along with them. Or there may be those in abusive situations at home.’

‘There will be a lot of people in a lot of distress in Melbourne. There will be a long tail.’

‘Some of these issues can be addressed through telehealth, but for some it’s not suitable or appropriate.’

Dr Tam believes the end of lockdown in Victoria could in fact make issues worse for some patients.

‘During an actual disaster you can see the narrative as, we’re all in the same boat, doing this for the good of the community. But as things relax, the narrative changes,’ he said.

‘Some of the issues you couldn’t think about because you were in a disaster may actually prove more challenging, especially if you lost work or are under rental stress.’

Associate Professor Joel Rhee is Chair of the RACGP Specific Interests Cancer and Palliative Care network. He predicts Victorian GPs will soon see a spike in people with poorly controlled metabolic diseases.

‘In Victoria, you had the initial lockdown in March and then this prolonged one, which is ongoing. So anything we’ve seen in Sydney will be amplified in Victoria,’ he told *newsGP*.

‘Even now we’ve been seeing people who are still very fearful of COVID-19, and especially people with chronic illnesses and serious illnesses.’

In August, Associate Professor Rhee’s practice saw many older patients who were experiencing worsening metabolic conditions like diabetes, but who had delayed care.

‘It was reasonable for them to take extra precautions, as [this cohort] is at high risk of complications from COVID,’ he said. ‘But many had not done physical exercise, their sugar control was out of whack and their blood pressure was rising.’

‘Gaining weight has a significant downstream effect, not only months but years later.’

‘Something similar on a much larger scale might happen in coming weeks [in Victoria] as people emerge from lockdown and start seeing GPs again.’

Associate Professor Rhee believes undiagnosed cancers may also emerge as an issue.

‘Cancer specialists in Victoria have a lot of capacity at the moment, because the numbers of referrals to them have dropped off and follow-up has been either rescheduled or converted to telehealth. That means there’s a lot of scope for patients to be seen urgently,’ he said.

‘It’s a good idea for GPs in Victoria to build relationships now with relevant specialists and cancer centres, so if any patients are picked up with cancer, you can expedite their investigations and referrals.’

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