

Welcome to the
**COVID-19 & BAME Communities
Friday Focus Webinar**

17 July 2020

**A focus on respiratory and heart
conditions (e.g. asthma, COPD, CHD),
chronic kidney disease and keeping
active**



Zoom etiquette

- Please ensure your device reflects **your name** (First name and/or last name)
- Please ensure that your **video remains off and your audio muted** at all times unless you are asked to speak
- Please use the '**chat**' facility to put forward any questions
- The content of this webinar is accurate at the time of presentation
- Always refer to updated online versions of guidance

Webinar video recordings and slide presentations
are available after each session at
www.cornerstone.cogop.org.uk/friday-focus-webinars



Group facilitators

Jacqui Demirovska
Cornerstone Community Church

Anne Horder
Dudley Council

James Henderson
Transforming Communities Together



COVID-19 and Chronic illnesses

Clinical understanding

Dr Randa Abasaheed Elhag
Consultant in acute medicine and MHDU

The Dudley Group NHS Foundation Trust



Outline

- Introduction
- Course of the disease
- Those who are at higher risk
- General approach to living with chronic illnesses during COVID-19 pandemic
- Helpful resources



Introduction: Novel COVID-19

- Coronaviruses are a large family of viruses. Some cause illness in people and others cause illness in animals
- Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold
- At the end of 2019, a novel coronavirus was identified as the cause of a cluster of pneumonia cases in Wuhan, China
- It rapidly spread, resulting in a global pandemic
- The virus that causes COVID-19 is designated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)



Introduction: Novel COVID-19

- It is a new illness to health professionals
- Unprecedented and challenging time
- Ongoing work, research on treatment and vaccine
- Emerging new data
- Guidelines are constantly updated



Typical symptoms

- Cough
- Fever
- Loss of sense of smell or taste
- may also have
 - Breathlessness (which may cause anxiety)
 - Chest pain or pressure
 - Delirium (which may cause agitation)
 - Headache
 - Fatigue
 - Muscle aches
 - Sore throat
 - Chills/rigors
 - Rhinorrhoea and/or nasal congestion
 - Nausea/vomiting
 - Diarrhoea



Course and outcome

- Some are asymptomatic
- Most will have mild course and will be able to stay home
- Some patients with initially non severe symptoms may progress over the course of a week to develop Pneumonia
- Critical disease:
 - Respiratory failure
 - Kidney injury
 - Shock
 - Thromboembolic events
 - Cardiac
 - Multi-organ dysfunction
 - Secondary infections



Certain groups are more vulnerable and are at higher risk:

- Age and ethnicity
 - BME ethnicity, particularly those aged above 55, with comorbidities
 - White European ethnicity aged over 60
- Underlying Health Conditions
 - Hypertension
 - Cardiovascular disease (CVD)
 - Diabetes mellitus (DM)
 - Chronic kidney disease (CKD)



Certain groups are more vulnerable and are at higher risk:

- Chronic respiratory diseases
- Chronic neurological conditions
- Cancer
- Immunocompromised
- Problems with your spleen
- Pregnant Women
- Male
- Seriously overweight (a BMI of 40 or above)



BAME population

- People from Black ethnic groups were most likely to be diagnosed.
- Death rates from COVID-19 were highest among people of Black and Asian ethnic groups
- people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity
- People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British



BAME population

- These analyses did not account for the effect of occupation, comorbidities or obesity. These are important factors because they are associated with the risk of acquiring COVID-19, the risk of dying, or both.
- Diabetics of BAME ethnicity have higher risks when compared to White ethnic groups and was 43% in the Asian group and 45% in the Black group.
- The same disparities were seen for hypertensive disease.



General approach to living with chronic illnesses during COVID-19:

- Follow current NHS England guidelines
- Attend planned appointments
 - Hospitals are carefully scheduling appointments
 - Stick to your appointment time
- Use own transport
- Keep taking your medications except if told otherwise
- Keep in touch with your medical team
 - Answer/ return phone calls



General approach to living with chronic illnesses during COVID-19: Modifiable risk factors

- Life style change
 - Diet
 - Losing weight
 - Exercise
 - Keeping active
 - Smoking
 - Flu vaccine
- SLOW the spread.
 - Keep update with National guidance
 - Practice social distancing
 - Wear a cloth face mask
 - Wash your hands
 - Avoid touching your face
 - Avoid unnecessary traveling



What do you do when you are not feeling well

- **Contact your team**
 - direct ward reviews
 - some asked to go to ED
- **Patient encouraged to come forward and Attend hospitals when not well**
 - It is safe
 - Testing is important to differentiate from other infections
 - Need expertise to differentiate symptoms of COVID from existing illness
 - Need expertise to differentiate complications of COVID-19 mimicking the illness



What are hospitals doing on discharge: Medical optimisation & safety netting

- Individualised plans
- One stop clinic
- Balance risks of staying in hospital versus discharge
- Planned discharges.
- Patient Initiated follow up
- Virtual follow up as frequent where needed
 - Manage virtually in outpatient clinics care under the **same team / Speciality.**
 - Telephone the patients electively
 - Call them back with results of investigations and management plan



What are hospitals doing on discharge: Medical optimisation & safety netting

- Request Community Nursing follow up
- Request GPs to follow up **in some selected cases**



COVID-19 and Cardiovascular conditions

- As per above general advice
- Keep in touch with the specialist
- Preventing dehydration, But be careful with heart failure
- Medication dose adjustment
 - Do not stop ACE inhibitors and ARB therapy
- British Heart Foundation (BHF) website provides valuable resources



COVID-19 and Chronic Kidney Diseases

- As per above general advice
- Keep in touch with the specialist
- Preventing dehydration, this may not apply for those on dialysis
- Medication dose adjustment
 - Coronavirus (COVID-19) guidance for patients with kidney disease
- Kidney Care UK provides valuable resources



Helpful resources

- <https://www.bhf.org.uk/information-support/heart-matters-magazine/news/coronavirus-and-your-health>
- <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/other-conditions-and-coronavirus/>
- <https://www.brit-thoracic.org.uk/about-us/covid-19-resources-for-people-with-lung-disease/>
- <https://www.kidneycareuk.org/news-and-campaigns/coronavirus-advice/#ckdcovid>



Other references

- OpenSAFELY: factors associated with COVID-19-related hospital death in the linked electronic health records of 17 million adult NHS patients
- Public Health England: Disparities in the risk and outcomes of COVID-19
- Public Health England: Beyond the data: Understanding the impact of COVID-19 on BAME groups



Conclusion

- Presence of comorbidities, male gender, and elderly population are more likely to have serious illness and thus requiring hospital admission.
- BAME community had worst outcome as compared to White.
- COVID-19 not only affects respiratory system but also has its effect on liver, kidneys, heart and CNS.



Asthma, COPD, inhalers

Jo Hamilton

Lead Respiratory Nurse

Dudley Group NHS Foundation Trust



Action Heart, COVID-19, Physical Activity and the BAME Community

Russell Tipson
Director
Action Heart



Contents

- The 'Good News'
- The 'Not So Good News'
- The 'Pandemic News'
- The 'Practical News'
- The 'Dudley/Action Heart News'



The Good News

- The physical activity message is simple, consistent and worldwide
- Endorsed by the World Health Organisation (WHO)
- “ .. irrespective of gender, race, ethnicity or income level.”



Global Physical Activity Recommendations (adults)

- 150 minutes of moderate intensity physical activity, or
- 75 minutes of vigorous intensity physical activity, or
- A combination of the above
- In bouts of 10 mins or more
- Per week!!



Physical activity for adults and older adults

Benefits health	Type II Diabetes	-40%
Improves sleep	Cardiovascular disease	-35%
Maintains healthy weight	Falls, depression etc.	-30%
Manages stress	Joint and back pain	-25%
Improves quality of life	Cancers (colon and breast)	-20%

Some is good, more is better

Make a start today: it's never too late

Every minute counts

Be active

at least **150** minutes moderate intensity per week
increased breathing, able to talk

OR

at least **75** minutes vigorous intensity per week
breathing that difficulty talking

or a combination of both

Build strength
 To keep muscles, bones and joints strong
 on at least **2** days a week

Minimise sedentary time
 Break up periods of inactivity

Improve balance
 For older adults, to reduce the chance of frailty and falls
 2 days a week

UK Chief Medical Officers' Physical Activity Guidelines 2019



Moderate Intensity

Moderate intensity aerobic physical activity is when you are working hard enough to raise your heart rate and break into a sweat. You're working at a moderate intensity if you're able to talk but unable to sing the words to a song.



Vigorous Activity

Vigorous intensity aerobic physical activity is when you are breathing hard and fast and your heart rate has increased significantly. If you are working at this level, you won't be able to say more than a few words without pausing for a breath.



The 'Not So Good News'!!

- Only 63% of the adult population achieve the minimum guidelines
- Almost 25% fail to reach 30 mins per week!!

Sport England Active Adult Lives Survey published April 2020



The 'Not So Good News'!!

- On average the BAME community (apart from mixed race) is less active – only 61% achieving
- As a region the West Midlands tends to be towards the bottom of activity levels

Sport England Active Adult Lives Survey published April 2020



The 'Pandemic News'

- BAME 'patients' more severely affected by coronavirus
- Overweight, less fit/robust patients also more severely affected by coronavirus
- Less active individuals are more likely to be overweight, less robust and have underlying health conditions



Potential Pandemic 'Paradox'

- BAME community has a greater incentive to be appropriately active
- BAME community has a greater incentive to 'stay safe', stay indoors?



Practical 'News'

Every little helps!!



Extra Calories Burned Standing

- 50 calories per hour
- 3 hours x 5 days
- X 52 weeks
- 10 000 calories per annum
- = 10 Marathons!!



Practical 'News'

- Walking
- Guidelines =
- Daily 20-25 mins moderate intensity walk
- Twice daily 10-15 mins moderate intensity walk
- Daily 10-15mins vigorous intensity walk
- NHS Physical Activity Videos



Develop a Gardening Physical Activity Programme?

- Cardio-respiratory fitness, muscular endurance, strength, flexibility, balance
- Can form all or part of your physical activity programme



Gardening Energy Costs per 30 mins

- Mowing – push mower 250 cal
- Chopping wood 250 cal
- Digging 200 cal
- Planting 175 cal
- Raking 160 cal
- Equivalent to 15 mins jogging



Summary

- All types of gardening are potentially helpful and can form part, or all, of a physical activity programme
- There are helpful side effects:- happy hormones, a sense of satisfaction, company and the production of healthy food!!



‘Dudley/Action Heart News’

- Action Heart
- The Office of Public Health Dudley
- Longstanding Partnership
- Individuals who would benefit from increasing their physical activity levels



Dudley Exercise Referral Scheme

- Individuals with existing health conditions
- CVD, cancer, respiratory, obesity
- Individuals with a number of 'risk factors'
- Individuals requiring support/confidence
- Individuals recovering from COVID-19
- Referral by GP, Hospital Consultant, S4H, other health professionals



Dudley Exercise Referral Scheme



Action Heart Centre



- Free of charge
- 12 weeks
- Attend x3 per week
- Medical Screening
- Supervision
- Planned, progressive programme
- Can be independent



Summary

- We know what is required
- Every little helps
- Every minute counts
- Build up carefully
- Seek referral if support required



Long Term Condition(s) /Chronic obstructive pulmonary disease (COPD)

Kuldip Chana
SMP Accessor
BME United Ltd



Long Term Conditions

Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment, for example: diabetes, chronic obstructive pulmonary disease, arthritis and hypertension. Long term conditions also tend to change over time, so the role of the doctor becomes one of teacher and advisor while we become partners, responsible for managing our condition on a daily basis and informing the doctor of our treatment preferences.



What is COPD?

Chronic obstructive pulmonary disease (COPD) is the name for a group of lung conditions that cause breathing difficulties



The main symptoms of COPD are:

- increasing [breathlessness](#), particularly when you're active
- a persistent chesty [cough](#) with phlegm – some people may dismiss this as just a "smoker's cough"
- frequent [chest infections](#)
- persistent wheezing

Without treatment, the symptoms usually get progressively worse. There may also be periods when they get suddenly worse, known as a flare-up or exacerbation.



When to get medical advice

- See a GP if you have persistent symptoms of COPD, particularly if you're over 35 and smoke or used to smoke.
- Do not ignore the symptoms. If they're caused by COPD, it's best to start treatment as soon as possible, before your lungs become significantly damaged.
- The GP will ask about your symptoms and whether you smoke or have smoked in the past. They can organise a breathing test to help diagnose COPD and rule out other lung conditions, such as [asthma](#).



Causes of COPD

- COPD happens when the lungs become inflamed, damaged and narrowed. The main cause is smoking, although the condition can sometimes affect people who have never smoked.
- Some cases of COPD are caused by long-term exposure to harmful fumes or dust. Others are the result of a rare genetic problem which means the lungs are more vulnerable to damage.
- To find out more about the [causes of COPD](https://www.nhs.uk) please visit <https://www.nhs.uk>



What should I do if I have COPD? During COVID19

- Make sure you are managing your COPD well.
- Take your usual medication and inhalers as prescribed.
- Make sure you are using your inhalers correctly. Continuing with your usual exercises, including pulmonary rehabilitation.
- see website: <https://www.gov.uk/coronavirus> to get advice about coronavirus



Thank you for taking part in our
Covid19 and BAME Webinar

Questions and Answers

HealthyCommunities@Dudley.gov.uk

01384 816856



Meet and greet the community

