

Methods: This study used a mixed-methods approach, combining a literature review on pandemic-related mental health impacts with an analysis of health databases and emergency room records from the USA. It compared pre-pandemic and pandemic data on telepsychiatry, in-person services, emergency visits, and opioid incidents, employing statistical analyses to identify key trends in healthcare utilization during the COVID-19 pandemic.

Results: During the COVID-19 pandemic, rates of telepsychiatry visit completion in the USA reached 74.2 percent, which was 6.68 times higher than in-person visits and indicated that telepsychiatry was an effective alternative. The use of in-person mental health services declined by 57 percent, while telehealth services increased by 1,925 percent, with a notable rise in telehealth for people with anxiety disorders. Concurrently, general emergency room visits dropped by 52 percent. In contrast, there was a 34 percent increase in opioid overdose deaths, reaching a record of 96,779 deaths in 12 months, which highlighted ongoing healthcare challenges in treating substance use disorders. The number of emergency room visits for opioid use disorder surpassed the 2019 value by May 2020.

Conclusions: The pandemic significantly shifted mental health services toward telepsychiatry, proving its effectiveness, especially for anxiety disorders. Despite reduced in-person service usage, telehealth played a vital role. However, the period saw heightened challenges in substance use disorders, marked by a significant increase in opioid overdoses and emergency visits for opioid use disorder, which underscored the need for adapted healthcare strategies.

PD179 Navigating Health Crises In Emerging Economies: A Comprehensive Examination Of COVID-19's Influence On Health Care Access And Resilience

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Introduction: This research focuses on the impact of the COVID-19 pandemic on health care in emerging markets. It examines the pandemic's effects on emergency surgeries, medical consultations, maternal care, primary health care services, and surgical interventions.

Methods: This study focused on assessing the effect of COVID-19 on healthcare services in emerging markets from 2019 to 2021. It involved a literature review of academic articles, health reports, and government data, targeting the pandemic's effect on healthcare access. Data were collected from official health records in Brazil, China, Ethiopia, Egypt, Poland, Qatar, Sub-Saharan Africa, Thailand, and Türkiye. The analysis focused on emergency surgeries, outpatient visits, hospital admissions, primary health care, prenatal and maternal care, clinic visits for cardiac implantable electronic devices (CIED), and general surgeries, aiming to understand changes in health care access during and after the pandemic.

Results: Emergency surgeries in Ethiopia decreased by 77 percent, while in Egypt there was a 66.4 percent reduction in chest clinic visits. Outpatient and hospital admissions fell by 7 to 17 percent in Sub-Saharan Africa. In China, hospital, primary care, and inpatient visits declined by 33, 71, and 42 percent, respectively. In Qatar, physical healthcare visits fell by 36 percent, though virtual consultations increased notably. CIED visits in Poland fell by 26 percent in 2020. Thailand struggled with increased COVID-19 cases and deaths in 2021, whereas Brazil's health care services were significantly reduced (42.6% reduction in screenings and 59.7% reduction in surgeries). In Türkiye, there was a 35 percent drop in hospital visits and a 15 percent drop in prescriptions, but with increased costs per visit (0.09%) and per prescription (42.3%).

Conclusions: This study highlights the profound impact of COVID-19 on health care in emerging markets, showing significant disruptions in services like surgeries and outpatient visits. The pandemic emphasized the necessity of robust, adaptable healthcare systems and accelerated the shift to digital health services. These findings urge the strengthening of healthcare in emerging markets to prepare them for future global health challenges.

PD180 Strategies To Minimize The Impact Of The COVID-19 Pandemic On People With Disabilities: Systematic Review And Deliberative Dialogues

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Introduction: The impact of the COVID-19 pandemic was unequal, leading to losses for specific population groups already exposed to social vulnerabilities in the pre-pandemic period—for example, the inequity in access to health care among people with disabilities. The study aimed to identify strategies for people with disabilities during a public health emergency, in particular the COVID-19 pandemic.

Methods: A systematic review was conducted following the PRISMA guidelines. The population was adults with disabilities. There were no restrictions regarding the type of disability, which could include visual, auditory, intellectual, physical, or multiple disabilities. The COVID-19 pandemic was the study exposure and the outcomes were strategies aimed at improving prevention and health care for the target population during the pandemic period. A literature search was conducted in June 2021 and updated in November 2022 in the following databases: PubMed, Web of Science, Scopus, the Virtual Health Library, CINAHL, PDQ-Evidence, Health System Evidence, PEDro, and PsycInfo. The protocol for the systematic review was registered on PROSPERO (CRD42021266341).

Results: The systematic review included 29 studies of 49 non-pharmacological strategies. The evidence was synthesized and structured into categories. The following eight categories were found: habitation and infrastructure; work; occupation and income; planning and management; social assistance; telehealth; communication; comprehensive health care; and education for people with disabilities.