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Editorial

Did telemedicine come to stay in children's neurology?

Cristina Toledo-Gotor^{a,*} 

^a Pediatric Neurology Unit, Department of Pediatrics, Hospital San Pedro, Logroño, Spain

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After the COVID-19 outbreak, most health services were forced to make major adjustments in daily practice in order to continue caring for patients in a safe and efficient way. Before March 2020, the use of telemedicine in child neurology practice could be considered anecdotal, and even rejected by families and professionals, who typically would prefer a more direct and personal form of treatment (1, 2)

Due to the forced nature of having to visit the doctor through phone calls and emails, the evidence based practice for teletherapy in children is limited. Both families and pediatric neurologists have had to adapt to a new consultation model that may become permanent in routine clinical practice (2, 3).

There is no doubt that in the case of some disease processes, physical examination and direct contact with the patient is necessary. It can also serve as a way to evaluate the appropriate neurological development at early ages. However, in some cases, such as in patients with learning disabilities, telemedicine can be beneficial, allowing for a closer follow-up, decreasing school and work absenteeism,

as well as providing the same or better care (3).

Telephone consultation was used not only in successive consultations with established patients, but also as a first approach in patients with ADHS (attention-deficit hyperactivity disorder) and other kinds of learning disabilities. It is possible through telephone or email consultations to evaluate questionnaires and screening criteria, school reports, and even homework and tasks performed by the student/patient. These telephone interviews can also be useful in developing the future face-to-face consultations, where a thorough physical examination will be carried out, being able to examine at that time the physical and behavioral phenotype through direct interaction with the patient (4).

We also had to resort to this new kind of medicine in established patients who started a new pharmacological treatment. We realized that after we were able to provide them with closer support and follow-up, doubts about treatment were resolved earlier and patients and their families had a greater sense of trust in their child

* Corresponding author.

E-mail address: ctoledo@riojasalud.es

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neurologist (4, 5).

It has been over a year since this pandemic forced us to change the way we work and interact with our patients. Although the novel SARS-CoV-2 pandemic brought us complete chaos, it also gave us an opportunity to improve the way we approach our patients and families.

Nevertheless, there is still much work to be done. After having to implement these changes in such a hurry, it is now time to establish telemedicine as an additional option offered to our patients. Upon providing this service, it will be imperative to carry out specific training programs for professionals centered around ethics and the handling of confidential data (names, images, tests results...). It will also be necessary to develop authorized email accounts (not the personal ones), Mobile Apps and/or web platforms to carry out tele visits and to determine the hours of operation (2, 3).

With good organizational support and teamwork, it has been possible to implement this new system of patient care. In our experience, telemedicine has improved access to care in some groups of patients. If we can perfect this new

form of medicine, it can be a true breakthrough and revolution within the healthcare system.

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