


# The Severity of the COVID-19 Among Chronic Disease Patients in the Selected Hospitals in Riyadh, Saudi Arabia – A Retrospective Study [Letter]

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## Dear editor

The study by Al-Rawi et al<sup>1</sup> highlights critical associations between chronic diseases and the severity of COVID-19, compelling us to reevaluate the preparedness of healthcare systems in addressing the needs of vulnerable populations during public health crises. As chronic illnesses continue to rise globally, the findings emphasize the urgency of developing more effective strategies.

One intriguing observation is the apparent minimal impact of obesity on COVID-19 severity, which contrasts with its established role in respiratory complications. This discrepancy raises the need to investigate whether factors such as population characteristics, healthcare access, or treatment approaches influenced these results. Clarifying these relationships could lead to better-targeted interventions.

The reliance on hospital-based data provides essential insights but leaves questions about outcomes for patients managed outside these settings. What are the long-term implications for those with chronic diseases who experience mild COVID-19 symptoms or avoid seeking care altogether? Exploring this could strengthen post-pandemic recovery plans and inform outpatient care strategies.

The study briefly touches on comorbidities but does not delve into how overlapping conditions, such as diabetes and cardiovascular disease, compound risks. Understanding these interactions could enable clinicians to better prioritize resources and tailor interventions for high-risk patients, especially during healthcare system surges.

The findings suggest that integrating early risk stratification tools into hospital admission protocols could improve outcomes for chronic disease patients. For example, identifying patients with multiple comorbidities at the point of triage could enable more proactive interventions, such as closer monitoring or early use of antiviral therapies. Furthermore, a focus on standardizing care pathways for chronic disease patients across facilities could reduce disparities in outcomes highlighted by this study.

In addition, the data reveal significant variations in disease severity based on patient demographics and comorbidities, underscoring the need for more nuanced public health campaigns. Programs targeting lifestyle changes, such as weight management and blood pressure control, could have a dual impact—reducing chronic disease burden while also mitigating risks during infectious disease outbreaks.<sup>2</sup> Strengthening the link between public health systems and clinical services is crucial to achieving this goal.

From a broader public health perspective, these findings reinforce the importance of integrating chronic disease prevention and management into pandemic preparedness plans. Addressing social determinants of health, improving access to preventive care, and fostering collaboration between public health agencies and clinical services are essential to

building resilient health systems.<sup>3,4</sup> Policymakers must prioritize these efforts to mitigate the impact of future pandemics on populations already burdened by chronic illnesses.

The findings of Al-Rawi et al provide a valuable starting point for addressing the dual burden of chronic diseases and pandemics. They remind us that managing chronic conditions is not only essential for individual patient outcomes but also for strengthening the resilience of healthcare systems globally.

## Disclosure

All authors report no conflicts of interest in this communication.

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