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Abstract submission

Title: COVID-19 impact on healthcare access in Canadians: Results from the iCARE Study

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Background: In the context of the pandemic, individuals most in need of medical care (e.g., those with chronic diseases, CDs) may have more difficulties accessing care. CD patients are at greater risk of COVID-19 complications if exposed, which may have resulted in avoidance of seeking care, and this may have been exacerbated in those with comorbid psychological disorders (PDs).

Objective: To examine the healthcare impacts of COVID-19 in Canadians with/without CDs and comorbid PDs.

Methods: We analyzed six waves of Canadian representative data (N=15 251, June 2020-September 2021) from respondents in the iCARE study. Logistic regression was used to examine healthcare access in four groups: CDs with/without PDs, and healthy individuals with/without PDs.

Results: The sample had 17,837 individuals (52% women, mean age 48) with 16% reporting a depressive disorder and 21% reporting an anxiety disorder (12% reported both). Those with CDs and PDs (N=1144) were more likely to cancel medical appointments (32%; $p < 0.001$). Adjusting for age, sex and survey round, those with CDs and PDs reported less access to healthcare (OR=5.29, 95% CI 4.58-6.10, $p < 0.001$) compared to healthy individuals without PDs (N=9503). Interestingly, healthy individuals with PDs were also more likely to cancel medical appointments (OR=1.82, 95% CI 1.47-2.23, $p < 0.001$) than CDs without PDs.

Conclusion: Results suggest that individuals with psychiatric co-morbidities, irrespective of CD status, had worse access to healthcare during the pandemic. This could be related to higher pandemic anxiety or lack of services. Interventions should be developed to support these individuals.