

## Telehealth Counseling for Patients with Celiac Disease During COVID-19

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Nutrition counseling, concerning the gluten free diet is the cornerstone of care for individuals with celiac disease. However, as COVID-19 spread throughout New York City in March 2020, and stay-at-home directives were issued, my medical center required that clinicians transform their typical face-to-face visits to telehealth visits almost overnight. As a dietitian specialized in celiac disease and practicing in-person counseling for 30+ years, this unplanned transition to virtual counseling immediately challenged my beliefs about what it meant to provide good nutrition education for my patients. Could I really be effective at offering nutrition education and social support in a time of social distancing?

Almost a decade ago for my doctoral work, my colleagues and I conducted a study to better understand how social support networks influenced quality of life in individuals with celiac disease. I found that individuals who participated in face-to-face social support groups had superior quality of life scores as compared to those that participated in only online support networks [1]. Others have also found in-person education for individuals with celiac disease to be important for feeling empowered, connected, and supported [2]. Over the years, I have whole-heartedly believed that seeing my patients' in-person at the Celiac Disease Center offered the greatest opportunity for rapport and for motivating and assisting both adults and children on their lifelong gluten-free journey.

I was therefore surprised to find that after only a few weeks of virtual videoconferencing, my beliefs about what it meant to provide good nutrition counseling to my patients began to change. Many of the videoconferences were held in patients' kitchens. This gave me a window into their cooking and storage space and allowed me to review labels and products straight from the refrigerator and cabinets. Most stated how much they enjoyed the flexibility for

the time of the visit. Others noted how much they appreciated not having to travel. Most were grateful to have continuity in care. Videoconferencing has allowed me to check-in with patients that live in more remote areas that only travel to the Celiac Disease Center once a year for annual physician appointments. Unexpectedly, age has not been a barrier to videoconferencing, and I have held televisits with many patients in their 70's. And while a small number still prefer a traditional phone call, most preferred our appointment using the videoconferencing format. One patient made it a point to tell me she loved using the video because she could see my face, which made her feel connected to me. Indeed, I loved seeing her face too. In this age of COVID-19 and self-isolation, the ability to 'see' my patients allows me to do a visual check of how they are doing physically and emotionally. It also allows me to offer support and referrals as needed.

But telehealth is not without its limitations. Our underserved patients remain underserved due to the limited availability of technology; videoconferencing requires a smartphone, a home internet connection, and a private room to have a conversation about personal matters. I feel the loss of the quick huddle, collaborating on patient care, and the brainstorming in the hallways with my healthcare team. Additionally I think we are all coping with the fading time-frames of schedules, and the increased emotional stress and fatigue associated with conducting multiple video sessions daily. A recent study highlighted that with increasing use of telehealth and electronic messaging with patients, there is the expectation that providers should be available 24/7 [3]. Indeed, I also noted to a colleague after the first week of telehealth visits, I was emotionally and physically more drained than I would have been from a week of packed days at the clinic. In part, I wanted my patients to know they had my undivided attention even though we were not sitting side-by-side in my office. I also sense from my patients that having strict dietary needs at a time of a national crisis brings additional stress and anxiety. This added stress and anxiety

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can exacerbate their gastrointestinal symptoms, thus increasing the need for access to dietitians with an expertise in gastrointestinal disorders.

Negatives aside, telehealth has allowed me to continue to care for our patients, to help them through these difficult times. Nutrition counseling is a vital link to our patient's health. In these times of concern about food insecurity, we can provide needed information on food safety, easy meal preparation, creative recipes from the cupboard, and comfort in continuity of care. In contrast to the earlier study which found a negative impact for those who participated in only online social support [1] today's telehealth, which uses video conferencing, allows for the feeling of a face-to-face encounter. I have found that adaption to telehealth has not only provided me the opportunity to embrace a new skill, but also to evaluate my own counseling techniques, incorporate the

benefits of a new technology, without losing the joy of seeing and caring for my patients.

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