Residência RP Pediátrica
Publicação Oficial da Sociedade Brasileira de Pediatria

Submitted on: 01/28/2025
Approved on: 03/17/2025

LETTERS TO THE EDITOR

Response to the article: "Telemedicine at a brazilian Down syndrome outpatient clinic during the covid-19 pandemic"

Veronica A. O. Kawakatsu[1], Camila M. V. Lanzarin[2], Maria Luiza de Andrade Correia[3], Fernanda S Nascimento[2], Thais C. R. Heim[2], João C. Xikota[2], Aldo von-Wangenheim[4]

Keywords:
Telemedicine, Telepediatrics, Patient Satisfaction, COVID-19.

Abstract

The practice of medicine through synchronous methods (such as teleguidance, telemonitoring, and teleconsultation) was exceptionally regulated by the Federal Council of Medicine (FCM) for the duration of the pandemic, with the aim of ensuring continuity of care between patients and physicians. However, parental satisfaction with this approach to social distancing and the restriction of elective consultations remains largely unknown, particularly in the outpatient setting. Therefore, this letter to the editor aims to support previously published findings and share our experience in monitoring pediatric subspecialties in the outpatient clinic of the University Hospital during the COVID-19 pandemic.

[1] Universidade Federal de Santa Catarina - Florianópolis - Santa Catarina - Brazil.
[2] Universidade Federal de Santa Catarina, Pediatria - Florianópolis - Santa Catarina - Brazil.
[3] Universidade Federal de Santa Catarina, Pediatria, Residência Pediátrica - Florianópolis - Santa Catarina - Brazil.
[4] Universidade Federal de Santa Catarina, Informática e Estatística - Florianópolis - Santa Catarina - Brazil.

Correspondence to:
Maria Luiza de Andrade Correia.
Universidade Federal de Santa Catarina. Rua Profa. Maria Flora Pausewang,
Trindade, Florianópolis, SC, Brazil. CEP: 88036-800. E-mail: maluandradexx@gmail.com

Resid Pediatr. 2026;16(1).
DOI: 10.25060/residpediatr-2026-1410

Creative Commons. Attribution-NonCommercial-ShareAlike 4.0 International.

We would like to congratulate the authors on the article *"Telemedicine in a Down Syndrome Outpatient Clinic in Brazil during the COVID-19 Pandemic,"* published in this journal[1]. In addition, we would like to share our experience with telemedicine at the Pediatric Outpatient Clinic of the University Hospital of the Federal University of Santa Catarina (UFSC), in Florianópolis, Brazil.

The use of telemedicine in pediatric care had not previously been implemented in our state, although synchronous telemedicine has been described as an excellent alternative to overcome barriers related to distance and time, especially when long travel distances or transportation difficulties separate patients from pediatric subspecialty services[2-5]. During the COVID-19 pandemic, the need for specialized outpatient pediatric care rapidly adapted to a model predominantly based on telehealth. Systematic reviews of the literature on telepediatrics also began to emerge during this period[2].

Our experience followed a methodology similar to that described in the aforementioned article, although involving a different population. A prospective cross-sectional study was conducted, based on medical record data and primary data collected through an electronic questionnaire applied to telemedicine consultations carried out in pediatric subspecialty outpatient clinics (pulmonology, gastroenterology, and endocrinology) between April and November 2020. However, unlike the referenced article, the objective of our study was to assess the quality of care and satisfaction with telemedicine services, without collecting socioeconomic data.

In the published results, despite the large number of questionnaires sent (600), only 10.8% were returned, representing a substantial data loss[1]. In our study, we observed a similar phenomenon: among 134 patients seen, 116 questionnaires were sent via WhatsApp®, with a response rate of 27.6% (32 of 116 patients). However, only 26 patients agreed to and signed the Informed Consent Form.

Among the barriers to participation, caregivers' fear that the message might be fraudulent or contain a computer virus stood out. Some parents contacted the attending physician to verify the authenticity of the message, which led us to send an electronically signed letter from the physicians to all participants, confirming the legitimacy of the study questionnaire. In another national study, only 19.6% (50 patients) responded to the satisfaction questionnaire, suggesting that cultural factors, such as limited appreciation of research participation, may influence these results[5].

Patient satisfaction in our study reached 96.2%, a rate similar to that reported in the published article (96.9%)[1]. Another relevant finding was that 84.6% of participants considered telemedicine useful when combined with in-person consultations, and 5.4% reported that this modality saved travel time to the hospital.

In the literature, Sharawat et al.[6] reported that 96% of participants were satisfied with the overall quality of teleconsultations, 94% correctly understood medical instructions, 98% believed teleconsultations saved time, money, and effort, and 86% wished to continue using teleconsultations as a substitute for in-person visits after the end of social isolation, whereas 10% did not. Furthermore, 84% of respondents considered teleconsultations equivalent to previous in-person visits, while 16% disagreed.

Other research groups in Brazil have also reported similar findings in studies on telepediatrics[3,5]. One of these studies evaluated parental satisfaction in emergency care settings and reported an 86% satisfaction rate[5]. A relevant topic for future research would be a comparative analysis of the results obtained across these different studies.

Our findings also showed that 71.9% of parents fully agreed that they received adequate attention during the teleconsultation. Regarding access to the consultation, 61.5% described it as easy, 23.1% reported difficulties, 11.5% were unable to access the system and had their consultation conducted via WhatsApp® or telephone, and 3.8% were able to access the system but considered it difficult to use. In a national study, 18% of participants reported connection problems and 12% experienced difficulties using the application[2].

In our experience, most caregivers reported that telemedicine enabled effective communication of the child's clinical condition to the physician, allowed adequate understanding of the child's complaints and condition by the professional, and facilitated comprehension of medical guidance by caregivers.

This letter aims not only to endorse the published article but also to contribute additional data on telemedicine, highlighting it as an efficient alternative that optimizes time during outpatient follow-up and ensures continuity of care, with a high level of user satisfaction.

REFERENCES

1. Bermudez BEBV, Oliveira ACV, Novadzki IM, Oliveira CM. Telemedicina em um Ambulatório de Síndrome de Down no Brasil durante a Pandemia do Covid-19. Resid Pediatr. 2024;14(1):1-5 DOI: 10.25060/residpediatr-2024.v14n1-1114
2. Shah AC, Badawy SM. Telemedicine in Pediatrics: Systematic Review of Randomized Controlled Trials. JMIR Pediatr Parent. 2021;24;4(1):e22696. doi: 10.2196/22696.
3. Santana YE, Liberatore RDR Junior. Teleconsultation for pediatric patients with type 1 diabetes mellitus during the COVID-19 pandemic: experience of a university hospital in Brazil. J Pediatr. 2022; 1:S0021-7557(22)00029-8. doi: 10.1016/j.jped.2022.02.001.
4. Fitzgerald MJ, Thompson LA, Paradise-Black NM. What to Expect at a Pediatric Telemedicine Visit. JAMA Pediatr. 2021;175(11):1192. doi: 10.1001/jamapediatrics.2021.2284.

5. Severini RDSG, Oliveira PC, Couto TB, Simon Junior H, Andrade APM, Nanbu DY, et al. Fast, cheap and feasible: Implementation of pediatric telemedicine in a public hospital during the Covid-19 pandemic. J Pediatr. 2022;98(2):183-9. doi: 10.1016/j.jped.2021.05.007.

6. Sharawat IK, Panda PK. Caregiver Satisfaction and Effectiveness of Teleconsultation in Children and Adolescents With Migraine During the Ongoing COVID-19 Pandemic. J Child Neurol. 2021;36(4):296-303. doi: 10.1177/0883073820968653.