## Correspondence

## Calling for benefit-risk evaluations of COVID-19 control measures

We think government lockdowns cause substantial collateral health damage. For example, hospital admissions in the USA for emergency treatment of acute ischaemic strokes have been substantially lower in February-March, 2020, than in February-March, 2019, resulting in delayed treatment.1 Compared with a historical baseline, UK nursing homes and hospices saw an increase in the number of deaths between February and June, 2020, associated with acute coronary syndrome (a 41% increase), stroke (a 39% increase), and heart failure (a 25% increase).2

The situation is similar for patients with cancer. In German hospitals, cancer cases decreased during the first national lockdown between March 12 and April 19, 2020: by 13.9% for breast cancer, 16.5% for bladder cancer, 18.4% for gastric cancer, 19.8% for lung cancer, 22.3% for colon cancer, and 23.1% for prostate cancer,3 suggesting that cancers might have been undetected and untreated during this period. In England, hospital admissions for chemotherapy appointments have fallen by 60%, and urgent referrals for early diagnosis of suspected cancers have decreased by 76% compared with pre-COVID-19 levels, which could contribute to 6270 additional deaths within 1 year.4 Delayed diagnosis and treatment are expected to increase the numbers of deaths up to year 5 after diagnosis by 7.9–9.6% for breast cancer, 15.3-16.6% for colorectal cancer, 4.8-5.3% for lung cancer, and 5.8–6.0% for oesophageal

Government restrictions are disrupting traditional means of support between friends and family members. Physical distancing and contact reduction are causing severe stress to many people and might increase the risk of suicide.6 In a meta-analysis of the prevalence of stress, anxiety, depression among the general population during the COVID-19 pandemic,7 the prevalence of depression in the months of the pandemic up to May, 2020, was 33.7% (95% CI 27.5-40.6). Between April 22 and May 11, 2020, 795 (78.9%) of 1008 people aged 18-35 years in the USA reported symptoms of depression.8 Further and stronger restrictions on physical and social contact could lead to a further increase in the prevalence of depression.

We call on all scientists, public health officials, journalists, and politicians to weigh and consider the collateral damage from government COVID-19 control measures and their negative effect on many short-term and long-term health outcomes. While trying to control COVID-19, all aspects of physical and mental health need to be jointly considered. Other life-threatening diseases are being neglected, and patients with these diseases should receive the same timely and appropriate medical treatment as patients with COVID-19.

GK has received honoraria for consultation and presentation from Dr Schumacher. MK declares no competing interests.

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