Supplementary material

Appendix 2

**Table 2.** Impacts of COVID-19 pandemic on patients of asthma units

|  |
| --- |
| * Uncertainty about the telematics follow-up, they received it positively since they did not want to travel to the hospitals but the loss of contact with the clinicians could generate distrust among patients in the short and medium term. * In the long term a more personalized follow-up of patients will be necessary; telephone follow-up may not be sufficient. * Patients have been grateful, they have not felt abandoned. * Delay in performing diagnostic tests and starting treatment. * Some patients decided to stop treatment for fear of contagion if they went to the hospital (low percentage). * Follow-up of a new group of patients with COVID-19-related sequelae. * Generation of anxiety among patients as it is an infection that also affects the respiratory system. * By considering the asthma patient as a population at risk, the impact on the group has been considerably minimized. * Training activities adapted to patients in relation to COVID-19 and how it affects their pathology have been carried out. * It has been observed that the use of masks in asthma patients can increase their underlying condition. * It was possible to identify patients who were visited without being strictly necessary. * Patients appreciate the presence and the role of the nursing staff during the follow-up phase. * The need to inform patients of both the risk of contracting COVID-19 and its link with asthma has been detected. |