









Answer to the Letter to the Editor: Smartphone, Vestibular Hypofunction, Teleconsultation, and COVID-19 Pandemic

Renato Gonzaga Barreto¹  Darío Andrés Yacovino^{2,3}  Marcello Cherchi^{4,5}  Saulo Nardy Nader¹ 
Lázaro Juliano Teixeira^{6,7}  Delice Alves da Silva⁸  Daniel Hector Verdecchia⁹

¹ Department of Neurotology and Vestibular Rehabilitation, Clínica de Neurologia e Psiquiatria, São Paulo, SP, Brazil

² Otovestibular Section, Neurology Department, Hospital Dr. César Milstein, Buenos Aires, Argentina

³ Department of Neurotology and Vestibular Rehabilitation, Laboratorio de Memoria y Equilibrio, Buenos Aires, Argentina

⁴ Department of Neurology, Feinberg School of Medicine, Northwestern University, Chicago, IL, United States

⁵ Department of Neurotology, Chicago Dizziness and Hearing, Chicago, IL, United States

⁶ City Hall, Balneário Camboriú, SC, Brazil

⁷ Private Practice, Balneário Camboriú, SC, Brazil

⁸ Department of Neurotology and Vestibular Rehabilitation, Áudio Clínica, Irecê, BA, Brazil

⁹ Department of Health Sciences, Kinesiology and Physiatry Course, Universidad Nacional de La Matanza, Buenos Aires, Argentina

Address for correspondence Renato Gonzaga Barreto, MSc, Clínica de Neurologia e Psiquiatria, Alameda Grajaú 98, Edifício PRAVDA, 11° andar, sala 1.101, Alphaville, Barueri – SP, 06454-050, Brazil (e-mail: ft.renato@hotmail.com).

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We would like to thank the editor for the opportunity to respond to the issues raised by a reader related to our paper.¹

To apply any procedure or tool in any specialty, it is necessary to master the technique by prior training, and this is no different with teleservice. Each professional must always seek to improve their skills to perform procedures optimally. Our article does not diverge from this idea.

As observed by Janet C. Rucker & David S. Zee, somewhat paradoxically, telemedicine and new technologies are forcing us to become better old-school physicians as we again rely on a careful history and resume making old-fashioned “house calls”².

When presenting the guidelines for teleconsultation, it is up to the professional, together with the guidelines of the organization of their professional council, to judge whether they are fit for professional practice, prioritizing patient safety.³ Regarding the patients' educational and socioeconomic level, based on our clinical experience, poverty does not necessarily mean that they do not know how to handle a

smartphone and its applications. Furthermore, in the published study, we recommended the presence of a companion whenever possible, including situations related to the patients' physical conditions as well as situations in which the patients might require help with other skills. Other studies have also shown the indication of telemedicine in neurology. Thus, I see this comment as relevant, but not directly applicable. With regard to the privacy and security of teleservice, it is necessary to rely on the recommendations of each local regulation that guides virtual tools and applications and evaluates data security, privacy, and quality according to the needs of each clinical case.^{3–9}

The reader mentioned a potential relationship between telemedicine and seizures and cited a study.¹⁰ The cited study was focused on patients already known to have epilepsy, including pediatric and refractory epilepsy. These patient groups generally do not overlap with the population of vestibular patients. Moreover, other studies did not report such an occurrence during the management of epileptic

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patients with telemedicine. The idea is not to replace face-to-face encounters, but to assist individuals who, for whatever reason, may not have adequate access to face-to-face encounters. I greatly appreciate the comments, and I believe that further research will provide evidence to guide the appropriate expansion of this encounter modality.

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