

y pidió a la población permanecer en casa, situación que en otros países ha impactado en el estilo de vida y ha modificado hábitos diarios como alimentación, actividad física, tabaquismo y consumo de alcohol,¹⁻⁵ aspectos que anteriormente no habían sido evaluados en población mexicana. Por ello, en mayo de 2020, a través de una encuesta difundida en redes sociales, se identificó que en 1 074 personas mayores de edad, más de 45% aumentó la frecuencia y cantidad de alimentos ingeridos, 32.2% fumó más, 17.6% ingirió más alcohol y la actividad física disminuyó en 36%. Estos cambios están asociados con el sexo, estado civil, estado de ánimo, escolaridad y nivel de aislamiento. Asimismo, las mujeres y quienes se encuentran sometidos a más restricciones de confinamiento tienen mayor riesgo de aumentar la cantidad y frecuencia de la ingesta de alimentos. En contraste, los solteros –con mayor escolaridad– y quienes han mantenido su estado de ánimo tienen menor riesgo de ingerir más alimentos. De manera similar, las personas solteras y aquellas sin cambios en su estado de ánimo tienen menor probabilidad de consumir más alcohol. Finalmente, las mujeres tienen menor riesgo de disminuir la actividad física. Estamos ante un evento histórico y, hasta donde sabemos, este estudio es de los primeros en investigar el impacto inmediato del encierro por Covid-19 en diversos hábitos y estilos de vida entre los mexicanos. Estos cambios requieren ser evaluados y monitoreados, ya que muchos de ellos están relacionados con condiciones que pueden agravar el curso de la enfermedad por Covid-19, por lo que los servicios de salud y las medidas de promoción deben enfocarse no sólo en la prevención de aquellos factores relacionados con el contagio, sino también en los que puedan complicar su curso, retomando el modelo de factores de riesgo comunes con una perspectiva integral.

Declaración de conflicto de intereses. Los autores declararon no tener conflicto de intereses.

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<https://doi.org/10.21149/12501>

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Epidemiological study in a vulnerable population

Dear editor: The article by Vázquez and colleagues on "Social determinants of overweight and obesity in a highly marginalized population in Comitán, Chiapas, México" published in *Salud Pública de México* had a sample of 1 858 participants in urban

and rural areas,¹ making known the epidemiology of obesity.

In their across sectional study, we find the samples of rural areas chosen for convenience and the urban areas, randomly. Álvarez and colleagues demonstrated the importance of simple random sampling, which allows the study to be highly representative.² Therefore, we believe the choice of population density in this study could cause an important selection bias when extrapolating data from rural areas.

The study used anthropometric equations "Durnning-Womersley", having to be corrected by the age, sex, and ethnic group, which is justified for the Caucasian population; being little suitable for the population of Mexico where the Crossbreeding prevails (indigenous, European, and African lineages).³ Thus, a study in America (Colombia) evaluated anthropometric equations, proving to be significant for the population of Medellín, being so far the most appropriate methodology to assess the Latin population.⁴

They developed the semi-quantitative questionnaire on food frequency consumption (FFQ) using the methodology of Walter Willet, being validated for a population with a level of literacy and numerical skills relatively intermediate for its resolution. The study does not mention cultural adaptations for these instruments; 44.5% of the population surveyed does not have complete primary education, leaving the adaptation methodology unclear for the understanding of data collection.⁵ Likewise they used the international questionnaire for physical activity (IPAQ, short version), which is recommended when population monitoring is intended but the ideal in epidemiological research studies is the long version.⁶

Finally, it's necessary to validate instruments with cultural adaptation for vulnerable populations. We

believe that communication through the use of photographs, videos, and interviews are more effective. Therefore, it is not possible to extrapolate the results obtained to the native community in general.

Declaration of conflict of interests. The authors declare that they have no conflict of interests.

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<https://doi.org/10.21149/12326>

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Increasing thrombolysis rate in acute ischemic stroke using a mobile instant messaging application: experience from a developing country

Dear editor: Thrombolytic therapy with recombinant tissue plasminogen activator (rt-PA) improves functional outcomes in stroke, but its use requires an accurate patient selection to increase post-stroke functional improvement. In our country, trained physicians for rt-PA use are few. In our Hospital (*Hospital Universitario José Eleuterio González*), rt-PA is applied by the emergency medical team (EMT) made up primarily of residence in training with little experience in rt-PA use. The process involved the communication of every patient to the stroke specialists (SPs) using phone calls, which subsequently had to authorize its use, leading to low rates of rt-PA use. We created a chat in WhatsApp (WhatsApp, California, USA) between SPs and the EMT in July 2016. Within, stroke patients are presented with their CT/MR image. We evaluated the effect of this stroke chat on rt-PA use, door

to needle times (DTN), and length of stay (LOS). We obtained data from an ongoing stroke registry. Patients with ischemic stroke admitted between January 2015 to December 2017 were included. Data were divided into two periods: pre (January 2015 – June 2016) and post (July 2016 – December 2017) use of the stroke chat. We used logistic regression for testing rt-PA use proportions, and linear regression for DTN and LOS. P-values <0.05 were considered statistically significant. 634 patients were included, 50.2% and 49.8% from pre- and post-periods, respectively (table I). rt-PA use increased from 2.83% in the pre-period to 8.86% in the post-period. Both LOS (5.1±4.4 vs 6.3±4.8) and DTN (102±54 vs 142±65.5) increased in the post-period, but DTN increase was not statistically significant. The increase of rt-PA use is in line with a previous report.¹ This could be the result of improved coordination within the EMT to use rt-PA and reassurance by the SPs. In other words, SPs may improve the sense of safety of the EMT to use rt-PA. We also found an increase in LOS by 1.2 days. This is likely the result of a more robust patient evaluation promoted by SPs. Although WhatsApp could improve stroke care with no costs, data pri-

Table I
CHARACTERISTICS OF STROKE PATIENTS.
MONTERREY, NUEVO LEÓN, MÉXICO, 2020

Characteristics	Pre-WhatsApp (n=318) No. (%)	Post-WhatsApp (n=316) No. (%)	OR Or B	IC95%	P
Age (mean±SD)	63 ± 14.36	58.9 ± 16.46	-	-	0.004
Male	192 (60.37)	187 (59.17)	-	-	0.758
Number of thrombolysis	9 (2.83)	28 (8.86)	3.39	1.56-7.36	.002*
Hospital Stay Length (days) (SD)	5.1 ± 4.4	6.3 ± 4.8	1.15	.40-1.90	.003*
Door-to-needle time (SD) thrombolysis patients	102.25 ± 54.63	154.88 ± 70.60	47.09	-14.08-108.27	1.24

Models were adjusted for age and sex. All Analyses were performed in SPSS v24.0.

* p value <0.05.

SD: Standard deviation.