

Comorbidities and rheumatological diseases at the time of COVID-19. Response to: 'Rheumatic diseases in intensive care unit patients with COVID-19' by Moiseev *et al*

We thank Dr Moiseev *et al*¹ for their comment on our previous paper on the clinical course of severe acute respiratory syndrome Coronavirus-2 (SARS-CoV-2) disease 2019 (COVID-19) in patients treated with biologic and targeted synthetic disease-modifying anti-rheumatic drugs.² The authors assessed the outcome of patients with inflammatory rheumatic diseases among patients admitted to the intensive care unit (ICU) and reported findings in line with our cohort of outpatients.² Admission to the ICU due to COVID-19 in patients with rheumatic diseases did not exceed those expected in the general population. Nevertheless, the mortality of these patients was 50%. Interestingly, Moiseev *et al*¹ reported that the majority of rheumatologic patients admitted to the ICU had concurrent conditions including hypertension, previous cardiovascular events or diabetes mellitus. These same comorbidities had been previously identified as risk factors associated with worse outcome also in the general population affected by COVID-19.³ This comment confirms the cautious impression that patients with rheumatologic diseases might not have a worse prognosis during COVID-19 and that underlying concomitant cardiovascular comorbidities might influence the severity of the infection. Nevertheless, the mortality rate of patients admitted to the ICU is still relevant, and patients with a significant comorbidity burden might be particularly at risk. Comorbidities are frequent in patients with rheumatologic diseases, even at a younger age compared with control populations,^{4 5} and these might expose our patients to an excessive risk in case of severe SARS-CoV-2 infection.

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