Background: Many measurement tools are designed to assess disease activity for Rheumatoid Arthritis (RA) patients. One of the most used tools is the Disease Activity Score- DAS28 which assesses the number of painful joints, erythrocyte sedimentation, and a patient’s global assessment. The assessment is performed by a clinician and requires laboratory exams. Unfortunately, from March to August 2019, Colombia had one of the strictest responses to the COVID-19 pandemic according to the COVID-19 stringency Index. One of the main restrictions was the preventive isolation of elderly populations, especially those with comorbidities. These restrictions challenged the rheumatology practice because face-to-face consultations were not possible.

Methods: We conducted a descriptive study; patients were followed during the COVID-19 lockdown in a video consultation. The PAS-II score was applied to assess disease activity as an alternative to the DAS28 assessment. The patients were part of an educational program, clinical charts were reviewed to collect the study variables. We collected demographic data and DAS28 before the pandemic started. We present a descriptive analysis of DAS28 severity and the results obtained by the PASS-II score.

Results: The educational program enrolled 250 participants; 196 patients had complete data. 93% of participants were women, mean age was 64 years IQR (54-67), 43% of participants were married or had a civil union, 26% were single, 20% divorced, and 11% were widowed. Regarding educational level, 25% had finished elementary school and 39% high school; the remaining 36% had higher education. We conducted the last DAS28 assessed by a rheumatologist between January, and March 2019. 67% of patients were in remission, while in July 2019, the PASS-II score reported that 7% of patients were in remission and 75% had low or minimal activity.

Conclusion: The PASS score is a helpful tool to assess disease activity in patients with RA, especially in situations where the patient cannot see a rheumatologist in a face-to-face consultation; however, patients in severe disease activity should not delay the consultation with a clinician. As other studies have demonstrated, patient-reported outcome measures should be adopted in clinical practice as an alternative for treat- to- lange strategies. Further studies should be conducted to assess the impact of the pandemic in countries with high levels of restrictions in the course of the RA.

References:


Disclosure of Interests: None declared


Acknowledgements: This project was funded by the Ministry of Science, Tech- nology and Innovation MINCIENCIAS. Grant number: 695180763884

Disclosure of Interests: Fernando Rodriguez; None declared.

Buitrago-Garcia; None declared.

Guillermo Sanchez; None declared.

Santiago-Moreno; Speakers bureau: Pfizer, Janssen, Abbvie, Biopas-UCB, Bristol, Roche, Novartis, Lilly, Consultant of: Pfizer, Janssen, Abbvie, Biopas-UCB, Bristol, Roche, Novartis, Lilly, Grant/research support from: Pfizer, Janssen, Abbvie, Biopas-UCB, Bristol, Roche, Novartis, Lilly