

## Temporary interruption of face-to-face consultations has no major impact



A short interruption of in-person rheumatology appointments has no major impact on the disease course of axial spondyloarthritis, rheumatoid arthritis or psoriatic arthritis.

### INTRODUCTION

COVID-19 is the disease caused by a new type of coronavirus called severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2). It was declared a pandemic by the World Health Organization on 11 March 2020.

COVID-19 has forced people to change their behaviours to try to limit the spread of infection. Some countries have used lockdowns and closed non-essential services. In some places, this has included face-to-face visits to the doctor's office for non-urgent care, so some rheumatology clinics have had to close. Instead of seeing a rheumatologist in person, some people have had remote consultations on the phone, online, or via apps. This is called *telemedicine*.

### WHAT DID THE AUTHORS HOPE TO FIND?

The authors wanted to see whether reduced access to people's usual rheumatology services made their disease worse.

### WHO WAS STUDIED?

The study looked 666 people with axial spondyloarthritis, rheumatoid arthritis, or psoriatic arthritis. Everyone was already taking part in a national voluntary medical registry of patients with inflammatory rheumatic diseases called Swiss Clinical Quality Management cohort (SCQM).

### HOW WAS THE STUDY CONDUCTED?

Every month, the SCQM asks participants to record their disease activity using a smartphone app. This meant it was possible to track people's disease during the first lockdown in Switzerland even without face-to-face visits to the doctor's office.

Each person's disease status was tested over three time periods. The first period was in the 2 months before the lockdown, then during the 2 months of the lockdown, and finally in the 2 months after the lockdown ended. These three scores were compared with one another.

### WHAT WAS THE MAIN FINDING?

The main finding was that during the lockdown face-to-face visits dropped by over half. At the same time, remote assessments increased by almost a third. Telemedicine might have filled a gap that – at least temporarily – partly solved the problem and made sure that people with axial spondyloarthritis, rheumatoid arthritis, or psoriatic arthritis remained stable and got the treatment they needed.

During this time, more people did not take their medicine as they should – especially people with axial spondyloarthritis. Before the lockdown about 13% of people with axial spondyloarthritis did not take it as they should, but during the lockdown this went up to 20%. However, the number of people who had disease worsening remained the same before and during the lockdown. Overall, there was no relevant worsening of disease activity in patients with inflammatory rheumatic diseases during the pandemic lockdown, at least as assessed through patient-reported outcomes in the SCQM app.

### ARE THESE FINDINGS NEW?

Yes. It was previously thought that remote consultations might partly compensate for fewer face-to-face visits and prevent delays in treatment decisions for people with inflammatory rheumatic diseases. But what would happen to people's disease if they reduced their face-to-face visits to doctors has not been studied before.

### WHAT ARE THE LIMITATIONS OF THIS STUDY?

This study relied on people answering questions about their disease status every month. It is possible that the people included in this study might be those that are already more motivated and are more involved in their disease management than other people. Therefore, it is possible that the lack of change in people continuing to take their medication as they should is not because they did not see their doctor, but because they are already very involved in their personal disease management.

Another limitation could be that the survey was over a short period, which might not be enough to investigate whether people take their medicine as they should, or how many have worsening of their disease activity. Also, there are some limitations due to patient-reported measures used. This is because these tools cannot collect more objective information.

### WHAT DO THE AUTHORS PLAN TO DO WITH THIS INFORMATION?

The authors are collecting information about COVID-19 infection in the people taking part in SCQM. This information can be given via the app. The study is also collecting blood samples to look at antibodies against the virus. They plan to analyse whether rheumatic disease or immunosuppressive treatment are associated with an increased risk of getting COVID-19.

### WHAT DOES THIS MEAN FOR ME?

If you are normally seen by a rheumatologist at a face-to-face clinic, you might be offered telemedicine appointments instead because of the COVID-19 pandemic. This is fine for a short period, and you can provide information about your disease and how it is doing. If services open up again, it is better to see your rheumatologist in person when you can, since they can do more detailed examinations in the clinic. This is important to help manage your disease and keep you well.

Protect yourself from COVID-19 by following the advice of the government in your country, including wearing masks, washing your hands regularly, avoiding touching your face, and following social distancing rules.

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**Date prepared:** January 2021

**Summary based on research article published on:** 22 September 2020

**From:** Ciurea A, *et al.* Impact of the COVID-19 pandemic on the disease course of patients with inflammatory rheumatic diseases: results from the Swiss Clinical Quality Management cohort. *Ann Rheum Dis* 2021;80:238–241. doi:10.1136/annrheumdis-2020-218705

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