

Rheumatic disease in the context of COVID-19

9 June 2020

The European League Against Rheumatism (EULAR) has published new provisional recommendations in response to the SARS-CoV-2 (COVID-19) pandemic— SARS-CoV-2 is a new virus and COVID-19 a new disease. People with rheumatic musculoskeletal diseases (RMD) may have specific concerns at this time due to their disease or its treatment. Since generic COVID-19 guidance does not focus on RMD, EULAR considered it essential to fill this gap. The new provisional recommendations are designed to supplement country-level government guidelines, and support rheumatologists and healthcare professionals who care for people with RMD, physicians involved in treating COVID-19, as well as RMD patients and their families. Based on existing guidance documents and expert opinion, a EULAR multidisciplinary task force formulated five overarching principles and 13 recommendations covering four generic themes: (1) General measures and prevention of SARS-CoV-2 infection. (2) The management of RMD when local measures of social distancing are in effect. (3) The management of COVID-19 in the context of RMD. (4) The prevention of infections other than SARS-CoV-2.

The five overarching principles are:

- To date, there is no evidence that patients with RMD face more risk of contracting SARS-CoV-2 than individuals without RMD, nor that they have a worse prognosis when they contract it.
- The diagnosis and treatment of COVID-19 in patients with RMD is the primary responsibility of an expert in treating COVID-19, such as a pulmonologist, an internist or a specialist in infectious diseases, dependent on local circumstances.
- Rheumatologists are the leading experts for the immunosuppressive treatments of their patients and should be involved in the

decision to maintain or discontinue them.

- The knowledge about immunosuppressive treatments, including sDMARDs and bDMARDs, for the treatment of severe COVID-19 is rapidly evolving. In view of their expertise, rheumatologists should make themselves available for local-hospital, regional or national guideline committees for COVID-19. The use of immunosuppressive drugs for the treatment of COVID-19 should be a multidisciplinary decision.
- Availability and distribution of, and access to, sDMARDs and bDMARDs for the treatment of patients with RMD as well as for patients with COVID-19 (but without RMD) is a delicate societal responsibility. Therefore, the off-label use of DMARDs in COVID-19 outside the context of clinical trials should be discouraged.

COVID-19 is an unprecedented situation for all professional medical organisations. The recommendations give detailed, practical guidance for rheumatologists and their patients about how to follow preventive and control measures in their country, and how to best manage their RMD during this time. EULAR considers this set of recommendations as a 'living document' and a starting point, which will be updated as soon as new developments with potential impact on patients with RMD become available.

More information: Robert BM Landewé et al. EULAR provisional recommendations for the management of rheumatic and musculoskeletal diseases in the context of SARS-CoV-2, *Annals of the Rheumatic Diseases* (2020). [DOI: 10.1136/annrheumdis-2020-217877](https://doi.org/10.1136/annrheumdis-2020-217877)

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