

**LETTER**

# COVID-19 era: A chance to learn something new about monitoring psoriatic patients in biological therapy

Dear Editor,

The novel coronavirus disease (COVID-19) and the related severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) emerged in China in December 2019 and rapidly spread over the continents in a matter of months; it has dramatically changed not only our daily life, but also our daily dermatological practice.<sup>1,2</sup> However, these forced changes have provided us food for thought.

About 750 psoriatic patients assuming biological therapy currently refer to our psoriasis outpatient service, in Sant'Orsola-Malpighi University Hospital, Bologna (Italy), with an average of 80 patients visited weekly. In the screening and monitoring of psoriatic patients, we follow the latest Italian guidelines<sup>3</sup>: blood tests (full blood count, creatinine and electrolytes, liver function tests, serum lipids, fasting glucose) as well as psoriasis disease severity assessment and general physical examination should be performed at baseline and periodically afterwards, on average every 3 to 4 months, based on clinical judgment, in particular extension of the disease (body surface area, nail involvement, critical areas localization), diagnosis of arthropathic psoriasis, comorbidities, and other associated symptoms.

In consequence of the COVID-19 pandemic and in accordance with the ministerial decree of 9 March 2020 (GU Serie Generale n.62 09-03-2020), all nonurgent dermatological consultations were suspended in our country, so face-to-face visits decreased markedly in favor of the now familiar "tele dermatology."<sup>4,5</sup> On 13 March 2020, the Italian Medicines Agency (AIFA) allowed the automatic renewal of all expiring therapeutic plans for biologic drugs for 90 days, to prevent patients from coming to the hospital only to renew their prescription.<sup>6</sup> Nonurgent blood tests were also suspended, including monitoring in psoriatic patients undergoing biological therapy.<sup>7</sup>

This was the situation until 4 May 2020, when "Step 2" was implemented: a slow reactivation of the activities and a soft but important relaunch for Italy.<sup>8</sup> Scheduled visits were re-established, and the retrieval of the missed follow-up visits has begun. However, blood tests are still performed only in selected cases to avoid hospital overcrowding.

Considering the last 2 months, 250 of the approximately 400 patients to retrieve were visited, 180 of whom had been in biological therapy with the same drug for at least 1 year and were considered responders. Out of these 180 patients, 6 had self-interrupted the treatment, fearing an increased risk of infection; 10/180 responders had a slight worsening of the disease (from 10% to 25% worsening of psoriasis area severity index (PASI) compared to the previous

examination, about 3 months earlier); in the remaining 170/180 patients, psoriasis remained well controlled (less than 10% worsening of PASI compared to the previous examination, about 3 months earlier). In addition, none of the patients had been able to undergo the monitoring blood tests.

So far, the disease appears to have been well controlled in most of our patients under biological therapy, despite the undeniable period of perceived stress, income loss, and outdoor activity restriction, partly thanks to the many telephone consultations we provided during the lockdown.

Therefore, telemedicine has proven to be a successful method in monitoring patients in "well-tested" biological therapy, and it could be considered a valid option for many months to come, as social distancing will remain the most effective safeguard, probably until the introduction of a vaccine.

For the same reason, blood tests will be performed less frequently than the usual 3 to 4 months; we will be able to tell in a few months if this forced procrastination will have had negative consequences on the outcome of our patients. If this is not so, it could be the starting point for a further lengthening of the monitoring time of psoriatic patients considered responders to biological therapy.

## CONFLICT OF INTEREST

The authors declare no conflict of interest.

Federica Filippi 

Camilla Loi 

Valeria Evangelista

Federico Bardazzi

*Dermatology, Department of Experimental, Diagnostic and Specialty Medicine, University of Bologna, Bologna, Italy*

## Correspondence

Camilla Loi, Dermatology, Department of Experimental, Diagnostic and Specialty Medicine, University of Bologna, Via Massarenti, 1-40138 Bologna, Italy.  
Email: camilla.loi30@gmail.com

## ORCID

Federica Filippi  <https://orcid.org/0000-0001-8173-4257>

Camilla Loi  <https://orcid.org/0000-0001-6700-9534>

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