

CONCISE COMMUNICATION

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How to Effectively Support Patients with Rheumatic Conditions Now and Beyond COVID-19

May 2020, the COVID-19 pandemic continues to unfold. Governments are investing in public health, supporting clinical and research efforts to avoid the spread of the SARS-CoV-2 virus, and seeking to reduce the number of deaths and prevent the collapse of health care systems. However, this pandemic will have unprecedented consequences for people who live with chronic conditions for the months and even years to come without coordinated actions.

We need to act promptly to plan future health care for patients with rheumatic conditions, a population we argue is particularly vulnerable to the impact of COVID-19 (1,2). As patients, physicians, rehabilitation professionals, and researchers, we highlight areas of uncertainty that require immediate attention and suggest innovation to support people living with rheumatic conditions throughout and beyond the COVID-19 pandemic.

An immediate concern is to optimally manage patients with rheumatic conditions infected with the virus. Some of our patients will inevitably fall ill to COVID-19 and require hospitalization, including intensive care. Evidence is limited regarding recovery following COVID-19. Reports after the SARS-CoV-1 pandemic of 2003 highlight long-term pulmonary and physical sequelae from an infection that required hospitalization (3). We will need to carefully assess patients with rheumatic conditions infected with the virus to ensure optimal recovery. What will be the impacts of COVID-19 on their underlying condition and symptoms? Will they need different medications to ensure the stability of their disease? Which rehabilitation services will be needed and when? What home care services, caregiver, and family support should be put in place? We need more evidence to ensure treatment is optimal, beyond pharmacological management.

We need to better understand uncertainties that patients face throughout and beyond the pandemic.

COVID-19 impacts those patients who become infected as well as all patients through enforcement of a long period of confinement. This situation not only reduces access to health care but also diminishes social interactions with friends and family and creates financial pressure due to loss of employment or fear of working in unsafe workplace conditions. We do not fully grasp the impact of confinement on patients with rheumatic conditions. These circumstances might worsen physical and mental health conditions well beyond the pandemic. The current context exposes rheumatic patients to flare-ups of their symptoms.

New stressors for patients include potential reduced access to medication owing to alleged effectiveness against COVID-19, such as hydroxychloroquine (1), possible shortages, limitations of prescription refills and supply of other drugs currently tested in trials (2). Uncertainties persist on how to manage pain given potential adverse events of ibuprofen on COVID-19 outcomes (4). Patients worry that immunosuppressive drugs may increase the risks of COVID-19. Patients have fewer opportunities to consult health care professionals, both physicians and allied health professionals, to discuss these concerns and access assistive devices. Ensuring safe prescribing and continuation of effective medications to treat rheumatic conditions is a priority of the *American College of Rheumatology*. Education for patients, clinicians, and decision makers about appropriate prescription is more important than ever.

Isolation also limits physical activity, which, for the majority, is a core component of their self-management plan (5). Some preferred modes of exercise are not available (eg, swimming pools or gyms). Clinicians and patients alike are sharing videos of exercise online and various stress-relieving therapies, but their effectiveness and safety warrant more research. Co-developing and evaluating evidence-based virtual interventions with patients is of prime importance to ensure they have access to a diversity of strategies to self-manage their disease (6).

Telemedicine is not “one size fits all”; we need new models of care to answer patients’ needs.

COVID-19 has driven the rapid implementation and scale-up of telemedicine in primary care, in rheumatology care, and with rehabilitation

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professionals (6). Access to rheumatology and rehabilitation services was an issue before the pandemic, and the problem will likely increase with limited access to outpatient and rehabilitation clinics. Even when all physical distancing practices are stopped, these virtual interventions will continue to be valuable and effective tools for clinicians and patients to improve access for all. However, adapting current models into virtual care will fall short of truly helping patients beyond COVID-19.

New models of care must emerge, with rehabilitation professionals working in close interprofessional collaboration with family physicians and rheumatologists and with input from patients (7). This was not common practice before the pandemic, so we will need to tackle the challenges to make this work in a virtual care environment. Telerehabilitation approaches are effective and feasible in chronic pain (6). Yet, we will need to strengthen the evidence on implementation and scale-up of telemedicine and telerehabilitation for rheumatic conditions to improve outcomes and convince decision makers that they are a worthy investment.

We must be cautious. The digital divide will impact many patients who will be further isolated by lack of reliable internet connections, devices, or ability to locate virtual resources. We need to ensure patients and clinicians communicate effectively through telemedicine platforms and establish how to execute valid musculoskeletal exams remotely. We need to learn to work better with vulnerable groups such as the elderly, remote communities, and indigenous people groups. To improve access to care for all, we need a system that considers vulnerable patients.

We are grateful to have a strong global community to support patients. International initiatives such as the COVID-19 Global Rheumatology Alliance will allow the community to determine patients' needs and strategies to help them (2). Engaging patients in decision making will help to personalize treatments and ensure an optimal quality of life. Research teams must collaborate to deal with the urgent needs created by this pandemic. Opportunities will present for patients, clinicians, and researchers to innovate and, once and for all, provide the safest, most effective and accessible interdisciplinary care to all patients living with rheumatic conditions.

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