

## How did COVID-19 pandemic changed the Portuguese rheumatology?

Vieira-Sousa E<sup>1</sup>, Fonseca JE<sup>1</sup>, Santos MJ<sup>2</sup>

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We have been facing a tremendous challenge motivated by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) pandemic. With a few days of warning Rheumatologists had to rethink their established conventional management of patients based on presential appointments, to ensure ongoing adequate care to rheumatic patients. The first operating principles were to maintain rheumatic diseases stability, treatment access and protection from the potential risk of infection by SARS-CoV-2.

Transforming face-to-face into virtual visits, from hospital offices or home, was the cornerstone of this strategy, mostly based on telephone communications, as the availability of video-based platforms is still limited in the National Health Service (SNS). Further to assessing disease activity, telephone consultations were an opportunity to advise patients on self-isolation, self-protection measures and individual risk assessment; to verify results from blood tests; to provide recommendations on treatment maintenance or treatment adjustments; to electronically provide prescriptions; to inform about the health system resources including home delivering of medication, and to define a follow-up plan for the pandemic period. Patients were grateful to receive their doctor's contact in this context.

Treatment accessibility was optimized by a large increment in the utilization of electronic prescription platforms such as PEM (*Prescrição Eletrónica Médica-Serviços Partilhados do Ministério da Saúde*). The hospitals' pharmacies facilitated the access to medication, namely biologic and non-biologic disease modifying anti-rheumatic drugs, by enlarging the period of therapeutic dispensing and by sending medication to the community pharmacies or patient's home.

Furthermore, some Rheumatologists, mostly residents, were reallocated to integrate the teams for emergency care of COVID-19 and non-COVID-19 patients and assisted in the care of in-ward rheumatic and non-rheumatic, including COVID-19 patients, according to the needs of each Hospital/Unit in the context of the broad reorganization of the SNS during the pandemic.

Rheumatologists working as investigators in clinical trials, complied with the recommendations issued by the National Ethics Committee for Clinical Research and National Authority of Medicines and Health Products which underlined the utmost priority of guaranteeing the trial participant safety. Preferential phone or video calls were advised, and home delivery of experimental medication (EM) was organized or in some cases, temporarily or permanent EM discontinuation, provided that in all cases good clinical practice principles were respected and a global effort to minimize missing data was implemented.

The Portuguese Society of Rheumatology (SPR) ensured advice/recommendations for rheumatic patients at their website and discussion webinars<sup>1</sup>.

As hydroxychloroquine, broadly used to treat rheumatic diseases, has emerged with a potential therapeutic benefit for SARS-CoV-2 infection, based on limited scientific evidence, the CEROM (*Colégio de Reumatologia da Ordem dos Médicos*) together with the SPR alerted for a possible risk of rheumatic patients being deprived of their essential treatments. On the other hand Rheumatologists were also involved in their hospitals in the elaboration of the rational and selection of patients for the off-label use of treatments for COVID-19, such as tocilizumab and anakinra.

Aiming at understanding the impact of the impact of SARS-CoV-2 pandemic in the rheumatic patients registered at Reuma.pt, the register was updated in order to capture SARS-CoV-2 related epidemiologic and clinical information, namely disease manifestations, laboratory results and treatment, in a global effort inter-

1. Serviço de Reumatologia Hospital de Santa Maria, Centro Hospitalar Lisboa Norte, Faculdade de Medicina, Universidade de Lisboa, Lisboa

2. Serviço de Reumatologia, Hospital Garcia de Orta, Almada; Faculdade de Medicina, Universidade de Lisboa, Lisboa

connected with the EULAR COVID-19 database ([https://www.eular.org/eular\\_covid19\\_database.cfm](https://www.eular.org/eular_covid19_database.cfm)). At a national level, Rheumatologists have also contributed to the Trace COVID-19 and SINAVE (Sistema Nacional de Vigilância Epidemiológica) platforms.

Rheumatic Diseases Patient's Associations were a relevant player in supporting patients with several initiatives such as those from *Associação Nacional Doentes Artrite Reumatoide* through providing the delivery of hospital medication at patient's homes<sup>2</sup>; the *Liga Portuguesa Contra as Doenças Reumáticas* through counseling and information at their website and newsletter<sup>3</sup>; or the Patient's Innovation initiative by 3D printing of face shields to donate to at risk populations and centralizing information on useful tools for rheumatic patients at their website<sup>4</sup>. Several other initiatives were certainly not captured in this overview and many will be implemented in a near future.

Our expectations are that the evaluation of these measures in the future will confirm that, in fact, we were effective in controlling disease activity, we improved the proximity with rheumatic patients through telephone consultation and treatment accessibility, and we did protect our patients from the potential infectious risk during the pandemic period.

The question now arises on how much have we learned from this transformation that can be applied in the future for the care of rheumatic patients? Will we include virtual consultations in the regular follow-up of our patients and reduce the number of hospital visits? Will we improve treatment accessibility and reduce the number of visits to the hospital pharmacy? Will we keep improving our patients' literacy so that a confident non-presential interaction can be established? The challenge is now posed as an opportunity to reflect and to improve.

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#### CORRESPONDENCE TO

Elsa Vieira-Sousa  
Serviço de Reumatologia Hospital de Santa Maria  
Av. Prof. Egas Moniz  
1649-028 Lisboa, Portugal  
E-mail: [elsa-sousa@hotmail.com](mailto:elsa-sousa@hotmail.com)

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