<https://doi.org/10.47660/CBR.2020.17255>

EVALUATION OF PATIENTS WITH RHEUMATOID ARTHRITIS BEFORE AND AFTER COVID-19 PANDEMIC

Tamires Guimarães Costa^{1*}, Marina de Azevedo Martins¹, Paula de Medeiros Nacácio e Silva¹, Ana Paula Daurício de Mattos¹, Stan Richard Medeiros de Souza¹, Adriana Cristiane Machado¹, Estêvão da Costa Santana¹, Nathalia de Carvalho Sacilotto¹, Rina Dalva Neubarth Giorgi¹

1.Hospital do Servidor Público Estadual, São Paulo (SP), Brazil.

*Corresponding author: tamy_guimas@hotmail.com

BACKGROUND

With the advent of the coronavirus disease 2019 (COVID-19) pandemic, many questions have arisen regarding the proper management of patients with autoimmune rheumatic diseases, such as rheumatoid arthritis (RA). As a result of the social isolation imposed by the pandemic scenario, as well as the fear generated by it, access to medical care was limited during this period. In view of the unique context of the global health crisis, we evaluated RA patients before and after the emergence of the COVID-19 pandemic, seeking to know the impacts caused on the lives of these individuals.

MATERIALS AND METHODS

Retrospective cross-sectional study of patients diagnosed with RA, seen on an outpatient basis before and after the COVID-19 pandemic. 60 medical records of patients who attended consultations before the pandemic, between October 2019 and February 2020, and after the pandemic, between July 2020 and September 2020, were reviewed. Analysis performed of disease activity using validated metrics (Clinical Disease Activity – CDAI), adherence to treatment, maintenance, suspension or modification of disease-modifying drugs, in addition to coronavirus contamination.

RESULTS

In the present study, a predominance of females was observed (F: 90%; M: 10%). At diagnosis, 86.6% of patients had positive rheumatoid factor. Use of disease-modifying drugs (DMARD): 88% synthetic DMARD; 31.3% biological DMARD and 7% specific target DMARD; 27% of patients needed to change treatment after a pandemic, of which 16.66% due to disease activity and 5.06% suspended the medication on their own for fear of use or exposure. Of the patients being monitored, only 0.13% had COVID-19, all of whom had a favorable evolution, of which 57.14% were using synthetic DMARD, 42.85% were using biological DMARD and 14% were using target specific DMARD. The patients did not show significant changes in the mean of CDAI before and after the pandemic (7.26 before; 7.21 after) with $p = 0.97$.

CONCLUSION

It was evident in the selection made that the patients who were left without face-to-face monitoring during the pandemic, thus having an increase in the time of return to the consultation, did not present significant changes regarding the disease activity and side effects of the medications. With this, more studies are needed to evaluate the time of return and evaluation of the patients being followed up.