FREQUENCY OF FLU-LIKE SYMPTOMS DURING THE PANDEMIC IN RHEUMATIC PATIENTS WITH ASSOCIATED COMORBIDITIES: AN ANALYSIS OF THE PINOTTI II PROJECT

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BACKGROUND

COVID-19 is a highly contagious disease, which caused a pandemic with several consequences. The infection with the new coronavirus is capable of developing a wide range of flu-like clinical conditions and to affect different organs. Based on this, we sought to evaluate if the presence of comorbidities in the clinical condition of an individual supports the increased number of symptoms in flu-like syndromes during the COVID-19 pandemic in rheumatologic patients.

METHODS

This study was based on the analysis of descriptive statistical data from the Pinotti II Project, which involved regular monitoring, every 14 days, via phone calls, for a prospective analysis of rheumatologic patients living in the Federal District. Therefore, the RedCap digital platform was used to store the data collected in the five interviews carried out from April to June 2020. In each interview, questionnaires were used covering sociodemographic and health data of each individual, including questions about associated comorbidities and flu symptoms during the COVID-19 pandemic.

RESULTS

The frequency of comorbid symptoms in rheumatologic patients was evaluated. To achieve this, a total of 362 patients with rheumatologic diseases were included, of which 22 (6.07%) had heart disease, 22 (6.07%) had diabetes mellitus, 80 (22%) had systemic arterial hypertension, 32 (8.83%) had kidney disease and 26 (7.18%) had pulmonary disease. In the comparative analysis, based on Table 1, the maximum frequency of 1.33 symptom in rheumatologic patients with heart disease when compared to the maximum frequency of 1 symptom in rheumatologic patients without heart disease is an aspect that stands out. Furthermore, it was possible to evidence that comorbidities do not affect flu-like clinical conditions on average, once the frequency of symptoms is lower when associated diseases are present. The kidney disease is the only exception, since when associated with rheumatologic disease increases the frequency of flu-like symptoms on average.

Table 1. Summary measures of the frequency of symptoms by comorbidities.

Comorbidities	Average	Standard Deviation	Minimum	Maximum	1st quartile	Median	3rd quartile	N
Heart disease								
no	0.17	0.29	0.00	1.00	0.00	0.00	0.25	340
yes	0.15	0.31	0.00	1.33	0.00	0.00	0.23	22
Diabetes								
no	0.17	0.29	0.00	1.33	0.00	0.00	0.25	340
yes	0.12	0.26	0.00	0.80	0.00	0.00	0.08	22
Systemic arterial hypertension								
no	0.18	0.30	0.00	1.33	0.00	0.00	0.25	282
yes	0.13	0.24	0.00	1.00	0.00	0.00	0.20	80
Kidney disease								
no	0.17	0.29	0.00	1.33	0.00	0.00	0.25	330
yes	0.20	0.24	0.00	0.80	0.00	0.00	0.40	32
Pulmonary disease								
no	0.18	0.29	0.00	1.33	0.00	0.00	0.25	336
yes	0.12	0.18	0.00	0.67	0.00	0.00	0.20	26

CONCLUSION

The presence of comorbidities in rheumatologic patients did not significantly increase the frequency of flu-like symptoms.

KEYWORDS

Pinotti II project, Flu-like symptoms, Comorbidities, Rheumatic patients.