IMMUNOBIOLOGICAL DISCONTINUATION DURING COVID-19 PANDEMIC AND ITS IMPLICATIONS IN TREATMENT OF RHEUMATOLOGIC PATIENTS AT HOSPITAL UNIVERSITÁRIO LAURO WANDERLEY

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BACKGROUND

The new coronavirus SARS-CoV-2 manifests itself, mainly, as a pulmonary infection, with symptoms that vary from a light upper respiratory infection to severe pneumonia, acute respiratory discomfort syndrome and death. Severe manifestation is more usual in patients with underlying medical conditions. At the beginning of the pandemic, this situation has caused discomfort in the rheumatology community since patients with rheumatologic diseases are predisposed to present the infection and its complications, because of the underlying disease state and the use of immunosuppressive therapies. Despite the lack of data by the time of this study, the hypothesis has been considered that during the pandemic the use of immunobiological drugs might have decreased. This study aims to assess the motive that led to the interruption of the administration of these drugs at the infusion center of Lauro Wanderley University Hospital, from March to December of 2020. This matter was investigated through the analysis of the disease activity rate to evaluate how the patients were before and after the postponement. Afterwards they were compared with those who did not postpone the treatment.

METHODS

Patients of both sexes, between 18 and 81 years old, who are treated at the infusion center of Lauro Wanderley University Hospital and use biological drugs. The data were obtained from clinical and sociodemographic questionnaire elaborated specifically for this research, besides the review of the patient's records.

RESULTS

The sample had 70 patients of whom 30% (n = 21) were male with average age 46.01 ($\pm$ 13.53) and 70% (n = 49) were female with average age 49.08 ($\pm$ 13.11). These patients' most prevalent comorbidity is rheumatoid arthritis (n = 43; 61.4%), followed by ankylosing spondylitis (n = 16; 22.9%). During the pandemic 48.5% (n = 34) of them has suspended the medication. The lack of information was the predominant motive (n = 11, 32.4%). In this sample it was observed an increasing rate of ICADs in patients who stopped the medication, and the CDAI had statistically significant difference. However, the opposite was evidenced in those who maintained medication, since they improved or maintained the disease activity index rate.

CONCLUSION

More studies and with larger sample size are necessary, so the impact of the pandemic period on rheumatological patients who attended the infusion center for application of immunobiologicals can be acknowledged.

KEYWORDS

COVID-19, Infusion center, Immunobiological.