The Dudley Group
NHS Foundation Trust

30th March 2020

Dudley Group Rheumatology Advice for Primary Care teams during COVID-19 pandemic

This short briefing aims to provide some basic guidance to primary care practitioners for rheumatology patients during the current COVID-19 pandemic. The content has been taken from NHS England's Clinical guideline[1] and that of the British Society for Rheumatology (BSR)[2] with some local application. This advice will be reviewed regularly: updates and relevant documents will be found on the rheumatology page of the trust website

Risk stratification

We have been asked by the BSR to identify the patients we would consider to be at increased risk from COVID-19 based on therapies and comorbidities.[1,2,3] These patients have been sent a standard letter explaining the risk stratification and what action they should take.[4] Leeds Rheumatology group have created a helpful flowchart to help risk stratify which is embedded below.

LTHT_Rheumatology
_COVID_social distanc

Should patients cease their medication as a precaution?

No, all patients, including those aged 16 years and under, should continue to take their medication unless directed otherwise by their rheumatology team or GP. We are reviewing on a patient-to-patient basis the need to start, escalate or switch immunosuppressive medication.

If patients develop symptoms of any infection, established practice should be followed and immunosuppressive therapy paused for the duration of the infection and until they feel well again. Patients on long-term glucocorticoids (steroids, prednisolone) should not stop these abruptly.

Patients should continue hydroxychloroquine if they develop symptoms of COVID-19. Due to the potential benefits of hydroxychloroquine in the treatment of COVID-19, stocks may diminish and if the drug were not available, we would not automatically start an alternative DMARD.

Intra articular injection of corticosteroids during the current COVID-19 pandemic

As is current practice, injections must not be undertaken in individuals with active infections. In the current situation, the potential therefore arises to do harm to those who may be incubating or later develop COVID-19. Current WHO guidance for the management of severe acute respiratory infection in patients with COVID-19 is to avoid giving systemic corticosteroids unless indicated for another reason.[1,2] **We recommend suspending all joint injections and intramuscular steroid injections, unless absolutely necessary.**

NSAIDs

For now, advice for patients with confirmed or suspected COVID-19 is to use paracetamol in preference to NSAIDs. Those currently on NSAIDs for other medical reasons (e.g. arthritis) should not, however, stop them.

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Blood monitoring and prescribing

The BSR considers that it is usually safe to reduce blood-testing frequency to three-monthly or even less in stable patients.[2,5] We need to be pragmatic and flexible about blood testing for patients on stable DMARDs during this pandemic. Many patients on immunosuppressant therapies are high risk and will be self-isolating, so should not be leaving their homes unless it is vital. **We therefore advise a standard expectation that routine blood monitoring should only be required every 3 months.** We intend to communicate this to patients. We will identify those currently requiring more frequent blood monitoring and liaise with patients and their GPs where we consider patients to be exceptions to standard 3 monthly monitoring guideline. We consider our DAWN monitoring system to be a priority for patient safety, which must continue during the pandemic.

With monitoring in mind, phlebotomy services are also changing and in order to concentrate on inpatient and domiciliary phlebotomy, services at RHH have stopped but continue for cancer and urgent patients at Corbett.

NHS England[1] have also suggested a few measures related to prescribing and dispensing of medication that might be helpful in this pandemic such as home delivery of oral systemic drugs and possibly issue prescriptions for longer durations, e.g. 4 months instead of 3 months.

The rheumatology clinical service

At the time of writing, the consultants are offering telephone consultations for follow up appointments. Only urgent follow-up, urgent new (such as GCA/ vasculitis or suspected inflammatory arthritis) are being offered face-to-face consultations. We are sorry but routine new referrals are currently not being offered appointments. These arrangements may change.

We will continue to have a consultant on-call for rheumatology who can be contacted via:

Email (checked twice daily)	dgft.rheumatology-service@nhs.net.
Russell's Hall switchboard:	01384 456111
CNS helpline	01384 244789

The ERS should continue to be used for A&G on patients naïve to us; urgent referrals (via the RAS for GCA or Inflammatory Arthritis); for routine referrals.

These are unparalleled times for us all! We wish you and all our patients a safe few months and we look forward to resumption of our normal service in due course.

The Dudley Rheumatology Team.

References

1. NHS England Clinical guide for the management of rheumatology patients during the coronavirus pandemic https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/clinical-guide-rheumatology-patients-v1-19-march-2020.pdf
2. British Society for Rheumatology: COVID19 update for members https://www.rheumatology.org.uk/News-Policy/Details/Covid19-Coronavirus-update-members
3. BSR Risk scoring Grid https://www.rheumatology.org.uk/Portals/0/Documents/COVID19_risk_scoring_guide.pdf?ver=2020-03-23-165634-597
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5. https://academic.oup.com/rheumatology/article/56/6/865/3053478