

Dudley Group Rheumatology Coronavirus:

Patients Frequently Asked Questions

The rheumatology helpline has had a lot of questions about things related to the coronavirus pandemic. So we have decided to create an information sheet to help answer some of those frequently asked questions, which we hope to update regularly on the Trust's website. We have based the answers to these questions on national guidance. If you have symptoms of Coronavirus you should follow national guidelines (see the links below).

Should I stop my rheumatology drugs as a precaution?

No, all patients should continue to take their medication unless directed otherwise by their rheumatology team or other medical doctor.

As you would do normally, if you develop symptoms of any infection, we would advise that you should stop your DMARD/ biologic therapy until you feel well again. If you have been taking steroids (also known as prednisolone) please continue taking these at your normal dose unless you are told to do otherwise by your rheumatology team or another doctor.

If you are taking hydroxychloroquine and you develop symptoms that are thought to be due to coronavirus, then you should **not** stop hydroxychloroquine. There is a theory that hydroxychloroquine may be a helpful treatment in patients with the coronavirus. If there is a problem with supply of hydroxychloroquine do not worry, it is well know that hydroxychloroquine will still have benefits for many weeks and even months even after you stop taking it.

What should I do about having my blood monitoring tests?

We need to be sensible and flexible about your blood monitoring tests during this pandemic. We know that many patients will be considered moderate to high risk and will be self-isolating. This means they should not be leaving their homes unless it is vital. Even if you are not in this group, it is not sensible that you or others are put at risk by going to have a blood test that is not essential.

Our British Society for Rheumatology guidelines state that it is usually safe to reduce the frequency of blood testing for most people to every three months. We therefore are advising that if you have been on a rheumatology drug for >6 months, without a problem, that routine blood monitoring blood tests should only be required every 3 months. We are writing to GPs about this too, because we know that some GP practices until now will not give you your drug unless you have had a blood test every month. This just isn't practical in the current situation.

There will be some people that will still need to have blood monitoring tests more regularly:

- If you have recently started a new drug ie within the last 3 months
- If you have had problems with a rheumatology drug/ blood tests in the past 3 months
- If you are taking tocilizumab (RoActemra) or sarilumab (Kevzara).

We will be using our computer systems to identify who these patients are but most of you will already know who you are. If you are not sure please call the helpline.

Where can I have my blood tests done?

Where you can have your blood test carried out is also changing .You can no longer have blood tests done at Russells Hall Hospital, but currently blood tests can still be carried out at Corbett Hospital. However, we believe other places, e.g. GP practices, will be opening extra



places in the near future to have blood tests. So keep in contact with your own GP practice too about his.

Am I at increased risk with the coronavirus because of my rheumatology condition and treatments?

The government asked us to identify the patients we would consider to be at increased risk from coronavirus complications based on treatments and other health issues. If we considered you to be in the higher risk group, you should already have had a letter from us and advice on what actions you need to take. This letter can be found on the rheumatology department's website on the Dudley Group of Hospitals NHS Trust Website http://www.dgft.nhs.uk/services-and-wards/rheumatology/. We have also added at the end of this document a helpful flow chart (developed by the rheumatology team in Leeds) that we think is clear and you can use it to check your risk level for yourself. This will also be put on the website

Can I have joint injections or depos during the coronavirus pandemic?

As is current practice, if you have an infection you should not have a joint injection or depo. With the coronavirus in particular, you may not have infection symptoms if you are in the early stages and the injections could possibly be doing you more harm than good. We have therefore stopped all joint injections and depo injections, **unless absolutely necessary**.

Should I continue taking my anti-inflammatory drugs /NSAIDs?

Examples of Non-Steroidal Anti Inflammatory drugs (NSAIDs) are ibuprofen, naproxen, and etoricoxib. For now, advice for patients with confirmed or suspected coronavirus is to use paracetamol in preference to NSAIDs. Those currently on NSAIDs for other medical reasons (e.g. arthritis) should **NOT** stop them.

What will happen with my rheumatology appointments?

At the time of writing, the rheumatology consultants are offering telephone consultations for follow up appointments. We are still seeing a few patients face-to-face, if it is considered urgent. This may change to in the coming weeks though. If your appointment is cancelled, it will be rescheduled. If you need advice sooner, as usual either seek advice from your GP or via the helpline.

What about the helpline?

The Nurse helpline will continue to run as usual. There will also be back up from the rheumatology doctor team. So, if you have any queries or concerns, we will do our best to help you.

Here are some other links and sources of advice that can be of help:

https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response

https://www.nhs.uk/conditions/coronavirus-covid-19/

https://111.nhs.uk/covid-19/) or call NHS111

https://www.nras.org.uk/news/coronavirus-what-we-know-so-far

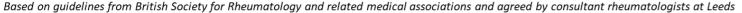
https://www.versusarthritis.org/news/2020/march/coronavirus-covid-19-what-is-it-and-where-to-go-for-information/

These are troubled times for us all! We wish you all a safe couple of months and we look forward to seeing you again at some time in the future when things have settled.

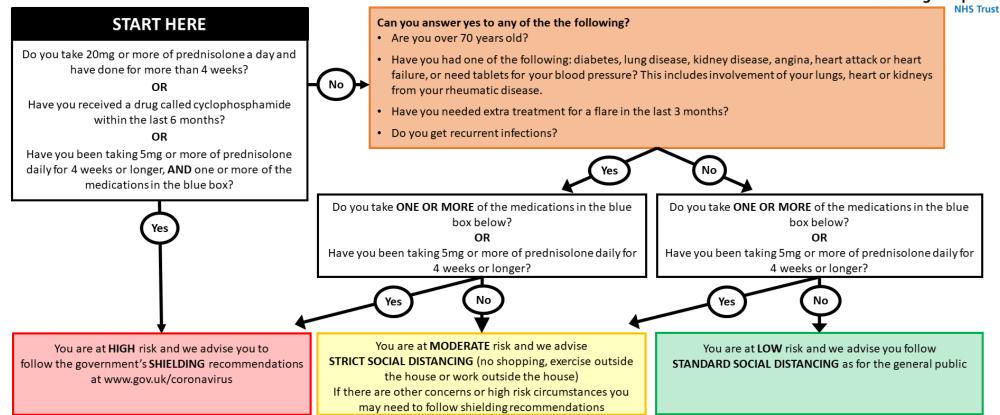
The Dudley Rheumatology Team

Dudley Rheumatology Helpline Number: 01384 244789Dudley Rheumatology COVID patient FAQ Version1: 01/04/20 K Douglas

Guide to social distancing for rheumatology patients







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Conventional immunosuppressant medications include: azathioprine, leflunomide, methotrexate, mycophenolate (mycophenolate mofetil or mycophenolic acid), ciclosporin, cyclophosphamide, tacrolimus, sirolimus.

Biologic/targeted synthetic medications include: rituximab (within the last 12 months); or anti-TNF drugs (etanercept, adalimumab, infliximab, golimumab, certolizumab); tociluzimab; abatacept; belimumab; anakinra; secukinumab; lxekizumab; ustekinumab; sarilumumab; canakinumab, apremilast, baracitinib, tofacitinib, or any biologic biosimilars.

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