

What you need to know

NICE have published new COVID-19 rapid guidelines in relation to rheumatological autoimmune, inflammatory and metabolic bone disorders. The guideline provides guidance on a number of aspects including:

Communication with Patients:

- Communicate with patients and support their mental wellbeing, signposting to support groups and charities where available, to help alleviate any anxiety and fear they may have about COVID-19.
- Minimise face to face contact; using methods such as telephone/ video consultations.
- Advise all patients to contact their rheumatology team about any rheumatological medicines issues or if their condition worsens.

Patients not known to have COVID-19:

- Ask patients to attend appointments without family members of carers
- Minimise time in the waiting area, by careful scheduling, encouraging patients not to arrive early for appointments and text patients when the clinician is ready to see them.

Patients known or suspected to have COVID-19

- For patients with known or suspected COVID-19;
 - Continue hydroxychloroquine and sulfasalazine.
 - Do not suddenly stop prednisolone
 - Only give corticosteroid injections if the patient has significant disease activity and there are no alternatives.
 - Temporarily stop other disease modifying antirheumatic drugs, JAK inhibitors and biological therapies, and tell them to contact their rheumatology department for advice on when to restart treatment.

Treatment Considerations

- Be aware that patients having immunosuppressant treatments may have atypical presentations of COVID-19.
- Discuss with each patient the benefits of treatment compared with the risks of becoming infected; consider if changes to their medicines are needed during the current pandemic. When deciding about treatments use the NHS England's clinical guide on the management of rheumatology patients. Consider how treatment changes will be delivered and what resources are available.

In addition, the guidance refers to treatment plans for;

- Non-Steroidal anti-inflammatory drugs
- Corticosteroids
- Biological Treatments
- Immunoglobulins
- Bisphosphonates and denosumab
- Treatments for digital ulcer disease

Drug Monitoring

- Assess with each patient whether it is safe to increase the time interval between blood tests for drug monitoring.
- Patients starting a new disease-modifying antirheumatic drug should follow recommended blood monitoring guidelines, when this is not possible, they should contact the relevant specialist for advice. Specific risk factors should be considered including comorbidities and the risk of the patient becoming immunosuppressed
- Use the NHS England's speciality guide for the management of rheumatology patients not cancer patients during the coronavirus pandemic.

Full guidance: <https://www.nice.org.uk/guidance/ng167>