Updated 12.05.2020 (version 12) Kavitha Nadesalingam

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We understand patients and their families with rheumatological diseases requiring immunosuppressants are concerned in light of the current coronavirus pandemic and wish to seek advice from their clinical teams.

The situation in the UK is changing rapidly with advice being updated daily and we therefore recommend that you follow the advice being provided by Public Health England [Covid 19 overview](https://www.nhs.uk/conditions/coronavirus-covid-19/%20) and the Versus Arthritis website [Click here](https://www.versusarthritis.org/news/2020/march/coronavirus-covid-19-what-is-it-and-where-to-go-for-information/)

which are being reviewed and updated regularly.

Here is the latest [Staying alert](https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing) guidance from the Government and information on [Staying safe outside your home](https://www.gov.uk/government/publications/staying-safe-outside-your-home/staying-safe-outside-your-home)

Key points include:

1. It remains the case that **anyone who has symptoms**, **however mild, or in a household where someone has symptoms, should not leave their house to go to work**. Those people should **self isolate**, as should those in their household.
2. It remains the case that some people are more clinically vulnerable to COVID-19 than others. These include those aged over 70, those with specific chronic pre-existing conditions and pregnant women. These clinically vulnerable people should continue to take particular care to minimise contact with others outside their households, but do not need to be shielded**.** Further information on [People at higher risk](https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/) can be found here.
3. Those in the clinically extremely vulnerable group (which includes some of our patients on immunosuppressive treatments and with certain rheumatological conditions) **are strongly advised to stay at home at all times and avoid any face-to-face contact**; this is called ‘shielding’. It means not leaving the house or attending gatherings at all, with very limited exceptions. Here is more information [shielding guidance](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19). The Government is currently asking people to shield until the end of June, but this is likely to be extended.

We appreciate this is very difficult for people and further government support can be found here [Coronavirus support](https://www.gov.uk/find-coronavirus-support)

**Who should follow the shielding guidance?**

Shielding is a measure to protect people who are clinically extremely vulnerable by minimising all interaction between those who are extremely vulnerable and others.

Some of our patients within rheumatology will fall within this group and it is recommended that patients that fall under this group follow these measures to keep themselves safe.

We have devised a flow chart to identify these patients and letters are being sent out to those that fall under this group. As guidance is updated, patients may fall in and out of shielding so please keep an eye on this website.



**Please help us, help our patients and have a read of these links before**

**contacting the rheumatology helpline number as many of your**

**questions will be answered on these pages.**

**What is our advice?**

Our general advice is to continue all your immunosuppressant medications because the health risk associated with a flare of your disease is likely to be greater than the risks associated with COVID-19. This is because of;

1. symptoms of your disease itself;
2. infection risk can be higher if your disease is not well controlled;
3. if you had a flare, the treatments needed to control the flare could be risky.

However, should you develop any symptoms of any infection, then we would recommend that your treatment is paused for the duration of the infection.

There may be individual circumstances where your clinical teams may contact you to review your treatment, should any new evidence emerge about specific treatments.

Research is underway to explore the effectiveness of a number of rheumatic drugs in treating coronavirus, although information remains limited.

**What about anti-inflammatories (eg ibuprofen, naproxen) or NSAIDS?**

There have been reports in the media regarding anti-inflammatory drugs such as naproxen and ibuprofen.

There is no evidence that the acute use of NSAIDs causes an increased risk of developing COVID-19 or of developing a more severe COVID-19 disease.

If patients or carers are starting treatment for fever and/or pain in patients with confirmed or suspected COVID-19, you can take paracetamol or NSAIDs (like ibuprofen) presuming you have no other medical reason not to take these medications. Each medicine has its own benefit and risks which are reflected in the product information. Current advice includes that these medications are used at the lowest effective dose for the shortest possible period.

There is currently no reason for patients to stop taking NSAIDs if you are already taking this for a long term condition but this may need reassessment should you develop COVID-19 infection. Please speak to your doctor about this.

**What about Vitamin D?**

If you're not going outdoors often, you should consider taking a daily supplement with 10 micrograms of vitamin D. These supplements can be bought in many supermarkets.

**What do I do with my medications if I develop infective symptoms?**

If you develop a viral infection, immunosuppressant medication will need to be stopped temporarily, as with any infection, but this should be done in consultation with your clinical team.

**What about steroid tablets (for example prednisolone) and adrenal insufficiency?**

Steroids should **NOT** be stopped suddenly and the dose will need to be reviewed by your clinical team.

Please make sure you tell your treating doctors that you are taking steroids and/or immunosuppressive treatments. You can print out a [Steroid alert card](https://www.endocrinology.org/media/3563/new-nhs-emergency-steroid-card.pdf) to keep with you.

Your body needs a little bit of steroid to function every day and this is made naturally in your adrenal glands. Your body needs a bit of extra steroid if you have a serious infection to help your body work during this time. Adrenal insufficiency occurs when your body cannot make this extra natural steroid.

If you have been taking 5mg of prednisolone or more for 4 weeks or longer, this may cause **adrenal insufficiency.** This can also occur once the dose of prednisolone has been reduced to below 5mg.

If you have coronavirus infection and are taking 5-19mg prednisolone daily, you should take 10mg prednisolone every 12 hours while you are unwell. This will be an increase in your total prednisolone dose.

Patients on more than 20mg prednisolone, should continue their usual dose but take it split into two equal doses of at least 10mg every 12 hours while you are unwell.

Should you develop coronavirus, you should drink plenty of fluids especially if you have adrenal insufficiency.

Are you unwell

with coronavirus infection and on prednisolone?

All patients should drink plenty of fluids especially if you have adrenal insufficiency.

Are you taking more than 20mg prednisolone a day?

Are you taking between

5-19mg prednisolone a day

You should continue your usual dose of prednisolone but take it split into two equal doses of at least 10mg every 12 hours (twice a day) while you are unwell.

You should increase your prednisolone to 10mg every 12 hours (twice a day) while you are unwell.

If you have any concerns about what to do with your medications, please contact the rheumatology helpline or your GP.

**What about returning to work?**

The **general** advice is:

* Everyone should work from home unless they cannot work from home.
* **Clinically extremely vulnerable individuals** (those who have received shielding letters) have been strongly advised not to work outside the home.
* **Clinically vulnerable individuals**, who are at greater risk of severe illness (for example, people with pre-existing conditions) have been asked to take extra care in observing social distancing and should be helped to work from home, either in their current role or in an alternative role.

**More specific information** about returning to work can be found here [Working safely during coronavirus](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19) related to specific employment roles. Please have a look at the link as this will have the most relevant information related to your line of work.

**How is our service changing?**

We have moved to telephone consultations to reduce the need for patients to travel to reduce face to face contact. We appreciate that this is a significant change in how the NHS has operated, but it is necessary to protect you and your family. If we feel a face to face review is needed following a telephone or video consultation we can arrange this.

PLEASE DO NOT ATTEND THE HOSPITAL OR YOUR GP’S SURGERY IF YOU HAVE A CONTINUOUS COUGH AND OR A FEVER. You should self-isolate and follow NHS advice, which is continuously updated [click for guidance](https://www.nhs.uk/conditions/coronavirus-covid-19/).

**Blood monitoring:**

The way we are arranging blood tests to be done is also changing. If bloods are needed following a telephone clinic, you will be asked to make an appointment with our blood taking department. In some circumstances, we may be able to increase the interval between blood tests and your GP and rheumatology team will be aware of this.

**Hoax emails**

Please be wary of a large number of hoax emails, websites, tweets and text messages or advice online from seemingly legitimate ‘doctors’. All advice should be sought from the links provided in this document.

**Summary of links provided above**

**Versus arthritis**

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

**NHS advice on Coronavirus**

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

**NHS high risk patients**

<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/>

**Government Staying alert and Social distancing advice**

<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>

**Government advice staying safe outside your home**

<https://www.gov.uk/government/publications/staying-safe-outside-your-home/staying-safe-outside-your-home>

**Government advice on ‘Shielding’ and protecting the vulnerable**

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

**Working safely during Coronavirus:**

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

**Coronavirus support**

<https://www.gov.uk/find-coronavirus-support>

**There is also support from:**

There is also information  and support available from the following rheumatology charities:

NRAS (National Rheumatoid Arthritis Society)

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

NASS (National Axial Spondyloarthritis Society)

<https://nass.co.uk/news/coronavirus-advice-for-people-on-biologic-therapy/>

Vasculitis UK

<https://www.vasculitis.org.uk/news/coronavirus-covid-19>