LIVING WITH RHEUMATOID ARTHRITIS DURING THE CORONAVIRUS PANDEMIC: A LONGITUDINAL INTERVIEW STUDY

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Background/Aims
The COVID-19 pandemic placed patients with rheumatoid arthritis (RA) at increased risk of poor outcomes as a result of their condition, compounded by use of immunosuppressant medication, and higher prevalence of comorbidities. As a consequence, some patients were instructed within the UK to follow strict guidelines to “shield”, severely restricting routine social interactions. This study explored patients’ longitudinal experiences of living with RA during the COVID-19 pandemic.

Methods
Patients with rheumatoid arthritis, from a community hospital-based rheumatology service, participated in two semi-structured telephone interviews at baseline in autumn 2020 and 2-4 months later. Interviews were recorded and transcribed verbatim. Interpretative phenomenological analysis was undertaken by two members of the research team with input from two patient partners (KR and MB).

Results
15 participants (9 females, 10 retired, age range 45-79 years) were interviewed twice. Five themes were identified: i) fear, ii) social wellbeing, iii) physical health, iv) pre-existing self-management of RA as a coping mechanism, and v) vulnerability. The overriding emotion was one of fear of contracting COVID-19, which remained high throughout both interviews. Fear was influenced by patients’ existing knowledge of their RA and medications and the presence of other significant co-morbidities. Further influences on fear included mainstream media reports (increasing reporting of deaths and new variants) and personal knowledge (family and friends who had contracted COVID-19). The impact on social wellbeing became more pronounced as remote communications could not replicate the benefits of physical interaction. Participants reported no impact on their physical health, with increased rest resulting from restricted social interaction perceived to be beneficial. Many participants utilised the resilience they had learned as a result of having RA to cope, including stress management, pacing, and exercise. Being categorised as “clinically extremely vulnerable” led to a reassessment of self-identity, with participants not wanting to be perceived as being weak or helpless. Finally, many participants used lockdown to reflect on and reassess their personal priorities.

Conclusion
This longitudinal interview study with 15 people with RA highlights that the main impact of the pandemic appeared to be on emotional wellbeing brought about by fear of COVID-19, later compounded by lack of social interaction. In this small study, participants’ physical health was reported to be stable and participants were able to use self-management skills to cope. The realisation of the seriousness of contracting COVID-19 led to feelings of vulnerability and a reassessment of self-identity. The study raises important issues for those providing healthcare to people with RA, including effective communication with awareness of its likely impact, using pre-existing self-management strategies to enhance wellbeing, and recognition of the potential for social isolation and the implications thereof.

Disclosure
A 2nd generation, JAK1 preferential inhibitor for moderate to severe RA$^{1-6}$

While 1st generation JAK inhibitors are relatively non-selective,$^{2,6}$ JYSELECA has over 5x greater potency for JAK1 over JAK2/3 and TYK2$^{*}$

Balancing sustained efficacy$^{18}$ with acceptable tolerability$^{12}$

Indicated for the treatment of moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease modifying anti-rheumatic drugs.$^1$ May be used as monotherapy or in combination with methotrexate.$^2$

JYSELECA is indicated for the treatment of moderate to severe RA$^{1-6}$

Indication:

In patients with moderate to severe RA who have not responded inadequately to or who are intolerant to one or more DMARDs.

Combination use, with immunosuppressants e.g., ciclosporin, methotrexate (MTX).

No dose adjustment required in patients with estimated creatinine clearance CrCl ≥ 60 mL/min. A dose of 100 mg film-coated tablets once daily is recommended for patients aged 65 years and older as clinical experience is limited. Renal impairment:

No dose adjustment required in patients with estimated creatinine clearance (CrCl) ≥ 60 mL/min. A dose of 100 mg film-coated tablets once daily is recommended for patients with moderate or severe renal impairment (CrCl 15 to < 60 mL/min). Not recommended in patients with CrCl < 15 mL/min.

Hepatic impairment: Mild/moderate hepatic impairment: no dose adjustment required. Severe hepatic impairment: not recommended.

Contraindications:

Hypersensitivity to the active substance or to any of the excipients. Active tuberculosis (TB) or active serious infections. Pregnancy. Warning: Precautions: See SmPC for full information. Immunomodulatory combination use, with immunosuppressants e.g., ciclosporin, tacrolimus, biologics or other Janus kinase (JAK) inhibitors is not recommended as a risk of additive immunosuppression cannot be excluded. Infections: infections, including serious infections such as pneumonia and opportunistic infections e.g., tuberculosis (TB), aspergillosis, candidiasis, and cryptocoCCcosis have been reported. Risk benefit should be assessed prior to initiating in patients with risk factors for infections (see SmPC). Patients should be closely monitored for the development of signs and symptoms of infections during and after filgotinib treatment. Treatment should be interrupted if the patient is not responding to antimicrobial therapy until infection is controlled. There is a higher incidence of serious infections in the elderly aged 75 years and older, caution should be used when treating this population. Tuberculosis: Patients should be screened for TB before initiating filgotinib, and filgotinib should not be administered to patients with active TB. Visual reactivation: Cases of herpes virus reactivation (e.g., herpes zoster), were reported in clinical studies (see SmPC). If a patient develops herpes zoster, filgotinib treatment should be temporarily interrupted until the episode resolves. Screening for viral hepatitis and monitoring for reactivation should be performed. Malfunction: Immunomodulatory medicinal products may increase the risk of malignancies. Malignancies were observed in clinical studies (see SmPC). Fertility: In animal studies, decreased fertility, impaired spermatogenesis, and histopathological effects on male reproductive organs were observed (see SmPC). The potential effect of filgotinib on sperm production and male fertility in humans is currently unknown. Haematological abnormalities: Do not start therapy, or temporarily stop, if neutrophil count (ANC) <1 x 10^9/L, LGL ≥0.5 x 10^9/L, or haemoglobin <8 g/dL. Temporarily stop therapy if these values are observed during routine patient management. Vaccinations: Use of live vaccines during, or immediately prior to, filgotinib treatment is not recommended. Lab tests: Treatment with filgotinib was associated with dose dependent increases in lipid parameters, including total cholesterol, and high-density lipoprotein (HDL) levels, while low density lipoprotein (LDL) levels were slightly increased (see SmPC). Cardiac valvular risk: Rheumatoid arthritis patients have an increased risk for cardiovascular diseases. Patients should have risk factors (e.g., hypertension, hyperlipidaemia) managed as part of usual care. Valvular thrombembolism: Events of deep venous thrombosis (DVT) and pulmonary embolism (PE) have been reported in patients receiving JAK inhibitors including filgotinib. Caution should be used in patients with risk factors for DVT/PE, such as older age, obesity, a medical history of DVT/PE, or patients undergoing surgery, and prolonged immobilisation. Lactose contents: Contains lactose; patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take filgotinib.

Side effects:


Marketing authorisation number(s): Great Britain: Jyseleca 100mg film-coated tablets PLGB 42147/0001 Jyseleca 200mg film-coated tablets PLGB 42147/0002 Jyseleca 100mg film-coated tablets EU/1/20/1480/002 Jyseleca 200mg film-coated tablets EU/1/20/1480/001 Jyseleca 200mg film-coated tablets EU/1/20/1480/002. Further information: Galapagos UK, Belmont House, 148 Belmont Road, Uxbridge UB8 10S, United Kingdom 00800 7878 1345 medicalinfo@galapagos.com. Jyseleca is a trademark. Date of Preparation: January 2022. RA-FL-202201-00019 Additional monitoring required.

References:

1. JYSELECA. Available at: www.medicines.org.uk. Last accessed: June 2022.
3. Bar-


8. Galapagos UK, Belmont House, 148 Belmont Road, Uxbridge UB8 10S, United Kingdom 00800 7878 1345 medicalinfo@galapagos.com. Jyseleca is a trademark. Date of Preparation: January 2022. RA-FL-202201-00019 Additional monitoring required.