

EULAR Recommendations for Managing RMDs During COVID-19¹

The recommendations provide guidance for rheumatologists, healthcare professionals in rheumatology who care for patients with RMDs, physicians who treat COVID-19, and patients and their families.

Overarching principles

1. There is no evidence that RMDs increase the risk of contracting COVID-19 or lead to worse prognosis



2. COVID-19 diagnosis and treatment are the primary responsibility of a COVID-19 expert (eg, pulmonologist, internist, or infectious disease specialist)



3. The use of immunosuppressants for COVID-19 treatment in patients with RMDs should be a multidisciplinary decision involving rheumatologists



4. Off-label use of DMARDs to treat COVID-19 should be discouraged



COVID-19 general measures, prevention, and management

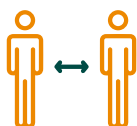
- Patients are strongly advised to comply with all recommended COVID-19 preventive and control measures



- Patients without suspected or confirmed COVID-19 should continue RMD treatment unchanged



- When social distancing measures are in effect:
 - In-person rheumatology consultations can be postponed or occur remotely for patients with stable disease and treatment
 - Risk of clinic visits should be weighed against the limitations of remote consultation by both patient and rheumatologist for patients with active disease or drug therapy requiring monitoring*



- For patients with symptoms of COVID-19:
 - Continue treatment if receiving chronic CS
 - Discuss potential changes in DMARDs on a case-by-case basis if experiencing mild[†] symptoms
 - Immediately seek the advice of a COVID-19 expert if experiencing worsening[‡] COVID-19 symptoms



- Patients free of COVID-19 symptoms should update their vaccinations,[§] focusing on pneumococci and influenza
- Patients treated with cyclophosphamide or CS should consider prophylaxis of *Pneumocystis jiroveci* pneumonia



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EULAR, European Alliance of Associations for Rheumatology; COVID-19, coronavirus disease 2019; CS, corticosteroid; DMARD, disease-modifying antirheumatic drug; RMD, rheumatic and musculoskeletal disease.

* If drug therapy has recently been started, needs adjustment, or if signs and symptoms of drug toxicity emerge.

† Mild symptoms of COVID-19: symptoms of the common cold, such as sore throat, running nose, nasal congestion, anosmia or dysgeusia, fatigue, generalised or local myalgia, arthralgia without clinical swelling, anorexia, diarrhoea, and temperature elevation (<38°C).

‡ Worsening of mild COVID-19 symptoms: fever $\geq 38^{\circ}\text{C}$ or subjective shortness of breath or tachypnoea (>20/min) or hypoxia or cyanosis.

§ As per EULAR recommendations for the vaccination of patients with RMDs.

Reference: 1. Landewé RBM, Machado PM, Kroon F, et al. *Ann Rheum Dis*. 2020;79(7):851-858.

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