COVID-19 SERVICE Provision (Including Audit)

P059 WELLBEING AND SHIELDING OF PATIENTS WITH RHEUMATIC DISEASE ON BIOLOGIC THERAPY DURING THE EARLY COVID-19 PANDEMIC: A SINGLE CENTRE EXPERIENCE

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Background/Aims
Individuals on immunosuppressive therapies were among those identified by the UK Department of Health and Chief Medical Officer as clinically extremely vulnerable to COVID-19. Advice on shielding from infection was disseminated by NHS England, primary care and NHS hospital trusts to those identified at highest risk. The British Society for Rheumatology (BSR) developed further risk stratification guidance specifically focused on autoimmune rheumatic disease. As
the UK entered a period of nationwide lockdown on 23rd March 2020, the clinically highly vulnerable group were asked to shield from infection by staying at home and avoiding any face-to-face contact for an initial period of 12 weeks. The implications of social isolation, disruption to planned medical care and economic consequences became increasingly recognised. This work aimed to understand the experience and wellbeing of this patient group during week 5-6 of UK lockdown, as a guide to how we might best adapt services and address the needs of this group.

Methods
Short semi-structured telephone interviews were conducted with 141 patients during week five and six of UK lockdown, between 20th April and 1st May 2020. Participants were sampled systematically from the departmental biologic therapy database at Wexham Park Hospital, a general hospital providing services to a diverse population of approximately 450,000 people in Berkshire and South Buckinghamshire.

Results
Telephone interview was conducted with 141 patients prescribed biologic therapy. Written advice on risk and shielding was received by over 90%. Sixty four percent of respondents were female with a median age of 56 years. Thirty-nine percent of those interviewed fell within highest BSR risk category for whom full shielding was highly recommended, yet at the time of interview 51.1% of respondents reported they had committed to full shielding. Four percent of respondents self-identified as key workers and had continued their usual commitments. Amongst those interviewed, 35% reported significant adverse impact on their emotional and mental wellbeing within the first six weeks of UK lockdown. Isolation, uncertainty, limited physical exercise and cancellations to planned appointments were common themes. Twenty-eight percent of respondents felt their disease control had significantly deteriorated during the ongoing pandemic. Due to prevailing anxiety about the impact of immunosuppression on COVID-19 risk, 5% of patients had adjusted their prescribed therapies without the direct supervision or clinical advice.

Conclusion
This study gives initial insights into the behaviours and concerns of patients with autoimmune and inflammatory disease on biologic therapy during the first wave of COVID-19 in the UK. Wellbeing and disease management have considerably suffered for many individuals. Further understanding patient experience may help guide restructuring of rheumatology services in next phase of the UK pandemic.

Disclosure
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