

Comment on: Changes in immunosuppressive medication because of COVID-19 by patients with chronic inflammatory rheumatic diseases: anxiety was not a major driver

Sirs,

We have read with great interest the work of Andreica *et al.* who studied the changes in immunosuppressive medication because of COVID-19 by patients with chronic inflammatory rheumatic diseases (CIRD). They concluded that 18.1% of CIRD patients changed therapy because of the pandemic, mostly biologics, and anxiety does not appear to play a major role (1). However, we believe that some concerns should be discussed in this important study.

First of all, patients with rheumatoid arthritis (RA), axial spondyloarthritis (axSpA), including ankylosing spondylitis (AS), psoriasis arthritis (PsA) and connective tissue diseases (CTD) were selected. The pathogenesis of CTD is characterised by derangements of the innate and adaptive immune system, and inflammatory pathways leading to autoimmunity. Identifiable connective tissue diseases could include systemic lupus erythematosus, systemic sclerosis, Sjögren's syndrome, and so on (2). Thus, CTD noted in the study should be undifferentiated CTD. Moreover, as the authors pointed out, no disease activity tool in CTD was available.

Secondly, significant differences were found in male patients in the recent change

of medication. It is well known that RA has in a female/male ratio of 2–5/1 (3) and the prevalence of AS is approximately 2- to 3-fold higher in men than in women (4). Therefore, the conclusion in male patients may have some gender bias.

Finally, although the comorbidities of CIRD were also introduced, some related diseases caused by CIRD themselves should also be added. For example, the condition of RA-related interstitial lung disease (5) and AS-related anterior uveitis (6) could also influence the changes in immunosuppressive medication.

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