

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

Sirs,

First of all, we would like to thank W. Wang and J. Wang for their interest in our work (1, 2), and we do want to provide answers and discuss their comments.

The first paragraph of their letter relates to the diagnoses provided in our paper (1), and we hereby confirm that we included patients who had presented to our tertiary hospital in the last year before the pandemic started, being included consecutively and without selection. We believe that this represents a real-life scenario. As experienced rheumatologists, we are of course aware that there are different connective tissue diseases (CTD), and we do take care of them all in our centre. To reach meaningful numbers for comparisons we left the CTD group together (n=42), and there were just a few patients with undifferentiated CTD. To assess disease activity in a study relying on questionnaires is generally difficult – especially in patients with CTD. Thus, we could only

broadly report on disease activity. Furthermore, considering that only 6 patients with CTD in the study have indicated a change in medication, it seems unlikely that this has affected the results of our study (1).

Secondly, the authors worry about sex bias due to the known different male/female ratios in rheumatoid arthritis and ankylosing spondylitis. Even though we cannot completely exclude an influence in one of the diseases, we think that the total number of patients (n=557) was large enough, and in total, 345 of them were women (61.9%) and 212 men (38.1%).

The third point is on non-musculoskeletal disease manifestations such as lung involvement in RA which can indeed represent a clinical challenge regarding therapy. Indeed, some patients with organ involvement may have been included in our study (1). We have indeed not looked into this in detail. However, this was certainly not a large proportion, and we do not think that this had a relevant influence on the results.

We would like to finish by expressing our interest to learn more about Chinese experiences related to depression and anxiety in their patients with rheumatic diseases during the time of the pandemic, and how this was potentially influenced by the national No-COVID strategy.

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2. ROMAN I, ANDREICA I, BARALIAKOS X, REDEKER I, KILTZ U, BRAUN J: SARS-CoV-2 vaccination willingness and predictors in patients with chronic inflammatory rheumatic diseases (CIRD) and without CIRD. *Ther Adv Musculoskelet Dis* 2022; 14: 1759720X221093760. <https://doi.org/10.1177/1759720x221093760>