

EULAR  
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Kilchberg,  
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## NEW: CHARACTERISTICS ASSOCIATED WITH COVID-19-RELATED DEATH IN PEOPLE WITH RHEUMATIC AND MUSCULOSKELETAL DISEASES (RMDS)

**New research examines the factors associated with COVID-19-related death in a large real-world dataset of people with rheumatic and musculoskeletal diseases**

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EULAR, European Alliance of Associations for Rheumatology, has given financial support to a global project collecting information on SARS-CoV-2 infection in people with rheumatic diseases. The COVID-19 Global Rheumatology Alliance physician-reported registry launched in March 2020 to collect data on adults with rheumatic disease and confirmed or presumptive COVID-19.

There is concern regarding the risk of a severe COVID-19 course in people with rheumatic diseases, but clinical information is limited, especially regarding factors associated with the risk of dying from the infection.

Of the 3729 people included in this analysis, 10.5% died. Independent factors associated with COVID-19-related death were older age, male sex, hypertension combined with cardiovascular disease, and chronic lung disease. Some disease-specific factors also emerged as risks, including having moderate or high immune disease activity, or taking glucocorticoids in excess of 10 mg per day.

The association with disease activity highlights the importance of maintaining adequate disease control with disease-modifying medications, preferably without increasing glucocorticoid dosages, if possible.

The results indicate that caution may be required with some medications used by people with rheumatic diseases, namely rituximab and sulfasalazine, but there was no increased risk of dying in people taking other disease-modifying anti-rheumatic drugs (DMARDs).

An association with COVID-19-related death was also seen for a mixed group of immunosuppressants (azathioprine, cyclophosphamide, ciclosporin, mycophenolate and tacrolimus) compared to those using immunomodulators such as DMARDs; however, the numbers were too low to allow individual analysis by immunosuppressive drug, making it difficult to interpret these results.

Withdrawal of effective treatments should be based on sound evidence, even during a pandemic.

### Source

[Strangfeld A, et al Factors associated with COVID-19-related death in people with rheumatic diseases: results from the COVID-19 Global Rheumatology Alliance physician-reported registry. \*Annals of the Rheumatic Diseases\* Published Online First: 27 January 2021. doi: 10.1136/annrheumdis-2020-219498](#)

**About the COVID-19 Global Rheumatology Alliance**

The physician-reported registry was set up in March 2020. The mission is to collect, analyse and disseminate information about COVID-19 and rheumatology to patients, physicians, and other relevant groups to improve the care of patients with rheumatic disease. It is supported by funding from the American College of Rheumatology (ACR) and EULAR.

**About EULAR**

EULAR is the European umbrella organisation representing scientific societies, health professional associations and organisations for people with rheumatic and musculoskeletal diseases (RMDs). EULAR aims to reduce the burden of RMDs on individuals and society and to improve the treatment, prevention and rehabilitation of RMDs. To this end, EULAR fosters excellence in education and research in the field of rheumatology. It promotes the translation of research advances into daily care and fights for the recognition of the needs of people with RMDs by the EU institutions through advocacy action.

**Contact**

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