

Psoriasis health care in the time of the coronavirus pandemic: insights from dedicated centers in Sardinia (Italy)

Questa è la versione Pre print del seguente articolo:

Original

Psoriasis health care in the time of the coronavirus pandemic: insights from dedicated centers in Sardinia (Italy) / Atzori, L.; Mugheddu, C.; Addis, G.; Sanna, S.; Satta, R.; Ferreli, C.; Atzori, M. G.; Montesu, M. A.; Rongioletti, F.. - In: JOURNAL OF THE EUROPEAN ACADEMY OF DERMATOLOGY AND VENEREOLOGY. - ISSN 0926-9959. - 34:6(2020), pp. e247-e248. [10.1111/jdv.16473]

Availability:

This version is available at: 11388/240009 since: 2020-12-01T10:10:58Z

Publisher:

Published

DOI:10.1111/jdv.16473

Terms of use:

Chiunque può accedere liberamente al full text dei lavori resi disponibili come "Open Access".

Publisher copyright

note finali coverpage

(Article begins on next page)

PSORIASIS HEALTH CARE IN THE TIME OF THE CORONAVIRUS PANDEMIC: INSIGHTS FROM DEDICATED CENTERS IN SARDINIA (ITALY)

KEY WORDS: psoriasis, Coronavirus pandemic, COVID-19, dermatology.

World counts: 677.

Figure: 0

Table: 1

¹L. Atzori L, ¹C. Mugheddu C, ²G. Addis, ¹S. Sanna, ³R. Satta R, ¹C. Ferreli, ²M.G. Atzori, ³M.A. Montesu, ¹F. Rongioletti F¹.

¹Dermatology Clinic, Department of Medical Science and Public Health, University of Cagliari, Cagliari (Italy).

²Dermatology Unit, Nuoro San Francesco Hospital, Nuoro (Italy).

³Dermatology Clinic, Department of Surgical, Microsurgical and Medical Sciences, University of Sassari, Sassari (Italy).

Corresponding Author:

Prof.ssa Atzori Laura

Clinica Dermatologica

Via Ospedale 54

09124 Cagliari (Italy)

Phone: +393388526881

Fax: +390706092580

Eamil: atzoril@unica.it

Founds: None

Conflicts of interest: None of the Authors have conflicts of interest to disclose.

This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1111/JDV.16473

This article is protected by copyright. All rights reserved

Copyright: The authors certify that the manuscript is original, never submitted to other journal for publication before. All authors contributed equally to the manuscript and had the opportunity to revise and approve the final text.

Disclosure statement:

Dr. L Atzori has nothing to disclose

Dr. Mugheddu has nothing to disclose.

Dr. Addis has nothing to disclose.

Dr. Sanna has nothing to disclose.

Dr. Satta has nothing to disclose.

Dr. Ferreli has nothing to disclose.

Dr. MG Atzori has nothing to disclose.

Dr. Montesu has nothing to disclose.

Dr. Rongioletti has nothing to disclose.

Dear Editor,

Psoriasis is a major chronic inflammatory skin disease, affecting about 3% of the population in Italy, whose management require experienced specialists in order to guarantee high-quality standards of care.¹ The pandemic coronavirus (2019-nCoV; COVID-19) has changed the approach to all patients requiring close contact during a visit, including dermatologic consultations. In Italy, true outbreak begun in Lombardy, by February 21, 2020 with exponential contagion, surpassing China in the number of deaths.² The health care system was overwhelmed, best hospitals in Northern Italy unable to cope with the huge number of desperately ill patients. Concern about the impact on the South was great due to the chronic shortage of facilities and limited intensive care equipment. In Sardinia, with a population of 1 640 000 inhabitants,³ the institutional recognition found only 20 intensive care beds available to welcome COVID-19 cases. A strategic plan will increase the number to 224 beds, but full implementation would require time (Resolution of the Regional Council 11/17 of the 11/03/2020). As isolation is the main weapon to control the spread,⁴ and on March 9, 2020 a Decree of the President of the Council of Ministers ordered the suspension of all outpatients' services, including clinics for psoriasis patients. Unfortunately, thousands of patients were suddenly deprived of dermatologic care. The dedicated psoriasis clinics in the major hospital of Cagliari, Nuoro, and Sassari account approximately 6890 patients. about 23% of them afflicted with severe psoriasis and psoriatic arthritis, requiring systemic treatments or phototherapy (Table 1).

We began calling all patients with scheduled visits and programmable procedures to remain at home, providing telephone consultation and counselling. Patients were completely unprepared, upset, and disoriented by the lock down. Some patients could not understand the crisis and demanded full attention, quite aggressively. Other patients were more understanding. Only patients requiring dose adjustment and/or blood chemistry controls were admitted, as well as patients requiring infusions, such as infliximab. The access to the phototherapy service was also maintained for selected cases. On March 13, 2020 the Italian Medicines Agency (AIFA) allowed the automatic renewal of all expiring therapeutic plan, required for biotechnological drugs, preventing patients from referral only to have their prescription renewed.

As awareness of the severity of the COVID-19 increased some patients were concerned about continuing their biologics. We followed the SIDEMAST recommendations,⁵ and advised patients not to dismiss their drugs without consultation, especially biologics. Clinical trials were continued for patients already enrolled; but new screening was discontinued, and prudently, not new treatment was started. Patients were admitted only after a strict triage: body temperature was registered, and was required the compilation of a questionnaire, on recent symptoms (fever, cough, breathing difficulties) or travels outside Sardinia. A quarantine of two weeks had become mandatory from March 8, 2020.

Thankfully, Sardinia COVID-19 cases are small in magnitude, but we hold an unpleasant record. On March 26, 2020 the number of infections among health personnel was higher (40%) than the national average of 7-8%.⁶ In this uncomfortable setting, a COVID-19 patient indicated the skin consultation at the Dermatology Clinic of Sassari as the possible source of contagion. All the health personnel resulted negative for the infection, but we clearly felt the risk of being considered “spreaders” for the community, instead of essential care providers. We were more exposed to involuntary contagion from asymptomatic patients, and not provided with the necessary personal protective equipment. As dermatologists are specialists not directly involved in the management of critical patients, the supply of specific protective equipment against bio-hazards, as well as of environmental sanitizers, was very limited, and the massive consumption from critical care wards depleted all stocks. Thus, all not essential sanitary personnel were placed on vacation, but with the possibility of being called back into service to support other critical specialties. Educational programs for medical students, graduate and resident have been interrupted.

Effects of pandemic coronavirus infection are without precedents. Restrictive measures were mandatory, and dermatologists had to adapt: more counselling to support patients, detect unmet needs, and find ways to reassure patients about their disease, to keep them safely home.

References:

1. Gisondi P, Altomare G, Ayala F, et al. Italian guidelines on the systemic treatments of moderate-to-severe plaque psoriasis. *J Eur Acad Dermatol Venereol* 2017;**31**:774–790. doi:10.1111/jdv.14114.
2. Lazzerini M, Putoto G. COVID-19 in Italy: momentous decisions and many uncertainties [published online ahead of print, 2020 Mar 18]. *Lancet Glob Health* 2020; S2214-109X(20)30110-8. doi:10.1016/S2214-109X(20)30110-8
3. National Institute of Statistics, data 2019. Available at: <http://www4.istat.it>
4. Tao J, Song Z, Yang L, Huang C, Feng A, Man X. Emergency management for preventing and controlling nosocomial infection of 2019 novel coronavirus: implications for the dermatology department [published online ahead of print, 2020 Mar 5]. *Br J Dermatol* 2020;10.1111/bjd.19011. doi:10.1111/bjd.19011.
5. Infezione da Coronavirus - Raccomandazioni SIDeMaST (Società Italiana di Dermatologia e Malattie Sessualmente Trasmesse); available at: <https://www.sidemast.org/blog/coronavirus/>; published on 25 Feb 2020.
6. Epicentro ISS (Istituto Superiore Sanità), Epidemia COVID-19, 26 marzo 2020; appendice con dettaglio regionale; available at: <https://www.epicentro.iss.it>

Table 1: Characteristics of the Psoriasis patients followed at the Dermatology Units in Sardinia

Total Psoriasis Patients	Severe Psoriasis – Requiring Systemic Treatment or Phototherapy
6890 <ul style="list-style-type: none">• 4134 males (60%)• 2576 females (40%)• 120 Pediatrics (1.7%)	1586 (23%) <ul style="list-style-type: none">• 92 Phototherapy• 775 Traditional drugs (cyclosporine 56%; methotrexate 36%; retinoids 8%)• 645 Biotechnologies (anti-TNF 38%; anti-Interleukin 17 (40%), anti- IL 12/23 (22%))• 74 Small molecules (Apremilast (96%), Dimetil-fumarate (4%))