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Tracking of Physical Activity of Rheumatological Patients in COVID-19 Pandemic Process

Gamze Gülsün PALA[1], Zeynep TUNA[1], Deran OSKAY[1]

[1] Gazi University, Faculty of Health Sciences, Department of Physiotherapy and Rehabilitation, Ankara, Turkey

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Dear Editor,

As it is known, the disease caused by the new type of corona virus (COVID-19) was declared a global epidemic by the World Health Organization (WHO) on March 11, 2020. It has been reported that the virus shows high transmission from human to human by the droplets emitted by contaminated individuals and by contact with the surfaces where these droplets are infected (Li et al., 2020). WHO recommends social isolation implementations to reduce contact to protect against the virus. In this context, a curfew has been imposed on certain age groups and individuals with chronic diseases in our country. Aside from providing protection from the virus, these social isolation measures taken to control the epidemic caused physical inactivity in our country as well as in the whole world. Physical inactivity is one of the most important changeable risk factors in mortality and the occurrence of chronic diseases (WHO, 2009). Regular exercise, which is one of the most important components of physical activity; plays a critical role in the treatment of chronic systemic diseases and comorbidities characterized by inflammation, especially rheumatological diseases, as it reduces the level of systemic inflammation in the body in addition to its protective role from chronic diseases (Benatti & Pederson, 2015). It is known that rheumatological patients tend to lead more inactive lives compared to the general population due to pain and fatigue problems (Pinto et al., 2017). The curfew imposed within the scope of COVID-19 precautions obliged this group of patients who are prone to inactivity to spend their daily lives within the boundaries of their home and restricted their physical activities significantly.

The anxiety and physical inactivity caused by the uncertainties in the pandemic process can cause stress in patients same as in the whole society. Psychological stress affects social behavior; it limits people's coping strategies by creating risk factors for depression and anxiety and also suppresses the immune system and creates an infection risk (Burtscher, Burtscher & Millet, 2020). For all these reasons, we think that rheumatological patients may have been more affected by the pandemic process in terms of physical and mental health.

The COVID-19 pandemic complicates disease management in rheumatological patients not only because of physical inactivity but also by other factors. First of all these patients need to adhere more strictly to social isolation measures. As people with rheumatic diseases are more prone to infection due to systemic inflammation, immunosuppressant therapy, comorbidities and advanced age (Pinto et al., 2020). Therefore, some patients had to cancel or postpone their appointments with doctor. Some of the patients stopped taking medication without consulting their doctor, assuming that immunosuppressant treatment would increase the risk of COVID-19 virus transmission and some of them could not procured their medication (Schulze-Koops et al., 2020). Patients who were anxious and in fright during this period stated that this situation increased their symptoms (Michaud et al., 2020). As isolation and inactivity continue, high levels of stress, depression, anxiety and various health problems related to these conditions will continue to increase.

Although there are few publications on the pharmacological aspects of disease management in this patient group during the pandemic process; it has been seen that there are no studies approaching the physical inactivity aspect. However we believe that in this patient group, the decrease occured in the level of physical activity will negatively affect the activity level of the patient, increase cardiovascular and pulmonary problems, and thus negatively affect both physical and mental health. For this reason, we think that action should be taken to ensure active life as soon as possible without waiting for the end of the pandemic process. The way to increase patients' access to physical activity goes through telerehabilitation programs, where they are in contact with their physiotherapists and can exercise at home. In line with this, during the COVID-19 pandemic, the use of telerehabilitation practices should be promoted in order to increase the physical activity levels of people with rheumatic diseases and to facilitate disease management (Middleton, Simpson, Bettger & Bowden, 2020).

Conflicts of interest

"Disclosures – none"

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***Corresponding author:** Gamze Gülsün PALA
e-mail address: fzt.gamzegulsun@gmail.com

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***Corresponding author:** Gamze Gülsün PALA
e-mail address: fzt.gamzegulsun@gmail.com