So certainly, if next time there is a need, we probably don't need to cancel and can actually still see our patients without them having to come into the hospital.

ES: Yeah, I mean, this is just an aside, I think one of the things that have certainly come up in North America is, according to the physicians I speak to, is that telehealth isn't so bad. We can do a lot via telehealth with rheumatology patients and maybe we don't have to see them in-person quite so often as we do so.

There might be something good about this for our patients too.

MM: Manjari and I, today, were just discussing the behaviors of clinicians and how COVID has changed our attitudes and our beliefs, as well, and that telehealth is something, certainly, that we're all embracing now, and it's very acceptable.

ML: Policy as well. We wouldn't have been reimbursed for televisits previously, whereas now we are.

ES: That's a big thing, and that's what's going to change — telehealth will survive if governments and insurers and other countries can keep on reimbursing. We shall see.

So, Table 3 in your paper was comparing patients into 2 groups where it was a connective tissue disease (CTD), inflammatory arthritis using immunosuppressives in those who didn't fit into the category.

To summarize, for people who haven't read the article, what were the important differences you believe were between these groups?

ML: Maybe I'll just clarify. So in Table 3, we have the whole cohort first, so all of our patients, which is 2200+ patients. And the second part of it is the subset of patients who had either inflammatory/CTD or were on immunosuppressants, so that's about 1500. So it isn't really 2 groups, it's a whole cohort and then a subset. In general, not very different.

So we did a latent class analysis separately for the whole cohort first and then for the subset, and patients clustered into 3 groups, depending on what answers they gave in the survey. So the more anxious ones tended to go out less, wore face masks more, even when it wasn't encouraged, but also tended to, sort of, default on their medicines or be less inclined to getting vaccinations. And then there was the less anxious group, which were not into those kinds of behaviors.

Interestingly, the thing that distinguished the groups was not what disease they had, it wasn't like patients with lupus were more anxious than patients without, for instance. It was the sociodemographic, so it was women, those who were from an ethnic minority — Chinese is the majority ethnicity in Singapore — so, the non-Chinese ethnic minority, and those who are unemployed, were the ones who tended to cluster in cluster 3.

In the subset analysis of those with inflammatory disease or CTD, where we thought this question would be even more pertinent because these are the patients were on immunosuppression or who might think because of the condition, they're more sort of susceptible to severe disease, it was pretty much the same, except that we did see a little bit of a difference between the inflammatory arthritis and the CTD groups.

So in CTD group, they tend to be less in cluster 3 and more in cluster 1—sorry, the other way around—they were more anxious, whereas the inflammatory arthritis group tended to cluster more towards the less anxious cluster 1 group in that subset. Overall, it was pretty similar, that is, women, unemployed, and ethnic minorities.

ES: I found that really interesting, that the disease, per se, whether what we would've considered higher risk, didn't seem to matter by attitudes.

ML: And the knowledge with things like osteoarthritis and osteoporosis really wouldn't think would put people at risk, but they pretty much would be the same as someone with lupus and on immunosuppression.

ES: Yeah, I thought that was very interesting.

And so, finally, as we conclude, did I miss anything? Anything you'd like to add for the people who haven't read or encourage them to read your article?

MM: Obviously, we encourage everyone to read the article. It was a brief report so I think we've covered most of the points on this.

ES: Ok, so I want to thank you both. It was an excellent article and I thank you for agreeing to speak with me.

I encourage everyone to please read the full-length article, “Attitudes and Behaviors of Patients With Rheumatic Diseases During the Early Stages of the COVID-19 Outbreak” by Drs. Margaret Ma, Sen Hee Tay, Peter P.M. Cheung, Amelia Santosa, Yiong Huak Chan, James W.L. Yip, Anselm Mak, and Manjari Lahiri, as well as other articles about SARS-CoV-2 infection and COVID-19 and its effects and implications for rheumatologists and rheumatology practice at www.jrheum.org/covid19.

If you have any comments or questions, please let us know either via Twitter @jrheum or e-mail us at manuscripts@jrheum.com.

Thank you all for joining me and everybody stay healthy. Thank you Dr. Ma and Lahiri again.

ML: Thank you very much.