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Editorial

Telerheumatology: Previous, current, and future context, from the experience of an institution in Colombia[☆]



Telerreumatología: contexto previo, actual y futuro, desde la experiencia de una institución en Colombia

Telemedicine is defined by the World Health Organization (WHO) as the practice of medical care with the help of interactive communications of sound, images and data; this includes the provision of medical assistance, consultation, diagnosis and treatment, as well as education and transfer of medical data. Although it is a system for patient care that has been used since the end of the 20th Century, it has been growing in terms of availability and use in different countries over the last decades, especially thanks to the accelerated development of the information and communication technologies.

The use of telemedicine for the care of rheumatic patients has been on the rise in recent years, primarily due to the centralization of human resources specialized in rheumatology in the big cities, with less availability of rheumatologists for intermediate cities and rural areas, and additionally due to the small number of rheumatologists to cover the demand for care in the specialty, which was corroborated by a recent study led by the Pan-American League of Rheumatology Associations (PANLAR), in which it was documented that in Latin America there is one rheumatologist for every 106,938 inhabitants, and in the specific case of Colombia, there is one rheumatologist for every 253,255 inhabitants, which places our country in the 14th position among 19 countries in the region.²

With the advent of the SARS-CoV-2 pandemic, the use of telemedicine was abruptly accelerated, since it was the only form of care that patients received in many places around the world, initially due to the quarantine periods decreed by local and national governments in different countries, and also

due to the fear that patients could feel of attending face-toface outpatient services, especially rheumatic patients, who due to the background immunomodulatory treatments, perceived a greater vulnerability to become ill from Covid-19. The emergency due to the new coronavirus led to unprecedented changes in patients' care, including the restructuring of hospital outpatient services and a rapid transition to virtual care.

Mehrotra et al.³ reported that, in a very short time, Covid-19 promoted a rapid change from personalized attention to teleconsultation in the primary care of patients; changes that would normally have taken months of planning, adjustments and implementation took place in just a few weeks due to the complex pandemic situation. In this order of ideas, telemedicine was established in these times as a way to care for patients; however, since before the pandemic, some groups, such as that of Dr. Luis Javier Cajas at the Clínica Universitaria Colombia, have been working on the care of rheumatic patients in teleconsultation, and as a result, they have achieved a significant experience that is being shared in this issue of the Colombian Journal of Rheumatology (REVISTA COLOMBIANA DE REUMATOLOGÍA).

In their publication, Drs. Cajas and López describe 1905 patients seen in rheumatology teleconsultation between August 2017 and March 2020, with a total of 4864 consultations, which were conducted by a rheumatologist at the reception site, as well as by a general physician in most cases, a specialist in family medicine or an internist in charge of examining patients at the place of origin of the consultation. The

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most frequent diagnoses were, in order of frequency, rheumatoid arthritis, osteoarthrosis, joint pain, myalgia and lupus, similarly to what was reported by Rezaian et al., who, in a study conducted in Iran with 4800 patients, found that the two rheumatic diseases most frequently treated in the context of telemedicine were osteoarthrosis and rheumatoid arthritis.

The information available in the scientific literature on telemedicine has been growing exponentially in recent years. In 1993, the word "Telemedicine" was indexed as a Mesh term in Medline,⁵ and the number of articles on the subject has grown year after year, passing from 70 articles published in 1993 to 4813 in 2020, and to 1344 so far in 2021 until May 13th.⁶ The work conducted by Cajas and López becomes one of the first experiences published in Colombia on the care of rheumatic patients through the use of telerheumatology, and therefore, it provides valuable data to the scientific community and makes more robust the information available in the literature on the subject. Let us hope that other research groups in Colombia will be motivated to publish their experiences with the use of telerheumatology, to have more and better data that allow them to contribute to the process of improving this type of care for rheumatic patients in Colombia.

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Daniel G. Fernández-Ávila a,b,c

- ^a Rheumatology Unit, Hospital Universitario San Ignacio, Bogotá, Colombia
 - ^b Faculty of Medicine, Pontificia Universidad Javeriana, Bogotá,
- ^c Research Unit, Panamerican League of Rheumatology Associations (PANLAR), Colombia

E-mail address: daniel.fernandez@javeriana.edu.co 2444-4405/© 2021 Asociación Colombiana de Reumatología. Published by Elsevier Espa?a, S.L.U. All rights reserved. https://doi.org/10.1016/j.rcreue.2021.06.005