



COVID-19 Special Edition

COVID-19 and Arthritis: What We Know Now

Hosts: Rebecca Gillett, MS OTR/L and Julie Eller

Guest Speaker: Dr. Kevin Winthrop, MD, MPH

Although the world is starting to emerge from the coronavirus lockdown, worries linger about the threat of the virus and the disease it can cause, COVID-19. That's especially true among those identified as being at higher risk, including people with autoimmune forms of arthritis, those with conditions that can occur with arthritis like obesity or diabetes, and those who take immune-suppressing medications.

In this episode, Dr. Kevin Winthrop gives Rebecca and Julie an update on what is known – and what still is not known – about COVID-19. He explains that most of the research so far is based on those who have been hospitalized – in other words, the sickest cases, But he also says that there is little evidence at this point that people who are immune-compromised are contracting COVID-19 or becoming sicker than those who do not have autoimmune diseases or are not taking immunosuppressants. Based on available evidence, people should not stop their arthritis medications, he says.

Dr. Winthrop also discusses the differences among the types of tests, what they can tell us, what their limitations are, and what research is being done on vaccines.

Kevin Winthrop, MD, MPH, is a professor of infectious disease and ophthalmology at Oregon Health and Science University (OHSU) who also specializes in rheumatology. He was formerly an infectious disease epidemiologist in the division of tuberculosis elimination at the Centers for Disease Control and Prevention (CDC) and has coauthored numerous research papers and academic publications. As a primary and senior investigator in many clinical and epidemiologic studies in these fields, he has collaborated closely with the rheumatology community on the evaluation and prevention of opportunistic infections.

Additional Arthritis Foundation resources:

Learn what you need to know about the new [coronavirus and the disease it causes, COVID-19](#), including more information and insight from Dr. Winthrop.

Listen to [an earlier podcast](#) about the new coronavirus.

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Dr. Winthrop mentioned American College of Rheumatology (ACR) guidelines that he helped to develop as it relates to COVID-19 and arthritis. Read the [COVID-19 Clinical Guidance for Adult Patients with Rheumatic Diseases](#).

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LIVE YES! WITH ARTHRITIS PODCAST
COVID-19 & Arthritis: What We Know Now

[COVID-19 Special Edition](#)

Released June 9, 2020

PODCAST OPEN:

Welcome to Live Yes! With Arthritis, from the Arthritis Foundation. You may have arthritis, but it **doesn't** have you. Here, you'll learn things that can help you improve your life and turn No into Yes. This podcast is part of the Live Yes! Arthritis Network — a growing community of people like you who really care about conquering arthritis once and for all.

This edition is part of a special series on COVID-19 and arthritis, sponsored by Novartis, with updates about the coronavirus and how people are being affected. This special edition was released on June 9th, 2020.

Our hosts are arthritis patients Rebecca and Julie, and they are asking the questions you want answers to. Listen in.

Rebecca Gillett:

Welcome to the Live Yes! With Arthritis podcast. I'm Rebecca, an occupational therapist living with rheumatoid arthritis.

Julie Eller:

And I'm Julie, a JA patient who's passionate about making sure all patients have a voice.

MUSIC BRIDGE

Rebecca Gillett ([00:01](#)):

Julie, it's kind of hard to believe that it's been over two months since we did our first coronavirus and arthritis episode. It kind of feels like time has gone by fast yet still super slow at the same time.

Julie Eller ([00:17](#)):

I was describing it the other day as this prolonged fight or flight response where time is moving so swiftly and things are changing incredibly rapidly, but also all of my days are exactly the same (laughing).

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Rebecca Gillett ([00:31](#)):

Yeah. It's like a repeat of Groundhog Day (laughing).

Julie Eller ([00:34](#)):

That's right. It's Groundhog Day over and over and over again and I just, I keep thinking that that rapid change is related to how much we have learned since we first or started talking about COVID-19, right? When we started this out, we just didn't really know that much and today we are gonna have someone who is a leading expert in infectious disease, who's gonna give us an update on what we do know now about COVID-19 specifically for those of us living with a form of arthritis.

Rebecca Gillett ([01:06](#)):

We are so glad to have Dr. Kevin Winthrop as our guest today to give us the latest information of what we do know on COVID-19.

Julie Eller ([05:58](#)):

Dr. Kevin Winthrop is a professor at Oregon Health and Science University specializing in infectious disease and rheumatology. He served as a former infectious disease epidemiologist in the division of tuberculosis elimination at the US Centers For Disease Control and Prevention, and coauthored over 200 publications. As a primary and senior investigator in many clinical and epidemiologic studies in these fields, he has collaborated closely with the rheumatology community and the evaluation and prevention of opportunistic infections.

Rebecca Gillett ([06:36](#)):

Thank you so much Dr. Winthrop. We know how busy you are. So we're gonna cut to the chase and just get right to our questions.

Dr. Kevin Winthrop ([06:46](#)):

You bet. Thanks Rebecca.

Rebecca Gillett ([06:48](#)):

So we know that you're involved in a lot of things going on right now related to COVID-19. Can you tell us briefly what you're working on on the front lines for research?

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Dr. Kevin Winthrop ([07:00](#)):

there's a lot going on obviously and, and everyone's um, working really hard I think in, in sometimes different areas of, of combating this pandemic. Um, myself, I, I have been mostly involved in some of the, the new studies that are coming out to address COVID. so I'm familiar with a lot of those potential therapies and helping run, um, some of the studies where we give oversight to the, so the safety aspects of those studies globally or, or within us. So I've, I've been very busy 'cause (laughing) there's a lot-

Rebecca Gillett ([07:59](#)):

Yes.

Dr. Kevin Winthrop ([08:00](#)):

... there's a lot of studies going on, which is great and there's a lot of studies starting and things that are uh, on their way to um, being started very shortly. hopefully some of these therapies will, will pan out and be helpful for people. So ...

Julie Eller ([08:22](#)):

Well, Dr. Winthrop, that sounds like you are in a whirlwind of learning, can you shed any light on who is truly most at risk for COVID-19 and do we know anything about why?

Dr. Kevin Winthrop ([08:38](#)):

obviously a lot of the studies are, uh, initially came out of China and then, um, subsequently Italy and now, now here. a lot of the studies are studies of hospitalized patients and you know, looking at their characteristics and reporting some of it descriptively, um, you know, the percentage of [comares 00:09:06] and, you know, just what did these people look look like, who have done poorly.

Dr. Kevin Winthrop ([09:41](#)):

we know that that advanced age is really probably the most important risk factor. obesity is, is obviously a risk factor. Uh, and there seems to be other comorbidities, heart disease and hypertension, you know, those get reporting quite a bit and they, there are a large percentage of those people in the hospital, severe or critical COVID, um, and we have those characteristics.

Dr. Kevin Winthrop ([10:27](#)):

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If you end up with severe disease, i.e, What is your risk of death? You know, people with underlying lung disease or hypertension, uh, you know, and cardiovascular disease are less able to um, probably survive that experience on a ventilator than, than other people, people that are obese are harder to ventilate. So, I mean a lot of these things probably are risk factors for death if you end up, um, in a critical situation.

Dr. Kevin Winthrop ([11:08](#)):

but we just don't know yet.

Rebecca Gillett ([11:11](#)):

So as far as people with auto immune diseases, what goes wrong in the immune system and uh, how does that affect the risk for infection? So explaining how DMARDs and biologics can control the immune system-

Julie Eller:

Can you give a definition of what they are?

Rebecca Gillett:

basically it's medications that we use to treat arthritis at its source. So, it stands for Disease Modifying Anti-Rheumatic Drugs. So when you hear that term, that's what that means.

Dr. Kevin Winthrop ([11:25](#)):

Sure.

Rebecca Gillett ([11:26](#)):

... but how that can affect the risk of an infection.

Dr. Kevin Winthrop ([11:29](#)):

I think all of us were very worried initially that, geez, we have all these patients on these, uh, immunosuppressives, they're gonna be at higher risk. the good news is we haven't necessarily seen that play out. Um, the bad news is we kinda still don't know yet.

Dr. Kevin Winthrop ([12:09](#)):

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we're all struck by the same thing. The, the positive, you know, the, the few reports that there are of people on these therapies with underlying autoimmune disease that have done, um, they're poorly, they're certainly out there. Some of these people have died, some of these people have been hospitalized. But the percentages of those people, uh, from those large hospital based experiences I mentioned, uh, the percentage of those people on immunosuppressives or with autoimmune disease seems, seems to be pretty low and probably lower than what we'd expect.

Dr. Kevin Winthrop ([12:39](#)):

maybe these people aren't at higher risk. Um, you know, alternatively it may be that none of these types of people have left their houses for the last eight weeks because (laughing)-

Rebecca Gillett ([12:55](#)):

True.

Dr. Kevin Winthrop ([12:56](#)):

... because they've been so scared. And so maybe the risk of being infected is lower simply because they're being more, more cautious about how they, they live.

Julie Eller ([13:19](#)):

I think you really painted a, a broad picture about how it feels to live with autoimmune conditions and be in this space and luckily that we're not seeing those, those upticks. there are still many patients who are questioning what the best thing to do is when it comes to staying on their medications for inflammatory types of arthritis. Like those DMARDS, like those biologics when it comes to rheumatoid arthritis or lupus. Could you comment on that a little bit?

Dr. Kevin Winthrop ([14:31](#)):

it's not just a quick soundbite answer, it's a (laughing) it's a full day of, uh, thinking about each drug and each disease, and thinking about what we know and what we don't know and what the theory would be. But I think in general, I could just say, you know, across the autoimmune diseases, there's no question that the people who have optimal disease control, i.e low disease activity or remission, their immune systems work better and they are lower risk for infection. And that, that's true of every autoimmune disease I can think of.

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Dr. Kevin Winthrop ([15:06](#)):

that in itself is protective against infection, probably also COVID, viral infections, uh, outside of a few viruses like herpes zoster and a few other things primarily, which are reactivations latent viruses, things that we already have. You know, there's not a lot of great data, uh, with regard to the viral infections or viral respiratory infections in general in terms of which drugs predispose to that, which diseases might predispose to that, uh, in terms of auto immune disease.

Dr. Kevin Winthrop ([15:42](#)):

it's a hard thing to study in real world data and population-based data. It's even a hard thing to study in clinical trials because a lot of times viral illness we just don't capture, we don't diagnose it.

Dr. Kevin Winthrop ([16:15](#)):

some of the, the drugs that I mentioned in, in their mechanisms of action may be, uh, protective in the face of this infection simply because, patients who are dying from this are dying because of cytokine storm, just an overactive, inflammatory response. And that's part of the picture. Um, so not, not the whole picture, but part of the picture. So there is an idea that, you know, if you tame that down, at least in certain ways, maybe that's protected. So that's the hypothesis under study with the number of these trials that's ongoing.

Rebecca Gillett ([16:55](#)):

you hear a lot of people saying, "Oh, well I don't know if I want to maintain my, my rheumatoid arthritis treatment or my lupus treatment," whatever biological mom. Um, it's important, more important for us to maintain our treatment to have low disease activity.

Dr. Kevin Winthrop ([17:19](#)):

Yeah, absolutely. I think most of the time people are keeping their therapies going as they're supposed to, um, unless they've been exposed to COVID or they have symptoms of COVID and those case, you know, uh, certainly we're, we're, we're meaning, um, myself and (laughing), my, me and myself and I, uh-

Rebecca Gillett ([17:57](#)):

(laughs).

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Dr. Kevin Winthrop ([17:59](#)):

I think in general that the, the guidance has been pretty uniform, right? I was part of the ACR, uh, guidelines or task force committee that recently put out some interim, very interim guidelines, uh, around this. But I mean clearly patients who are, uh, in general who have an active infection of any kind, we generally, you know, recommend stopping, uh, or, or holding your current therapy until you've, your infection is resolved.

Dr. Kevin Winthrop ([18:25](#)):

And for the most part, that's the way we're, we're still articulating the idea. in the ACR document, we really all felt pretty strongly that you shouldn't be changing your, your DMARDs because then you risk disease flare and you know, disease flare means prednisone and other things. I don't think anyone should, should go off their DMARDs, um, unless they've been exposed to COVID or there, uh, was symptoms of a suspect.

MUSIC BRIDGE

PROMO:

Now more than ever, managing your arthritis is extra challenging as we *continue to distance ourselves while cautiously reopening*. We want to understand how COVID-19 is impacting you, so we can help make a difference. 88% of those with arthritis say they feel anxiety and fear these days. Do you agree? Go to [arthritis dot org slash insights](https://www.arthritis.org/insights) and speak out.

Julie Eller ([19:15](#)):

We've talked a lot about DMARDs and biologics and we've heard a lot about them in the news lately as you know, potential treatments for COVID-19. I wonder if you could share a little bit about why these types of treatments might be considered for COVID-19 and, and what we should be thinking about it.

Dr. Kevin Winthrop ([19:35](#)):

a lot of the, the more morbidity associated with COVID seems to be an over- overactive, uh, inflammatory response. And, and the idea would be that if you can prevent that from happening or

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team it down once it happens, that that would then be protective. I think any of the current, currently approved therapies for rheumatoid arthritis for example, have theoretical grounds, uh, for being useful. So, um, we'll just have to see how that, how that plays out.

Rebecca Gillett ([20:31](#)):

so I'm on these, is that giving me a layer of protection? We didn't have an answer to that two months ago. I'm sure we still don't, but that's, that's a big question that hangs over my head.

Rebecca Gillett ([20:57](#)):

... I'm, I'm on methotrexate. And so, um, if they're using some of the, the drugs that they use to treat, uh, some of these anti- uh, some of the-

Dr. Kevin Winthrop ([21:07](#)):

Right.

Rebecca Gillett ([21:07](#)):

... drugs they use for inflammatory types of arthritis, if they're using it to treat COVID, is that somewhat protecting me if I am on it?

Dr. Kevin Winthrop ([21:13](#)):

Yeah, that's a great question. Boy, I wish I had an answer to that.

Rebecca Gillett ([21:17](#)):

(laughing) I figured we didn't have one yet.

Dr. Kevin Winthrop ([21:19](#)):

This is my gut feeling. We, we've seen this with other infections, like usually bacterial infections 'cause some of these drugs increase your risk of getting them. Um, I mean there was a classic study a few years ago with, with from the RABBIT Registry in Germany and you know, they showed that, you know, people on TNF blockers are more likely to get a serious infection. But then if you look at people in the hospital with serious infections, you know, the ones who got them while on a TNF blocker were less likely to progress to sepsis.

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Dr. Kevin Winthrop ([21:57](#)):

So it, it may be that, you know, some of these things, uh, might either not affect your risk of getting it or maybe slightly increase your risk of getting it, but once you've got it, maybe it's, uh, maybe you're better off, if that (laughing) if that makes sense.

Rebecca Gillett ([22:13](#)):

Yeah.

Dr. Kevin Winthrop ([22:13](#)):

I mean, that would be my hypothesis that I would love to test with all of these drugs.

Rebecca Gillett ([22:17](#)):

Right.

Rebecca Gillett ([22:33](#)):

So there's a lot of talk about testing right now. Um, can you talk about the difference between testing for COVID-19 versus the antibodies testing that we're hearing more and more about?

Dr. Kevin Winthrop ([22:57](#)):

It is the wild west of testing right now. Um, there are lots of, uh, institutions doing their own tests. There's national laboratories with their tests. There's, uh, public health agencies, um, that, who are using CVCs tests. I mean, there's lots of different tests for both, um, looking for presence of virus.

Dr. Kevin Winthrop ([23:44](#)):

The characteristics of the test vary. I mean, we know that there can be false negatives and you know, um, the rate of those false negatives probably varies according to the tests. A lot of these tests are not necessarily FDA approved yet. it's a bit of a guessing game. And I guess even more of a guessing game are the antibody tests because these are blood based, based tests.

Dr. Kevin Winthrop ([24:21](#)):

The sensitivity and specificity, you know, the accuracy of these tests really, um, is unknown. I mean, there's, there's people that, there's fake tests out there.

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Rebecca Gillett ([25:04](#)):

Right.

Dr. Kevin Winthrop ([25:04](#)):

So I think in the next, you know, one to two months, we're gonna have more of those tests that are officially approved by FDA or they've, they've submitted their data in terms of their test characteristics. We know what their sensitivity and specificity is, so we'll understand how to use them better

Dr. Kevin Winthrop ([25:43](#)):

So I think what you're going to end up seeing in the next one to two months is that there, there will be better understanding of which tests, uh, should be used. Um, you'll see more people combining both tests, um, you know, a swab and the blood test-

Rebecca Gillett ([26:15](#)):

Oh.

Dr. Kevin Winthrop ([26:16](#)):

... uh, as, as more testing capacity is developed.

Rebecca Gillett ([26:24](#)):

are these gonna be live vaccines that people with autoimmune disease won't be able to even take?

Dr. Kevin Winthrop ([26:39](#)):

The last time I looked, which was last week, there was like 73 candidates out there.

Rebecca Gillett ([26:51](#)):

Wow.

Dr. Kevin Winthrop ([26:52](#)):

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I don't have any clue what's gonna emerge, um, at the end of that pipeline of 73 candidates. There's probably more candidates now than there were last week (laughing), but, but I have seen that there, there's a variety of things and processors, a number of phase one trials going. Um, so I, I think, you know, it's, it's a race.

Dr. Kevin Winthrop ([27:37](#)):

I suspect that we'll have vaccines that work. I think vaccine researchers will come up with, um, a vaccine that works and there maybe several vaccines, um, and then they're likely to be rejuvenated, meaning, you know, there's, you give things that help with, uh, immune response.

Dr. Kevin Winthrop ([28:08](#)):

I suspect it'll at least be a year or so.

Rebecca Gillett ([28:21](#)):

Okay. Well, thank you so much.

Julie Eller ([28:24](#)):

Yeah. Dr. Winthrop, thank you so much for taking your time to be with us today. We know you have to get back to patients. So we'll let you go and we really appreciate all of the insight that you've shared with us today to help us understand what we've learned that's different from what we started out with and that one when we were first tackling this thing. So thank you very much.

Dr. Kevin Winthrop ([28:42](#)):

Alright guys, stay safe. Thanks.

Rebecca Gillett ([28:44](#)):

Thanks, you too.

Dr. Kevin Winthrop ([28:45](#)):

Cheers.

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Rebecca Gillett:

We really appreciate Dr. Winthrop's time, and since it was cut short, we had one question we really wanted to be able to ask. Thankfully, Dr. Winthrop answered us via email when he had time. If I have contracted COVID-19 and recovered from it, is there a risk of reinfection? Is there a chance I could get it again? And he responded by email. And, Julie, what was his answer?

Julie Eller:

Well, he said there's so much we still don't know. And what we talked about in all of our conversation, we've learned a lot in the two months we've been tackling COVID-19, and we'll continue to learn a lot. We don't know the answer to this particular question. But, we know that there is evidence that the antibodies that you would have after contracting COVID-19 are protective. We just don't know how fully they'll be protective and for how long that protection will last. So, stay vigilant. Wear that mask, wash your hands and keep doing what you're doing to stay safe at home.

MUSIC BRIDGE

PROMO

We want to hear from you about topics you'd like us to cover in future Live Yes! With Arthritis podcasts. And tell us how we're doing! Go to [arthritis dot org slash live yes podcast](https://arthritis.org/live-yes-podcast). Just scroll down to the big green block at the bottom of the page and click "get started" to start the survey. That's [arthritis dot org slash live yes podcast](https://arthritis.org/live-yes-podcast).

Rebecca Gillett ([29:07](#)):

... the biggest takeaway that I think we know differently from, from last episode with Dr. Michael George is that yes, stay on your medication please.

Rebecca Gillett ([29:19](#)):

The lower disease activity, the better off we are when we have arthritis. We w- we don't want to have a lot of inflammation in our body in general because that just predisposes us to any type of infection.

Julie Eller ([37:54](#)):

But if you have been exposed to someone with coronavirus or you think you might be getting sick, it's very important to talk with your doctor. Go see your rheumatologist, talk to your physician, make sure you use telemedicine, don't forget to manage your care

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Julie Eller ([29:32](#)):

Yeah. Maintain that course of care. also maintain your adherence to seeing your doctor and pursuing that care. You don't have to do it in person. Um, but utilizing telemedicine and some of those other options out there, uh, it's more than ever important to have your questions answered and to really connect with the doctor who can give you your personalized, uh, endorsement of continuing your medications and continuing on that way. Um, what else? What else did you take away?

Rebecca Gillett ([30:12](#)):

Well, I think the other thing that I would take away from, uh, Dr. Winthrop's knowledge is that there really is still a lot we don't know. Right?

Julie Eller ([30:20](#)):

Yeah.

Rebecca Gillett ([30:20](#)):

Um, we do know that yes, we have that answer, stay on your medication, but-

Julie Eller ([30:25](#)):

Mm-hmm (affirmative).

Rebecca Gillett ([30:26](#)):

... what we don't know, as the country starts to reopen and people start going back to work, um, there's still a lot of unknown factors. So all of that, uh, all of us have been practicing social distancing-

Julie Eller ([30:39](#)):

(laughing).

Rebecca Gillett ([30:39](#)):

... and physical distancing and washing our hands frequently and disinfecting and sanitizing. And I think that's just our way of life now.

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Julie Eller ([30:47](#)):

That's right.

Rebecca Gillett ([30:48](#)):

You know, we k- we kept talking about this new normal. Well, and when things go back to normal, I don't think that happens for a while. I feel like we have to continue to be vigilant while, um, we still don't know and until these vaccines, uh, actually get developed. There's going to be hope for us to have something no matter what conditions we have,

Julie Eller ([31:33](#)):

That's right.

Rebecca Gillett ([31:41](#)):

We have to stay the course and continue to, to be safe even as difficult as it is to, to continue to stay home and do all these-

Julie Eller ([31:51](#)):

Mm-hmm (affirmative).

Rebecca Gillett ([31:51](#)):

... extra steps when we go grocery shopping or when we go out and about to wear a mask. I'm totally fine with it (laughing).

Julie Eller ([31:58](#)):

Yea, that's right. One of my top takeaways from Dr. Winthrop was when he shared that we would have anticipated that people with autoimmune disease would contract this disease at a greater rate, that they would have more severe cases. But whether it's the fact that we are already practicing these good behaviors and washing our hands and we know what it's like to live in an immuno-suppressed state, whatever it is that we, our community are doing, we've gotta keep it up.

Rebecca Gillett ([34:11](#)):

People with arthritis are trained athletes-

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Julie Eller ([34:16](#)):

(laughing).

Rebecca Gillett ([34:16](#)):

... and being vigilant in doing, um, self care and good hygiene so that-

Julie Eller ([34:22](#)):

That's right.

Rebecca Gillett ([34:22](#)):

... we can protect ourselves every flu and cold season.

Julie Eller ([34:25](#)):

Mm-hmm (affirmative).

Rebecca Gillett ([34:33](#)):

It's been a long marathon for some of us.

Julie Eller ([34:37](#)):

That's right.

Julie Eller ([35:22](#)):

Gold badges for everybody who is staying home. Thank you. Keep it up. And I know we didn't get to all of the questions that we would have liked you today with Dr. Winthrop's limited time 'cause he's literally on the front line seeing patients right now as we speak. So if you have questions that you continue to want answers to, one of the best places to go to find the answers is [arthritis.org/cares](https://www.arthritis.org/cares) where we have up to date information that changes and becomes more up to date (laughing) every single day, um, related to arthritis and coronavirus.

Rebecca Gillett ([35:58](#)):

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Yeah, and you can also go onto our [Live Yes! Arthritis Network online community](#). We have some hot topics discussions in there. There is a coronavirus and arthritis one as well as one, um, uh, on mental health and a whole bunch of topics that you can ask some questions and get them answered by some leading experts.

Rebecca Gillett ([36:20](#)):

... connect with others and get some questions answered. So thanks for joining us.

Julie Eller ([36:33](#)):

Thanks so much.

MUSIC BRIDGE

PODCAST CLOSING:

This Live Yes! With Arthritis podcast is part of a special four-episode series on COVID 19 & Arthritis, brought to you by the trusted experts of the Arthritis Foundation. We're bringing together leaders in the arthritis community to help you make a difference in your own life in ways that make sense. You may have arthritis, but it **doesn't** have you.

The Arthritis Foundation would like to thank Novartis for sponsoring this special series. Go to [arthritis dot org slash live yes podcast](#) for episodes and show notes. And stay in touch!

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