Rheumatoid arthritis patients were admitted more frequently: (9/392 (2.3%) vs 10/1276 (0.8%); $p < 0.025$. And were older: median 62y (SD 13.5) vs 50.0y (SD 14.4); $p < 0.001$.

Patients treated with anti-TNF suffered less admissions: 6/1055 (0.6%) vs 13/613 (2.1%); $p < 0.001$ and were younger: median 51.0y (SD 15.0) vs 55.0y (SD 14.7); $p < 0.001$. Anti-TNF were less used in patients with rheumatoid arthritis 188/392 (48.0%) vs 867/1276 (67.9%); $p < 0.001$.

Table 1.

Disease	N (%)	Admitted	deaths
Rheumatoid arthritis	392 (23.5%)	9/392 (2.3%)	1
Spondylarthritis	277 (16.6%)	2/277 (0.7%)	1
Psoriatic arthritis	124 (7.4%)	1/124 (0.8%)	0
JIA	30 (1.8%)	0/30 (0.0%)	0
CTD	31 (1.9%)	1/31 (3.2%)	1
Vasculitis	20 (1.2%)	0/20 (0.0%)	0
IBD	582 (34.9%)	4/578 (0.7%)	1
Psoriasis	202 (12.1%)	2/202 (1.0%)	0
Others	10 (0.6%)	0/10 (0.0%)	0
TOTAL	1,668 (100%)	19/1668 (1.1%)	4/19 (21.1%)

JIA: Juvenile Idiopathic Arthritis; CTD: Connective Tissue Disease; IBD: Inflammatory Bowel Disease

Table 2.

Treatment	N (%)	Admitted	deaths
Anti-TNF	1055 (63.2%)	6/1055 (0.6%)	2
Anti-CD20	79 (4.7%)	3/79 (3.8%)	1
Anti-IL6	96 (5.8%)	3/96 (3.1%)	0
CTLA4-Ig	44 (2.6%)	3/44 (6.8%)	1
Anti-IL17	92 (5.5%)	2/92 (2.2%)	0
Anti-IL12/23	143 (8.6%)	1/143 (0.7%)	0
Anti-integrin	79 (4.7%)	0/79 (0.0%)	0
JAK inhibitor	34 (2.0%)	1/34 (2.9%)	0
PDE4 inhibitor	32 (1.9%)	0/32 (0.0%)	0
Anti-IL23	14 (0.8%)	0/14 (0.0%)	0
TOTAL	1,668 (100%)	19/1668 (1.1%)	4/19 (21.1%)

Conclusion: It seems reasonable that patients with inflammatory diseases treated with bDMARD or tsDMARD continue their treatment during the COVID19 epidemic. The different rates of hospitalization based on the diagnosis or DMARD may be due to comorbidity, confounding by indication and other bias. The study is not powerful enough to study these confounders.

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OLDER AGE, CARDIOVASCULAR COMORBIDITY AND GLUCOCORTICOSTEROIDS ARE RISK FACTORS FOR COVID-19 HOSPITALISATION IN PATIENTS WITH INFLAMMATORY RHEUMATIC DISEASES: FIRST RESULTS OF THE GERMAN COVID-19-IRD REGISTRY

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Background: Patients with inflammatory rheumatic diseases (IRD) and infection with SARS-CoV-2 may be at risk to develop a severe course of COVID-19. To gather knowledge about SARS-CoV-2 infections in IRD patients, a national registry was established to elucidate IRD specific profiles of COVID-19.

Objectives: To identify risk factors for hospitalisation.

Methods: Patients from the German registry on SARS-CoV-2 infection in IRD were analysed. Patients are enrolled with a pre-existing IRD and a positive lab-result for a SARS-CoV-2 infection. The main outcome parameter was hospitalisation versus non-hospitalisation. Multivariable logistic regression was used to estimate odds ratios (OR) and 95% confidence intervals (CI). Covariates included in the model were age group, gender, key comorbidities (cardiovascular, lung diseases, chronic renal insufficiency), prior and/or current use of glucocorticosteroids (GC) or NSAIDs and remission.

Results: Until May 17th, 2020, data from 192 IRD patients with SARS-CoV-2 infection were reported (67 males; 124 females; 1 diverse). 64 patients were hospitalised, 21 patients were ventilated non-invasively/invasively and 15 patients died.

Baseline characteristics are shown in table 1, stratified into the patient groups non-hospitalisation, hospitalisation without ventilation, and hospitalisation with ventilation. Non-hospitalised patients were younger, had less comorbidities and were less often treated with GC. In the group of hospitalised patients compared to non-hospitalised patients more patients were male (42% vs 32% male) with an even higher proportion in the ventilated patient group (57% male).

In the multivariable logistic regression model, age > 65 years (OR 5.1; 95%CI 2.3-11.4), cardiovascular comorbidity (OR 2.3; 95%CI 1.0-5.0), and prior and/or current treatment with GC (OR 2.6; 95%CI 1.2-5.4) were independently associated with hospitalisation.

Parameter, N (%)	Non-hospitalisation 128 (66.7)	Hosp. without ventilation 42 (22.4)	Hosp. with ventilation 21 (10.9)
Age [years], mean (SD)	53.8 (13.4)	65.2 (15.5)	69.7 (9.9)
Female	87 (68.5)	28 (65.1)	9 (42.9)
RA	60 (46.9)	24 (55.8)	12 (57.1)
Psoriasis	23 (18)	3 (7)	3 (14.3)
Axial spondyloarthritis	14 (10.9)	2 (4.7)	0
Lupus	7 (5.5)	1 (2.3)	0
Remission of IRD	67 (52.3)	23 (53.5)	4 (19)
Number of comorbidities, mean (SD)	1 (1.2)	1.8 (1.4)	2.4 (1.5)
Cardiovascular disease	42 (32.8)	25 (58.1)	16 (76.2)
Pulmonary disease	16 (12.5)	8 (18.6)	8 (38.1)
Chronic renal insufficiency	5 (3.9)	7 (16.3)	4 (19)
Cancer	2 (1.6)	4 (9.3)	2 (9.5)
Obesity (BMI > 30)	23 (18)	5 (11.6)	3 (14.3)
Diabetes	3 (2.3)	7 (16.3)	4 (19)
Other comorbidities	20 (15.6)	9 (20.9)	6 (28.6)
csDMARD (without HCQ)	59 (46.1)	25 (58.1)	8 (38.1)
HCQ	13 (10.2)	1 (2.3)	2 (9.5)
bDMARD	48 (37.5)	15 (34.9)	8 (38.1)
tsDMARD	5 (3.9)	1 (2.3)	1 (4.8)
Glucocorticosteroids	47 (37)	29 (67.4)	13 (61.9)
NSAIDs	21 (16.4)	5 (11.6)	1 (4.8)

Conclusion: As has been described for COVID-19 in general, also in IRD male gender may be associated with a more severe course of the infection as the descriptive analysis of data shows. Risk factors for SARS-CoV-2 infection-dependent hospitalisation in IRD patients include age (>65 years), cardiovascular comorbidities, and prior and/or current treatment with GC.

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Treating RMD patients in the context of the COVID-19 pandemic - between overburdening and lockdown

C00006

PSYCHOLOGICAL IMPACT OF COVID 19 PANDEMIC ON PATIENTS WITH RHEUMATOLOGICAL DISORDERS - A WEB BASED CROSS-SECTIONAL MULTICENTRE SURVEY

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Background: The COVID-19 pandemic has resulted in uncertainty and negative psychological outcomes for patients with autoimmune rheumatic diseases for several reasons.¹ The anxiety is due to "underlying conditions" that are expected to increase the risk of infection and / or severe complications. Patients with rheumatological disorders fall into this group as they are believed to be immunosuppressed due to disease or the treatment. It is essential to understand the

level of anxiety among the rheumatic disease patients at the current situation of COVID-19.

Objectives: To study difference in Anxiety score (Mean/Avg Score) among following groups-underlying rheumatic disease, age, gender, marital status, educational status, employment status, medications, those who were on steroids/not, those who are Biologicals / Not.

Methods: A web-based cross-sectional multi-centre survey was done across 5 rheumatology centres in India. The study duration was between 9th May and 16th May 2020. The questionnaire included consent, demographic details, medication history, opinion about tele rheumatology services and anxiety score measured by Beck Anxiety Inventory (BAI)².

Results: The survey was sent to 2987 patients, there were 933 responses and 581 were complete (Male =175). Complete responses were considered for data analysis. Most respondents were less than 50 years of age (70.6%). Rheumatoid arthritis (RA) was the most frequent (50.6%) diagnosis followed by other conditions. Most of the patients (43%) were on combination DMARD therapy, 12.7% of patients were on biological drugs and 23.9% of patients were on glucocorticoids. Statistically significant higher anxiety scores were observed in females, patients suffering from fibromyalgia, patients on glucocorticoids and biological agents. There was no difference in the anxiety scores with regard to age, educational status, and employment status. Difficulty in meeting rheumatologists and getting medications was expressed by 327 (56.2%) and 73 (29.7%) respondents respectively. Majority of respondents (86.6 %) agreed/strongly agreed regarding use of telemedicine to access health care during the crisis.

Conclusion: The findings of the study revealed that anxiety is a major concern in patients with autoimmune rheumatic diseases. Fibromyalgia patients and those who were on glucocorticoids and biological drugs were found to have more anxiety levels compared to other groups of patients. In such periods of public health crises, telemedicine is a great tool for patients to access health-care without fear of going to hospital. There is a need to intensify the awareness and address the mental health issues of rheumatology patients during this COVID-19 pandemic.

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