

Background: The SARS-CoV-2 pandemic has directly impacted the psychological and physical health of individuals worldwide, as well as the global economy. Food insecurity rates have risen especially in vulnerable countries like Mexico. Furthermore, social isolation and economic uncertainty have multiplied depression and anxiety disorders. Pregnant and postpartum women are particularly vulnerable to food insecurity, increased stress, depression, and anxiety.

Objectives: The aim of this study is to determine the perception of food insecurity (FI) and perceived stress in pregnant and postpartum women with rheumatic disease during the SARS-CoV-2 pandemic.

Methods: An observational, cross-sectional and descriptive study was conducted. Patients from the pregnancy and rheumatic diseases clinic of the University Hospital "Dr. José E. González" in Northeast Mexico evaluated between August to October 2020 were included. The Spanish validated versions of the Household Food Security Access Scale (HFIAS) and the Perceived Stress Scale (PSS-10) were applied by telephonic interview. The WHO recommendations were employed to determine the appropriate intake for each food group in a week. The Kolmogorov-Smirnov test was used to determine normality of the data. The Spearman correlation coefficient and the Kruskal-Wallis test were used for statistical analysis.

Results: A total of 29 women were included. Six (20.6%) women were found to have moderate or severe degrees of food insecurity. In addition, 12 (40.30%) perceived moderate and severe levels of stress in the PSS-10. No relationship was found between food insecurity and perceived stress ($p=0.059$). The food groups that exceeded the recommended weekly frequency were oils and sugars exceeded 3.9 and 2.9 frequencies, respectively.

Conclusion: We found that 20.6% women suffered household food insecurity and 40.3% suffered moderate and severe levels of stress. No relationship was found between food insecurity with the HIFAS scale and perceived stress measures with the PSS-10. We found that oils and sugars exceeded more by the double of the recommended frequency per week.

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Table 1. Socio-demographic characteristics and scale results.

Age, years, mean (SD)	27.5 (7.03)
Diagnosis, n (%)	
RA	16 (55.1)
SLE	7 (24.4)
Others	6 (20.6)
Results per scales	
HFIAS, n (%)	
No risk	13 (44.8)
Mild	10 (34.4)
Moderated	3 (10.3)
Severe	3 (10.3)
EPP-10, n (%)	
Mild	17 (58.6)
Moderated	9 (31.0)
Severe	3 (10.3)

SD: standard deviation, RA: Rheumatoid arthritis, SLE: Systemic lupus erythematosus, HFIAS: Household food security access component scale, EPP-10: Perceived stress scale 10 items.

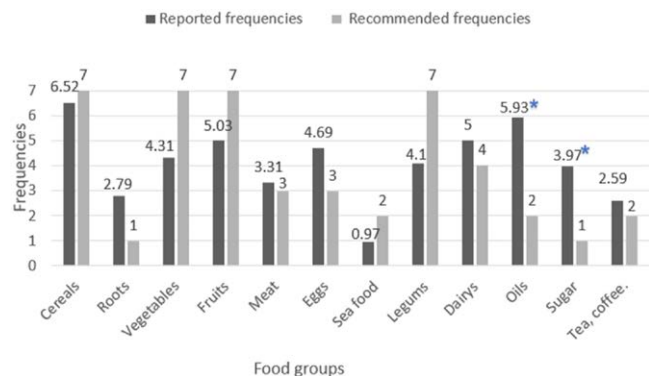


Figure 1. Comparison between frequencies reported and recommended.
*Intake significantly higher.

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AB0658 FEAR OF COVID-19 IN POSTPARTUM WOMEN WITH RHEUMATIC DISEASE

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Background: In Mexico, the SARS-CoV-2 pandemic has totaled almost two million cases and exceeded 150,000 deaths (29/01/2021). Currently, COVID-19 has become the leading cause of death in pregnant women in Mexico. COVID-19 has additionally impacted the psychological health of individuals including women with rheumatic diseases.

Objectives: The aim of this study is to compare the Fear of COVID-19 Scale (FCV-19S) in postpartum women with and without autoimmune rheumatic diseases.

Methods: A cross-sectional, descriptive, and comparative study was conducted. The Spanish FCV-19S version was applied by telephone or e-mail. The instrument consists of seven items, each with a five-point Likert scale of options. The participant must choose the options that best represent their perception about the statements presented. The maximum possible total is 35 points. Sociodemographic information was collected from the clinical charts. The Kolmogorov-Smirnov test was used to determine normality of the data. Statistical analysis was done using the Mann-Whitney U test.

Results: Forty-four postpartum women were included (22 from the Pregnancy and Rheumatic Diseases Clinic and 22 from the Obstetrics Department, both groups from the University Hospital "Dr. José E. González in Monterrey, México). The mean level of fear found in women with rheumatic disease was 16 (6.6) points versus 14 (4.6) points in the non-rheumatic patients group. No significant difference was found between groups ($p=0.65$). Regarding the rheumatic diseases group, women in the category of other diagnoses (that included Sjögren's Syndrome, antiphospholipid syndrome, and dermatomyositis) had a greater mean FCV-19S score (20.2), than patients with systemic lupus erythematosus (17.3) and rheumatoid arthritis (15.4).

Conclusion: Women with postpartum rheumatic disease had a higher FCV-19S score than postpartum women without rheumatic diseases, although this difference was not statistically significant.

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Table 1. Sociodemographic data

	Women with rheumatic diseases N= 22	Women without rheumatic diseases N= 22	$p=$
Age, years, mean, (SD)	28 (6.8)	23 (5.0)	0.65
Occupation, n (%)			
Housewife	14 (63.6)	18 (81.8)	
Employee	5 (22.7)	3 (13.6)	
Other	3 (13.6)	1 (4.5)	
Education level, n (%)			0.28
Middle school	10 (45.45)	16 (72.72)	
High School	8 (36.36)	5 (22.72)	
College	4 (18.18)	1 (4.54)	
Rheumatic diagnosis, n(%)			
Rheumatoid arthritis	9 (40.9)		
Systemic lupus erythematosus	8 (36.6)		
Others (SS, APS, DM)	5 (22.7)		

SS: Sjögren's syndrome, APS: antiphospholipid syndrome, DM: dermatomyositis

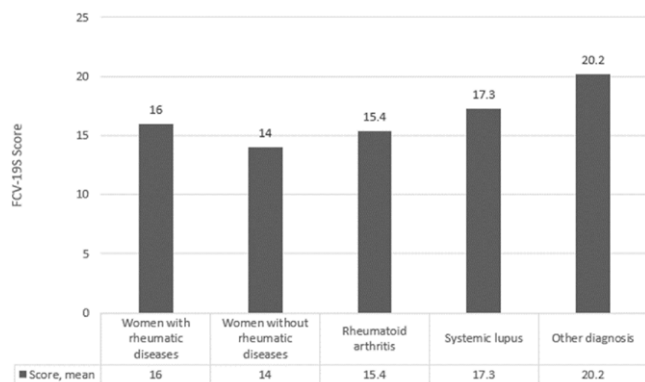


Figure 1. FCV-19S total scores per groups

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AB0659

THE LOCKDOWN REPERCUSSION ON THE RHEUMATOLOGIST'S LIFE

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Background: We have just experienced an exceptional period of time and it seemed interesting to know what this particular time of isolation in a population of rheumatologists has brought about

Objectives: To analyze what the doctor felt in his personal and professional life as a result of the crisis. To determine the reactions, feelings and attitudes that may have emerged during these weeks of confinement.

Methods: 38 private practice rheumatologists from the Ile-de-France region, average age 63 yo, 58% male (M). 13 questions, 9 appendices, ranking of the most frequently cited reactions

Results: 3 feelings stand out: anger 71-84%, fear of being contaminated and of transmitting M 91/F 69%, concern about an unknown pandemic M 86/F69%.

Anger at the indifference to the exposure of doctors in the city 84%, the unpreparedness of the authorities M 95/F 62%, the mortality in EHPAD (Nursing homes) 81%, the media cacophony 79%, the hidden reality 71%.

On a personal level, according to 61%, the Rh is not anxious about the world after, has no psychological repercussions (sleep, melancholy, etc.) 58% and his degree of commitment was guilt-free 55%.

Professionally: perplexity in the face of the contradictions of experts and scientific journals 79%, wide acceptance of constraints in the practice (10h/d mask wearing, 92%, spaced reception of patients 95%, education of barrier gestures 97%), adaptation of the exercise (teleconsultation, telephone consultation) 78%, fear of abandoning treatment or diagnostic delay M82/F62%, financial arrangements necessary M86/F53%.

For M: worries about the pandemic, anger and uncertainty about what will happen next predominate in this order. For F, anger (untruths and lack of means) is the main feeling. Anger, fear and uncertainty are the most frequently cited feelings

Conclusion: The Rh at the end of this period of confinement is worried M>F and anger especially in front of the sanitary unpreparedness M>F. On a personal level the private life has been little affected F>M and he has been able to adapt professionally. Nevertheless, the de-confinement has not been a banal return to normal 63% M= F.

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AB0660

COVID-19 SHARES CLINICAL FEATURES WITH ANTI-MELANOMA DIFFERENTIATION ASSOCIATED PROTEIN 5 POSITIVE DERMATOMYOSITIS AND ADULT STILL'S DISEASE

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Background: The coronavirus disease 2019 (COVID-19), caused by a novel corona virus named SARS-CoV-2, has emerged as a global pandemic. Severe inflammatory process is one of main pathogenesis of COVID-19 and this involves cytokine storm along with overactivation of macrophage. On another front, cytokine storm with macrophage activation is frequently observed in various connective tissue diseases including dermatomyositis with positive antimelanoma differentiation-associated protein 5 (anti-MDA5) autoantibodies and adult Still's disease. Macrophage activation during inflammatory states is partially characterized by an increased serum ferritin levels and hyperferritinaemia and characteristics shared by the three diseases are a topic of interest to rheumatologists, however, no study has evaluated anti-MDA5-positive dermatomyositis and adult Still's disease in comparison to COVID-19.

Objectives: The aim of this study was to highlight the homology and heterogeneity of COVID-19, anti-MDA5 dermatomyositis, and adult Still's disease by comparing clinical pictures of each disease in order to discuss their respective pathogeneses.

Methods: We reviewed consecutive, newly diagnosed, untreated patients with COVID-19, anti-MDA5 dermatomyositis, or adult Still's disease. We compared their clinical, laboratory, and radiological characteristics, including the prevalence of macrophage activation syndrome and lung involvement in each disease.

Results: The numbers of patients with COVID-19, anti-MDA5 dermatomyositis, and adult-onset Still's disease with hyperferritinaemia (serum ferritin \geq 500ng/dL) who were included for main analysis were 22, 14, and 59, respectively. COVID-19 and adult Still's disease both featured hyperinflammatory status, such as high fever and elevated serum C-reactive protein, whereas COVID-19 and anti-MDA5 dermatomyositis both presented with severe interstitial lung disease and hypoxaemia. While two-thirds of the patients in each group met the criteria for macrophage-activated syndrome that is used in systemic juvenile idiopathic arthritis, the HScore, an indicator of haemophagocytic lymphohistiocytosis, was low in anti-MDA5 dermatomyositis and COVID-19 even in severe or critical cases. The findings of chest computed tomography were similar between COVID-19 and anti-MDA5 dermatomyositis (Figure 1).

Conclusion: COVID-19 shared clinical features with rheumatic diseases characterized by hyperferritinaemia, including anti-MDA5 dermatomyositis and adult Still's disease. These findings should be investigated further in order to shed light on the pathogenesis of not only COVID-19 but also the aforementioned rheumatic diseases.

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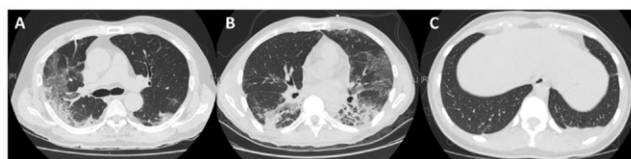


Figure 1. Imaging characteristics of chest CT scans in patients with COVID-19, anti-MDA5 dermatomyositis, and adult Still's disease A) Bilateral ground-glass and consolidative opacities with peripheral distribution in COVID-19. B) Bilateral ground-glass opacities with peripheral consolidations in anti-MDA5 dermatomyositis. C) Pleural effusion with pleural thickening on the left side in adult Still's disease.

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