Figure 1. FCV-19S total scores per groups

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AB0659

THE LOCKDOWN REPERCUSSION ON THE RHEUMATOLOGIST'S LIFE

P. Lemesle¹, L. Poulain², X. Grapton³, N. Bouhedja² on behalf of CREER.

¹Hospital of Courbevoie, Clinique Rives de Seine, Courbevoie, France; ²La Garenne-Colombes, Private practice, La Garenne-Colombes, France; ³Neuilly-sur-Seine, Private practice, Neuilly-sur-Seine, France

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

Y. Kondo¹, Y. Kaneko¹, H. Takei¹, H. Tamai¹, T. Takeuchi¹. ¹Keio University, Division of Rheumatology, Shinjuku City, Japan

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 anti-melanoma 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 $\geq 500\text{ng/dL}$) 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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