healthcare professionals performing surgical procedures on the joints of COVID-19 patients are exposed to a risk of contagion due to exposure to respiratory droplets, blood and body fluids, but not to direct exposure to joint- or bone-related tissues. Furthermore, given that some case reports of arthritis in COVID-19 patients⁵⁻⁸ show that it is possible that COVID-19 patients display viral-mediated arthralgias and arthritis, the absence of the virus in the knee highlighted by our study suggests that it is unlikely that SARS-CoV-2 has a direct inflammatory action on the joint, but it could induce an inflammation-related reaction, manifesting as a reactive arthritis⁹.

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AB0672

PSYCHOLOGIC STATE OF PATIENTS WITH RHEUMATIC DISEASES AFTER THE OUTBREAK OF SARS-COV2

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Background: The ongoing Coronavirus-19 disease epidemic is a public health emergency of international concern which could pose a challenge to psychological resilience. This is mainly the case of patients with rheumatic diseases (RD). **Objectives:** The aim of this study was to establish the prevalence of psychiatric symptoms in patients with RD and to identify factors associated with psychological stress.

Methods: A cross-sectional study was conducted among patients with RD. They were invited to respond to a survey designed to assess their psychological response after the outbreak of the SARS-COV2 pandemic. Mental health status after the Covid-19 was evaluated using the Depression and Anxiety Scale (DASS-21). The total depression subscale score was divided into normal (0–9), mild depression (10–12), moderate depression (13–20), severe depression (21–27), and extremely severe depression (28–42). The total anxiety subscale score was divided into normal (0–6), mild anxiety (7–9), moderate anxiety (10–14), severe anxiety (15–19), and extremely severe anxiety (20–42). The Impact of Event Scale-Revised (IES-R) is a 22-item self-administered questionnaire that assesses the post-traumatic state (PTS). A cut-off point of 33 provided the best diagnostic accuracy for PTS. The level of significance was fixed at 0.05.

Results: Sixty patients were included (42 with rheumatoid arthritis and 18 with spondylarthritis) with a mean age of 51.3 ± 13.1 years [18–75]. The majority of patients were women (63.3%), married (81.7%), with a household size of 3–5 people (67.9%). The mean disease duration was 11.9 ± 5.6 [1–23] years.

According to DASS depression score almost half of the patients (47%) suffered from depression, which was classified as severe in 10% of cases. The mean DASS anxiety subscale was 12.6 ± 8.2 [1–35]. The level of anxiety was mild in 23% of cases, moderate in 25% of cases, and severe in 23.3% of cases. The mean ILES-R score was 20.4 ± 10.2 [20–38]. Women experienced more PTS than men (26.3% vs 22.7%) without reaching a statistically significant correlation ($p=0.9$). Patients with higher education had lower IES-R, depression, and anxiety subscale scores as compared to those who were illiterate without a statistically

significant correlation ($p=0.5$, $p=0.2$, $p=0.4$ respectively). A positive correlation was found between anxiety score and IES-R ($p=0.00$). Other sociodemographic variables including disease duration, parental status, marital status, and household size were not associated with IES-R and DASS subscale scores ($p>0.05$).

Conclusion: Our study showed that many of our patients with RD experienced anxiety, depression, and PTS after the outbreak of Covid-19. Professional status as well as other sociodemographic data was not associated with psychological stress.

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AB0673

THE ROUTINE HEALTH CARE OF PATIENTS WITH RHEUMATIC DISEASES DURING THE PANDEMIC OF COVID-19

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Background: The coronavirus pandemic poses a great threat to patients with rheumatic diseases (RD). Because of the state of immunodepression, they are perceived as vulnerable and at high risk of contracting the virus. This may lead to a delay in the health care routine.

Objectives: The aim of our study was to assess the routine of patients with rheumatic diseases in the era of covid-19.

Methods: We conducted a prospective study after the outbreak of Covid-19 including patients with RD: rheumatoid arthritis (RA) and Spondylarthritis (SpA). All of them were invited to answer a questionnaire about adherence to protective measures, health services, hospital visits, treatment modalities, as well as the level of satisfaction with the medical support or information received for COVID-19. We also evaluated the post-traumatic state (PTS) with the Impact of Event Scale-Revised (IES-R). A cut-off point fixed at 33 provided the best diagnostic accuracy for PTS. The level of significance was fixed at 0.05.

Results: The study included 60 patients with a female predominance (sex ratio=1.7). The mean age was 51.3 ± 13.1 years [18–75] and the mean disease duration was 11.9 ± 5.6 [1–23] years. Forty-two patients had RA and 18 patients had SpA. The majority of respondents were women (63.3%), married (81.7%), with a household size of 3–5 people (67.9%). The mean DASS depression and anxiety subscale was 9.5 ± 7.6 [2–32] and 12.6 ± 8.2 [1–35] respectively. PTS was found in 25% of cases. Twenty-two patients stopped working in the second outbreak. The adherence to protective measures was as follows: compliance with lock-down (92.5%), adherence to stay home warnings (82%), wearing masks (96.3%), social distancing (68%), and washing hands immediately after sneezing (59.3%). Information was mainly sourced from both social media and the Internet in 78.2% of cases. Most of the patients were satisfied with the information provided and only 5 demanded more information about vaccination protocol. Of the patients having direct contact with a person affected with Covid-19 (20%), seven patients experienced symptoms. Three patients were diagnosed with SARS-COV2 and three other patients were hospitalized because of flares. The majority of the respondents (98.2%) had confidence in their own doctors' ability to recognize Covid-19. The majority of patients (91%) were afraid of getting sick and 83.1% feared stigma and discrimination after the infection. Fifty patients did attend their consultation appointment and 13.3% had a phone consultation. About a third of patients (26.7%) of patients experienced a delay in treatment. A positive correlation was found between marital status and the fear of other family members getting Covid-19 ($p=0.029$). Patients who did not consult experienced more PTS and severe anxiety than those who did not delay hospital visits ($p=0.07$, $p=0.04$ respectively).

Conclusion: Our study showed that during the outbreak of Covid-19, patients with RD exhibited a high level of protection towards the virus. Despite these precautionary measures, a delay in hospital routine was observed.

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AB0674

RAPID ADOPTION OF TELEMEDICINE IN RHEUMATOLOGY TRAINING: RESULTS FROM THE COVID-19 GLOBAL RHEUMATOLOGY ALLIANCE TRAINEE SURVEY

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Background: The COVID-19 pandemic led to a rapid increase in remote consultations in rheumatology care. Due to the potential impact of this change on rheumatology clinical training, we investigated trainees' experiences with telemedicine.

Objectives: To assess the impact of telemedicine use during the COVID-19 pandemic on rheumatology training, including supervision.

Methods: A voluntary, anonymous web-based survey was administered in English, Spanish, or French from 19/08/2020 to 05/10/2020. Adult and paediatric rheumatology trainees worldwide in training in 2020 were invited to participate via social media and email. Using multiple choice questions, Likert scales, and free text answers, we collected data regarding prior and current telemedicine use, training, and supervision.

Results: 302 respondents from 33 countries completed the survey, with most (83%, 252/302) in adult rheumatology training. Reported use of telemedicine increased from 13% (39/302) pre-pandemic to 82% (247/302) (Table 1). European trainees predominantly utilised audio-only compared to trainees from the rest of the world (ROW) who predominantly utilised audio-video telemedicine. Most trainees continued to evaluate new patients using telemedicine (65%, 161/247). A larger proportion of trainees were comfortable using telemedicine to evaluate follow-up (69% 170/247) versus new patients (25%, 41/161) (Figure 1). Only 32% (97/302) were trained in telemedicine, with the highest proportion among United States (US) trainees (59%, 69/116); subjects included software, clinical skills, and billing. The majority of trainees found this helpful (92%, 89/97). Supervision was most frequently in the form of verbal discussion after the consultation (Table 1); 24% (59/247) had no telemedicine supervision during the pandemic. In general, trainees found telemedicine negatively impacted their supervision (51%, 123/242) and clinical teaching quality (70%, 171/244); only 9% reported a positive impact on these areas.

Conclusion: Adoption of telemedicine during the COVID-19 pandemic has led to areas of concern for rheumatology trainees including inadequate supervision and clinical teaching. Our results suggest a need for education on evaluation of new patients using telemedicine, increasing telemedicine training, and ensuring adequate supervisory arrangements.

Table 1. Telemedicine use, supervision, and training by region. Data is presented as n (%). Rest of the world (ROW) data includes Asia (50), Central and South America (23), Canada (12), Australia (8), and Africa (4).

		Europe n = 89	US n = 116	ROW n = 97	Combined n = 302
Telemedicine use	Pre-pandemic	15 (17)	9 (8)	15 (15)	39 (13)
	During pandemic	64 (72)	112 (97)	71 (73)	247 (82)
Telemedicine modality	Audio-only	14 (93)	3 (33)	8 (53)	25 (64)
	Audio-video	1 (7)	7 (78)	7 (47)	15 (38)
pre-pandemic					
Telemedicine modality	Audio-only	56 (88)	47 (42)	51 (72)	154 (62)
	Audio-video	7 (11)	100 (89)	29 (41)	136 (55)
Supervision	Real-time observation (part of visit)	0 (0)	4 (44)	3 (20)	7 (18)
pre-pandemic					
	Real-time observation (full visit)	0 (0)	2 (22)	2 (13)	4 (10)
	Verbal discussion after	8 (53)	3 (33)	7 (47)	18 (46)
	Written communication after	0 (0)	0 (0)	1 (7)	1 (3)
	None	7 (47)	2 (22)	5 (33)	14 (36)
Supervision during pandemic	Real-time observation (part of visit)	2 (3)	54 (48)	15 (21)	71 (29)
	Real-time observation (full visit)	3 (5)	32 (29)	8 (11)	43 (17)
	Verbal discussion after	32 (50)	65 (58)	28 (39)	125 (51)
	Written communication after	7 (11)	15 (13)	9 (13)	31 (13)
	None	28 (44)	9 (8)	22 (31)	59 (24)

Figure 1. Rheumatology trainee comfort levels in using telemedicine during the pandemic.

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AB0675

COUNTRY COMPARISON ON THE IMPACT OF THE COVID-19 PANDEMIC ON PATIENTS WITH RHEUMATIC DISEASES. RESULTS FROM THE REUMAVID STUDY (PHASE 1)

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Background: The COVID-19 pandemic has impacted every aspect of life of European patients with rheumatic and musculoskeletal diseases (RMDs).

Objectives: The aim is to evaluate country differences on the impact of the first wave of the COVID-19 pandemic on life habits, healthcare access, health status, mental health and wellbeing in European patients with RMDs.

Methods: REUMAVID is an international collaboration led by the Health & Territory Research group at the University of Seville, together with a multidisciplinary team including patient organisations and rheumatologists. This cross-sectional study consisting of an online survey gathering data from patients with a diagnosis of 15 RMDs in Cyprus, France, Greece, Italy, Portugal, Spain, and the United Kingdom. Participants were recruited by patient organisations (April-July 2020). The Kruskal-Wallis and χ^2 tests were used to analyse differences between countries and independent variables.

Results: 1,800 patients participated in the first wave of the COVID-19 pandemic (REUMAVID). 37.8% of Spanish patients increased their smoking consumption