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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 during pandemic	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)

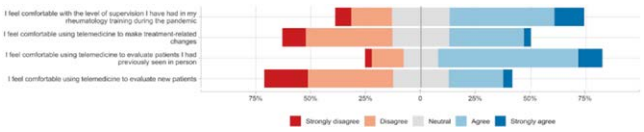

Figure 1. Rheumatology trainee comfort levels in using telemedicine during the pandemic.

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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

during the pandemic followed by Cyprus (32.1%) and Portugal (31.0%), while alcohol consumption was higher in the UK (36.3%) and France (27.0%). 82.3% of patients in Spain unable to attend their appointment with their rheumatologist, either due to cancellations or other personal reasons. Access to primary care was most limited in Portugal and Italy, where only 45.0% and 51.6% got access. 61.9% in Italy and 53.3% in Spain experienced a worsening of their health during the pandemic. 68.5% in Spain and 67.8% in Portugal were at risk of anxiety. The highest proportion at risk of depression was found in Greece (55.4%), Cyprus (55.1%), and Italy (54.8%). 66.9% of patients in Spain reported poor wellbeing, compared to 23.8% in Italy and 30.1% in Portugal (Table 1).

Conclusion: The first wave of the pandemic and the related containment measures heterogeneously affected patients with RMDs across European countries, who overall increased harmful habits, experienced more difficulties in accessing healthcare and, reported poor mental health and well-being.

Table 1. Bivariate analysis between European countries (N=1,800, unless specified)

	Mean ± SD or n (%)						
	UK n: 558	Spain n: 464	France n: 229	Greece n: 57	Cyprus n: 101	Italy n: 127	Portugal n: 264
- Inflammatory arthritis[1]	509 (91.2)	402 (86.6)	147 (64.2)	33 (57.9)	57 (56.4)	89 (70.1)	120 (45.5)
- Fibromyalgia	53 (9.5)	14 (3.0)	26 (11.4)	14 (24.6)	28 (27.7)	53 (41.7)	124 (47.0)
- Connective tissue disease[2]	36 (6.5)	15 (3.2)	13 (5.7)	25 (43.9)	33 (32.7)	30 (23.6)	61 (23.1)
- Osteoarthritis	140 (25.1)	29 (6.3)	102 (44.5)	0 (0.0)	8 (7.9)	15 (11.8)	13 (4.9)
- Osteoporosis	50 (9.0)	3 (0.6)	20 (8.7)	2 (3.5)	9 (8.9)	18 (14.2)	12 (4.5)
- Vasculitis[3]	9 (1.6)	1 (0.2)	6 (2.6)	3 (5.3)	3 (3.0)	5 (3.9)	9 (3.4)
- Sapho (only France)			15 (6.6)				
Smoking, More than before. N= 556	16 (10.3)	48 (37.8)	22 (24.7)	8 (23.5)	9 (32.1)	8 (20.5)	26 (31.0)
Alcohol consumption, More than before. N= 1,085	99 (36.3)	48 (10.3)	27 (27.0)	4 (7.0)	4 (4.0)	4 (13.3)	11 (18.3)
Unable to meet rheumatologist. N= 722	83 (48.8)	186 (82.3)	27 (30.3)	18 (64.3)	22 (51.2)	9 (31.0)	77 (56.2)
Access to primary care. N= 689	87 (76.3)	65 (67.7)	32 (76.2)	14 (60.9)	17 (60.7)	65 (51.6)	117 (45.0)
Change in health status, Much worse or worse. N=1,786	214 (38.4)	245 (53.3)	98 (43.0)	24 (42.9)	38 (38.4)	78 (61.9)	135 (51.9)
WHO-5. Poor well-being (≤50). N= 1,777	292 (52.5)	303 (66.9)	100 (43.9)	21 (37.5)	46 (46.5)	30 (23.8)	78 (30.1)
Risk of anxiety. N= 1,769	241 (43.6)	309 (68.5)	118 (52.0)	31 (55.4)	61 (62.2)	78 (61.9)	175 (67.8)
Risk of depression. N= 1,769	186 (33.6)	232 (51.4)	101 (44.5)	31 (55.4)	54 (55.1)	69 (54.8)	138 (53.8)

Note: all relations were significant at the 0.001 level. [1]Including: Axial Spondyloarthritis, Rheumatoid Arthritis, Psoriatic Arthritis, Juvenile Idiopathic Arthritis, Gout and Peripheral Spondyloarthritis; [2]Including: Systemic Lupus Erythematosus, Sjögren's Syndrome, Systemic Sclerosis and Myositis; [3]Including: Polymyalgia Rheumatic and Vasculitis or Arteritis.

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AB0676

FEARS AND HOPES DURING THE COVID-19 PANDEMIC IN PATIENTS WITH RHEUMATIC DISEASES. RESULTS FROM THE REUMAVID STUDY (PHASE 1)

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Background: The first wave of the COVID-19 pandemic led to a rapidly evolving global crisis characterized by major uncertainty.

Objectives: The objective is to assess COVID-19-related fears and hopes in patients with rheumatic and musculoskeletal diseases (RMDs) during the first wave of the pandemic.

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 1,800 patients with a diagnosis of 15 RMDs recruited by patient organisations in Cyprus, France, Greece, Italy, Portugal, Spain and, the United Kingdom. Data are collected in two phases, the first phase between April and July 2020, the second in 2021. Participants rated a series of fears (infection, medication consequences, lack of medication, impact on healthcare, job loss, civil disorder) on a Likert scale from zero ("no concern at all") to five ("extremely concerned") and their hopes (treatment/vaccine availability, going outside, travel, economic situation, treatment continuation, health status) on a Likert scale from zero ("not hopeful at all") to five ("extremely hopeful"). The Mann-Whitney and Kruskal-Wallis tests were used to analyse the different fears and hopes according to socio-demographics characteristics, disease and health status.

Results: 1,800 patients participated in the first phase of REUMAVID. The most frequent RMDs group was inflammatory arthritis (75.4%), the mean age was 52.6 years and 80.1% were female. The most important fear for patients was the impact of the COVID-19 pandemic on healthcare (3.1 out of 5), particularly for those younger in age (3.0 vs 3.2, p=0.004), female gender (3.2 vs 2. 9 of men, p=0.003), experiencing greater pain (3.1 vs 2.8, p=0.007), with higher risk of anxiety (3.3 vs 2.9 of without anxiety, p<0.001) and depression (3.3 vs 2.9 without depression, p<0.001). The possible impact of anti-rheumatic medication and the development of severe disease if they became infected with COVID-19,was mostly feared (2.8 out of 5), by those receiving biological therapy (3.1 vs 2.5 not biological therapy, p<0.001) or those with underlying anxiety (2.9 vs 2.6 without anxiety, p=0.007). The risk of contracting COVID-19 due to their condition (2.8 out of 5), was especially feared by those with vasculitis (3.2 out of 5), who were female (2.9 vs 2.5, p<0.001), using biologics (2. 9 vs 2.7 of no use, p=0.003), in greater pain (2.8 vs 2.4, p<0.001), with a risk of anxiety (3.0 vs 2.6 without anxiety, p=0.004), and risk of depression (3.0 vs 2.6 without depression, p<0.001). The major hopes were to be able to continue with their treatment as usual (3.7 out of 5), particularly for those taking biologics (3.8 vs 3.6 not taking, p=0.026), those with a better well-being (3.8 vs 3.6 with worse well-being, p=0.021), without anxiety (3.8 vs 3.6 at risk, p=0.004) and without depression (3.8 vs 3.6 at risk,