pandemic. Furthermore, despite fewer patients presenting with DVT symptoms to the ADOC, there appears to be a higher incidence of confirmed DVTs in ambulatory patients during COVID-19.

Although there is a strong association inferred between COVID-19 and VTE [3], lack of access to SARS-CoV-2 nasal swab testing of patients attending ADOC for VTE assessment was a limiting factor to establish an association in this study. Because of this, we cannot extrapolate a definite association in patients with mild to moderate COVID-19 illness in the community and DVT.

What we postulate is perhaps the higher incidence in the 2020 cohort could be a marker for a mild case of asymptomatic COVID-19 in these patients. Currently there is no guidance as to whether point of care testing should be available in ADOC. We wonder whether a point of care COVID-19 testing of these patients would have positive impact on the rate at which COVID-19 is identified in the community. Furthermore patients have been avoiding hospitals during the pandemic, greater testing should help to reassure and encourage them to seek help earlier during their illness, minimising potential complications such as PE, hospital admission and death.

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AB0688

SEVERITY OF COVID-19 INFECTION IN RHEUMATIC IMMUNE-MEDIATED INFLAMMATORY DISEASES. STUDY IN A SINGLE UNIVERSITY HOSPITAL

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Background: Immune-mediated inflammatory diseases (IMID) may have a global increased risk of infections due to the disease itself, and/or immunosuppressive therapy. The severity and characteristics of COVID-19 in patients with rheumatic IMID (R-IMID) remain unknown.

Objectives: To analyze the severity of COVID-19 infection in R-IMID.

Methods: Cross-sectional study in a single University Hospital. We included all consecutive patients with a diagnosis of a R-IMID and a positive test for COVID-19 up to November 6th, 2020. Confirmed infection was defined if the patient had a positive nasopharyngeal swab for SARS-CoV-2.

Medical records of 11,199 patients with COVID-19 in our region, and 6891 with R-IMID from our hospital were reviewed.

COVID-19 case severity was divided into mild, moderate, severe and critical according to the United States National Institute of Health (NIH) COVID-19 guidelines (1). Mild/moderate COVID19 was compared with critical.

Results: We included 147 patients (96 women/51 men), mean age 60±18 years. Most cases were mild to moderate (n=123, 83.7%), 30 of them (20.4%) were asymptomatic. The remaining patients presented severe (n=5, 3.4%) or critical (n=19, 12.9%) disease (Table 1). Fatal outcome occurred in 12 patients (8.2%).

More frequent underlying R-IMID were Rheumatoid Arthritis (n=36; 24.5%), Psoriatic Arthritis (n=30; 20.4%), axial spondyloarthritis (n=24; 16.3%), connectivopathies (n=19; 12.9%), polymyalgia rheumatica (n=16; 10.9%) and vasculitis (n=9; 6.1%) (Figure 1).

Main comorbidities were hypertension (n=65, 44.2%), dyslipidemia (n=64, 43.5%), age higher than 65 years old (n=55, 37.4%), obesity (n=35, 23.8%), coronary vascular disease (CVD) (n=27, 18.4%) and diabetes mellitus (n=22, 15%).

Comorbidities and R-IMID associated with critical disease (p<0.05) were hypertension, age higher than 65 years, CVD and Polymyalgia Rheumatica. Critical compared with mild/moderate disease showed significantly higher levels of creatinine and D-dimer, and lower level of lymphocytes and platelets (Table 1) and received more frequently systemic glucocorticoids. Tocilizumab and Anakinra were used only in critical patients, 2 cases each.

Conclusion: Although most cases are mild, COVID-19 can be a severe life threatening disease in patients with R-IMID. Hypertension, older age, CVD and polymyalgia rheumatica were associated with critical disease.

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Table 1. Clinical severity of 147 with R-IMID diagnosed with COVID-19, (analytical findings and Immunosuppressants are at COVID diagnosis)

	Overall N= 147	Mild/Moderate N= 123	Severe N= 5	Critical N= 19	Mild/moderate vs critical; p
Analytical findings (mean±SD)					
Creatinine (mg/dl)	1.04±1.14	1.27±0.65	1.18±0.47	1.35±0.61	0.001*
Platelets (x10 ³ /μL)	206 ±93	226 ± 95	154 ±87	159 ±62	0.01*
Lymphocytes (x10 ³ /μL)	1.11±0.65	1.27±0.65	0.8±0.29	0.71±0.5	0.001*
D-Dimer (ng/mL)	1162±1356	915±986	782±483	1947±2024	0.026*
Immunosuppressants, n(%)					
Oral GC	38 (25.9)	32 (26)	0	5 (26.3)	0.8
HCQ	25 (17)	23 (18.7)	0	2 (10.5)	0.58
MTX/ Other cDMARDs	27 (18.4)/19 (13)	26 (21.1)/18 (14.6)	0/0	1 (5.3)/1 (5.3)	0.18/0.45
TNF inhibitors	13 (8.8)	12 (9.8)	1 (20)	0	0.33
RTX	5 (3.4)	2 (1.6)	1 (20)	2 (10.5)	0.15
Other bDMARDs	13 (8.8)	10 (8.1)	1 (20)	2 (10.5)	0.28
JAKINIB	3 (2)	3 (2.4)	0	0	0.87
COVID-19 therapy, n (%)					
No treatment	94 (64)	88 (71.5)	1 (20)	5 (26.3)	0.0003*
HCQ	37 (25.2)	25 (20.3)	4 (80)	8 (42.1)	0.07
Systemic GC	17 (11.6)	8 (6.5)	1 (20)	8 (42.1)	0.00001*
Antivirals	20 (13.6)	13 (10.6)	0	7 (36.8)	0.07
Anti IL1/IL6 agents	4 (2.7)	0	0	4 (21.1)	0.00001*

GC: Glucocorticoids, HCQ: Hydroxychloroquine, MTX: Methotrexate, RTX: Rituximab

* P < 0.05

Figure 1. Severity of COVID-19 according to underlying R-IMID. Data are number of cases

GCA: Giant cell arteritis, PsA: Psoriatic arthritis, RA: Rheumatoid arthritis, SLE: Systemic lupus erythematosus, SpA: Axial spondyloarthritis, SSC: Systemic sclerosis.

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AB0689

INCIDENCE AND SEVERITY OF COVID-19 IN PATIENTS WITH SPONDYLOARTHRITIS IN ARGENTINA: EXPERIENCE IN A COUNTRY WITH STRICT ISOLATION

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Background: There are limited data worldwide on the behavior of SARS-CoV-2 in patients with Spondyloarthritis (SpA).

Objectives: To describe the incidence and severity of COVID-19 disease in patients with SpA in Argentina.

Methods: Patients with axial spondyloarthritis (AxSpA) radiological (EA) and non-radiological (AxSpA-nr) and peripheral spondyloarthritis (according to ASAS criteria) and psoriatic arthritis (PsA) (according to CASPAR criteria) were included. Sociodemographic data, comorbidities, disease activity and treatments were collected at baseline. The patients were followed up by phone or in person monthly. Data were collected from 1/4/2020 to 9/20/2020. Descriptive statistics were performed with mean and standard deviation (SD) and median and quartile 25-75 according to distribution, and the cumulative incidence (AI) of the disease was calculated.

Results: 320 patients were included, of which 55% were male, with a mean age of 50 SD 13, 21.6% had a diagnosis of AS, 6.9% SpAax-nr, 6.9% SpAp, and 64.7% PsA, BASDAI 3.65 (3), BASFI 3 (1.5-9), PASI 0.3 (0-7), BSA 0.2 (0-6). Fourteen patients with a diagnosis of COVID-19 (4.4%) were reported, of which 10 diagnoses were by positive PCR and 4 by positive symptoms and close contact. 93% (13) of the cases were patients from the Province of Buenos and CABA and 1 patient from Santiago del Estero. The total IA for the country was 0.04. Of the 14 patients with COVID-19, 7 (50%) were men, 4 had a diagnosis of AS, 1 of SpAax-nr, 9 (64.3%) PsA. 100% live in urban areas, 2 (14%) have hypertension, 1 (7%) DBT, 1 (7%) COPD, 2 (14%) depression or anxiety, 11(97%) had received influenza vaccine 2020, 13 (93%), Antineumococic 23, 14 (100%) Antineumococic 13. Regarding the treatments: 4 (28.6%) were in treatment with anti TNF (3 with Adalimumab, 1 with certolizumab pegol), 4 (28.6%) with Anti IL17 (3 with Secukinumab, 1 with Ixekizumab), 8 (57%) with methotrexate and 2 (14%) with Leflunomide. Place of follow-up of the disease: 10 (71.4%) at home, 3 (21.4%) in the common room and 1 (7) in the intensive care unit. Treatments received for COVID-19: 1 (7%) antiretroviral, 1 (7%) antibiotic and 1 (7%) steroids. None of the patients died from COVID-19.

Conclusion: An incidence of 4.4% of COVID-19 was found in this population with SpA and most of the patients had mild symptoms and no deaths were reported.

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AB0690

HOW DID COVID-19 AFFECT PATIENTS WITH RHEUMATIC AND MUSCULOSKELETAL DISEASES TREATED WITH DMARDS – EXPERIENCE FROM A ROMANIAN RHEUMATOLOGY HOSPITAL

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Background: Certainly, the year 2020 changed the healthcare system due to SARS-CoV2 pandemic that affected globally, more than 100 million people, causing more than 2 million of deaths worldwide. The evidence of how this infection impact patients with rheumatic and musculoskeletal diseases treated with disease modifying anti-rheumatic drugs is still an unmet need.

Objectives: The main focus of this study is to evaluate the influence of DMARDs therapy on the evolution of COVID-19 disease in patients with RMDs. The second objective is to study and find correlations between the severity of infection in patients with rheumatic diseases.

Methods: A retrospective observational study was conducted between June 2020 and January 2021, enrolling 81 patients with rheumatic diseases that went through SARS-CoV2 infection. The data was collected using patients' clinical documents and through telemedicine, in accordance with EULAR COVID-19 Rheumatological Database.

Results: Among the 81 patients, 53 (65,43%) were females and 28 (34,56%) were males. The mean age was 47,9 years old (49,49 years old for females and 45,25 years old for males). The majority lives in urban areas – 62 patients (76,54%).

The temporal trends of COVID-19 observed in this cohort was in consonance with the evolution of the pandemic in Romania: one third of cases were recorded between June and October 2020 and two-thirds between November 2020 and January 2021, when the number of COVID-19 cases tripled in the general population.

Surprisingly, more than 27% of patients in this study were asymptomatic at the time of COVID-19 diagnosis. They were tested according to the protocol before admission to the hospital. 9,8% of patients also asymptomatic, were tested positive as a screening before leaving the country. The majority (45,6%) were symptomatic or contact with someone infected with SARS-CoV2-and tested positive with RT-PCR.

We divided the cohort in 3 groups: patients with mild infection that required no hospitalization (22 patients counting for 27,16%), moderate infection – hospitalization but not in the Intensive Care Unit (52 patients – 64,19%) and severe infection – admission to the ICU/deaths (7 patients in the ICU, 4 deaths – 4,9%).

Mild and moderate COVID 19 disease was identified in patients with axial spondyloarthritis (56,7%), with remission or with low disease activity, with a few or no comorbidities, with a mean age of 47,56 years old and also in patients in treatment with MTX (14,86%) or TNF alpha inhibitors (35,13%). 51% of patients stopped the therapy during COVID19 diseases.

Factors correlated with severe infection and death were age (the mean age was 62,14), high and moderate disease activity RA, overlap syndromes (RA with SLE or Sjogren Syndrome) and important cardiovascular comorbidities. Two of the deceased patients were in treatment with MTX and RTX (the last infusion was more than 6 months).

Conclusion: The data in our study suggests that the use of cs DMARDs (MTX) and TNF alpha inhibitors is associated with better outcomes for patients with RMDs and COVID-19. These results are in accordance with the data found in literature [1,2,3]. The limitation of this study is the little number of patients and the fact that the real number of COVID-19 cases might be higher in reality due to asymptomatic or pauci-symptomatic patients.

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