practice was inferior to 5 years in 59.3%, between 5 and 10 years in 18.5%, and superior to 10 years in 22.2% of cases. Sixty-three percent of rheumatologists reported that their activity decreased during covid-19 pandemic. NSAIDs prescription was avoided in many cases.

The participants indicated NSAIDs less frequently in 33.3% of cases, and as much as before the pandemic in one-quarter of cases. Rheumatologists believed that NSAIDs worsen the respiratory symptoms (67%), delay recovery (55%), and increase mortality (48%), hospitalization in intensive care (44%), and infectious complications (33%). The participants suggested that the most incriminated NSAIDs were: ibuprofen (74%), indomethacin (74%), celecoxib (74%), and diclofenac (34%). The majority of rheumatologists (74%) believed that all NSAIDs had a similar risk.

For patients with osteoarthritis, rheumatologists replaced NSAIDs with paracetamol and corticoids in 78% and 11% of cases, respectively. If mandatory, reducing NSAIDs doses or duration was an option in 22% and 74% of cases. For patients with RA, half of rheumatologists did not change the treatment. However, the participants limited the use of NSAIDs or discontinued the treatment in patients with comorbidities. More than 60% of rheumatologists didn't know the effect of NSAIDs in the post-covid-19 syndrome.

Conclusion: Covid-19 pandemic has affected rheumatologists’ practice. Rheumatic disease management during this pandemic may be challenging. More evidence is mandatory to standardize treatment prescription, especially with NSAIDs.

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PATTERN OF COVID-19 IN PATIENTS WITH RHEUMATIC DISEASES UNDERGOING BIOLOGICAL THERAPY: A COHORT EXPERIENCE

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Background: Despite emerging vaccines, the world is in the midst of a coronavirus disease 2019 (COVID-19) pandemic. Outcomes of SARS-CoV2 infection remain a major concern in patients with rheumatic and musculoskeletal diseases, especially for those with uncontrolled disease.

Objectives: We aimed to investigate trends and outcomes of COVID-19 occurring in patients with chronic inflammatory rheumatic conditions treated with biologics and targeted synthetic disease modifying antirheumatic drugs (bDMARDs, tsDMARDs).

Methods: We included all confirmed cases of COVID-19 regardless of severity in patients with rheumatoid arthritis (RA), ankylosing spondylitis (AS) and psoriatic arthritis (PsA) undergoing bDMARDs or tsDMARDs treatment registered in our local COVID-19 reporting database. We collected relevant information about comorbidities, rheumatologic-related clinical activity (RAPIDS, SDAI, BASDAI, DAPSA), type of DMARD and glucocorticoid use, as well as COVID-19 related data as severity ( ranging from asymptomatic to life-threatening forms), medication, hospitalization, intensive care unit admission, invasive mechanical ventilation and death.

We did a subgroup analysis among patients with a specific rheumatologic diagnosis, among different class of medication, patients who were or not hospitalized with COVID-19 looking how age, comorbidities, type of rheumatic condition and treatments impact COVID outcomes.

Results: 40 COVID-19 cases (positive PCR for SARS-CoV2) (4.67%) were identified during the 6-month study period among 855 patients registered in our database of patients under biologic treatment, including 20 RA, 18 SpA, 2 PsA patients. The majority were in either low disease activity or remission, only two patients had active uncontrolled disease at the onset of coronavirus infection. 16 cases (40%) were asymptomatic and were tested RT-PCR-positive during routine follow-ups for their disease, 13 cases (32.5%) had mild and 8 cases (20%) moderate illness; severe pneumonia and critical disease with acute respiratory distress syndrome were reported in only 3 cases, 2 recovered after; the only patients who died was 69 years old, had cardiac disease, hypertension and diabetes, had undertaken regular rituximab perfusion one month before coronavirus infection and developed pulmonary embolism followed by septic shock. Extreme fatigue was the dominant COVID-19 associated symptom apart from fever, cough, shortness of breath, sore throat, nasal congestion, headache, anosmia and ageusia myalgias and anorexia.

No specific pattern for patients requiring intensive care unit admission.

Conclusion: The COVID-19 infection rate in patients with inflammatory rheumatic disorders receiving biologics and tsDMARDs is pretty low; although immunosuppressed, these patients seem not to be at risk for severe COVID-19 illness and death. These findings might reflect a potential protective role of certain biologics and/or JAK inhibitors for development and severity of COVID-19 in patients.
Background: Because of the inflammation boosting cytokines, Coronavirus disease 2019 (COVID-19) has demonstrated thrombotic consequences that have increased its morbidity and mortality. There is evidence that mechanisms that contribute to thrombosis in COVID-19 patients are similar to those in anti-phospholipid syndrome (aPS). In fact, there is a possibility that anti-phospholipid autoantibodies (aPLs) might impulse thrombosis in patients with COVID-19, as aPL syndrome (aPS). In fact, there is a possibility that anti-phospholipid autoantibodies (aPLs) might impulse thrombosis in patients with COVID-19, as literature suggests.

Objectives: The aim of our study was to evaluate the anti-phospholipid autoantibody titre in patients with COVID-19 during and after the infection.

Methods: This is an observational study which included 71 patients with a recent COVID-19 up to 4 weeks after. Every patient was completed with an antibody titre for IgG and IgM anti-cardiolipin (ACA) and lupus anticoagulant (LAC) autoantibodies (aPLs) might impulse thrombosis in patients with COVID-19, as literature suggests.

Results: After gathering and analysing the data, it was estimated that 21 patients (29.6%) were positive for at least one type of aPL antibody: 12 patients were found positive for lupus anticoagulant autoantibodies (57.1%), 6 patients were antibody positive for LAC and ACA (28.6%), and 3 patients were positive for anti-cardiolipin autoantibodies (14.3%). Seven patients were IgM positive for any aPL (33.3%), 6 patients were found to have positive IgM and IgG (28.6%) and 8 patients had only IgG antibodies (38.1%).

Conclusion: From this study it was observed that a significant proportion of patients with recent COVID-19 infection had positive anti-phospholipid autoantibodies, compared to the general population prevalence. This suggests that the impact of aPLs in COVID-19 might be of great importance. It should be carefully evaluated in order to better understand the mechanisms of thrombotic complications.

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