A significant association was noted between educational status and, religious beliefs ($p=0.001$), lack of trust in the pharmaceutical laboratories ($p=0.007$), fear that the vaccine would make RA worse ($p=0.008$) or interact with other treatments ($p=0.022$), and presumed overprice of vaccine ($p<0.001$).

Conclusion: Most of RA patients expressed their unwillingness to get vaccinated against covid-19. Doubts about the vaccine's efficiency and security and religious beliefs were the main reasons for this choice.

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AB0699

RETROSPECTIVE ANALYSIS OF 52 SARS-COV2 POSITIVE PATIENTS WITH INFLAMMATORY RHEUMATIC DISEASE: A SINGLE CENTER EXPERIENCE

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Background: It is a generally accepted opinion that autoimmune and inflammatory rheumatic diseases or drugs used in the treatment of these conditions increase the risk of infection. During the pandemic period, the follow-up and treatment of patients who were diagnosed with rheumatic disease and used corticosteroid, immunosuppressive, biological or synthetic DMARDs and disease management during sars-cov2 infection still remain a problem.

Objectives: In this study, it was aimed to share the demographic data of 52 patients with inflammatory rheumatic disease diagnosed with SARS-COV2 who were followed up and treated in the Rheumatology Department of Private Doruk Hospital during the SARS-COV2 pandemic. Additionally, it is aimed to examine the primary rheumatological diseases of the patients, their biological and conventional DMARD treatments, their comorbidities and the course of SARS-COV2.

Methods: Fifty-two patients who were diagnosed with SARS-COV2 by PCR method while being followed up and treated in the rheumatology center between May 2020 and November 2020 and get COVID treatment in the same center were included in the study. All patients diagnosed with SARS-COV2 and required hospitalization were hospitalized in the same center and followed up and treated. The files and electronic records of the patients were retrospectively recorded by the rheumatologist who followed the patients.

Results: In this retrospective study conducted from a single center, 52 patients whose diagnosis of SARS-COV2 was confirmed by PCR were included. Distribution of primary rheumatic diseases of the patients; 19 rheumatoid arthritis (RA), 14 Ankylosing spondylitis (AS), 4 Psoriatic Arthritis (PsA), 4 Systemic lupus erythematosus (SLE), 5 Behcet's Disease (BD), 4 Familial Mediterranean Fever (FMF), 2 Sjögren's syndrome. 76.8% of the patients were female, 22.2% male, their mean age was 47 ± 18 . Biological drug use rate of 37 patients in RA, AS and PsA groups was 83.7% (monotherapy or combination 31/37).

Moreover, 16.2% (6/37) of the patients were using synthetic DMARD combination (MTX+SLZ+HCQ) and 40.5% (15/37) of the patients were using a combination of biological and synthetic DMARDs. While 73% (38/52) of 52 patients had a mild course, 27% (14/52) had severe SARS-COV2 requiring hospitalization. 14 patients who had severe SARS-COV2 infection and required hospitalization, 10 were followed up with the diagnosis of RA, 2 with AS and 2 with SLE. Hospitalization of patients using monotherapy biological drugs (TNF inhibitor, Tocilizumab, IL 17-A) due to severe SARS-COV2 was found to be lower than the group using combined synthetic DMARDs with steroids (MTX+SSZ+HCQ) ($p < 0.05$). The corticosteroid dose of the RA patients was in the range of 5-10 mg/day. The rate of having severe SARS-COV2 was found to be higher in the combination group using biological or synthetic DMARD and low dose corticosteroids compared to group using monotherapy biologicals ($p < 0.05$). The rate of having severe SARS-COV2 was found to be significantly higher in the group using 10 mg or more at the time of diagnosis ($p < 0.05$). Two patients with SLE multiple organ involvement had severe SARS-COV2 while using rituximab, and hospitalization was required. In terms of comorbidities, hypertension was the most common comorbidity with 64.2% (9/14) in the group with severe SARS-COV2, followed by obesity with 21.4% (3/14).

Conclusion: In patients with inflammatory rheumatic disease, SARS-COV2 infection and the drugs used for the treatment of primary disease are still considered to be a difficult situation in terms of prognosis. In our study with limited cases, data suggesting that there is no increased risk of SARS-COV2 requiring hospitalization in patients using TNF inhibitors, tocilizumab and IL17-A blockers. It was thought that there might be a drug-induced increased risk due to the severe SARS-COV2 infection that developed in our two patients who used rituximab, but the disease-related risk increase was not ignored because the patients were SLE patients with active multi-organ involvement.

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AB0700

TOCILIZUMAB DID NOT REDUCE MORTALITY IN SEVERE COVID-19 PATIENTS BUT CAUSED THROMBOCYTOSIS

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Background: TCZ is a monoclonal antibody against Interleukin-6 receptor (IL-6R) which is used for relieving inflammation and reducing mortality in COVID-19 patients. Safety and efficacy of Tocilizumab (TCZ) in Covid-19 pneumonia is uncertain yet. In this study, we aimed to determine clinical outcomes in patients treated with TCZ.

Objectives: In this study we aimed to share our retrospective results which we had obtained from patients with COVID-19 diagnosis received TCZ.

Methods: We performed a retrospective case control study between May and August 2020 in Turkey. We compared outcomes in patients who received TCZ with those who did not. Death in hospital and intensive care unit (ICU) requirements were evaluated as endpoints. Demographic data, comorbidities, additional treatment, treatment side effects, laboratory and clinical results were retrospectively assessed. There are no significant differences between groups according to age, gender and Charlson Comorbidity Index (CCI).

Results: 12 (27.3%) patients died in standard group and eight (18.6%) patients died in TCZ group ($p=0.150$). Days of staying in the hospital were eight days in standard treatment group and 12 days in TCZ group ($p=0.03$). 10 of 43 patients in TCZ group were admitted to ICU. MV support was needed in 8 of these patients. 18 of 44 patients (40.9%) within the standard group were admitted to ICU and 12 patients (27.3%) were intubated ($p=0.125$, $p=0.480$). Significant IL-6 decrease was not observed post treatment in TCZ group according to pre-treatment period ($p=0.60$). Significant decreases were examined in CRP and ferritin values through TCZ treatment. However, D-dimer and thrombocyte values increased.

Conclusion: TCZ may not be an effective treatment for reducing ICU requirement, to prevent intubation or death, for shortening period for staying in hospital. The patients should be followed up closely for possible thrombosis because of increased D-dimer and thrombocytes with TCZ treatment.

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