Conclusion: In this observational study, we found no association between biologic and targeted therapy for rheumatic diseases and severe course of new coronavirus infection, as well as with the need for hospitalization for COVID-19. The outcome of COVID-19 was favorable in all patients receiving treatment with biological and targeted synthetic drugs for rheumatic diseases.

Disclosure of Interests: None declared

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AB0706

ASSOCIATED RISK FACTORS AND OUTCOMES IN HOSPITALISED COVID-19 PATIENTS WITH BIOLOGICS AND JAK-INHIBITORS: A REPORT FROM A CENTER SPECIALISED IN IMMUNE-MEDIATED DISEASES

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Background: There's little data of patients with immune diseases (ID) treated with biologic and JAK-inhibitors and COVID19. Current consensus is to keep treatment, however more studies are needed to ascertain the risk in these patients.

Objectives: To describe the associated risk factors and outcomes in hospitalized patients with ID treated with biologics and JAK-inhibitors of a tertiary center.

Methods: Observational retrospective study of patients with COVID19 from March 1st 2020 to January 31st 2021. Out of all the patients receiving subcutaneous (SC) or intravenous (IV) biologics and oral (PO) JAK-inhibitors, we selected those requiring hospitalization due to pneumonia for analysis. We collected demographic data, comorbidities, seasonal flu vaccination, smoking history and the outcome (discharge/admission in an intensive care unit (ICU)/death). We used a composite index (Charlston's index) for comorbidities.

Results: Of 153 patients, 29 (18.9%) were hospitalized. 18 (62%) were women with a median age of 61 (IQ 52-69). 14 (48.2%) had rheumatoid arthritis, 5 (17%) had axial spondylarthritis and 4 (13.7%) had Chron's disease. The main IV was Rituximab in 3 (50%), and abatacept, infliximab and vedolizumab had one each. Of the SC, tocilizumab and adalimumab had 5 (22.7%) each, etanecept and golimumab had 3 (13.6%) each and secukinumab, ustekinumab and abatacept had 2 (9%) each. The PO was tofacitinib. There were no outcome differences for each treatment.

24 (82.7%) patients had at least 1 comorbidity with significant difference between patients (Table 1). There were 6 (20.6%) deaths, 3 (50%) in the ICU, 2 (33%) did not meet the ICU criteria, and 1 (16%) before ICU admission. None of them had the same ID.

Table 1. Baseline data.

Variables, (%)	Total 29 (100)	Deaths 6 (20.6)	Discharged 23 (79.3)	P
Women (%)	18 (62)	4 (66.6)	14 (61)	0.79
Age, Median (IQ range)	61 (52-69)	69.5 (62-78.5)	59.9 (51-65.5)	0.09
Flu vaccine (%)	15 (51.7)	5 (83.3)	10 (43.7)	0.08
ICU (%)	8 (27.5)	3 (50)	5 (22)	0.16
Treatment				
IV (%)	6 (20.1)	4 (66.7)	2 (8.7)	0.001
SC (%)	22 (75.8)	2 (33.3)	20 (87)	<0.0001
PO (%)	1 (3.4)	0 (0)	1 (4.3)	0.6
Comorbidities				
Charlston, Mean (standard deviation)	2.72 (+/-1.6)	5.16 (+/- 1.8)	2.08 (+/-1.5)	<0.0001
Hypertension/HTA (%)	16 (55)	5 (83.3)	11 (48)	0.11
Dyslipidemia/DL (%)	12 (41.3)	4 (66.7)	8 (34.8)	0.15
Obesity (%)	10 (34.5)	1 (16.7)	9 (39.1)	0.30
Chronic obstructive pulmonary disease/COPD (%)	3 (10.3)	3 (50)	0 (0)	<0.0001
Heart disease (%)	8 (27.5)	4 (66.6)	4 (17.4)	0.01
Chronic kidney disease/CKD (%)	7 (24.1)	4 (66.6)	3 (13)	0.006
Diabetes mellitus /DM (%)	7 (24.1)	3 (50)	4 (17.4)	0.001
Previous or current smokers (%)	9 (31)	3 (50)	6 (26)	0.26

Conclusion: The rate of COVID19 hospitalization in our patients was comparable to the general population's (between 19-24% from 60 years plus) and the risk of in-patient death is also similar, around 24%¹. Our study suggests that neither their ID nor their treatment influences their risk of a worse outcome.

COPD, DM and previous heart disease were associated with worse outcome; however it seems that the main prognostic factor was the overall impact of comorbidities associated; as measured by the Charlston's index, being significantly higher in the patients with a fatal outcome.

A fatal outcome was more likely in IV biologics, however it could be explained by indication bias probably due to higher comorbidity and disability in these patients rather than an independent prognostic variable.

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AB0707

RHEUMATOLOGY PATIENT CARE IN THE COVID-19 PANDEMIC: TELEMEDICINE, DELEGATION, PATIENT SATISFACTION AND VACCINATION BEHAVIOUR

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Background: Use of telemedicine in Germany has increased due to the COVID-19 lockdown. Between March and May 2020, government restrictions led to cancellation of routine outpatient appointments to limit viral spread and optimize resources.

Objectives: This study assesses patient satisfaction of follow-up telemedicine appointments among patients known to be in disease remission, attending either secondary or tertiary care Rheumatology clinics. Appointments were conducted either by a rheumatologist or a qualified medical assistant for rheumatology (RFA). Additional data regarding perceived concerns arising from the COVID-19 pandemic as well as attitudes to vaccination were collected.

Methods: Patients not requiring adjustment of their DMARDs at the two previous attendances were considered stable. At cancellation of the planned attendance, patients were offered participation in the study and provided verbal informed consent. Participants were randomized to a telemedicine appointment by either a physician or RFA. Telemedicine appointments consisted of a standardized patient interview, including assessment of disease activity (modified CDAI score), attitudes to vaccination as well as current vaccine status and concerns about COVID-19. Following participation, all patients received a pseudonymized postal questionnaire to evaluate appointment satisfaction (FAPI-Score).

Results: In total 112/116 (96%) patients that were offered appointments, participated in the study (RA 50%, axSpA 30%, PsA 20%). Of these 88/112 (79%) returned their postal questionnaires. Overall patient satisfaction was excellent (mean 4.3/5 modified FAPI score) and did not differ between care setting or clinical status of the interviewer. RFAs conducted 19/112 (17%) of appointments, 6 (32%) of which required additional physician intervention. Change of DMARDs occurred in 19/112 (17%) appointments. Patients reporting a pain score ≥ 7 (VAS 1-10) were most dissatisfied with the telemedicine appointment ($p=0.036$). Concerns about COVID-19 correlated with disease activity: high disease activity ($p=0.031$), presence of tender joints ($p=0.001$), high pain levels ($p=0.009$) correlated with concern of contracting COVID-19 or experiencing severe disease course. Only 38% of the patients had been vaccinated against pneumococci in the past 5 years and 54% had been vaccinated against influenza in 2019/2020.

Conclusion: Telemedicine can contribute to patient care in stable patients. RFAs can also contribute to patient care especially for follow-up appointment when patients are in remission. Vaccination rates and motivation needs to be improved as influenza and pneumococcal vaccination is recommended to all patients with rheumatic diseases without contraindications.

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