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AB0710 **ANISOCYTOSIS INDEX AS AN EARLY PREDICATOR OF HOSPITAL MORTALITY IN PATIENTS WITH COVID-19 PNEUMONIA FROM A LEVEL III HOSPITAL. LIMA PERU**

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Background: RDW has been analyzed in recent decades as a poor prognostic factor, associated with an increased risk of mortality from all causes: heart disease, lung disease, sepsis, influenza, cancer, complications associated with heart failure, coronary disease, viral hepatitis, COPD, development of DM2, stroke and anemia, which makes it a nonspecific marker of disease with the potential to provide a stratified quantification of risk in a new disease.

Objectives: To determine if laboratory tests predict mortality in patients with COVID-19 pneumonia upon admission to hospital. Secondary outcome: evaluate if any laboratory parameter predicts longer hospitalization in patients with COVID-19 pneumonia.

Methods: Case control retrospective study of COVID-19 pneumonia patients, admitted to the Peruvian Air Force Hospital from April 6th to June 27th, 2020. Patients were divided in two groups: recovered and deceased and their laboratory parameters entered the statistical analysis. Cox regression was performed (95% CI, p value <0.05, as statistically significant). Bivariate analysis to compare the RDW means of recovered vs. deceased and multivariate analysis with binary logistic regression to evaluate the predictive value of RDW in relation to hospital mortality in our cohort. The statistical package Stata version 14.2 was used.

Results: 186 patients were included. The mean age of the recovered patients was 53.6 ± 16.4 years vs 75.9 ± 13.9 years in the deceased group (p <0.0001). The mean value of RDW was 13.14% in recovered vs. 13.96% of deaths (p < 0.0005), associated with an Odds Ratio (OR) of 1.66 (CI: 1.58-1.74) adjusted for the model.

Conclusion: The finding of a RDW ≥ 13% in patients with COVID-19 pneumonia was associated with higher mortality.

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Table 1. Characteristics and comorbidities in patients with COVID-19 Pneumonia

		Total (N:188)	Recovered (n:147)	Death (n:41)	P
Age(years)	Media (DS)	59.79 (17.48)	55.32 (15.64)	75.80 (14.15)	< 0.000 *
Sex	Femenino	81 (43.09 %)	64 (79.01 %)	17 (20.99 %)	0.813
	Masculino	107 (56.91 %)	83 (77.57 %)	24 (22.43 %)	
Hypertension	No	145 (77.13 %)	119 (82.07 %)	26 (17.93 %)	0.018
	Si	43 (22.87 %)	28 (65.12 %)	15 (34.88 %)	
Diabetes mellitus	No	158 (84.04 %)	124 (78.48 %)	34 (21.52 %)	0.825
	Si	30 (15.96 %)	23 (76.67 %)	7 (23.33 %)	
ESRD	No	179 (95.21 %)	143 (79.89 %)	36 (20.11 %)	0.012
	Si	9 (4.79 %)	4 (44.44 %)	5 (55.56 %)	
Asthma	No	183 (97.34 %)	145 (79.23 %)	38 (20.77 %)	0.036
	Si	5 (2.66 %)	2 (40 %)	3 (60 %)	
Obesity	No	181 (96.28 %)	142 (78.45 %)	39 (21.55 %)	0.659
	Si	7 (3.72 %)	5 (71.43 %)	2 (28.57 %)	
Other comorbidities	No	133 (71.12 %)	114 (85.71 %)	19 (14.29 %)	< 0.000
	Si	54 (28.88 %)	32 (59.26 %)	22 (40.74 %)	
Leucocytes	Media (DS)	9.68 (4.44)	9.49 (4.52)	10.35 (4.13)	0.281 *
Lymphocytes	Media (DS)	1.44 (0.88)	1.59 (0.90)	0.90 (0.53)	< 0.000*
CRP	Media (DS)	94.04 (95.61)	82.34 (88.95)	136.48 (107.50)	0.001*
pO2	Media (DS)	83.73 (24.39)	83.94 (22.28)	82.98 (31.18)	0.827*
pCO2	Media (DS)	33.40 (5.06)	33.32 (4.96)	33.67 (5.47)	0.699*
Sat O2	Media (DS)	95.73 (8.74)	95.23 (5.10)	97.55 (16.09)	0.138*
Admission days	Media (DS)	11.75 (9.04)	10.88 (7.08)	14.82 (13.59)	0.013*
TSS Score	Media (DS)	7.33 (3.50)	6.59 (3.03)	10.05 (3.80)	< 0.000**
RDW	Media (DS)	13.323 (1.284)	12.971 (1.081)	13.411 (1.715)	<0.003**

Table 2. Multivariate Analysis Using Binary Logistic Regression to Predict Mortality

	Adjusted OR	p	CI 95%
RDW	1.67	0.004	1.18 – 2.35
Lymphocytes	0.27	0.012	0.09 – 0.74
Age	1.08	< 0.001	1.04 – 1.13

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AB0711 **FOLLOW-UP OF PATIENTS UNDER BIOLOGICS IN THE ERA OF LOCKDOWN**

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Background: The management of patients with inflammatory rheumatic diseases under biologics has raised many questions about the global management of patients in the time of COVID-19 pandemic. This period could have been particularly painful for the patients due to the virus itself, and to the difficulty to access to healthcare facilities due to the lockdown.

Objectives: To assess the impact of the lockdown in patients under biologics.

Methods: This is a descriptive study, conducted between 03/01/2021 and 07/31/2021 in the Department of Rheumatology of the University Hospital of Ibn Rochd in Casablanca. Inclusion criteria were all patients on biologics during the lockdown period. The number of painful, swollen joints, pain visual analogue scale, and disease activity were collected before and during the lockdown.

Results: Thirty-one patients under biologics were included. The average age was 43.4 years. There were 17 males and 14 females (sex ratio M/F 1,21). Comorbidities were hypertension and type 2 diabetes (9.7%), hypertension and dyslipidemia (6.5%), arrhythmia (6.5%), smoking (9.7%), hypertension and dysrhythmism (3.2%). All the patients were under biologics with an average duration of 2 years distributed as follows: 3 patients on etanercept (9.67%), 8 patients on tocilizumab (28.8%), 10 patients on infliximab (32.25%), 5 patients on adalimumab (16.12%), 4 patients under golimumab (12.90%), 1 under secukinumab (3.22%). Biologics were associated with conventional synthetic disease-modifying antirheumatic drugs in 38.7% (methotrexate 12.9%, salosopyrine 25, 8%), corticosteroids in 25.7%, non-steroidal anti-inflammatory drugs in 16.1%. The disease activity before COVID-19 of the patients was: 48.39% weak activity, 35.4% remission, 16.13% moderate activity. No patient reported a flare of the disease. During lockdown, 5 patients reported a flare of their disease (16.12%) They were followed for: 2 spondyloarthritis, 1 rheumatoid arthritis, 1 psoriatic arthritis, 1 adult onset Still's disease. All the patients have temporarily stopped their drugs because they couldn't come to their appointments because of the lockdown.

Conclusion: Our study notes that the patients who kept their follow-up during lockdown have maintained a control of their disease activity. Our results are consistent with the observations of a French study on the impact of lockdown on the activity of rheumatoid arthritis. However, those who couldn't come to their control appointment due to the lockdown had a flare of their disease. This study remains limited due to the monocentric nature and the small size of our sample.

Disclosure of Interests: None declared

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AB0712 **THE INCIDENCE OF SARS-COV-2 INFECTION IN PATIENTS WITH RHEUMATIC DISEASES ON THERAPY BIOLOGICAL DISEASE MODIFYING ANTIRHEUMATIC DRUGS**

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