In contrast, the region with the highest number of cases was the southeastern region (where the states of Espírito Santo, Minas Gerais, São Paulo and Rio de Janeiro are located), with a total of 13173 hospitalizations and a monthly average of 365.9, representing 34.4% of hospitalizations in the country. Such data is in line with the Brazilian demography, since the central-west region is the second least inhabited (with 16.09 million inhabitants) and the southeastern region is the most densely inhabited (with 80.35 million inhabitants). The number of monthly hospitalizations, which remained above 1000 from the first month analyzed (December 2017) until February 2020, dropped to 990 in March of the same year and 651 in April, maintaining an average of 678.2 in next seven months.

Conclusion: It is concluded that the number of hospitalizations for rheumatoid arthritis and other inflammatory polyarthropathies in Brazil dropped significantly between March and April 2020, a period that coincides with the beginning of the COVID-19 pandemic in the country, possibly as a result both of the changes in the Brazilian medical care model (in relation to the requirements for hospitalization) and as a result of the lower demand by individuals for hospitals due to fear of contamination by the new coronavirus.

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Validation of outcome measures and biomarkers

AB0834

DEVELOPMENT OF A CONCEPTUAL FRAMEWORK FOR A PATIENT REPORTED OUTCOME MEASURE TO CAPTURE PATIENTS' PERCEPTIONS OF GLUCOCORTICOID THERAPY DURING TREATMENT FOR RHEUMATIC DISEASES

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Background: Glucocorticoids (GCs) are a key treatment for the autoimmune rheumatic diseases; however, they produce numerous physical and psychological side effects.¹ The Outcome Measures in Rheumatology (OMERACT) Glucocorticoid Working Group have identified that there are no Patient Reported Outcome Measures (PROMs) for assessing the impact of systemic GC therapy across multiple rheumatic diseases from the patient's perspective.^{2,3}

Objectives: The aim is to explore the impact of GCs on the symptoms and health-related quality of life of adults with rheumatic inflammatory diseases, to inform items for inclusion in a PROM. Key considerations will include patient perceptions of GC therapy at diagnosis and over the course of treatment, for use in future randomised controlled trials or in clinical practice.

Methods: An international steering committee comprising researchers, rheumatology clinicians, methodologists and patient partners in the UK, Australia and USA developed an initial conceptual framework informed by a review of the literature. Semi-structured interviews were conducted in each country with patients who had an autoimmune rheumatic disease and had received GC therapy. The interviews explored salient aspects of health-related quality of life associated with being treated with GCs.

Results: Interviews have been completed in three continents with patients who had a range of demographic features, rheumatological conditions and duration and dosage of GC therapy. Figure 1 shows the initial conceptual framework for developing the GC PROM (Steroid PRO).

Conclusion: This conceptual framework will act as an evolving guide in the development of a PROM for assessing patients' perspectives of systemic

Figure 1.

glucocorticoid therapy. Future work will include inductive analysis of qualitative transcripts to inform candidate questionnaire items, cognitive interviewing, linguistic translatability assessment, and an international validation survey to define the final PROM questionnaire and its measurement properties.

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AB0835

IS BASELINE VITAMIN D STATUS RELATED WITH THE RESPONSE TO BDMARDS IN SPONDYLOARTHRITIS PATIENTS?

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Background: Vitamin D is thought to have an important role in immune regulation and is being subject of research in several autoimmune diseases. Some data suggest that vitamin D deficiency is common in Spondyloarthritis (SpA) and may be associated with disease activity and structural damage.

Objectives: To evaluate if there is a relation between baseline vitamin D status and the response to biologic disease-modifying antirheumatic drugs (bDMARDs) in a SpA monocentric cohort.

Methods: Retrospective study including all the SpA patients (ASAS classification criteria) followed at our Rheumatology Department, registered in the