Coronavirus (in 89.7% and 81.4%). Sleep during the pandemic has been negatively affected in 72.6% of patients. Physical activity practice had significantly decreased during containment (26.6% vs 51.7%).

Conclusion: This study illustrates the social and psychological impact of COVID-19 pandemic on patients with CIRD. In the light of those results, we have launched an awareness campaign to reinforce psychological and social support of patients with CIRD during this global health crisis.

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AB0902-HPR

COVID-19 PANDEMIC: KNOWLEDGE, BELIEVES AND FEARS IN PATIENTS WITH CHRONIC INFLAMMATORY RHEUMATIC DISEASES IN A DEVELOPING COUNTRY

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Objectives: To investigate the knowledge, believes, and fears of patients with Chronic Inflammatory Rheumatic Diseases (CIRD) in Morocco regarding the Covid-19 pandemic.

Methods: COVID-19 related knowledge was evaluated through following items: clinical presentations, age of infection, transmission routes, self-reported preventive behaviors, patient's approach in case of suspicion of being infected by COVID-19 and vaccination. We also investigated the source of the patients' information. Believes and fears of patients regarding COVID-19 was assessed using 2 items that explored participant's perception of the degree of threat to public health and their individual infection susceptibility compared to the general population.

Results: A cross-sectional study was conducted among patients with rheumatic diseases using a questionnaire providing information on patients and disease characteristics. 350 patients had participated in this online survey (mean age of 46.1 ± 14.4, 68% were women, 15.7% were illiterate, 45.7% were unemployed, rural residence in 11.7% of cases). The correct answer rates of the 6 questions of the knowledge section of the questionnaire were 53.4-100% with an average mean of 90.7%. The mean COVID-19 knowledge score was 5.4/6 (SD:0.48). Most participants (96.6%) correctly identified the age group concerned about Covid-19 infection. Remarkably 92.3% of the participants recognized 3 clinical features when 97.7% and 72.3% of the sample recognized perfectly modes of transmission and disease prevention measures. 87.4% of patients knew the recommended course of action to do if they have fever or cough and have recently been in contact with an infected patient. 64% of the study population thought that there was no vaccine available yet.

The sources of information on COVID-19 were in descending order: rheumatologist (56.6%), personal research (on the internet or other) (43.4%), video broadcasts on national television channels (28%), other Awareness Video (24.2%). Regarding the patients believes and fears toward COVID-19, 81.7% of patients believed that the pandemic is a serious threat for the public health and 80.6% thought that their CIRD makes them more exposed to the risk of contamination than general population.

Conclusion: The results of this survey show a high prevalence of patient concern about COVID-19. However, the majority of patients responded correctly on the mode of transmission and the means of protection for the COVID-19 infection. Those results could be explained by enormous awareness-raising efforts carried out by our different departments of our government.

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HPR Service developments, innovation and economics in healthcare

AB0903-HPR

DURATION OF TELEPHONE CONSULTATIONS AMONGST RHEUMATOLOGY PRACTITIONERS IN A DISTRICT GENERAL HOSPITAL - ADAPTING TO REMOTE CONSULTATION IN A COVID-19 PANDEMIC

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Background: The Covid-19 pandemic has resulted in a rapid adoption of remote consultations in order to limit face to face clinical contact wherever appropriate, as recommended by the British Society for Rheumatology. The same clinic templates which existed for face-to-face encounters have been retrospectively adapted, without consideration of any potential difference in duration of consultations. Rheumatology practitioners from a variety of clinical backgrounds work alongside the rheumatology consultants, providing clinical care to patients with both inflammatory arthritis and connective tissue disease.

Objectives: To record the duration of all scheduled telephone consultations carried out by advanced rheumatology practitioners in a 4-week period.

Methods: All scheduled telephone clinic encounters over a 4-week period were timed and the duration recorded in a spreadsheet. Data was collected in real time by all 8 rheumatology advanced practitioners working within the rheumatology department of a district general hospital, following each clinic episode.

Results: Data was recorded from a total of 337 clinic appointments. Of these, 317 (94%) were booked as routine, 3 (0.9%) as urgent, 4 (1.2%) were expedited following an advice line contact, and 13 (3.9%) no data was recorded. 28 (8%) of the patients did not answer when contacted. 80 (24%) clinic appointments lasted 15 minutes or less, 186 (55%) lasted 16 - 30 minutes, 37 (11%) lasted 31 - 45 minutes, and 6 (2%) lasted 46 - 60 minutes. The average duration was 22 minutes.

Conclusion: Within this department, remote consultations appear to have a similar duration when compared against the traditional clinic template for a fully face-to-face clinic, with some encounters lasting significantly longer than the planned duration. This would appear to differ to telephone consultations used in other settings, such as general practice where the duration is reportedly shorter¹. This may be representative of the additional complexity and co-morbidity of a typical rheumatology patient, or due to the multi-faceted nature of a rheumatology follow-up appointment². Although remote consultations are effective in limiting risk of exposure to Covid-19, they may not offer a quicker or more efficient service compared with the face-to-face model. Further study in this field is required to evaluate this widely adopted new pattern of working.

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AB0904-HPR

RHEUMATOLOGY NURSING AND COVID19: FIRST WAVE EXPERIENCES

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Objectives: To know the impact of the first wave of COVID19 (March to June 2020) in the nursing activity in rheumatology and explore improvements in patient care during the pandemic situation.

Methods: 2 surveys were sent to nurses working in the rheumatology area (Both in the Outpatient department and day care unit) during October 2020 in Spain. The first survey had 10 questions about what happened in the rheumatology units in the first wave of the COVID19 pandemic (March to June of 2020) and the second survey had 10 questions about the standards of quality of nursing care in times of pandemic. Google forms were used to collect and analyze data.

Results: 32 nurses completed the survey (30 women (93.8%)) with an average age of 49.6 ± 10.2 years. 93.8% work in the outpatient clinics and 2(6.2%) in day care units. The main results of the effects of the first wave of the pandemic are as follow: 4(12.5%) nurses were transferred to other areas of the hospital, 27(84.4%) showed changes in their care activity; and in 12(37.5%) of the surveyed centers, (slightly less than half of the medical staff) left their usual activity to care for covid-19 patients. In June 2020, at the end of the first wave, 17(53.1%) reported more decompensated patients and 22(68.8%) reported that they had both telephone and face-to-face consultations; 15(46.9%) reported that their clinical activity had increased.

Regarding the standards of quality during the pandemic: 27(84.4%) believed that rheumatology units should be strengthened, 31(96.9%) reported the need to carry out COVID educational campaigns in rheumatic patients and 30(100%) stated that nursing education should lead that education; 31(96.7%) believed

that telephone consultation should be on demand and by telephone, 25 (78.1%) considered it necessary to include video calls and the possibility of receiving reports in non-face to face care and photos. Finally, 23(71.9%) centers recorded nursing and medical telephone consultations in their medical records.

Conclusion: The pandemic had a huge impact on nursing care for rheumatic patients, with difficulties associated with extra work load and changes in the dynamics of care. A readjustment of assistance has been necessary and audio-visual aids were necessary to improve telephone (non face to face) service.

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AB0905-HPR TELEMEDICINE IN RHEUMATOLOGY AT TIME OF COVID PANDEMIC

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Background: The outbreak of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic has imposed considerable restrictions on people's mobility in order to limit infection transmission. Before the COVID -19 pandemic tele-rheumatology was proposed to patients living in remote areas. Currently, the use of telemedicine has increased significantly. We report on the implementation of a telemedicine program for the evaluation and treatment of patients with rheumatic diseases (1).

Objectives: The aim of the study is to evaluate telemedicine as a viable approach for routine follow-up and management of rheumatic disease.

Methods: Sixty-six patients were evaluated online by the remote rheumatologist in four weeks. The population of rheumatology patients was evaluated using a IARPLUS platform Information collected included demographic information consisting of age, gender, and primary rheumatologic diagnosis. Results: The average age of patients who were seen was 54 years and 85% of patients were women.

The most common disorders included rheumatoid arthritis (22, 33%), axial spondyloarthropathies (7, 11%), and psoriatic arthritis (15,23%), systemic sclerosis (13, 20%), lupus (6, 9%), UCTD (2,3%), Sjogren and fibromyalgia (1, 1.5%).

Results: All patients were given recommendations on COVID-19 vaccine administration. Therapy was remodeled in 13 patients (in particular in 5 patients with anemia intravenous iron infusion was scheduled; 1 started immunosuppressant therapy for proteinuria, 4 increased methotrexate for disease activity, 2 discontinued Methotrexate for adverse events (hypertransaminasemia), 1 suspended OH-chloroquine due to retinal accumulation; 2 biologic-naïve patients, after a three-month of waiting due to inability to come to the hospital, started the biologic drug; 22 patients received a renewal of the therapeutic plan; 25 patients had a regular six-month follow up; 2 ticket exemption for illness; 13 consultations and/or laboratory tests (1 pneumological consultation, 1 ophthalmological consultation, 1 request for sacro-iliac MRI, 3 nailfold videocapillaroscopies, 3 FKT, 1 musculotendinous ultrasound, 1 antibodies for celiac disease, 2 antibodies anti Sars-CoV-2).

Conclusion: Telemedicine is becoming more prevalent. We report the successful use of this service in evaluation and management of rheumatic diseases in a period with limited access to rheumatologic care. We have shown that patients can be seen, evaluated, and successfully treated with a variety of medications, including biologic agents, and evaluated for both chronic inflammatory arthropathies and connective tissue diseases.

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AB0906-HPR BENEFIT OF A NURSE-LED PROGRAM OF CARE FOR MANAGEMENT OF PATIENTS WITH ESTABLISHED RHEUMATOID ARTHRITIS: SYSTEMATIC LITERATURE REVIEW

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Background: Nowadays, many countries experience an urgent demand for rheumatologists and greater cost-effectiveness. Thus, different alternatives to conventional outpatient physician-led follow-up have been investigated. The

alternative of community-based service delivery systems is intended to meet emerging needs, reducing the costs of hospital care and morbidity. In patients with long-term conditions, such as Rheumatoid Arthritis (RA), nurses are seen as essential in the delivery of promotion in self-care and decision-making, favoring the empowerment of patients.

Objectives: To systematically investigate if the nurse led-care management (NLCM) education programs are beneficial in patients with RA.

Methods: This is a systematic literature research publication on the following bibliographic databases: Medline, Embase and the Cochrane Central register of Controlled Trials from the beginning until 2019.

Results: From a yield of 116 studies, 44 were included in the review. After quality assessment and exclusion of the lowest-ranked studies, 19 studies were analyzed. Outcomes were organized into six themes (1) disease activity; (2) adherence; (3)satisfaction; (4)treatment compliance, (5) depression and (6)quality of life. All studies had significant results in at least one of the outcomes.

Conclusion: According to our results, we can conclude that, clinicians could benefit from support conducted by nurse in the management of these patients in tasks such as metrology clinic, participation in enforcement, self-administration, the correct dosage and side effects of treatments, and link the patient and other professionals or entities. It would therefore be advisable to conduct further studies to draw more accurate and reliable conclusions in this context.

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AB0907-HPR UNEXPECTED DIFFERENCE IN ACCEPTANCE OF TELECONSULTATION BETWEEN PATIENTS WITH LUPUS AND RHEUMATOID ARTHRITIS WHO UNDERWENT TO A DEVELOPED AND IMPLEMENTED TELEMEDICINE INNOVATIVE PROGRAM AFTER THE DECLARATION OF QUARANTINE DUE TO THE COVID-19 PANDEMIC IN COLOMBIA

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Background: The Covid-19 pandemic has generated restrictions in the mobility of people, affecting the face-to-face care of patients with chronic diseases, including autoimmune. The health emergency has created the need to establish follow-up alternatives, giving rise to telemedicine.

Objectives: To evaluate the level of attendance to teleconsultation and the face-to-face usual care in patients with rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE) who underwent to a developed innovative telemedicine program after the declaration of quarantine due to the Covid-19 pandemic.

Methods: The present cross-sectional descriptive study reports retrospective data collected from patients with RA and SLE from March to June, 2020;. Since the beginning of March 2020 when Covid-19 was declared in Colombia as a health emergency establishing specific standards for outpatient care, our center has made the necessary legal and technical adjustments to develop an innovative telemedicine service to prevent the epidemiological risk. To all contacted patients were offered the option of teleconsultation or face-to-face consultation; a standardized protocol was set with clinimetry measures evaluated in both groups. Continuous variables were described using mean and standard deviation, and categorical variables were described using numbers and percentages. We performed chi-square tests of independence to determine differences between teleconsulting and conventional face-to-face consultation.

Results: A total of 5745 RA patients were followed-up, 5292 (92.1%) by teleconsulting and 453 (7.9%) by conventional face-to-face consultation; among the group of SLE patients, a total of 646 were assessed, of which there were 386 (60%) by teleconsultation and 260 (40%) by face-to-face consultation; this highlights an important difference in the level of acceptance of the teleconsultation