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.

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.1923

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 spondyloarthopathies (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-naive 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 musculoskeletal 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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Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.3580

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 teledermic.

Objectives: To evaluate the level of attendance to teledermic consultation and the face-to-face usual care in patients with rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE) who underwent to a developed innovative teledermic 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 teledermic service to prevent the epidemiological risk. To all contacted patients were offered the option of teledermic consultation 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 teledermic consultation and 260 (40%) by face-to-face consultation; this highlights an important difference in the level of acceptance of the teledermic consultation.