of comorbidities. SSc related risk factors were SSc subtype, autoantibodies, disease duration, SSc associated organ manifestations including interstitial lung disease (ILD), pulmonary arterial hypertension (PAH), cardiac, gastro-intestinal (GI), and musculoskeletal involvement; digital ulcers (DU), CRP at last visit, renal disease (scleroderma renal crisis and SSc associated renal insufficiency), modified Rodnan skin score (mRSS) and immunosuppressive treatment. Descriptive statistics and logistic regression models were applied.

Results: In total, 178 European SSc patients with COVID-19 were registered with a median observation time of 5.5 weeks (Table 1). 95 patients (53%) could recall SAR-Cov-2 contact, while 47 (26%) had no contact. 156 (88%) were symptomatic at COVID-19 onset with fever, cough, malaise and dyspnea being most prevalent. Over the disease course, 63 (36%) developed pneumonia. In total, 67/176 (38%) were hospitalized which were in 84% due to COVID-19. 41/170 (24%) had a severe outcome including 21 (12%) deaths. 128 (72%) recovered completely, while 14 (8%) complained of sequela, with 7 (50%) stating respiratory complications. Age, non-SSc comorbidities, presence of ILD, PAH and SSc associated renal or cardiac disease were numerically associated with hospitalization and severe outcome (Table 1). Univariable logistic analyses for hospitalization and severe outcome are shown in Figure 1. In multivariable logistic regression, age (OR 1.03, 95%CI 1.01-1.07, $p=0.019$), presence of non-SSc comorbidities (OR 2.52, 95%CI 1.16-5.47, $p=0.019$) and SSc-related renal disease (predicting success perfectly) were associated with hospitalization and for severe outcome age (OR 1.05, 95%CI 1.01-1.08).

Conclusion: SSc patients at older age, with non-SSc comorbidities, SSc related renal disease or ILD are at risk of a more severe outcome and should follow precautions to avoid COVID-19 infections and need careful monitoring in case of COVID-19.

Table 1. SSc disease characteristics of COVID-19 patients

	All (n=172)	Hospitalized (n=67)	Severe outcome (n=41)
Age at COVID-19, yrs (SD)	57 (14.0)	63 (13.8)	65 (12.2)
Male sex, n (%)	38 (21)	18 (27)	12 (29)
≥1 comorbidity, n (%)	63/176 (36)	37 (55)	30 (58)
SSc disease duration at COVID, yrs (SD)	11.5 (8.8)	13.3 (9.7)	12.7 (10.2)
Diffuse cutaneous SSc, n (%)	74 (42)	29 (43)	19 (46)
mRSS, median (IQR)	5 (8)	5 (9)	5 (7)
ILD, n (%)	90/175 (51)	36/65 (55)	26/40 (65)
PAH, n (%)	21/175 (12)	11/65 (17)	8/40 (20)
GI disease, n (%)	112/176 (64)	45 (67)	30 (73)
Cardiac disease, n (%)	37/166 (22)	19/59 (32)	16/36 (44)
Musculoskeletal disease, n (%)	40/175 (23)	15/65 (23)	6/40 (15)
Renal disease, n (%)	8/175 (5)	7/65 (11)	5/40 (13)
Ever DU, n (%)	69/175 (39)	27/65 (42)	14/40 (35)
CRP, ng/ml (SD)	35/177 (20)	14 (21)	9 (22)
Immunosuppressive treatment, n (%)	104/177 (59)	41/66 (62)	26 (63)

Figure 1. Univariable logistic analyses for hospitalization and severe outcome

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POS0055 SARS-COV-2 OUTBREAK IN AUTOIMMUNE DISEASES: THE EURO-COVIMID STUDY

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Background: Coronavirus disease 2019 (COVID-19), has raised several questions in patients with immune-mediated inflammatory diseases (IMiD). Whether the seroprevalence and factors associated with symptomatic COVID-19 are similar in IMiD patients and in the general population is still unknown.

Objectives: To assess the serological and clinical prevalence of COVID-19 in European IMiD patients, along with the factors associated with its risk and the impacts the pandemic had on the IMiD management.

Methods: Prospective multicentre cross-sectional study among patients with five IMiD (i.e. systemic lupus erythematosus, Sjögren's syndrome, rheumatoid arthritis, axial spondylarthritis or giant cell arteritis) from six tertiary-referral centers from France, Germany, Italy, Portugal, Spain and United Kingdom. Demographics, comorbidities, IMiD, treatments, flares and COVID-19 details were collected. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) serological tests were systematically performed.

Results: Between June 7 and December 8, 2020, 3028 patients were included (median age 58 years, 73.9% females). SARS-CoV-2 antibodies were detected in 166 (5.5%) patients. Symptomatic COVID-19 was seen in 122 patients (prevalence: 4.0%, 95% CI 3.4-4.8%); 23 (24.2%) of them were hospitalized and four (3.2%) died. In multivariate logistic regression analysis, symptomatic COVID-19 was more likely to be observed in patients with higher levels of C-reactive protein (OR: 1.18; 95% CI 1.05-1.33; $p=0.006$), and increased with the number of IMiD flares (OR: 1.27; 95% CI 1.02-1.58; $p=0.03$). Conversely, it was less likely to occur in patients treated with biological therapy (OR: 0.51; 95% CI 0.32-0.82; $p=0.006$). During the pandemic, at least one self-reported disease flare was seen in 654 (21.6%) patients. Also, 519 (20.6%) patients experienced changes in their treatment, with 125 of these (24.1%) being due to COVID-19.

Conclusion: The SARS-CoV-2 prevalence in IMID patients over the study period seems to be similar to that of the general population¹. The IMID inflammatory status seems to be independently associated with the development of COVID-19.

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POS0056

ANXIETY AND CONCERNS RELATED TO THE WORK SITUATION DURING THE COVID-19 PANDEMIC IN >5,000 PATIENTS WITH INFLAMMATORY RHEUMATIC DISEASE FOLLOWED IN THE DANISH DANBIO REGISTRY, RESULTS FROM A NATIONWIDE QUESTIONNAIRE

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Background: During the COVID-19 pandemic, widespread changes in how we work have been observed. Working from home is not an option for everyone. At work it may be difficult to keep social distance, which may lead to fear and anxiety of being infected with SARS-CoV-19 or of spreading the virus.

Objectives: To explore frequency of anxiety and concerns related to work in patients with inflammatory rheumatic diseases (IRD) during the COVID-19 pandemic and to identify patient and disease characteristics associated with increased anxiety.

Methods: Patients in routine care followed in the nationwide Danish DANBIO registry were invited to answer an on-line questionnaire regarding current rheumatic disease activity, behavior and anxiety including current work-status and -concerns. Responses were linked to patient data previously recorded in DANBIO. Clinical factors associated with work-related concerns (completely/mostly agree versus neither/nor, completely/mostly disagree) were explored with multivariable logistic regression.

Results: Among 14,758 respondents (38% of eligible patients), 5,950 patients (40%) were currently working (60% full time/31% part time/9% self-employed) (61% female, 53% rheumatoid arthritis/19% psoriatic arthritis/20% axial spondyloarthritis/9% other). Although 68% reported that the workplace helped to make necessary interventions, work-related concerns and anxiety were frequent. Thus, 22% found it difficult (completely/mostly agree) to keep physical distance at work and 20% were worried about going to work (Figure 1).

Factors associated with concerns about going to work were female gender, longer education, other chronic conditions, biological therapy, and higher (=poorer) EQ-5D, whereas diagnosis was without significance. Similar patterns were found for other work-related concerns (not shown).

Conclusion: In this cohort of >5,000 patients with inflammatory rheumatic diseases followed in a nationwide registry, during the COVID-19 pandemic anxiety and concerns related to the work situation were frequent, especially in women and patients treated with biologicals, with other chronic diseases and with poor quality of life.

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Figure. Concerns related to work situation in 5,950 patients with inflammatory arthritis during the COVID-19 pandemic in November 2020

Questions: A: It is important for me to keep physical distance at my job, B: It is difficult for me to keep physical distance at my job, C: My work-place helped to make necessary interventions for me to safely tend my job, D: I fear that my arthritis condition increases my risk of COVID-19 infection at work more than others my age, E: Due to my arthritis condition I should take more precautions at work to avoid infection compared to others my age, F: I am worried to go to work

Table 1. Factors associated with being worried (agree versus disagree) to go to work (Figure 1, panel F). Multivariable logistic regression analyses

		Odds ratio (95% CI)	p
Gender	female	1	
	male	0.45 (0.38;0.54)	<0.001
Age, years	>40	1	
	40-60	1.12 (0.87;1.44)	0.4
	>60	0.89 (0.67;1.20)	0.5
Education	Long	1	
	No/short	0.80 (0.69;0.93)	0.005
Living alone, yes		0.97 (0.79;1.20)	0.8
Other chronic condition, yes		1.37 (1.17;1.59)	<0.001
Biological therapy		1.36 (1.17;1.58)	<0.001
Diagnosis	Rheumatoid arthritis	1	
	Psoriatic arthritis	1.21 (0.99;1.48)	0.06
	Axial spondyloarthritis	1.03 (0.84;1.28)	0.8
	Other	1.17 (0.89;1.54)	0.3
PASS, yes*		1.03 (0.85;1.25)	0.7
Smoking	Current	1	
	Previous	1.17 (0.94;1.47)	0.2
	Never	1.10 (0.90;1.35)	0.4
EQ5D**		0.03 (0.02;0.06)	<0.001

*patient acceptable symptom state, **European Quality of Life, 5 dimensions

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