Table 1. Baseline clinical data of the recruited patients and comparison between the telemedicine/standard follow-up groups

	Overall (n=122)	Telemedicine group (n=60)	Standard follow- up group (n=62)	P-value
Age in years	44.4±11.5	44.1±11.7	44.7±11.5	0.779
Gender: Female	111 (91.0)	55 (91.7)	56 (90.3)	0.796
Disease duration in years	15.1±9.0	16.2±8.7	14.0±9.1	0.115
Nephritis class III, IV or V	108 (88.5)	54 (90.0)	54 (87.1)	0.427
24 hour urine proteinuria in gram	0.51±0.63	0.53±0.60	0.50±0.65	0.712
Current use of prednisolone	112 (91.8)	57 (95.0)	55 (88.7)	0.323
Daily prednisolone dose in mg	5.51±4.21	5.69±4.17	5.34±4.29	0.570
Use of immunosuppressant	90 (73.8)	46 (76.7)	44 (71.0)	0.474
SLEDAI-2K	3.65±2.33	4.00±2.34	3.30±2.29	0.097
PGA	0.56±0.65	0.67±0.69	0.45±0.60	0.003
LLDAS	78 (63.9)	36 (60.0)	42 (67.7)	0.251
Remission	0 (0)	0 (0)	0 (0)	n/a
Presence of comorbidity	87 (71.3)	40 (66.7)	47 (75.8)	0.264
SDI	0.93±1.15	1.08±1.28	0.78±0.98	0.243
HAQ-DI	0.23±0.46	0.25±0.47	0.21±0.44	0.571
HADS:	6.07±4.12	6.20±4.19	5.93±4.09	0.720
Anxiety scale	5.72±4.31	5.73±3.93	5.70±4.68	0.724
Depression scale				

Data are reported as mean ± SD or number (%). LLDAS: lupus low disease activity state; SDI: Systemic Lupus International Collaborating Clinics/American College of Rheumatology (SLICC/ACR) Damage Index; HAQ-DI: Health Assessment Questionnaire Disability Index; and HADS: Hospital Anxiety and Depression Scale.

Figure 1A. Mean waiting time between entering the clinic waiting room (virtual or real) and seeing a rheumatologist. TM = Telemedicine, SF = Standard follow-up. **Figure 1B.** The results of the post-consultation satisfaction questionnaire. Response is shown as percentage with positive responses on the right. The neutral category was removed when calculating percentages.

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POS1165 LIFESTYLE AND MOOD CHANGES IN AXSPA PATIENTS DURING THE QUARANTINE PERIOD

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Background: On March 11, 2020, the World Health Organization declared coronavirus disease 2019 (COVID-19) as a pandemic, and mandatory quarantine was applied in Turkey between April and June 2020. With this sanction, sudden changes occurred in a routine lifestyle.

Objectives: This study aimed at evaluating physical activity changes, presence of anxiety and depression, altered eating habits and their relationship with disease activity in axial spondyloarthritis (AxSpA) patients during the quarantine period.

Methods: AxSpA patients, who were examined in the rheumatology clinic in the last year before the pandemic period and their relatives were included in this study and were contacted by phone to participate. A structured questionnaire form was performed which included the following data: questions about demographic characteristics, medication use, disease activity scales; BASDAI, BASFI, Patient acceptable symptom state (PASS), patient-reported physical activity state, Short Questionnaire to Assess Health enhancing physical activity (SQUASH), Three-Factor Eating Questionnaire (TFEQ-21), and Hospital Anxiety and Depression Scale (HADS).

Results: 204 AxSpA patients and 106 patients' relatives were contacted in the study (Figure 1). The frequency of male sex and alcohol consumption was higher in the AxSpA compared to the relatives and, other demographic features were summarized in Table 1. 30% of AxSpA patients and 37% of patient relatives were gained weight with mean 4.5±2.4 and 4.4±3.4 kilograms, respectively. Weight gain were similar male and female in AxSpA (26.2% vs 37.2%, p>0.05). However, the men in the AxSpA group gained more weight than relatives group (26.2% vs 7%, p<0.05). Weight gain group had decreased physical activity than stable group in AxSpA patients (54.8% vs 37.8%, p<0.05). We showed mild negative correlation between BASDAI and BASFI scores with SQUASH- total activity score (r:-0.15, p<0.05; r:-0.25, p<0.001, respectively). Anxiety prevalence were found slightly higher in patients group but not significantly (40.2% vs 32.1%; p>0.05). Depression were much higher in AxSpA group than relatives (43.6% vs 28%, p<0.001). Depression and anxiety were correlated with disease activity (HADS Depression vs BASDAI r:0.380, p<0.001; HADS Anxiety vs BASDAI r:0.418, p<0.001) and function (HADS Depression vs BASFI r:0.342, p<0.001; HADS Anxiety vs BASFI r:0.313, p<0.001). Among eating habits, uncontrolled and emotional eating scores were showed low correlation with anxiety (r:0.169, p<0.05; r:0.163, p<0.05, respectively).

Conclusion: One third of our patients were weight gain and approximately half of them had decreased physical activity but we did not show relation between these parameters and disease related factors in the limited period. In addition to that depression and anxiety were detected significant part of AxSpA patients and both of them were correlated with disease activity.

Figure 1: Flow chart of study population

Table 1. Study Population Characteristics

	AxSpa n:204 Controls n:106 p value		
Age (years) mean $\pm$ SD	43.1 $\pm$ 11.4	40.6 $\pm$ 12.6	>0.05
Male n(%)	125(61.3)	26(24.5)	<0.001
Education time (years) mean $\pm$ SD	9.8 $\pm$ 4.3	9.7 $\pm$ 4.0	>0.05
Current smoker n(%)	77(37.7)	31(29.2)	>0.05
Alcohol consumption n(%)	60(29.4)	9(8.5)	<0.001
Current BMI kg/m ² mean $\pm$ SD	26.8 $\pm$ 4.6	26.5 $\pm$ 4.7	>0.05
Weight gain group n(%)	62 (30.4)	40(37.7)	>0.05
Weight stable group n(%)	142 (69.6)	66(62.3)	
Current BASDAI mean $\pm$ SD	1.8 $\pm$ 1.5	N/A	
Current BASFI mean $\pm$ SD	5.2 $\pm$ 1.8	N/A	
Patients treated with biologic drugs n(%)	118(57.8)	N/A	
Patients treated with conventional drugs n(%)	84(41.1)	N/A	
Presence of Anxiety n(%)	82(40.2)	34(32.1)	>0.05
Presence of Depression n(%)	89(43.6)	30(28.0)	<0.001
TFEQ-R21emotional eating mean $\pm$ SD	5.2 $\pm$ 3.1	5.6 $\pm$ 2.7	<0.05
TFEQ-R21uncontrolled eating mean $\pm$ SD	14.7 $\pm$ 6.3	17.5 $\pm$ 5.4	<0.001
TFEQ-R21cognitive restraint mean $\pm$ SD	14.3 $\pm$ 4.3	15 $\pm$ 4.2	>0.05
Stable physical activity n(%)	117(57.4)	49(46.2)	>0.05
Decreased physical activity n(%)	87(42.6)	57(53.8)	

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POS1166

UNDERSTANDING PRESCRIPTION BEHAVIOR ACROSS HEALTHCARE PROFESSIONALS IN TREATING KNEE OSTEOARTHRITIS BEFORE AND DURING THE 2020 COVID-19 PANDEMIC

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Background: Knee Osteoarthritis (OA) treatment aims to provide symptom relief, easing joint pain and enabling mobility. The COVID-19 pandemic affected healthcare systems globally, including ways OA patients were treated.

Objectives: This study is to understand how treatment management of knee OA patients and prescribing behavior across US healthcare professionals (HCPs) was affected when COVID-19 impacted healthcare systems and regimes globally

Methods: A multi-center online medical chart review study of patients with OA was conducted between May – July 2019 & 2020 among US rheumatologists (rheums), orthopedic surgeons (orthos), primary care physicians with a focus in sports medicine (SM PCPs), and pain specialists, practicing across hospital and private practices. Recruited from a large access panel, physicians were screened for duration of practice in their specialty (3-50 years) and caseload (35 or more knee OA patients personally managed, at least 10 of which must be classified as moderate-severe). Patient charts were recorded for the next 5 eligible patients seen during the screening period. Respondents abstracted patient demographics and treatment regimes used. Descriptive statistics were used to analyse the data

Results: 275 physicians were recruited and collectively reported 1375 patients between May-Jul 2019; 260 physicians were recruited and collectively reported 1300 patients between May-Jul 2020.

Looking at treatments patients were receiving at time of reporting, oral medications, particularly NSAIDs, were widely used, regardless of the physician specialty. A directional increase of 6% in the proportion of reported patients deriving from sampled primary care SM PCPs from pre-COVID (Q219) to during COVID (Q220), whilst the same is not true for rheums, orthos, and pain specialists.

Figure 1. Medication usage in reported knee OA patients across all sampled specialties - Q2 2019 vs Q2 2020

With regards to the usage of injectable therapy, the opposite pattern is seen - higher proportions of reported patients deriving from sampled rheums, orthos &

pain specialists receiving injectables vs those deriving from sampled SM PCPs. While focusing on orthos, the proportion of reported patients deriving from them who receive injectables grew by 5% in Q220 (during COVID) vs Q219 (pre-COVID) – directionally more so than other specialties. This is possibly due to limited elective surgeries during the pandemic.

Looking deeper into injectable usage amongst reported patients deriving from sampled rheums and orthos, the proportion of the total reported patient set receiving this treatment type is relatively similar across both specialties, prior to, and during the COVID-19 pandemic. However, among reported patients who received surgery, a directionally higher proportion of this reported patient cohort deriving from orthos are noted to receive injectables vs those from rheums – this is true both pre- and during the pandemic.

Conclusion: From the sample surveyed, it appears that primary care SM PCPs adopted their treatment adjustment during COVID-19 pandemic differently, by prescribing more orals, while other secondary care physicians (rheums, orthos, pain specialists) focused on injection treatment for longer pain relief. Considering movement restrictions and limited elective surgeries during the pandemic, the lack of targeted treatment options for knee OA has been made more apparent. With a burgeoning pipeline, many of which are targeted therapies, it is hopeful that knee OA treaters will be less reliant on symptom remedies and can readily offer patients' longer-acting pain relief or disease modifying options to combat joint deterioration

REFERENCES:

- [1] Ipsos Osteoarthritis Therapy Monitor (May – July 2019, 275 specialists reporting on 1375 OA patients seen in consultation; May – July 2020, 260 specialists reporting on 1300 OA patients seen in consultation, data collected online. Participating physicians were primary treaters and saw a minimum number of 35 knee OA patients). Data © Ipsos 2021, all rights reserved.

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POS1167

REVIEW OF THE IMPACT OF COVID-19 PANDEMIC ON RHEUMATOLOGY SERVICES AT A LARGE TERTIARY CARE CENTRE IN WALES, UK

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Background: COVID-19 pandemic had an unprecedented impact on the delivery of patient care. Rheumatology services had to rapidly adapt to virtual consultations at the onset of the pandemic. However, providing a high quality and effective service in a virtual setting can be challenging and therefore its prudent to do a formal review and gain patient feedback to ensure that these clinics are fit for purpose.

Objectives: To evaluate the impact of first wave of COVID-19 pandemic on patients with autoimmune rheumatic conditions, assess delivery of rheumatology outpatient care and record patient feedback.

Methods: This study included patients on the Rheumatology clinic lists between 3rd and 31st August 2020. An electronic survey questionnaire was developed and the survey link was sent to patients via a text message using secure IT platform. Data was collected on patient demographics, diagnosis, comorbidities, treatments, clinical/ laboratory confirmed COVID-19 diagnosis, treatment interruption, on work, personal protective measures taken and views on virtual consultations.

Results: 307 patients responded with 287 complete responses. 73.1%(223) were female and 32.4% (99) were >65 years of age. Rheumatoid arthritis was the most common diagnosis 41.6%(127). Hypertension was the commonest comorbidity 21.4%(64) followed by Chronic lung disease 17.3%(52). 28.8%(85) were on Hydroxychloroquine, 26.7%(79) Methotrexate, 14.2%(42) Sulfasalazine and 13.2%(39) on Prednisolone. 22.3%(66) were on Biologics: Anti TNF 12.8%(38), Tocilizumab 3.7%(11) and Rituximab 3%(9). 52.6%(161) shielded, 16.9%(55) self-isolated and 30.3%(93) only maintained social distance. 197 patients self reported as being vulnerable but based on their treatment, only 167 patients met the clinically extremely vulnerable (CEV) criteria and all of those received government shielding letter.

3.6%(11) had lab confirmed COVID-19, 3.2%(10) had clinically suspected COVID-19 infection. 14.3% (43) had their treatment interrupted. 4.6%(14) were unable to work from home or maintain social distancing at work. 59.8%(182) had face-to-face consultation changed to virtual. 63.2%(189) were satisfied, 28%(84) neutral and 8.7%(26) reported dissatisfaction with their consultation. 50.5%(153) were happy to continue with virtual consultation but with an option of face to face only if necessary. For consultations post COVID-19, 59.4%(182) preferred a mixture of face to face and virtual appointments.

Conclusion: Majority of our patients seem happy with virtual consultations as long as they are assured of a face-to-face consultation if needed. A minority(8.7%) however, were dissatisfied. Some of the suggestions were,