Objectives: REUMAVID aims to assess the impact of the COVID-19 pandemic and lockdown on the wellbeing, mental health, disease activity and function, access to health care and treatment, support services, and hopes and fears of people RMDs.

Methods: REUMAVID is an international collaboration led by the Health & Territory Research group at University of Seville, Spain, together with a multi-disciplinary team including patient organization and rheumatologists. This cross-sectional study consisting of an online survey gathering data from patients with a diagnosis of 15 RMDs in Cyprus, France, Greece, Italy, Portugal, Spain and the United Kingdom. Participants are recruited by patient organizations. Data is collected in two phases: 1) during the first peak of the COVID-19 pandemic (Spring 2020), and 2) as a follow-up to the pandemic (Winter 2020). This analysis presents descriptive results of the aggregated data, summarizing continuous and categorical variables.

Results: A total of 1,800 RMD patients have participated in the first wave of the COVID-19 pandemic (from early April to mid-June 2020). The most frequent reported diagnosis were axial spondyloarthritis (37.2%), rheumatoid arthritis (29.2%) and osteoarthritis (17.2%). Mean age was 52.6 ± 13.2 , 80.1% were female, 69.6% were in a relationship or married and 48.6% had university studies. In total, 1.1% had tested positive for COVID-19, 10.8% reported symptoms but were not tested, while 88.1% did not experience any symptoms. 46.6% reported worsening health during the pandemic. 63.9% perceived their health status to be "fair to very bad". Access to care was limited with 58.4% being unable to keep the rheumatologist appointment, of which, 35.2% were cancelled by the provider and 54.4% was attended by phone or online. 15.8% changed their medication, for which 65.5% were changed by the provider and 24.6% by own decision. Reported wellbeing and psychological health during the pandemic was poor, with 49.0% reporting poor wellbeing according to the WHO-5 scale, 57.3% marking as anxiety and 45.8% as depression in the HADS scale. During the pandemic, 24.6% smoked and 18.2% drank more than before and 54.5% were unable to exercise at home.

Conclusion: Results from the first phase of REUMAVID show disturbance of the healthcare quality, substantial changes in harmful health behaviors and an unprecedented impairment of mental health in REUMAVID participants. REUMAVID will continue to collect information in order to assess the impact of the COVID-19 pandemic in people affected by RMDs across Europe.

Acknowledgements: This study was supported by Novartis Pharma AG. We would like to thank all patients that completed the survey as well as all of the patient organisations that participated in the REUMAVID study including: the Cyprus League Against Rheumatism (CYPLAR) from Cyprus, the Association Française de Lutte Anti-Rhumatisme (AFLAR) from France, the Hellenic League Against Rheumatism (ELEANA) from Greece, the Associazione Nazionale Persone con Malattie Reumatiche e Rare (APMARR) from Italy, the Portuguese League Against Rheumatic Diseases (LPCDR), from Portugal, the Spanish Federation of Spondyloarthritis Associations, the Spanish Patients' Forum (FEP), UNIMiD, Spanish Rheumatology League (LIRE), Andalusian Rheumatology League (LIRA), Catalonia Rheumatology League and Galician Rheumatology League from Spain, and the National Axial Spondyloarthritis Society (NASS), National Rheumatoid Arthritis (NRAS) and Arthritis Action from the United Kingdom.

Disclosure of Interests: Marco Garrido-Cumbrera: None declared, Helena Marz-Ortega Speakers bureau: AbbVie, Biogen, Celgene, Janssen, Lilly, Novartis, Pfizer, Takeda and UCB, Consultant of: AbbVie, Celgene, Janssen, Lilly, Novartis, Pfizer and UCB, Grant/research support from: Janssen and Novartis, José Correa-Fernández: None declared, Sergio Sanz-Gómez: None declared, Laura Christen Employee of: Novartis Pharma AG, Victoria Navarro-Compán Grant/research support from: AbbVie, BMS, Janssen, Lilly, MSD, Novartis, Pfizer, Roche, and UCB.

DOI: 10.1136/annrheumdis-2021-eular.956

POS1176 THE IMPACT OF COVID-19 QUARANTINE ON MENTAL HEALTH OF PATIENTS WITH FIBROMYALGIA

E. Ingegnoli¹, M. Buoli², C. Posio³, R. Di Taranto¹, R. Caporali¹. ¹Università degli Studi di Milano, Division of Clinical Rheumatology, ASST Pini, Department of Clinical Sciences & Community Health, Research Center for Adult and Pediatric Rheumatic Diseases, Milano, Italy; ²Università degli Studi di Milano, Department of Pathophysiology and Transplantation, Department of Neurosciences and Mental Health, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milano, Italy, Milano, Italy; ³Università degli Studi di Milano, Department of Pathophysiology and Transplantation, Milano, Italy

Background: Detrimental psychological effects, including symptoms of post-traumatic stress disorder (PTSD), stress, anxiety, and depression have been related to COVID-19 quarantine measures (1). These aspects may be particularly relevant in stress-related disorders such as fibromyalgia (FM) in which

previous evidence demonstrated a causal effect of psychological stressors on chronic non-inflammatory pain of FM (2). Recent studies highlighted a significant worsening of FM symptoms after COVID-19 related lockdown period (3-4), but the levels of perceived stress and distress have not been evaluated yet.

Objectives: The aim of this study is to establish the COVID-19 related perceived stress and distress among patients with FM who experienced the COVID-19 quarantine in Italy. Data were retrieved from a larger nationwide online survey involving patients affected by different rheumatic diseases (RD).

Methods: We collected data from May to September 2020 from RD patients living in Italy during the COVID-19 quarantine by an ad-hoc online survey. Eleven associations of RD patients sent a call by using their mailing list, webpages and social network. They asked to complete an anonymous online survey which included the Perceived Stress Scale (PSS), and the Impact Event Scale-Revised (IES-R). Descriptive statistics were used to summarize results.

Results: 79 of 507 (15.6%) of RD patients who completed the survey declared to have been diagnosed FM. 77 (97.5%) were females, with a mean ($\pm$ SD) age of 51.0 ± 12.4 yrs. In FM patients, the mean (SD) PSS score was 23.8 ± 8.1 . In particular, 8 (10.1%) reported low, 38 (48.1%) moderate and 33 (41.8%) high PSS scores. Moreover, IES-R mean (SD) score was 38.5 ± 17.2 . Among FM patients, 51 (64.6%) reported scores greater than 33, indicating the probable presence of a PTSD. With regard to the IES-R subscale scores, the total sample did not show a prominence of one of the three main domains: intrusion (13.9 ± 7.3), avoidance (11.9 ± 6.1) and hyperarousal (12.6 ± 5.9). In these FM patients, self-reported major sources of anxiety were related to personal and relatives' health (59.5%), followed by social withdrawal (21.5%) and employment loss/financial difficulties (11.4%). There was a slight increase of self-reported use of antidepressants (15 [18.9%] vs 16 [20.2%]) and anxiolytics drugs (4 [5.1%] vs 5 [6.3%]) after lockdown period.

Conclusion: These results confirm that psychosocial stress and distress were highly pervasive in FM after COVID-19 national lockdown. It is known that stressed status may exacerbate and/or precipitate later development of FM symptoms. These data support the substantial worsening of somatic burden of FM after lockdown period reported in previous studies (3-4). Coping strategies should be implemented to ameliorate psychological well-being of these patients in this stressful era.

REFERENCES:

- [1] Brooks SK, et al. Lancet. 2020;395:912-20.
- [2] Hung CH, et al. Ann Rheum Dis 2020;79:1644-1656.
- [3] Batres-Marroquín AB, et al. J Clin Rheumatol. 2020 Epub ahead of print.
- [4] Cavalli G, et al. Rheumatology 2021;60:465-467.

Acknowledgements: We wish to thank the Lombard Association of Rheumatic Diseases (ALOMAR) for its invaluable contribution to the planning and dissemination the survey, all the Italian associations among which the National Association of People with Rheumatic and Rare Diseases (APMARR) and National Association of People with Rheumatic Diseases (ANMAR) that disseminated the survey through social media. The authors are grateful to all patients for contributing to this project.

Disclosure of Interests: Francesca Ingegnoli: None declared, Massimiliano Buoli: None declared, Cristina Posio: None declared, Raffaele Di Taranto: None declared, Roberto Caporali Speakers bureau: Abbvie, Amgen, BMS, Celltrion, Galapagos, Gilead, Lilly, Pfizer, Roche, UCB, Sanofi, Fresenius Kabi, Samsung bioepis, MSD, Consultant of: Galapagos, Gilead, Lilly, Janssen, MSD.

DOI: 10.1136/annrheumdis-2021-eular.984

POS1177 REVAMPING BIOLOGIC THERAPY DURING COVID-19

S. Ahmed Narikkootungal¹, A. Siddiqui¹, A. Constantin¹, S. Farrow¹, K. Ahmed¹. ¹Princess Alexandra Hospital, Department of Rheumatology, Harlow, United Kingdom

Background: The COVID-19 pandemic has caught us all by surprise – from governments to individuals; the medical fraternity being no exception. It has affected all walks of life; with its immense contagiousity, diverse and intriguing pathogenesis and manifestations differing from other viruses. It has indeed left humanity in dark, uncharted waters; particularly in the early months of the pandemic.

Objectives: This article shares the experience, in a Rheumatology department in a District General Hospital (DGH) in the United Kingdom, of managing patients on Biologic (b) and Targeted Synthetic (ts) DMARDs, in the midst of the COVID-19 Pandemic.

Methods: All Rheumatology patients at the Princess Alexandra Hospital (PAH) in Harlow newly started on a biologic or targeted synthetic DMARD between 3rd July and 3rd Oct 2020 were identified. These patients had active inflammatory arthritis. Each patient was discussed in a dedicated Multi-Disciplinary Team (MDT) meeting and a consensus on treatment reached in-line with local and National guidelines.

Figure 1. A slide presented at the Essex Rheumatology Association (ERA) meeting explaining the process adopted at the Rheumatology Department at Harlow during the peak of COVID-19 pandemic with new b/ts DMARD patients.

Results: Of the 50 patients identified; 39 had Rheumatoid Arthritis, 6 had Ankylosing Spondylitis and 5 had Psoriatic Arthritis. Of these 50 patients, 5 patients decided against treatment during the stage of 'Enhanced Verbal Consent'. These patients were flaring recurrently and were in regular contact with the department. However, they were afraid to start new Biologic treatment because of the risks of Covid-19. The breakdown of the biologic agents used in the remaining 45 patients were as follows: Adalimumab:11, Rituximab: 10, Etanercept: 9, Tofacitinib: 11, Tocilizumab SC: 3, Tocilizumab IV: 1, Sarilumab: 2, Secukinumab: 1, Infliximab: 1, Baricitinib: 1, Apremilast: 1

Figure 2. Breakdown of the various b/ts DMARD agents newly started in the 45 patients between 3/7/20 - 3/10/20 at PA Hospital, Harlow, UK

Conclusion: The over-riding principle that guided the Department during the COVID crisis was: *primum non nocere* (first, do no harm). The adherence to the Case Based Discussions (CBDs) positively impacted on decision making, ensuring safe initiation of Biologic DMARDs even during the height of the pandemic. This is vital to achieve early disease remission. The MDT meetings comprising Doctors, Specialist Pharmacist and Nurse Specialists ensured prompt risk stratification of individual patients. It gave patients the opportunity to be part of the decision-making - evident in the five of the fifty patients, who opted to defer the start date of their treatments. The choice of the new Biologic agent was based on the latest National COVID-19 guidelines. The agents with the shortest half-life were selected. Moreover, patients for Rituximab were given one pulsed infusion, as opposed to two infusions. Only one of the 45 patients started on a Biologic agent over this period, either was tested positive or had symptoms suggestive of COVID-19.

REFERENCES:

- [1] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7261974>
- [2] <https://rmdopen.bmj.com/content/6/2/e001314>

- [3] <https://www.nejm.org/doi/full/10.1056/nejmc2009567>
- [4] <https://www.jrheum.org/content/early/2020/05/13/jrheum.200527>
- [5] <https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-care-of-adult-patients-with-systemic-rheumatic-disease>
- [6] www.england.nhs.uk/clinical-guide-rheumatology-patients-v1-19-march-2020.pdf
- [7] <https://www.rheumatology.org.uk/practice-quality/covid-19-guidance>
- [8] <https://www.nice.org.uk/guidance/ng167/chapter/4-Treatment-considerations>
- [9] <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent>

Acknowledgements: We acknowledge the whole Rheumatology Dept at Harlow for their sincere team work during the COVID-19 pandemic – Sabaa Naz (Rheumatology Pharmacist), Mona Kamal Zou (Biologics Nurse Specialist), Lily Robinson (DMARD Nurse Specialist), Mary Surendran (Osteoporosis Nurse Specialist), Janet Bell (Secretary to Dr Ahmed) and Claire Stroud (Secretary to Dr Farrow).

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.1008

POS1178

THE ROLE OF VIRTUAL TELEPHONE VISITS IN THE TIGHT CONTROL OF RHEUMATOID ARTHRITIS PATIENTS TREATED WITH TARGETED THERAPIES DURING THE COVID-19 PANDEMIC

F. Ingegnoli¹, G. Cincinelli¹, A. F. Luppino¹, E. Favalli¹, R. Caporali¹. ¹Università degli Studi di Milano, Division of Clinical Rheumatology, ASST Pini, Department of Clinical Sciences & Community Health, Research Center for Adult and Pediatric Rheumatic Diseases, Milano, Italy

Background: Rheumatic patients' follow-up in terms of treatment adherence, disease control achieved with treat-to-target (T2T) and tight-control strategy have been deeply influenced by nationwide mitigation strategies such as quarantine, travel restrictions, and inadequate access to routine visits, laboratory and imaging investigations. These restrictions could be potentially detrimental for patients' care, but to what extent these measures affected the T2T and tight-control approach in rheumatoid arthritis (RA) is unknown.

Objectives: This study investigated whether the adoption of telephone virtual care imposed by COVID-19 pandemic has been effective in maintaining remission in RA treated with targeted therapies and to identify factors associated with its maintenance.

Methods: This observational retrospective real-life study was conducted from November 2019 through September 2020. Clinical Disease Activity Index (CDAI) of RA patients treated with targeted therapies was analysed retrospectively before, during and after the national lockdown (LD). During LD period, rheumatologists provided virtual care by telephone to assess the clinical status to guarantee the absence of current contraindications to therapy. Then, patients could choose whether to receive home drug delivery or to maintain their face-to-face consultations. Logistic mixed effects regression models were fitted, with CDAI remission as response variable. A multivariate analysis and a parsimonious model were finally obtained by stepwise selection procedure using AIC.

Results: Data were extracted from a longitudinal observational registry, and at baseline, 502 RA patients were eligible for this study. 52 patients failed to complete their follow-up, 450 patients were included in the final analysis. During LD, 359 patients chose in-person visit, 91 patients home drug delivery and virtual visit. Our cohort did not show a statistically significant decrease in the number of patients fulfilling CDAI remission criteria all along the three periods. Among the 450 patients evaluated, the CDAI remission rate was 40.22% (N=181) and 43.78% (N=197) during pre-LD and post-LD, respectively. As for the 359 patients who choose in-person visits during LD, 43.18% (N=155) were in remission according to CDAI. The final model (step-wise selection) applied to the multivariate analysis of factors that potentially could interfere with disease control in patients with CDAI remission showed that the probability to maintain remission was associated with Caucasian ethnicity, male gender and absence of fibromyalgia (Table 1 below).

Table 1.

	Adjusted OR (95% CI)	p-value
Period (LD vs Pre-LD)	1.24 (0.83 - 1.85)	0.292
Period (Post-LD vs Pre-LD)	1.22 (0.84 - 1.77)	0.299
Gender (male vs female)	2.26 (1.15 - 4.61)	0.020
Disease duration (≥10 years vs <10 years)	0.65 (0.36 - 1.15)	0.141
Ethnicity (Hispanic/Asian vs Caucasian)	0.32 (0.12 - 0.83)	0.021
Fibromyalgia (yes vs no)	0.30 (0.11 - 0.82)	0.021

Conclusion: Telephone-based tight control strategy ensured satisfactory management of RA treated with targeted therapies during the first wave of COVID-19 pandemic. All along the three periods, we observed that the probability to be in CDAI remission was significantly associated with Caucasian ethnicity, male