bDMARDs for COVID-risk may cause exacerbation of the primary rheumatic disease, continuing with current treatments seems an appropriate approach.

REFERENCES:

- [1] FELDSTEIN LR, ROSE EB, HORWITZ SM, et al: Overcoming COVID-19 Investigators; CDC COVID-19 Response Team. Multisystem Inflammatory Syndrome in U.S. Children and Adolescents. *N Engl J Med* 2020; 383: 334-46.
- [2] MICHELENA X, BORRELL H, LÓPEZ-CORBETO M, et al: Incidence of COVID-19 in a cohort of adult and paediatric patients with rheumatic diseases treated with targeted biologic and synthetic disease-modifying anti-rheumatic drugs. *Semin Arthritis Rheum* 2020; 50: 564-70.

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.1173

POS1182

MANAGEMENT OF DIFFICULT-TO-TREAT RHEUMATOID ARTHRITIS DURING THE COVID-19 PANDEMIC: EVIDENCE FROM THE ITALIAN EPICENTER

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Background: Despite significant improvement in the RA management, up to twenty percent of patients with rheumatoid arthritis (RA) have a difficult-to-treat (D2T) disease. The COVID-19 related mitigation policies, for instance quarantine, and consequent difficult access to in-person visits, laboratory and imaging investigations, adversely affected the follow up of rheumatic patients. Although pandemic-imposed limitations could have negatively influenced disease management particularly in D2T patients, to what degree these restrictions affected the treat-to-target (T2T) and tight-control strategy in this subgroup of RA patients has not been investigated yet.

Objectives: To evaluate whether the switch to telehealth imposed by COVID-19 pandemic was effective in the management of D2T RA patients treated with targeted therapies.

Methods: This observational retrospective real-life study was conducted from November 2019 through September 2020. Among RA patients treated with targeted therapies, RA D2T patients according to EULAR definition (1) were identified. Clinical Disease Activity Index (CDAI) of these patients was analysed retrospectively before, during and after lockdown (LD). During LD period, patients could choose whether to receive home drug delivery or to maintain their face-to-face consultations, and in the former rheumatologists provided virtual care. To evaluate the effect of LD on the percentage of patients in remission, logistic mixed effects regression models were fitted, with CDAI remission as response variable.

Results: Data were extracted from a longitudinal observational registry, and at baseline, 52 patients treated with targeted therapies were classified as D2T RA. Among them, during pre-LD, LD, and post-LD 11.54% (N=6), 53.49% (N=23), and 46.15% (N=24) had CDAI remission/low disease activity, while 46 (88.46%), 20 (46.51%) and 28 (53.85%) had CDAI moderate/high. All the patients completed the follow-up. Median values of CDAI during pre-LD, LD, and post-LD were 14.5 [IQR 12-21], 9 [IQR 5.5-16], and 11 [IQR 6-19.2] respectively (see Figure 1 below).

Conclusion: Telephone-based tight control strategy ensured satisfactory management of D2T RA treated with targeted therapies. This temporary approach has been a feasible compensation for the decline of face-to-face visits also in this challenging group of RA patients, thus reassuring for future months before the end of pandemic.

REFERENCES:

- [1] Nagy G, et al. EULAR definition of difficult-to-treat rheumatoid arthritis. *Ann Rheum Dis* 2021;80(1):31-35.

Disclosure of Interests: Francesca Ingegnoli: None declared, Angela Flavia Luppino: None declared, Gilberto Cincinelli: None declared, Ennio Favalli Speakers bureau: AbbVie, Sanofi-Genzyme, Lilly, UCB, Pfizer, Novartis, Janssen, Paid instructor for: Roche, MSD, Consultant of: Lilly, Galapagos, Roberto Caporali Speakers bureau: AbbVie, Amgen, BMS, Celtrion, 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.1188

POS1183

OUTCOMES OF COVID-19 INFECTION AMONG CHILDREN AND YOUNG PEOPLE WITH PRE-EXISTING RHEUMATIC AND MUSCULOSKELETAL DISEASES

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Background: It remains unknown whether children and young people with rheumatic and musculoskeletal diseases (RMD) who acquire COVID-19 infection have a more severe COVID-19 course, due to either underlying disease or immunosuppressive treatments.

Objectives: To describe outcomes among children and young people with underlying RMD who acquire COVID-19 infection.

Methods: All children and young people <18 years of age with COVID-19 (pre-symptomatic or confirmed) reported to the EULAR COVID-19 Database, which collects details regarding RMD diagnosis and treatment, COVID infection and outcomes, between 27 March 2020 and 29 January 2021 (cutoff date for this analysis) were included. Patient characteristics and COVID-19 outcomes are presented.