Results: A total of 151 children and young people (age range 2-17 years; Table 1) have been reported to the database from 12 countries; mostly Spain (N=30), France (N=29), Israel (N=29), and Czechia (N=25). Most patients had a diagnosis of juvenile idiopathic arthritis (JIA; N=92; 61%). Other diagnoses were autoinflammatory syndrome (including TRAPS, CAPS, FMF; 12%), and systemic lupus erythematosus (4%). There were 14 (9%) hospitalisations and 1 (0.7%) death reported due to COVID-19. The most commonly reported symptoms were fever (46%), cough (34%), anosmia (19%), and headache (19%). Only 19 (13%) patients reported glucocorticoid use. DMARD therapy was used by 104 (69%) patients; 67 (44%) were on csDMARDs (methotrexate [N=54], antimalarials [N=7]), 45 (30%) on anti-TNF, 9 (6%) on IL-6 inhibitors, and 7 (5%) on IL-1 inhibitors. Among the 145 patients with hospitalisation data, patients on any DMARD therapy (cs/b/tsDMARDs) had similar odds for hospitalisation compared with those not on therapy, adjusted for age (odds ratio 0.7; 95% CI 0.2, 2.4).

All Patients		
N		151
Gender	Female	94 (62%)
	Male	56 (37%)
	Unknown	1 (<1%)
Age, years	Median (IQR)	12 (8, 15)
	Range	2 to 17
Top Rheumatology Diagnoses	Juvenile Idiopathic Arthritis (JIA)	92 (61%)
	Polyarthritis	50 (33%)
	Oligoarthritis	31 (21%)
	Systemic	11 (7%)
	Autoinflammatory syndrome (e.g. TRAPS, CAPS, FMF)	18 (12%)
	Systemic Lupus Erythematosus	6 (4%)
Comorbidities	None stated	112 (74%)
	Obesity	9 (6%)
	Ocular inflammation	9 (6%)
Required Hospitalisation	Asthma	3 (2%)
	Yes	14 (9%)
Top 5 Symptoms Reported	No	131 (87%)
	Missing	6 (4%)
Deaths due to COVID-19	Fever	69 (46%)
	Cough	51 (34%)
	Anosmia	28 (19%)
	Headache	28 (19%)
	Fatigue	23 (15%)
	Yes	1 (<1%)
	No	150 (99%)
Treatment at onset of COVID-19 infection	Glucocorticoids	19 (13%)
	csDMARDs	67 (44%)
	Methotrexate	54 (36%)
	Antimalarials	7 (5%)
	Mycophenolate	5 (3%)
	bDMARDs	64 (42%)
	Anti-TNF	45 (30%)
	IL-6	9 (6%)
	IL-1	8 (5%)
	Any DMARD	104 (69%)

Conclusion: These initial data on outcomes of COVID-19 in paediatric RMDs are very reassuring, with less than 1 in 10 patients reporting hospitalisation. Due to the database design and inherent reporting bias, this is likely an overestimate, suggesting that overall outcomes among this population appear to be generally good, with mild infection. Increasing case reports to the database will allow further exploration of drug- and disease-specific outcomes.

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POS1184 AUTOIMMUNE SYSTEMIC DISEASES AND COVID-19 INFECTION

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Background: Covid-19 infection poses a serious challenge for immune-compromised patients. This is likely due to a combination of immune dysfunction, immunosuppressive therapy and excess co-morbidities. Little is known about the impact of Coronavirus disease 2019 (COVID-19) in patients with inflammatory autoimmune systemic diseases.

Objectives: The aim of this study is to describe clinical characteristics of patients with autoimmune systemic diseases and COVID-19, and to identify baseline variables associated with a severe infection requiring hospitalization.

Methods: A telephone survey investigating the impact of COVID-19 on patients with systemic lupus erythematosus (SLE), systemic sclerosis (SSc), inflammatory

arthritis (rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis), idiopathic inflammatory myopathies (IIM), ANCA-associated vasculitis (AAV) was administered. Data extraction included diagnosis, disease activity status, demographics, disease duration, occupational exposure, adherence to social distancing advice, therapy, comorbidities, and laboratory tests. Covid-19 was classified as definite diagnosis of Covid-19 disease: presence of symptomatic Covid-19 infection, confirmed by a nasopharyngeal SARS-CoV-2 polymerase chain reaction test. Comparisons between patients with or without hospitalization were performed.

Results: 512 patients (median age 53.4 ± 14.3 years) with autoimmune systemic diseases (234 IA, 182 SLE, 42 SSc, 31 IIM, 23 AAV) were included in the study. 89 patients (58 woman, 31 men) developed at least one symptom (fever, asthenia, chills, cough, sore throat, dyspnea, chest pain, headaches, arthralgias, myalgias, odynophagia, diarrhea, conjunctivitis, hypo-, ageusia, hypo-, anosmia) of COVID-19 and were PCR test positive. Of patients with COVID-19 infection 54 patients were treated with methylprednisolone, 36 – with methotrexate, 34 – with hydroxychloroquine, 26- with biologics, 10 - with azathioprine, 6 - with cyclophosphamide prior to their COVID-19 illness.

Conclusion: Covid-19 is more frequent in the subgroup of patients without therapy with modifying anti-rheumatic drugs, which might play some protective role against the most harmful manifestations of Covid-19. 21 patients required hospitalization - these were more frequently men, older and with comorbidities (cardio-respiratory illness, renal diseases, diabetes mellitus). Male sex, previous coronary and lung disease, serum creatinine level, proteinuria, glucocorticoids use > 5mg/day, were associated to hospitalization. Patients with inflammatory arthritis do not seem to be at higher risk for infection or a severe course of COVID-19.

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POS1185 IMPACT OF LOCKDOWN DURING COVID-19 PANDEMIC ON THE ONSET OF POST-TRAUMATIC STRESS DISORDER (PTSD) IN SYSTEMIC SCLEROSIS PATIENTS: A CASE-CONTROL STUDY

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Background: Social distancing due to COVID-19 pandemic had a major impact on the mental health of general population, with a high prevalence of post-traumatic stress disorder (PTSD) related symptoms^{1,2}. Psychological repercussions were notably found in people with chronic diseases, including systemic sclerosis (SSc) patients, where an increasing of anxiety symptoms, related also to low financial resources, emerged³.

Objectives: To evaluate the impact of COVID-19 lockdown on the onset of PTSD in patients with SSc, firstly during the total confinement period (March-April 2020) and then at the time of less restrictive government measures, following the RT index lowering (June-July 2020)⁴.

Methods: We carried out a case-control study on 57 SSc patients, according to the ACR/EULAR 2013 criteria, and on 57 healthy subjects as control group (HC), matched by sex and age. At T0 (March-April) and T1 (June-July) both populations received the "Impact of Event Scale Revised" questionnaire (IES-R) by e-mail, with a cut-off of ≥ 33 defining probable diagnosis of PTSD⁵. A multivariate analysis of factors influencing IES-R score, such as age, number of cohabitating people and weekly outings count, was performed in SSc patients at both times of the survey.

Results: At T0 we found a significantly greater number of SSc patients with IES-R score ≥ 33 compared to HC (26/45.6% vs 13/22.8%; median value [quartiles] 31 [19.5;42.5] vs 24 [15.5; 32]; p-value 0.046). At T1, we obtained data from 44 SSc patients and 35 HC but no significant difference was noticed (18 / 40.9% vs 8 / 23.5%; 26 [15.25; 38] vs 26.5 [20.75; 32.5]; p> 0.05). SSc patients also had significantly fewer weekly outings than HC, both at T0 (p <0.001) and T1 (p <0.001) (Table 1). The multivariate analysis performed at T0 on SSc patients showed a significant association of IES-R ≥33 score with age (p 0.025) and with a lower count of weekly outings (p 0.002). The latter data negatively correlated with an IES-R ≥33 score in SSc patients (r -0.267, p 0.004).

Conclusion: We found a significantly higher prevalence of PTSD in SSc patients compared to HC at the strictest lockdown time, turning into comparable when