government measures were less restrictive, due to the minimum RT index values recorded in Italy. Older age and lower count of weekly outings were associated with PTSD in SSc patients during the lockdown, whereas the count of weekly outings was lower than in HC during both the examined periods. The results of this study indicate that COVID-19 lockdown had a worse impact in SSc patients, where the fewer weekly outings may depend on their clinical condition and on a greater concern about their health⁶. These findings strengthen the World Scleroderma Foundation recommendations regarding care to the psychological frailty of SSc patients⁷.

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Table 1. Descriptive analysis of study population: T0 (Time 0), T1 (Time 1), SD (Standard Deviation), IES-R (Impact of Event Scale-Revised).

	SSc patient group	HS group
Female:male ratio at T0	46:7	46:7
Mean age $\pm$ SD at T0	59 $\pm$ 12.8	51 $\pm$ 8.7
IES-R $\geq$ 33 score n°/% at T0	26/45.6%*	13/22.8%
IES-R $\geq$ 33 score n°/% at T1	18/40.9%	8/23.5%
IES-R score at T0, median value [quartiles]	31 [19.5;42.5]	24 [15.5;32]
IES-R score at T1, median value [quartiles]	26 [15.25; 38]	26.5 [20.75; 32.5]
N° of weekly outings at T0, median value [quartiles]	2 [1;3.5]	4 [2;10]**
N° of weekly outings at T1, median value [quartiles]	5 [3;6]	14 [6.75;15]**

*p<0.046; **p<0.001

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POS1186

EFFECT OF SOCIO-ECONOMIC STATUS AND EDUCATIONAL LEVEL ON COVID-19 OUTCOMES IN PATIENTS WITH RHEUMATIC DISEASES FROM ARGENTINA: DATA FROM THE SAR-COVID REGISTRY

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Background: SARS-CoV-2 infection can present with a broad clinical spectrum, from asymptomatic to lethal. Different risk factors have been recognized. Socio-economic status and educational level may affect access to the healthcare system and therefore COVID-19 infection outcome.

Objectives: The aim of this study was to assess the association between socio-demographic status and educational level and SARS-CoV-2 outcomes, such as hospitalization, ICU admission, need for mechanical ventilation and death, in Argentinean patients with rheumatic diseases from the SAR-COVID Registry.

Methods: We performed a cross-sectional study of consecutive adult patients with rheumatic diseases and SARS-CoV-2 infection included in the multicentric Argentinean SAR-COVID Registry. The following variables were included: gender, ethnicity, age, health insurance, educational level (under or over 12 years of education), socio-economic level according to Graffar Scale in high, medium-high, medium, medium-low, low; underlying rheumatic disease, its duration and treatment at the time of infection.

SARS-CoV-2 infection outcomes were: hospitalization, admission to ICU, mechanical ventilation requirement and death.

Statistical analysis was performed using Chi², Fisher, T-test, ANOVA.

Results: Five hundred and twenty-five patients were included, 422 (80.4%) were female, with a mean age of 51.3 years (SD 15.2). Most of them were caucasians (48%) or mestizos (43%) and 96.8% lived in an urban environment. Almost half of the patients (47%) were categorized as middle-class, 24% middle-high or high class, 21% middle-low or low. 48.4% of the patients were employed. Regarding educational level, 54% had more than 12 years of education.

The most prevalent rheumatic disease was Rheumatoid Arthritis (40.4%), followed by Systemic Lupus Erythematosus (14.9%), Sjögren (5.5%) and Psoriatic Arthritis (5.5%). Treatments used at the time of SARS-CoV-2 infection were corticosteroids (19%), cs-DMARDs (49%), and b- and ts-DMARDs (16%).

Overall hospitalization frequency was 35%, median hospital stay was 10 days (IQR 10 days), 11.6% were admitted to the ICU, 10% required mechanical ventilation and the global mortality was 8%.

Notably, patients with less than 12 years of education required mechanical ventilation more frequently than the more educated ones (11.9% vs. 5.6%, p=0.026) and showed a higher mortality due to COVID-19 (9% vs. 2.8%, p=0.0004).

Patients categorized as upper social classes (middle-high and high) were admitted to the hospital on a more frequent basis (74.4% of cases), when compared with middle class (64.4%) and middle-low and low class (58%) (p=0.77). Median duration of hospitalization for the aforementioned groups was 12.5 (IQR 17.3), 10 (IQR 9) and 10.5 (IQR 9.3) days respectively (p=0.60).

Patients with health insurance were found to be hospitalized more frequently in comparison to those without insurance (42.4% vs. 33.7%, p=0.14), but showed similar admission rates to the ICU (11.8% vs. 12.8%; p=0.78), need for mechanical ventilation (10.7% vs. 8.7%; p=0.70) and mortality (7.1% vs. 6.5%; p=0.99).

Caucasian patients had fewer hospital admissions when compared against other ethnicities (mestizos mostly) (26.1% vs. 43.4%; p<0.0001), but showed no statistically significant difference in need for mechanical ventilation 10.3% vs. 9.9% (p=0.99) or mortality 8.7% vs. 5.1% (p=0.15).

Conclusion: Patients with lower educational level needed twice the frequency of mechanical ventilation, and showed thrice the mortality than those with more than 12 years of education.

Albeit patients in upper social stratus and those with health insurance were admitted to the hospital in a more frequent manner, no statistically significant differences were found regarding the need for ICU, mechanical ventilation or mortality.

Caucasians were hospitalized less frequently than mestizos, but had no significant differences in the other measured outcomes.

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POS1187

WILLINGNESS TO GET THE COVID-19 VACCINE AMONG PATIENTS WITH RHEUMATIC DISEASES, HEALTH WORKERS AND GENERAL POPULATION

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Background: As of January 2021 the COVID-19 pandemic has been responsible for more than 2.2 million deaths worldwide (1). Potential vaccines against COVID-19 have been developed swiftly and vaccination programs were started in many countries. Turkey agreed to use inactivated vaccine candidate, 'CoronaVac' produced by Chinese biopharmaceutical company (3). Many of our patients having a rheumatic diseases (RD) call us for permission to get vaccination, while some express their concerns about the efficacy and safety issues.

Objectives: We therefore assessed the willingness to get vaccination among patients with RD compared to health workers and a sample from general population.

Methods: A web-based questionnaire study was conducted in a cross-sectional design in 3 groups of participants: 1. patients with RD, 2. hospital workers and 3. General population. The questionnaire sought socio-demographic variables, COVID-19 related risk factors, willingness to get vaccination, and concerns and thoughts about vaccine. COVID-19 related anxiety (CAS) was also evaluated through the questionnaire.

Results: We studied in total 732 (258 M/ 474 F) patients with RD, 320 (88 M/ 232 F) hospital workers and 763 (258 M/ 505 F) individuals representing general population. Patients with RD were significantly older and less educated and spent less time using social media compared to both control groups (Table 1). CAS scores were similar between the study groups. Of the patients with RD, 29.2% were willing to be vaccinated, 19% were unwilling and 51.8% were undecided. These were similar among the general population (34.6%, 23.3% and 42.1%, respectively), whereas hospital workers were significantly more willing (52.5%, 20.9% and 26.6%, respectively) ($p < 0.0001$). About a third in each group thought that vaccination should be obligatory. The major concerns associated with vaccine were fear from side effects, unknown scientific results and lack of confidence. Being male, older age, working in a hospital and increased anxiety levels were found to be independently associated with willingness.

Conclusion: Only about one third of the patients with RD were willing to get vaccination, which was somewhat similar to that observed among the general population. This could be due to rushed vaccine development as well as negative news on vaccines on the social media. Our study also reveals that, after almost one year after the pandemic, about 95% in all study groups did not express dysfunctional anxiety related with COVID-19.

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Table 1. Socio-demographic and COVID-19 associated variables, anxiety scores and willingness to get vaccination

	Patients with RD (n=732)	Hospital workers (n = 320)	General population (n =763)	P
Male/ Female, n	258/474	88/232	258/505	0.045
Age, mean $\pm$ SD, years	42.8 $\pm$ 11.6	37.0 $\pm$ 10.0	40.8 $\pm$ 12.0	<0.001
Primary/middle school education, n (%)	225 (30.7)	6 (1.9)	28 (3.7)	<0.001
$\leq$ 1 hour daily spent using social media, n (%)	270 (36.9)	100 (31.3)	192 (25.2)	<0.0001
COVID-19 related anxiety, total score, mean $\pm$ SD	1.62 $\pm$ 3.03	1.81 $\pm$ 2.64	1.55 $\pm$ 2.71	0.389
COVID-19 related anxiety, cut off value of $\geq$ 9, n (%)	36 (5.1)	13 (4.2)	29 (4.0)	0.626
COVID-19 diagnosis in the participant (n %)				<0.0001
Yes	104 (14.2)	69 (21.6)	70 (9.2)	
No	617 (84.3)	248 (77.5)	687 (90.0)	
Unsure	11 (1.5)	3 (0.9)	6 (0.8)	
COVID-19 diagnosis among the household or close friends, n (%)				<0.0001
Yes	460 (62.8)	244 (76.3)	435 (57.0)	
No	254 (34.7)	76 (23.8)	317 (41.5)	
Unsure	18 (2.5)	0	11 (1.4)	
Presence of any comorbid disease, n (%)	304 (41.5)	67 (20.9)	181 (23.7)	<0.0001
History of psychiatric disorder, n (%)	177 (24.2)	51 (15.9)	110 (14.4)	<0.0001
Willingness to get vaccination (n %)				<0.0001
Yes	214 (29.2)	168 (52.5)	264 (34.6)	
No	139 (19.0)	67 (20.9)	178 (23.3)	
Unsure	379 (51.8)	85 (26.6)	321 (42.1)	
Do you think that vaccination should be obligatory? n (%)				0.003
Yes	216 (29.5)	113 (35.3)	207 (27.1)	
No	277 (37.8)	136 (42.5)	331 (43.4)	
Unsure	239 (32.7)	71 (22.2)	225 (29.5)	

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POS1188

COVID-19 IN PATIENTS WITH RHEUMATIC DISEASES: COMPARISON OF DATA FROM THE ARGENTINE REGISTRY (SAR-COVID), WITH THE LATIN AMERICAN AND GLOBAL REGISTRY (GLOBAL RHEUMATOLOGY ALLIANCE)

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Background: SARS CoV-2 infection has recently burst onto the global scene, and the knowledge of the course of this infection in patients with rheumatic diseases receiving immunomodulatory treatment is still insufficient. The Argentine Society of Rheumatology (SAR) designed a national registry called SAR-COVID in order to get to assess our reality.

Objectives: To identify the particular characteristics of patients with rheumatic diseases and COVID-19 in Argentina (SAR-COVID Registry), and to compare them with the data reported at the Latin American and Global level (Global International Alliance Rheum-COVID Registry).

Methods: A national, multicenter, prospective and observational registry was carried out. Patients older than 18 years, with a diagnosis of rheumatic disease and SARS-CoV-2 infection by PCR or serology, were included between August 13, 2020 and January 17, 2021. Demographic data, underlying rheumatic disease (activity of the disease, current treatment), comorbidities, clinical-laboratory characteristics of the SARS-CoV-2 infection, as well as received treatments (pharmacological, oxygen therapy / ventilatory support) and outcomes (hospitalization, mortality) were recorded. The characteristics of the