of the innate immune system and excessive production of proinflammatory cytokines, including interleukin (IL)-1 β , IL-6, interferon-gamma, and tumor necrosis factor-alpha, all of which have increased in severe cases in COVID-19 [1-3].

Objectives: The aim of this study is to report clinical characteristics and outcome of FMF patients with COVID-19.

Methods: This study included 48 consecutive FMF patients who were diagnosed COVID-19 by SARS-CoV-2 nucleic acid RT-PCR in nasopharyngeal swab or sputum, or symptoms and computed tomography findings suggestive for COVID-19. Data on demographic and clinical characteristics of FMF disease, clinical course and outcome of COVID-19 were evaluated.

Results: The median age of patients was 35.5 (29-43.5) years, ranging from 18 to 87 years. The median disease duration of FMF was 10 (6-16) years. The most common presenting symptoms and signs of patients during attacks were peritonitis (85.5%), fever (81.3%), and pleuritis (48%). Twelve (25%) patients had amyloidosis. Comorbidities were present in half of patients with ankylosing spondylitis (21%) and hypertension (17%) being the most frequently seen. Two-third of patients (66%) were in remission for FMF. The median dosage of colchicine treatment for FMF was 1.5 (IQR 1) mg/day. 90% of patients continued colchicine treatment for FMF during the COVID-19 course. The baseline characteristics and treatment modalities of patients were demonstrated in Table 1. Forty-six patients presented with at least one COVID-19 symptoms. Fever (73%), myalgia/arthritis (69%), and cough (60%) were the most common symptoms. 16 patients were admitted at hospital, 5 of them required oxygen therapy and 2 patients with amyloidosis developed ARDS and went to intensive care unit (ICU) for invasive mechanical ventilation (IMV). One patient who had been followed-up at ICU died.

Conclusion: Our FMF patients with COVID-19 have similar clinical features and outcomes as general population. Dysregulation of innate immune system in FMF might not be risk factors for COVID-19. Besides, colchicine and IL-1 inhibitors intake might have protective and preventive effects on COVID-19 progression.

Table 1. Baseline characteristics, treatment modalities and outcome of patients

Age years, median (IQR)	39.4 (15)
Gender (F/M)	25/23
FMF Disease duration, years, median (IQR)	10 (10)
Mutations*	
Monoallelic mutation, n (%)	6 (14)
Biallelic mutation, n (%)	34 (81)
Homozygous M694V mutation	18 (43)
Heterozygous M694V mutation	15 (36)
Comorbidities, n (%)	24 (50)
FMF treatment	
Colchicine 1 mg/day, n (%)	17 (35.5)
Colchicine 1.5 mg/day, n (%)	18 (37.5)
Colchicine 2 mg/day, n (%)	13 (27)
Anakinra, n (%)	12 (25)
Canakinumab, n (%)	3 (6.3)
Positive SARS-CoV-2 RT-PCR, n (%)	42 (87.5)
Interstitial pneumonia in CT scan, n (%)	15 (31.3)
COVID-19 treatment, n (%)	46 (95.8)
Outpatient treatment, n (%)	32 (66.7)
Hospitalized, not required supplemental oxygen, n (%)	9 (18.8)
Hospitalized, required supplemental oxygen, n (%)	5 (10.4)
ICU, required IMV, n (%)	2 (4.2)
Outcome	
Recovered, n (%)	47 (98)
Deceased, n (%)	1 (2)
Complications, n (%)	3 (6.3)

*42 patients were included in the analysis

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POS1194

THE EFFECT OF SARS-COV-2 ON THE COURSE AND THE TREATMENT OF RHEUMATIC INFLAMMATORY DISEASES. EXPERIENCE FROM THE NORTHWESTERN GREECE

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Background: COVID-19 has been shown to significantly affect the vulnerable population [1,2]. Among them, patients suffering from inflammatory rheumatic diseases, and especially the immunosuppressed [3].

Objectives: to assess the effect of SARS-CoV-2 on the course and the treatment of rheumatic inflammatory diseases.

Methods: from February to December 2020, 46 patients with inflammatory rheumatic diseases were included (32 female) that got infected with the SARS-CoV-2. Mean age was 65 years old, 17 were smokers, 12 had arterial hypertension, 8 diabetes mellitus, and 3 hypothyroidism. Most of them had their comorbidities well-controlled and their rheumatic disease was in remission. More specifically, 24 patients had rheumatoid arthritis, 13 psoriatic arthritis, and 9 ankylosing spondylitis. All patients were under treatment with conventional synthetic (cs) and/or biological (b) disease-modifying anti-rheumatic drugs (DMARDs), while 7 of them were also on treatment with glucocorticoids (GC) (<5mg/day). Twenty-eight patients were on tumor necrosis alpha (TNF- α) inhibitors (19 as monotherapy), 4 on anti-interleukin (IL)-6 monotherapy, 3 on Janus Kinase (JAK) inhibitors plus on low dose methotrexate (MTX), and the rest (11 patients) were on a csDMARD with or without GCs.

Results: positive patients with the SARS-CoV-2, instructed to discontinue their immunosuppressive treatment, except GCs that were adjusted for their disease. Most patients (37 out of 46) had a mild disease course and their symptomatology was nothing more than a simple flu-like syndrome. Furthermore, on 9 of them olfactory dysfunction and gastrointestinal manifestations as well as low grade fever were noted but without the need of a hospital admission. On the other hand, only 5 patients needed hospitalization (2 on MTX monotherapy and 3 on combination therapy) due to dyspnea with low oxygen saturation (hypoxemia) and high fever. From those 5, 3 had a short in-hospital stay, while 2 developed pneumonia and a longer in-hospital stay was required in order to get the appropriate treatment. None of the patients did not require an intensive care unit admission. Finally, in 14 patients that got infected from February to May 2020, viral antibodies had been measured. All patients had high titres of IgG antibodies in their serum for as long as six months after their infection. Of note, none of the infected patients were smokers.

Conclusion: patients with rheumatic diseases that are in remission using low doses of GCs and DMARDs, have almost the same chances with the general population to have a serious course of their infection with the SARS-Cov-2. In addition, in these patients, the immune response appears to be adequate, both in the production and maintenance of antibodies, which appear to be maintained for at least 6 months after infection.

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POS1195

ASSESSING ANTIBODY STATUS FOR SARS-CoV-2 IN PEOPLE WITH CORONAVIRUS INFECTION: A TIME COURSE STUDY IN PEOPLE WITH AUTOIMMUNE CONDITIONS

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Background: With the emergence of the global coronavirus pandemic, increasing concerns have been raised about the course of SARS-CoV-2 infection in people with immune-mediated disorders.

Objectives: In this study we aimed to assess the time course of proven SARS-CoV-2 infection, development of humoral immunity with detectable antibodies to the virus and evaluate any changes in antibody titres over time.

Methods: We recruited 114 participants in total who had potential symptoms of Covid-19 infection. Participants were recruited from rheumatology or inflammatory bowel disease (IBD) clinics from their records who attended a London Teaching hospital for care. Ethical Approval was in place for the study. Age- and gender- matched control participants without any underlying rheumatological condition/IBD were recruited as a comparator group. Clinical symptoms for Covid-19 infection were assessed using the Covid-19 Rheumatology Global