Among RTX and N-RTX, 4/48 (8.3%) and 35/104 (33.7%) showed a positive IgG-SC2AT, respectively. Four out of 104 (38.5%) N-RTX tested positive without previous symptoms. No asymptomatic infection was diagnosed among RTX. Univariable analysis showed a lower rate of positivity to SC2AT in confirmed and suspected infection among RTX [Positive IgG-SC2AT in confirmed infection: RTX 4/10 (40%), N-RTX 16/20 (80%); $p=0.045$. Positive IgG-SC2AT in suspected infection: RTX 0/3 (0%), N-RTX 15/18 (83.3%); $p=0.015$].

A logistic binary regression identified previous symptoms [OR 61.2, 95CI(13.3-280.6) $p=0.0001$], male sex [OR 4.8, 95CI(1.3-17.8) $p=0.02$], non-rituximab treatment [OR 19.7, 95CI(3.6-106.3) $p=0.001$] as independent factors associated with a higher probability of positive IgG-SC2AT. Age, previous PCR status, corticosteroid and cDMARD use showed no statistical significance. This model accounted for 47.6% of positive cases.

Conclusion: RTX had a lower rate of positivity to IgG-SC2AT compared to N-RTX. Previous symptoms, male sex and non-RTX treatment were independently associated with higher probability of positive IgG-SC2AT.

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POS1205

THE IMPACT OF COVID-19 ON PATIENT MANAGEMENT AND PRESCRIBING STRATEGY ACROSS THE EU AND US: A REAL-WORLD SURVEY OF RHEUMATOLOGISTS, DERMATOLOGISTS, AND GASTROENTEROLOGISTS

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Background: The COVID-19 pandemic is expected to have impacted patient management on a global level. However, the degree of impact on patient management and prescribing strategy in the fields of rheumatology, dermatology and gastroenterology is unclear.

Objectives: Assess the impact of COVID-19 on patient management and prescribing strategy across the EU and US, as described by rheumatologists, dermatologists, and gastroenterologists.

Methods: Data were drawn from physician surveys in France, Germany, Italy, Spain, UK and US between July and December 2020. Physicians completed an online or telephone survey assessing how COVID-19 has impacted type and frequency of consultations; choice and prescription of medication.

Results: 847 physicians took part; 355 rheumatologists, 200 dermatologists (Germany, Spain, UK, and US only), and 282 gastroenterologists. As a result of COVID-19, most physicians stated they have moved at least some patients to video or telephone consultations (70% rheumatologists; 55% dermatologists; 60% gastroenterologists) and reduced overall frequency of consultations with patients (59% rheumatologists; 64% dermatologists; 51% gastroenterologists) (Table 1).

35% of rheumatologists, 22% of dermatologists, and 14% of gastroenterologists described COVID-19 as changing the way they choose and prescribe medication, with differences observed between countries (Figure 1). Of those who stated they have made medication changes, rheumatologists stated changing medication to self-administration (62%) and not starting new patients on an advanced therapy (biologic DMARD or targeted synthetic DMARD) (58%) as most frequent. Dermatologists stated changes include changing treatment to more COVID-appropriate treatment (71%) and prescribing repeat prescriptions more regularly without consultation (56%). Gastroenterologists stated changes include changing medication to self-administration (55%) and prescribing a longer course of medication (48%).

Comparing across countries, for all specialties, the greatest changes were observed in the UK followed by Spain, with least changes in Germany and Italy.

Conclusion: There have been changes in the process of how healthcare is delivered, although treatment prescription was impacted to a lesser extent than consultation type and frequency. This varies across geographies, which may be due to differences in reported prevalence of COVID-19. Differences are also observed across specialties, which may be due to guidance received from specialty bodies. It is unknown what the long-term impact of changes in the management of patients due to COVID-19 will be on patient outcomes, satisfaction, engagement and adherence, and further research is needed.

Table 1. Rheumatologist, Dermatologist, and Gastroenterologist described impact on patient management, by country

	Global (n=847)	France (n=90)	Germany (n=168)	Italy (n=122)	Spain (n=161)	UK (n=133)	US (n=163)
Rheumatologists	n=365	n=50	n=58	n=59	n=57	n=50	n=81
Moving to video/telephone consultation	70%	70%	36%	47%	86%	94%	84%
Fewer visits for individual patients (reduced visiting schedule)	59%	80%	0%	41%	96%	76%	65%
Dermatologists	n=200	-	n=50	-	n=50	n=50	n=50
Moving to video/telephone consultation	55%	-	40%	-	58%	66%	56%
Fewer visits for individual patients (reduced visiting schedule)	64%	-	60%	-	54%	72%	72%
Gastroenterologists	n=282	n=40	n=60	n=63	n=54	n=33	n=32
Moving to video/telephone consultation	60%	63%	18%	54%	83%	100%	69%
Fewer visits for individual patients (reduced visiting schedule)	51%	35%	43%	51%	43%	79%	69%

Figure 1. Proportion of rheumatologists, dermatologists, and gastroenterologists reporting changing the way they choose and prescribe medication as a result of COVID-19

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POS1206

SEROPREVALENCE OF SARS-CoV-2 ANTIBODIES IN AUTOIMMUNE INFLAMMATORY RHEUMATOLOGIC PATIENTS

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Background: Immune responses in AIIRD patients may be reduced and influenced by immunosuppressive treatments[1]. The effect of immunosuppression on the mounting of SARS-CoV-2 antibodies in AIIRD is not clear.

Objectives: To assess the prevalence of SARS-CoV-2 antibodies in AIIRD patients and to define clinical factors affecting this prevalence.

Methods: Consecutive consenting AIIRD patients from the Rheumatologic department in Tel Aviv Medical Center participated in the study.

Patients answered a questionnaire and were tested for SARS-CoV-2 antibodies. A two stage antibody testing was done in order to increase specificity.

Results: The study included 560 AIIRD patients (229 RA, 149 PsA, 84 SLE, 55 vasculitides, 40 SpA, 3 other CTD), of them 26 patients were found to have SARS-CoV-2 IgG antibodies (4.6%) (Table 1). This was more than double than a