evolving pattern of the physical and psychological responses to the pandemic is ongoing.

Acknowledgements: We would like to thank the Hibbs Lupus Trust.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3246

POS1242

FACTORS ASSOCIATED WITH MORTALITY IN PATIENTS WITH RHEUMATIC DISEASES AND COVID-19 IN MEXICO

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Background: As of the 25th of January 2021, more than 150 thousand deaths as consequence of COVID-19 have been reported in Mexico [1]. Advanced age, male gender and comorbidities have been described as risk factors for severe disease and mortality in general population [2]. COVID-19 mortality in Mexican patients with rheumatic and musculoskeletal diseases (RMDs) is unknown.

Objectives: To describe characteristics of Mexican patients with RMDs and COVID-19, and to analyse factors associated with mortality.

Methods: The Global Rheumatology Alliance COVID-19 (GRA) physician reported registry, is an international effort to collect information on COVID19 in adult patients with RMDs. GRA is an observational registry. The first patient from Mexico was registered on April 17, 2020. All Mexican patients registered in GRA until October 30, 2020 were included in this analysis. The association of mortality with demographic and clinical variables was estimated using logistic regression analysis.

Results: A total of 323 patients were registered, with a median age of 52 (IQR 41-61) years old, 166 (51.4%) patients lived in Mexico City. The most frequent RMDs were rheumatoid arthritis, 149 (46.1%) and systemic lupus erythematosus, 24 (19.8%). Over a third of patients with RMDs and COVID-19 (119 (36.8%)) were hospitalized, and 43 (13.3%) died. Table 1 shows clinical and demographic characteristics. In the univariable analysis, the absence of comorbidities was a protective factor, OR 0.3 (95% CI 0.1-0.6). Factors associated with mortality at COVID-19 diagnosis were age over 65 years old, having type 2 diabetes, chronic renal insufficiency, treatment at COVID-19 diagnosis with corticosteroids or with CD20 inhibitors. In the multivariable adjusted analysis, these factors remained independently associated with mortality. No associations with other treatments or comorbidities at COVID-19 diagnosis were found.

Conclusion: Mexican patients with RMDs and COVID-19 in the GRA physician reported registry had a mortality of 13.3%. Factors associated with mortality were those described in the general population, such as older age and being on corticosteroids and CD20 inhibitors treatment at COVID-19 diagnosis.

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Table 1. Clinical and demographic characteristics of patients with rheumatic diseases and COVID-19 in Mexico and mortality.

Characteristics at COVID-19 diagnosis	Total N=323	Death 43 (13.3)	Survivors 280 (86.7)	Univariable OR (95% CI)	Multivariable OR (95% CI)
Women, n(%)	268 (82.9)	33 (76.7)	235 (83.9)	0.6 (0.3-1.4)	0.5 (0.2-1.3)
Age >65 years old, n(%)	62 (19.2)	18 (41.9)	44 (15.7)	3.9 (1.9-7.7)	3.9 (1.9-8.3)
RMDs* n(%)					
Rheumatoid arthritis	149 (46.1)	23 (53.5)	126 (45.0)	1.6 (0.7-3.7)	-
Systemic Lupus Erythematosus	64 (19.8)	10 (23.3)	54 (19.3)	1.6 (0.6-4.3)	-
Spondyloarthritis (axial and others)	33 (10.2)	2 (4.7)	31 (11.1)	0.1 (0.1-2.8)	-
Others	77 (23.8)	8 (18.6)	69 (24.6)	1	-
Moderate/High disease activity ¹ , n(%)	57 (18.6)	7 (17.9)	50 (18.7)	1.0 (0.4-2.5)	-
None comorbidities, n(%)	136 (42.1)	8 (18.6)	128 (45.7)	0.3 (0.1-0.6)	-
Hypertension*, n(%)	88 (27.2)	12 (27.9)	76 (27.1)	1.0 (0.5-2.1)	-
Type 2 Diabetes*, n(%)	49 (15.2)	13 (30.2)	36 (12.9)	2.9 (1.4-6.1)	2.4 (1.1-5.4)
Obesity*, n(%)	21 (6.5)	3 (6.9)	18 (6.4)	1.1 (0.3-3.9)	-
Chronic obstructive pulmonary disease*, n(%)	15 (4.6)	1 (2.3)	14 (5.0)	0.5 (0.1-3.5)	-
Chronic renal insufficiency*, n(%)	17 (5.2)	6 (13.9)	11 (3.9)	3.9 (1.4-11.4)	3.4 (1.1-10.4)
Cardiovascular diseases*, n(%)	14 (4.3)	2 (4.7)	12 (4.3)	1.1 (0.2-5.0)	-
Corticosteroids*, n(%)	171 (52.9)	30 (69.7)	141 (50.3)	2.3 (1.1-4.5)	3.0 (1.4-6.5)
CsDMARD*, n(%)	247 (76.5)	33 (76.3)	214 (76.4)	1.0 (0.5-2.2)	-
CD20 inhibitor*, n(%)	21 (6.5)	7 (16.3)	14 (5.0)	3.7 (1.4-9.9)	4.9 (1.7-14.5)

*Overlapped, ¹ 307 patients.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3342

POS1243

TELEMEDICINE AND MANAGEMENT OF THE PATIENT AFFECTED BY GIANT CELL ARTERITIS DURING THE COVID-19 PANDEMIC - TELEMACOV

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Background: Giant cell arteritis (GCA) is the most common primary systemic vasculitis in western countries with the highest incidence among persons 70–79 years of age. Treatment has been with glucocorticoids (GCs) alone for many decades but recently Tocilizumab (TCZ) has demonstrated efficacy in reducing GC dose and flare rates in patients with GCA. Therefore, both early diagnosis and regular monitoring are necessary for the correct management of GCA. The COVID-19 pandemic has led to decisions by the governments of the countries involved, aimed above all at reducing the contagion. This has also led to reductions in health activities, limiting them to those of urgency by reducing or canceling checkups involving the risk of a time gap which for the GCA meant the interruption of clinical monitoring and therapeutic adjustment. At the same time, the pandemic situation has stimulated remote monitoring activities, through telephone contacts or video calls carried out by the rheumatologist. EULAR identified a minimal data set aimed at research and for clinical use, which includes the main clinical and instrumental data to be taken into consideration in monitoring the patient. For many data a clinical examination is not necessary but an interview is sufficient. We activated the TELEMACOV protocol (TELEMEDICINE AND MANAGEMENT OF THE PATIENT AFFECTED BY GIANT CELL ARTERITIS DURING THE COVID-19 PANDEMIC) monitoring the follow-up of patients affected by GCA through telemedicine tools in order to maintain an effective and risk-free follow-up in a pathology with a high risk of relapse.

Objectives: The purpose of the study is to evaluate the effectiveness of telemedicine in the follow-up of the patient with GCA.

Methods: We evaluated patients (pts) with a clinical diagnosis of GCA (received in previous periods) who were admitted to the our Rheumatology Unit. They were monitored monthly by telephone from 9 March to 9 June 2020 (during lockdown). All patients were asked questions divided according to the sub-groups listed below:

- Onset of new symptoms or their recurrence
- Exams carried out
- Current therapy
- Satisfaction of telephone call

Results: We performed 148 remote monitoring visits in 37 pts. The cohort was mainly composed by female (77.8%) and had a mean age of 71.85 ± 9.25 years. They were affected by GCA, with a mean duration of 5.3±2.3 months. The characteristics of these pts and the course of the disease are reported in Table 1. Pts treated with TCZ reduced their GC dose more than patients treated with GC alone (p: 0.032). Only one patient (treated with GC alone) had an ocular flare with the need to increase the dosage of the GC with good response and rapid