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 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 COVID-19 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 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 systemic lupus erythematosus, chronic obstructive pulmonary disease, chronic renal insufficiency, cardiovascular diseases, and corticosteroids. 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.

REFERENCES:
improvement. Furthermore, all patients considered this type of monitoring very satisfactory according to the Likert scale (1-5) with mean 4.4±0.2.

Conclusion: Our study has shown how telemedicine can be well used in pts with GCA as a possible alternative, for a limited period, to traditional visits, especially in a fragile population such as the elderly and more exposed to the risk of SARS-COV2 infection.

REFERENCES:

Table 1. Disease course and remote monitoring

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Baseline (at diagnosis)</th>
<th>Pre-lock-down</th>
<th>First Interview</th>
<th>Second Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESR</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>CRP mg/l</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>Hgb mg/dl</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>PGA (1-10)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>EGA (1-10)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>GC mg</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
</tbody>
</table>

Results: Patient characteristics are presented in Table 1. 57 (36%) of all patients had COVID-19 PCR test, 23 (14%) were positive, and 1 patient was diagnosed with COVID-19 because the CT findings were positive, although the PCR test was negative.

Conclusion: Preliminary results regarding the health status associated with COVID-19 of our patients with RMDS are presented. Biologic drugs seems not to increase COVID-19 but final results will be presented after the completion of statistical analysis of all data.

REFERENCES:

Disclosure of Interests: None declared

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POS1244 PRELIMINARY RESULTS OF LONG-TERM FOLLOW-UP OF THE HEALTH STATUS OF PATIENTS USING CSDMARDS AND B/TSDMARDS FOR RHEUMATIC DISEASES DURING THE COVID-19 PANDEMIC

F. Unlu Ozkan1, K. Sari1, I. Aktas1.1 University of Health Sciences Faith Sultan Mehmet Training and Research Hospital, Physical Medicine and Rehabilitation, Istanbul, Turkey

Background: Since its inception, the COVID-19 outbreak has been carefully monitored both by the patients using DMARDs and their physicians. There is no data that patients with rheumatic and musculoskeletal diseases (RMD) are at a higher risk of contracting COVID-19 disease than those without RMD (1). COVID-19-related death in people with RMD has been associated with older age, male gender, concomitant cardiovascular and pulmonary diseases, moderate/high disease activity, and certain treatments (rituximab (RTX), sulfasalazine (SSZ) and some immunosuppressants) (2).

OBJECTIVES: To determine the conditions of getting and being affected poorly by COVID-19 and related factors of RMD patients followed in our outpatient clinic.

Methods: 160 patients over 18 years of age who applied to our outpatient clinic between July 2020-January 2021; who used DMARDs for rheumatic diseases and agreed to participate were included in the study. The patients’ demographic data, RMDs, csDMARDs and bi/tsDMARDs usage, comorbid diseases and smoking status were recorded. The data of the patients on COVID-19 disease between March 2020 and January 2021 were questioned at each visit.

Results: Patient characteristics are presented in Table 1. 57 (36%) of all patients had COVID-19 PCR test, 23 (14%) were positive, and 1 patient was diagnosed with COVID-19 because the CT findings were positive, although the PCR test was negative.

Conclusion: Preliminary results regarding the health status associated with COVID-19 of our patients with RMD are presented. Biologic drugs seems not to increase COVID-19 but final results will be presented after the completion of statistical analysis of all data.

REFERENCES:

Disclosure of Interests: None declared

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POS1245 MORTALITY OF COVID-19 IN PATIENTS WITH RHEUMATIC DISEASES: COMPARISON TO THE GENERAL POPULATION IN MEXICO

M. U. Martinez-Martinez1, F. Irazaque-Palzuolzos2, T. S. Rodriguez-Reyne2, E. Zamora3, A. Castillo Ortiz2, B. E. Zazueta2, S. Durán Barragan1, M. Rull-Gabayer1, J. F. Mortezaqui-Ríos1, X. Jimenez Jimenez7, E. Martin-Nares3, D. Cervantes-Rosete2, D. Vega-Morales2, D. X. Xibilled Friedmann7, A. Barragán-Garillas8, E. Alvarez Hernandez8, M. Vázquez-Del Mercado Espinosa9, C. F. Fachecho Tena10, D. Alpizar-Rodriguez12 on behalf of Mexican Study group of COVID-19 in Rheumatic diseases. 1 Instituto Mexicano del Seguro Social, Internal Medicine, Riveredo, Mexico; 2 Centro de Investigación y Tratamiento Reumatológico S.C., Rheumatology, Mexico City, Mexico; 3 Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubiran, Immunology and Rheumatology, Mexico City, Mexico; 4 Centro Médico de Pensiones, Rheumatology, Merida, Mexico; 5 Private Practice, Rheumatology, Merida, Mexico; 6 Private Practice, Rheumatology, Mexico, Mexico; 7 Clínica de Investigación en Reumatología y Obesidad, Rheumatology, Guadalajara, Mexico; 8 Hospital General de México ‘Dr. Eduardo Regi’; Rheumatology, Mexico City, Mexico; 9 Private Practice, Rheumatology, Mexico City, Mexico; 10 Private Practice, Rheumatology, Monterrey, Mexico; 11 Servicios de Salud de Morelos, Departamento de Investigación y Capacitación, Cuernavaca, Mexico; 12 Hospital Civil de Guadalajara ‘Juan I. Menchaca’, Rheumatology, Guadalajara, Mexico; 13 Facultad de Medicina y Ciencias Biomédicas, Rheumatology, Chihuahua, Mexico; 14 Colegio Mexicano de Reumatología, Research Unit, Mexico City, Mexico

Background: COVID-19 outcomes in Mexican patients with rheumatic diseases (RDS) in comparison to general population patients are unknown. OBJECTIVES: To compare mortality and hospitalization of COVID-19 patients with RDS and those without.

Methods: We included for this study all the Mexican patients with RDS and COVID-19 registered from April 17th to October 30th, 2020 in the COVID-19 Global Rheumatology Alliance registry. We compare clinical and demographic characteristics of patients with RDS and COVID-19 to patients with COVID-19 that were selected randomly from the Mexican Epidemiology database (1:3). A logistic regression analysis was performed to adjust for confounder variables.

Results: We included 322 patients with COVID-19 and RDSs and 969 controls without RDSs. Table 1 shows the demographic characteristics and comorbidities of both groups. Bivariate analysis showed that patients with RDSs had higher mortality, were older, and had more comorbidities than controls. Cardiovascular, as diabetes, hypertension, cardiovascular and renal diseases were also more frequent in patients with RDSs. In the multivariate analysis, having a RD was no longer associated with mortality (Figure 1).