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.

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Table 1. Disease course and remote monitoring

Parameters	Baseline (at diagnosis)		Pre-lock down	SD	First Interview		Second Interview	
	Mean	SD			Mean	SD	Mean	SD
Patients treated with only GC (19 pts)								
ESR	74,08	23,95	13,02	8,2	12,75	6,42	9,84	6,63
CRP mg/l	47,4	42,2	1,01	1,1	1,55	2,29	1,56	2,24
Hgb mg/dl	11,6	2,6	13,2	2,24	12,75	3,19	13,58	2,12
PGA (1-10)	7,55	2,05	2,71	1,79	2,24	1,59	2,15	1,04
EGA (1-10)	6,99	1,85	2,19	1,42	1,97	1,13	1,43	0,97
GC mg	52,72	18,3	10,1	6,95	7,6	4,51	6,67	3,1
Patients treated with GC and TCZ (18 pt)								
ESR	74,56	36,58	11,3	3,85	9,89	4,71	3,37	4,4
CRP mg/l	47,8	41,7	1,13	0,65	1,58	0,85	1,62	0,73
Hgb mg/dl	11,36	3,88	12,98	4,91	12,43	4,3	13,25	5,15
PGA (1-10)	7,14	3,11	2,47	2,15	1,89	0,4	1,93	0,72
EGA (1-10)	6,93	2,72	0,95	0,73	0,68	0,43	0,41	0,72
GC mg	51,76	18,85	8,04	4,38	5,88	3,92	4,16	4,32

PGA: Patient Global Assessment EGA: Evaluator Global Assessment;

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

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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

Table 1. Patient characteristics

	All Patients n=160	COVID-19 Patients n=24
Male	61 (38%)	6 (25%)
Female	99 (62%)	18 (75%)
Mean age	49.5	49.5
Ever smoker	88 (55%)	8 (33,3%)
Obesity	51 (32%)	9 (37,5%)
Hypertension (HT)	46 (29%)	7 (29%)
Diabetes (DM)	22 (14%)	2 (8%)
Cardiovascular disease (CVD)	26 (16%)	5 (20%)
Chronic lung disease (CLD)	12 (7,5%)	4 (16%)
SpA	71 (44,3%)	9 (37,5%)
RA	71 (44,3%)	14 (58,3%)
PsA	14 (8,8%)	1 (4,2%)
SLE	2 (1,25%)	-
PMR	2 (1,25%)	-
cDMARD only	82 (51,2%)	14 (58,3%)
b/tsDMARD only	55 (34,4%)	8 (33,3%)
Combined DMARD	23 (14,4%)	2 (8,4%)

The rate of getting COVID-19 infection was 15% in all patients. This rate was 18% in all obese patients, 19% in those with at least one comorbid disease (HT, DM, CVD, CLD), and 22% in those who were obese and had at least one comorbid disease. 16% of non-smokers and 9% of those who ever smoked got COVID-19. Among patients over the age of 65 (n=17), 2 patients (%12) had COVID-19. Treatments of RMDs of patients with COVID-19 were as follows: bDMARD=8 [(Etanercept(ETN) n=2, adalimumab (ADA) n=2, certolizumab pegol (CTZ) n=1, infliximab (IFX) n=1, golimumab (GOL) n=1, RTX n=1)], csDMARD=14 [(methotrexate (MTX) n=4, leflunomid (LEF) n=4, SSZ n=3, HCQ n=2, MTX+SSZ+HCQ n=1)], combined=2 [tofacitinib (TOF)+MTX n=1, TCZ+LEF n=1)], none of them was using glucocorticoids. Overall 17% of patients using csDMARD, 14,5% of patients using b/tsDMARD as monotherapy and 9% of patients using combination treatment had COVID-19. Of the patients using HCQ (n=14), 3 (21%) were diagnosed with COVID-19 disease. 18 of the patients received COVID-19 treatment at home, 6 were hospitalized and 1 of them (RA patient, LEF user) needed intensive care unit. None of them died.

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's demographic data, RMDs, csDMARDs and b/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.

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POS1245

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

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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 confusion variables.

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