Conclusion: Chronic HCQ use did not prevent COVID-19 in RD compared to their household cohabitants. Health care profession, presence of comorbidities LES, SSC and rituximab were identified as main risk factors for COVID-19 and aging and heart disease as higher risk for hospitalization. Our data suggest these outcomes could be considered to manage them in clinical practice.

Table 1. Frequency and severity of COVID-19 in patients with rheumatic diseases on chronic use of hydroxychloroquine compared to their household controls

<table>
<thead>
<tr>
<th>Groups</th>
<th>Total</th>
<th>Patients (%)</th>
<th>Controls (%)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVID-19 outcomes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td>9256</td>
<td>(89.1)</td>
<td>5300 (88.3)</td>
<td>3956 (90.2)</td>
</tr>
<tr>
<td>Yes</td>
<td>1132</td>
<td>(10.9)</td>
<td>704 (11.7)</td>
<td>428 (8.8)</td>
</tr>
<tr>
<td>Severity</td>
<td>1059</td>
<td>(93.6)</td>
<td>662 (94.0)</td>
<td>397 (92.8)</td>
</tr>
<tr>
<td>Mild</td>
<td>52 (4.6)</td>
<td>32 (4.5)</td>
<td>20 (4.7)</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>21 (1.9)</td>
<td>10 (1.4)</td>
<td>11 (2.6)</td>
<td></td>
</tr>
</tbody>
</table>

HCQ: hydroxychloroquine. Moderate and severe COVID-19 included the need for any of the following: hospitalization, intensive care, mechanical ventilation or death.

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POS1253 MORTALITY RATE RELATED TO COVID-19 IN RHEUMATIC AND MUSCULOSKELETAL DISEASES (RMDs)

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Background: Spain has been one of the countries most impacted by the COVID-19 pandemic. Among Spanish patients, 56,799 deaths have been reported. Although we have been in this situation of pandemic for a year, studies that show risk mortality rates in patients with rheumatic diseases continue to be scarce.

Objectives: In patients with rheumatic and musculoskeletal diseases (RMDs) and infected with Covid – 19, a) we want to assess the mortality rate (MR) related to COVID-19; and b) to analyze the role of RMDs in mortality risk.

Methods: An observational longitudinal study was conducted during the epidemic peak in Madrid (11Mar to 20May2020). All patients attended at the rheumatology outpatient clinic of a tertiary hospital with a diagnosis of RMDs and SARS - CoV 2 infection were included (according to a medical diagnosis or confirmed with a positive SARS-CoV-2 PCR diagnostic test). All patients were included since the time of COVID-19 diagnosis. Main outcome: death related to COVID-19 infection. Independent variable: type of RMDs including: autoimmune (systemic autoimmune conditions (SAC) and inflammatory joint disease (IJD)) and non-autoimmune (mechanical diseases and inflammatory diseases (microcrystalline arthritis and tendonitis)). Covariates: sociodemographic, comorbidities, chronic use of corticoids prior to COVID-19 infection. Survival techniques were used to estimate the MR related to COVID-19, given per 1,000 persons-month with a 95% confidence interval [C].

Results: 406 patients were included with RMD and Covid – 19 infection with a total follow-up 642.5 patients-month. 69.21% were women with a mean age at diagnosis of 60 ± 15.26 years. The evolution time from the diagnosis of rheumatic disease was 8 ± 3.8 years. 26% had comorbidity at baseline. 25% were chronically on corticoids prior to the infection. Of the 406 patients, 244 (60.09%) had non-autoimmune RMD (157 mechanic, 87 inflammatory) and 162 (39.9%) (106 (65.43%) IJD, 56 (34.56%) systemic condition) had autoimmune RMD. Of the 406 patients, 45 (11%) died during the follow-up, being 12x days the mean time from infection to death (P<0.012) and a maximum of 60 days. MR was estimated in 70.03 [52.28-93.79] per 1,000 persons-month. MR was higher for men (MR 105(68-163)) than for women (MR 55 [37-2.86]) and in older people (MR <6.0: 4.4, [0.6-3.7]; MR 60-75 years: 38.7[173-862]; MR >75Years: 486 [354-1668]). The HR of mortality in autoimmune RMDs compared to non-autoimmune RMDs did not achieved statistical significance (HR: 1.39 [0.77-2.5], p=0.27). After adjusting for confounders, we did not find higher risk of mortality among the different types of RMDs (HR autoimmune vs non-autoinmunes: HR: 1.12 [0.6-2.02], p=0.7; HR IJD vs SAC: 1.5 [0.6-3.6], p=0.34; HR non-autoimmune vs SAC: 1.0 [0.5-2.5], P=0.7). Age (HR: 1.12, [1.10-1.15], p<0.001), and the presence of comorbidities (HR: 2.05, [1.08-3.89], p=0.027) increased the Mortality risk.

Conclusion: In patients with RD and COVID-19 infection, we found a mortality rate of per 7 per 100 persons-month. This study shows that the mortality risk related to COVID-19 is similar between autoimmune and non-autoimmune diseases after adjusting by confounders. We also found that age and comorbidities are risk factors for mortality related to COVID-19 infection.

REFERENCES:

Disclosure of Interests: None declared

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POS1254 INCIDENCE AND OUTCOME OF COVID-19 IN ROUTINE RHEUMATOLOGY CARE: DATA FROM A SINGLE OUTPATIENT CENTER IN GERMANY

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Background: Coronavirus SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) and its associated disease COVID-19 (Corona Virus Disease 2019) has become a worldwide pandemic since its first cases in December 2019 in Wuhan Province in China. Until now little is known about the incidence and the course of the disease in a routine setting of rheumatology outpatient care.

Objectives: Aim of the study was to identify cases with COVID-19, to analyse course and outcome of the disease and the potential role of antirheumatic medication.

Methods: On the occasion of a routine follow-up examination all consecutive patients of our rheumatology outpatient center were questioned about the history of established COVID-19, about typical symptoms or about contacts with patients in the period from March to the end of December 2020. Diagnostic work-up (results of PCR or antibody testing, imaging) was documented. Antibody ELISA-tests (IgG, IgA, IgM, Euroimmun) were performed in patients reporting typical signs and symptoms. Course and outcome of COVID-19 were divided in 5 groups (mild, moderate, severe, most severe, and lethal).

Results: About 2,000 patients were screened. Positive findings for SARS-CoV-2 confirmed by PCR or serological testing were detected in n=33/2000 (1.65%) patients (n=14/33 (43%) rheumatoid arthritis (RA), n=8/33 (24%) psoriatic arthritis (PsA), n=7/33 (21%) spondyloarthopathies (SpA), n=4/33 (12%) other diseases).


Disclosure of Interests: None declared

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