POS1261

DISEASE ACTIVITY AND PAIN LEVELS ARE NOT INFLUENCED BY THE CURRENT COVID19 PANDEMIC IN PATIENTS WITH RHEUMATIC DISEASES IN GERMANY – DATA FROM THE GERMAN COVID-19 PATIENT SURVEY

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Background: The current pandemic constitutes an entirely new situation for patients as well as physicians. The insecurity of the early phase, shutdowns, increasing infection rate and appearing SARS-CoV2 mutations have created a situation that makes life difficult especially for chronic diseases i.e. patients with rheumatic and musculoskeletal diseases (RMD) and their treating physicians. The psychosocial burden that is created by this special situation is completely unknown and is estimated to be higher in patients than in the general population.

Objectives: In order to measure the impact on our patients, the German COVID-19-Rheuma patient survey was set up in April 2020, during Germany's first shut down.

Methods: The German COVID-19-Rheuma patient survey is a patient reported longitudinal online survey where patients with RMD who registered between April and July 2020 are asked on a monthly base using an online survey on social, personal, medical factors, whether a COVID19 infection occurred, isolation measures were changed and scores regarding stress and anxiety are recorded. Between April and July 2020, 637 patients registered and completed a first survey. Up to January 2021, about 400 patients are still enrolled.

Here we present an interim analysis of the first 6 months regarding patients that were enrolled in April and May during the first shut-down. This first analysis compares the situation in the first lockdown to July, a phase with very low infection numbers in Germany, and to November, the beginning of the second lockdown.

Results: 150 patients (87% female) were enrolled in April/early May 2020. Mean age was 48 years (range 11-89). The majority of patients suffered from rheumatoid arthritis (51%), followed by psoriatic arthritis (17%), other spondyloarthropathies (10%) and connective tissue diseases (10%).

The majority of patients received antirheumatic therapies: 32% glucocorticoids (GC), 31% cDMARDs, 21% TNF inhibitors, 7% Jak inhibitors, and 9% other biologicals. Of the patients treated with GC, 25% were on GC monotherapy.

In the first lockdown, 26% of patients were working remotely and 24% were self-isolating (doubles included). Additionally, 48% were using masks that were not mandatory at that time and 41% were using disinfection in a regular manner. The rates for remote work and self-isolation did not change significantly over time while the mask use increased to 98% with the official obligation to do so. The use of disinfectants increased to 88% in November.

Regarding disease activity, no change in patient global assessment could be observed over time (4.3 ± 2.5 vs. 4.0 ± 2.6 and 4.0 ± 2.5). Self-reported pain was also stable over time as were sleep disturbances. While 48.2% of patients who were receiving physiotherapy paused in April, only 10 and 14% did so in July and November, respectively. 11% of the patients paused their medication in the first lockdown, whereas only 2.75% did so in July and 3.4% in November. Contact with the treating rheumatologist was maintained over time in the majority of cases.

Conclusion: While in the beginning of the pandemic the insecurity was considerable and the concern that the fear for infection would lead to inadequately treated patients with RMDs, we here show for the first time that on the one hand our patients were timely in taking adequate measures to keep themselves safe (e.g. self-isolating, mask use) and adapted to the clinical situation in not pausing their medication. Altogether, in this alert cohort, the pandemic did not lead to an increase of patient-reported disease activity in the first six months.

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POS1262

A COHORT STUDY OF COVID-19 RELATED MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN AND ADOLESCENTS FROM MULTIPLE TERTIARY CARE CENTRES IN SOUTH INDIA

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Background: After the peak of COVID 19 pandemic, a surge of cases with multi-system involvement and hyperinflammatory state was reported in children, at multiple tertiary care centers across the world. ⁽¹⁾ This COVID-19 associated multisystem inflammatory syndrome in children and adolescents is also known as multisystem inflammatory syndrome in children (MIS-C). There is a paucity of literature of clinical profile of MIS-C patients from India.

Objectives: To study the clinical manifestations and treatment outcomes of COVID-19 related multisystem inflammatory syndrome in children (MIS-C) and adolescents.

Methods: It was a cohort study including cases defined as per the case definitions of MIS-C by World Health Organisation (WHO) or Centre for Disease Control and Prevention (CDC). ⁽²⁾ The clinical parameters, laboratory parameters (including inflammatory markers, D dimer and NT ProBNP), electrocardiogram, 2D echocardiogram, course in hospital, and immediate outcomes were noted.

Figure 1. Frequency of clinical features in our MIS-C cohort patients

Table 1. Clinical characteristics of MIS-C patients (n)=25

Clinical Phenotypes:	
Incomplete/ Atypical Kawasaki Disease (KD)	18 (72%)
Macrophage activation syndrome (MAS)	11 (44%)
Unexplained Shock	13 (52%)
Fever with gastrointestinal symptoms	17 (68%)
Fever with neurological symptoms	9 (36%)
Fever with respiratory symptoms	5 (20%)
COVID chronology:	
MISC with acute COVID 19 with MAS	1 (4%)
MISC with acute COVID 19 with incomplete/atypical KD	1 (4%)
COVID 19 tests:	
COVID 19 RTPCR positive	2 (8%)
COVID 19 RTPCR negative	23 (92%)
COVID 19 IgG positive	20 (80%)
COVID 19 IgM positive	6 (24%)
COVID 19 IgG and IgM both positive	2 (8%)
COVID 19 IgG and IgM not done	4 (16%)
Other laboratory investigations	
(Peak/ trough values):	
Anaemia	20 (80%)
Leukopenia	2 (8%)
Thrombocytopenia	6 (24%)
Pancytopenia	2 (8%)
Positive CRP	23 (92%)
High Procalcitonin	9 (36%)
High ferritin	10 (40%)
High D- dimer	17 (68%)
High NT ProBNP	23 (92%)
Hypoalbuminemia	14 (56%)
Sterile pyuria	7 (28%)
Proteinuria	4 (16%)
Cardiac assessment:	
Abnormal Electrocardiogram (ECG)	5 (20%)
Abnormal Echocardiography	15 (60%)
Coronary dilation/prominence/non-tapering	9 (36%)
Coronary aneurysm	1 (4%)
LAD Z score (Mean±SD)	2.12 ± 1.11
Decreased Ejection fraction (EF)	5 (20%)
Systolic Dysfunction	5 (20%)
Pericardial effusion	9 (36%)
Global/septal hypokinesia	4 (16%)
Mitral Valve regurgitation	3 (12%)
Complete heart block	1 (4%)

Results: Twenty five patients (male-14) with a mean age of 6.22 ± 4.25 years and a mean body mass index of $16.21 \pm 3.36 \text{ kg/m}^2$ were enrolled on the study. Average length of hospital stay was 8.12 ± 5.76 days. Associated comorbidities were present in 4 of our patients (16%). Figure 1 shows the frequency of clinical features in our study patients. Table 1 shows the clinical, laboratory, imaging findings, disease course and outcomes.

Twenty patients (80%) had severe illness requiring intensive care. Fourteen patients (56%) required inotropic support, 8 patients (32%) required supplemental oxygen, 5 patients (20%) required mechanical ventilation and 2 patients (8%) expired. A total of 23 patients (92%) received pulse steroids followed by oral/iv steroids, 22 patients (88%) received IVIG (2g/kg) and 3 patients (12%) required anticoagulation.

Conclusion: Our MIS-C cohort had varied clinical manifestations ranging from the mild cutaneous and gastrointestinal symptoms to fatal multiorgan dysfunctions. In contrast to western cohorts, our study cohort had higher number of patients from younger age group and lower BMI.

REFERENCES:

- [1] Ahmed M, Advani S, Moreira A, Zoretic S, Martinez J, Chorath K et al. Multisystem inflammatory syndrome in children: A systematic review. *EClinicalMedicine*. 2020;26:100527.
- [2] Jiang L, Tang K, Levin M, Irfan O, Morris S, Wilson K et al. COVID-19 and multisystem inflammatory syndrome in children and adolescents. *The Lancet Infectious Diseases*. 2020;20(11):e276-e288.

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POS1263

COVID-19 FROM THE PATIENTS'S PERSPECTIVE: PRELIMINARY RESULTS OF ONLINE SURVEY

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Background: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), also known as COVID-19, is now in the spotlight of the medical community. Obtaining the most complete data on COVID-19 in the rheumatic diseases (RD) is an urgent task, and the data received directly from patients seems to be extremely important.

Objectives: To study the factors, associated with the possibility of COVID-19 in patients with RDs.

Methods: We conduct COVID-19 Russian rheumatology patient experience survey to create a registry of "Patient's Opinion on Covid-19 in Rheumatic Diseases (POPCORD)". This ongoing project is based on the data collected directly from Russian-speaking patients with different RDs who fill out a special questionnaire via the <https://revmo-covid.ru/>. The questionnaire was developed by the national patient organization – Russian Rheumatology Association "Nadezhda" in collaboration with Moscow regional rheumatology center and department of rheumatology of Moscow Regional Research and clinical institute n.a. M.F. Vladimirovsky (MONIKI). The anonymous questionnaire includes information on whether the patient had COVID-19, as well as information on rheumatic disease, its treatment, and information on social distancing and compliance with other anti-epidemic measures.

Results: At the moment, 1050 patients (92% from Russia, 8% from other countries) completed the survey, including residents of 74 regions of Russia, most of them from Moscow (20%), Moscow region (8%) and St. Petersburg (8%). In total, there were 93% females, with mean age 40.28 ± 11.26 (M $\pm$ SD, median 38 [32;48]), BMI 24.52 ± 5.38 (median 23.42 [21;27]), disease duration 7.91 ± 8.46 (median 5.00 [2;11]). The main diagnoses reported: rheumatoid arthritis (49%), ankylosing spondylitis (14%), systemic lupus erythematosus (13%), psoriatic arthritis (6%), Sjogren's disease (5%), systemic sclerosis (3%), other (10%). 344 (31.8%) patients reported COVID-19 or suspected SARS-CoV-2 viral pneumonia. Relatives or physicians reported 3 cases of death related to COVID-19. The most important results of the survey presented in Table 1.

Table 1. Main results of the patients survey, n=1050.

Item	Results (n, %)		p, chi-square
	No COVID-19/ pneumonia reported (n=716)	COVID-19/ pneumonia (n=334)	
Smoking status			0,003
• Current smoker	118, 16,5%	25, 7,5%	
• Never smoke	359, 50,1%	199, 59,6%	
• Quit smoking	239, 33,4%	110, 32,9%	
Vaccination during last 3 years against Influenza, Pneumococcus and others			0,265
• No	531, 74,2%	236, 70,7%	
• Yes	185, 25,8%	98, 29,3%	
Social distancing			0,003
• I avoid crowds and large gatherings of people	412, 57,5%	172, 51,5%	
• Self-isolation	219, 30,6%	96, 28,7%	
• No social distancing	85, 11,9%	66, 19,9%	
Hygiene			0,031
• wearing a mask, hand washing/using a sanitizer, gloves etc.	705, 98,5%	321, 96,1%	
• nothing	11, 1,5%	13, 3,9%	
Withdrawal of anti-rheumatic medication last weeks for fear of infection			<0,001
• Yes	124, 17,3%	104, 31,1%	
• No	592, 82,7%	230, 68,9%	
Possible contacts with COVID-19 infected persons			<0,001
• Yes	203, 28,4%	205, 61,4%	
• No	299, 41,8%	65, 19,5%	
• Don't know	214, 29,9%	64, 19,1%	

Conclusion: According to patient-reported data, lack of adherence to social distancing and hygienic measures, higher possibility of contacts with infected persons, as well as withdrawal of anti-rheumatic medication for fear of infection and smoking status were the factors, significantly associated with the possibility of COVID-19/viral pneumonia in patients with rheumatic diseases.

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POS1264

IMMUNE-MEDIATED DISEASES (IMID) AND CORONAVIRUS DISEASE 2019 (COVID-19): RESULTS FROM AN OBSERVATIONAL RETROSPECTIVE MULTICENTER STUDY

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Background: The novel coronavirus emerged in 2019 in Wuhan has caused a global pandemic of coronavirus disease (COVID-19). Immune-mediated diseases (IMID), as inflammatory arthritis or inflammatory bowel disease (IBD), have some special implications due to their pathogenesis and treatments. Some treatments employed in IMID are now being used in the treatment of severe COVID-19. There still exists controversy about IMID behavior and its complications.^{1,2}

Objectives: To assess COVID-19 severity in IMID patients and its prognosis predictors.

Methods: An observational retrospective multicenter study was performed in two Spanish Hospitals (Clinical University Hospital in Santiago de Compostela