and Gregorio Maran Hospital). Patients were selected if they were diagnosed of an IMID (rheumatoid arthritis, psoriatic arthritis, espondyloarthritis, ulcerative colitis and Crohn's disease) and had COVID-19 infection between February and April 2020.

Demographic, clinical, analytical and treatment data were collected. Logistic regression was used to evaluate potential predictors.

Stata 15.1 was used to perform statistical analysis.

Results: 91 patients were recruited. 55 suffered from a rheumatic disease and 36 suffer IBD. Baseline characteristics are shown in Table 1.

Univariable analysis reached age, comorbidity, female gender, flu vaccine, arthropathy, basal classical synthetic anti-rheumatic drugs (csDMARD), pneumonia and basal C-reactive protein (CRP) as potential predictors of non-severe (absence of death, respiratory insufficiency, intensive care unit admission or sepsis) COVID-19 disease ($p < 0.2$). After multivariable analysis, only female gender (OR 4.60 [CI95% 1.00, 21.2] $p=0.050$), lower age (OR 0.94 [CI95% 0.88, 1.00] $p=0.042$) and lower basal levels of CRP (OR 0.87 [CI95% 0.77, 0.97] $p=0.010$) were predictors for non-severe disease ($p < 0.005$).

Mean time of healing (symptoms solved in outpatient and hospital discharge in admitted) from COVID-19 was 13.8 days (SD 16.3). Univariable analysis showed arthropathy, COVID-19 symptomatic and basal glucocorticoids (GC) dose as potential predictors of higher time-to-healing from COVID-19 disease ($p < 0.2$). After multivariable analysis, only lower GC basal dose predicts higher time-to-healing (OR -1.83 [CI95% -2.81, -0.84] $p=0.001$).

11 patients deceased because of COVID-19. Univariable analysis reached age, basal csDMARD, pneumonia and basal CRP as potential predictors of COVID-19 mortality ($p < 0.2$). After multivariable analysis, only higher age was a predictor for mortality (OR 1.14 [CI95% 1.04, 1.25] $p=0.006$).

Conclusion: IMID patients showed similar predictors of mortality than general population involving COVID-19. Immune-modulating agents did not seem to overshadow the prognosis of COVID-19 infection. Female gender, lower age and lower basal CRP could select a cohort of "good" prognosis patients with mild COVID-19 disease as well higher age points out the worst prognosis. Even that, each case should be individualized.

REFERENCES:

- [1] Ceribelli A, et al. Recommendations for coronavirus infection in rheumatic diseases treated with biologic therapy. *J Autoimmun.* 2020;109:102442.
- [2] Micaela F, et al. COVID-19 in patients with rheumatic diseases in northern Italy: a single-centre observational and case-control study. *Lancet Rheumatol* 2020;2:e549-56.

Table 1. baseline characteristics between non-severe and severe COVID-19 patients.

Variables	Non-severe (67)	Severe (24)	p-value
Age, mean (SD)	56.8 (14.6)	70.2 (13.7)	0.000
Female, n (%)	38 (63.3)	10 (41.7)	0.070
HLA-B27 +, n (%)	9 (17.7)	2 (10.0)	0.423
Disease evolution (years), median (IQR)	12.5 (5;24)	14 (9;20)	0.891
Comorbidity, n (%)	35 (59.3)	21 (87.5)	0.013
Flu vaccine, n (%)	51 (85.0)	23 (95.8)	0.166
Basal GC, n (%)	18 (30.0)	12 (50.0)	0.084
csDMARD, n (%)	32 (47.8)	16 (66.7)	0.111
b/tsDMARD, n (%)	35 (52.2)	11 (45.8)	0.590
COVID-19 symptoms, n (%)	55 (93.2)	24 (100)	0.191
Pneumonia, n (%)	31 (51.7)	21 (87.5)	0.002
Admission, n (%)	30 (50.0)	23 (95.8)	0.000
CRP, median (IQR)	3.5 (2;9)	10.0 (3;20)	0.005

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POS1265

CHALLENGES OF EGYPTIAN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS DURING COVID-19 PANDEMIC

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Background: Coronavirus disease 2019 (COVID-19) pandemic in Egypt is part of worldwide COVID-19 pandemic caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)[1]. The current COVID-19 pandemic has contributed to substantial deterioration to healthcare systems worldwide [2]. Systemic lupus erythematosus (SLE) patients may have several barriers as medications access during the pandemic.

Objectives: The aim of this study was to assess the tremendous challenges faced by the Egyptian SLE patients during COVID-19 pandemic either in the drug shortage, hospitalization or COVID-19 infection through a questionnaire-based study.

Methods: This questionnaire-based study was carried out on 200 patients with SLE from Egypt. The questionnaire provided covered socioeconomic status, lupus disease data, knowledge about COVID-19 infection and medical and family history of COVID-19 infection.

Results: The mean age of the participants was 30.1 years (with SD 8.4). Among the participants, 180 (90 %) were females and 172 (86%) were from urban areas. Corticosteroids and mycophenolate mofetil and antimalarials were the most used medications (87%, 87% and 70 % respectively). 140/200 (70 %) of the participants reported difficulty in obtaining medications during COVID-19 pandemic particularly antimalarials (60%). Lupus disease activity was affected by the drug shortage in half of the participants. Twenty-eight (14%) patients lost their jobs while 26 patients (13%) reported that their work was severely impacted by the crisis. Among the precautions taken for prophylaxis against infection wearing protective masks (74%) and using disinfectants of the hands several times per day (67%) were the most reported measures. Forty patients (20%) had to stop or reduce taking NSAIDs to guard against COVID-19 infection while 10 patients (5%) had to start taking antimalarials as a prophylaxis. Among 34 patients (17%) who needed hospitalization, 26 (76%) were mainly due to lupus activity and 24 (71%) of them found difficulty on hospital admission because of COVID-19 pandemic. About 40 % of the participants reported that they had at least one close relative had confirmed COVID-19 infection. In addition, thirty-two patients (16%) had confirmed COVID-19 infection. Most of them became clinically free after treatment. However, about half of them had lupus flare and had to change the medications used for treatment of lupus.

Figure 1 shows the differences between males and females in response to the questionnaire. 58.6% of females versus 20 % of males would use telemedicine for remote contact with the rheumatologist. Most of females were more keen than males to wear the masks (76.7% versus 50 % respectively).

Conclusion: The current COVID-19 pandemic has negative impact on the healthcare provided to SLE patients in Egypt. Patients with SLE faced shortage their medications especially antimalarials.

REFERENCES:

- [1] Today, E.J.R.o., Egypt announces first Coronavirus infection. 2020. **28**(02): p. 2020.
- [2] Rath, M., et al., Impact of the COVID-19 pandemic on patients with systemic lupus erythematosus: Observations from an Indian inception cohort. 2021. **30**(1): p. 158-164.

Figure 1. The frequency of the response to questionnaire in Egyptian lupus patients by gender

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POS1266

COVID-19 IN PATIENTS WITH RHEUMATIC DISEASES: SURVEY-BASED ASSESSMENT OF THE RISK OF HOSPITALIZATION

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Background: Prognosis of the need for in-hospital treatment in patients suffered with COVID-19 is crucial to optimize the use of medical resources. Risk factors of hospitalization due to COVID-19 are not sufficiently studied in patients with rheumatic diseases (RD).

Objectives: To reveal factors associated with the risk of hospitalization of patients with RD due to SARS-CoV-2 (COVID-19) infection.