Conclusion: Our study suggests that the new coronavirus infection in most cases in children with RD, had mild or asymptomatic course, regardless of therapy with immunosuppressive drugs and bDMARD, except in 1 observation with the previous therapy of Rituximab. Worsening of RD after coronavirus infection developed in 15% of cases, regardless of its clinical manifestations. In 13 patients, the RD were started just after COVID-19. The explosive increasing of the incidence of a new strain of COVID-19 for a past month may change the current results and conclusions.

Disclosure of Interests: None declared

RA comorbidities

Table 1. Clinical characteristics of patients with COVID-19 and RD

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Covid-19 with 95% CI</th>
<th>Worsening of RD after Covid-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (F/M)</td>
<td>96/66 (95-97)</td>
<td>109/49 (107-111)</td>
</tr>
<tr>
<td>Age (years)</td>
<td>15 (14-16)</td>
<td>13 (10-16)</td>
</tr>
<tr>
<td>lgG COVID-19 positive</td>
<td>91 (89-93)</td>
<td>126 (123-129)</td>
</tr>
<tr>
<td>lgM COVID-19 positive</td>
<td>9 (8-10)</td>
<td>6 (5-7)</td>
</tr>
<tr>
<td>PCR COVID-19 positive</td>
<td>96 (95-97)</td>
<td>106 (104-108)</td>
</tr>
</tbody>
</table>

Diagnosis of RD

Nineteen patients (9 female, 10 male) were identified with COVID-19. Whether this is Long-COVID syndrome or an outcome.

The clinical characteristics of the patients are presented in Table 1. COVID-19 activity and high disease activity were present in 11% and 19% of patients, respectively. Temporary withdrawal of DMARDs and bDMARDs was reported in 8% and 18% of patients, respectively, during COVID-19.

Table 1. Adverse events in patients with autoimmune disease-related ILDs in the SENSCIS and INBUILD trials in subgroups by sex and age at baseline.

<table>
<thead>
<tr>
<th>Age &lt;65 years</th>
<th>Age ≥65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nintedanib</td>
<td>Placebo</td>
</tr>
<tr>
<td>(n=268)</td>
<td>(n=255)</td>
</tr>
<tr>
<td>Nintedanib</td>
<td>Placebo</td>
</tr>
<tr>
<td>(n=267)</td>
<td>(n=262)</td>
</tr>
</tbody>
</table>

Most frequent adverse events

Diarrhoea 338 (73.9) 377 (70.2) 373 (71.6) 38 (31.4) 197 (73.8) 85 (32.4) 74 (71.8) 30 (26.3)
Nausea 92 (34.3) 35 (13.7) 21 (19.6) 14 (11.6) 86 (32.2) 38 (14.5) 27 (26.2) 11 (9.6)
Vomiting 73 (27.2) 22 (8.6) 12 (11.8) 14 (11.6) 61 (22.8) 27 (10.3) 24 (23.3) 9 (7.9)
Skin ulcer 12 (4.5) 12 (4.5) 12 (11.8) 13 (10.7) 42 (15.7) 15 (5.7) 12 (11.7) 5 (4.4)
Nasopharyngitis 34 (12.7) 41 (16.1) 21 (19.6) 21 (17.4) 33 (12.4) 43 (16.4) 13 (12.6) 19 (16.7)
Weight decreased 34 (12.7) 8 (3.1) 10 (9.8) 6 (5.0) 29 (10.9) 9 (3.4) 15 (14.6) 5 (4.4)
Decreased appetite 0 (0.0) 9 (3.5) 12 (11.8) 13 (10.7) 43 (15.9) 10 (3.8) 17 (16.5) 3 (2.6)
Abdominal pain 32 (11.9) 18 (7.1) 8 (7.8) 5 (4.1) 27 (10.1) 19 (7.3) 13 (12.6) 4 (3.5)
Upper respiratory tract infection 30 (11.2) 32 (12.1) 32 (12.1) 9 (8.8) 29 (10.9) 31 (11.6) 33 (32.6) 8 (7.8)
Cough 23 (8.6) 39 (15.3) 13 (12.7) 19 (15.7) 27 (10.1) 46 (17.6) 9 (8.7) 12 (10.5)
Liver-related investigations, signs and symptoms 49 (18.3) 11 (4.3) 13 (12.7) 6 (5.0) 42 (15.7) 12 (4.6) 20 (19.4) 5 (4.4)
Adverse event(s) leading to dose reduction 101 (37.7) 9 (3.5) 18 (17.6) 3 (2.5) 81 (30.3) 9 (3.4) 38 (36.9) 3 (2.6)
Serious adverse event(s) 44 (16.4) 21 (8.2) 17 (16.7) 13 (10.7) 39 (14.6) 8 (3.5) 22 (21.4) 16 (14.0)

n (%) of patients with ≥1 such adverse event over 52 weeks. Adverse events were coded based on preferred terms in the Medical Dictionary for Regulatory Activities (MedDRA), except for liver-related investigations, signs and symptoms, which was based on a standardised MedDRA query. *Adverse events reported in >1% of patients with autoimmune disease-related ILDs in the nintedanib or placebo group.
patients aged <65 and ≥65 years, respectively. The AE profile of nintedanib was similar between males and females, but nausea, vomiting, hepatic adverse events and dose reductions were more frequent in females. The AE profile of nintedanib was similar between patients aged <65 and ≥65 years, but nausea, decreased appetite, and weight loss were more frequent in patients aged ≥65 years. AEs leading to treatment discontinuation were more frequent in patients aged ≥65 years in both treatment groups. Serious AEs were more frequent in males and in patients aged ≥65 years in both treatment groups.

Conclusion: In patients with autoimmune-disease related ILDs, the AE profile of nintedanib in subgroups by sex and age was generally consistent with the known safety profile, but certain types of AE and dose reductions were more frequent in female patients, while serious AEs were more common in male patients.

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OD has/had relationships with the following companies in the area of potential treatments for systemic sclerosis and its complications in the last three calendar years:

Speaker fee: Bayer, Boehringer Ingelheim, Janssen, Mindscape, Consultant of: OD has/had relationships with the following companies in the area of potential treatments for systemic sclerosis and its complications in the last three calendar years:

Consultancy fee: Abbvie, Acceleron, Alcremed, Argen, AnaMar, Arxa, Astra-Zeneca, Baecon, Blade, Bayer, Boehringer Ingelheim, Corbus, CSL Behring, 4P Science, Galapagos, Glenmark, Horizon, Inventiva, Kymera, Lupin, Miltenyi Biotec, Mitsubishi Tanabe, MSD, Novartis, Prometheus, Roivant, Sanofi and Topadur
OD has/had relationships with the following companies in the area of potential treatments for arthritis in the last three calendar years:

Consultancy fee: Abbvie, Grant/research support from: OD has/had relationships with the following companies in the area of potential treatments for systemic sclerosis and its complications in the last three calendar years:


Background: The prevalence of salivary glands ultrasound (SGUS) abnormalities in Sjögren's syndrome (SS) is well described26. However, the prevalence is still unknown in rheumatoid inflammatory conditions such as rheumatoid arthritis (RA).

Objectives: The main objective of this study was to describe the prevalence of SGUS parenchymal structural abnormalities in patients with RA. Secondary objectives were: i) to study correlation between disease duration and the SGUS OMERACT score and ii) to study correlation between duration of sicca syndrome and the SGUS OMERACT scores.

Methods: 561 patients with RA satisfying ACR/EULAR 2010 classification criteria were included in 10 french centers in the prospective cohort BCD, comparing joint ultrasonography to clinical follow-up. Cross sectional SGUS examination (parotid and submandibular) was performed in a substudy of this cohort. The new OMERACT-SGUS scoring system27 was used and clinical, biological, immunological and radiological data were collected.

Results: 100 patients agreed to be included in this substudy of BCD cohort, and a total of 98 SGUS patients data were evaluated (lack of SGUS data for 2 patients). Most patients were women (81%), mean age 59 years, with time from RA diagnosis of 11 years on average. The mean CRP-DAS-28 at baseline was at 3.2 with a third of patients in remission at inclusion. Anti-CCP antibodies or RF was positive in 92 patients (92%). 27 patients (27%) complained of eye dryness and 20 (20%) of mouth dryness. 12 (12%) suffered from both. The levels of self-reported fatigue was higher than in the general group of RA included in the study. Two thirds of patients benefited from csD-MARD, with a third treated with bDMARDs. 33 (33%) also benefited from a corticosteroid treatment. Among 98 patients, 22 (22.5%) had at least one salivary gland scored grade 1 or more, this number was reduced to 18 patients (18.4%) when considering only the parotids. 7 patients (7.1%) had at least one salivary gland scored grade 2 or more, with a number reduced to 4 patients (4.1%) when considering only the parotids. Only one patient (1%) had a parotid gland scored 3. In the 7 patients presenting significant abnormalities in SGUS (grade 2 or more), 5 patients had either eye or dry mouth symptoms (71.4%).

Conclusion: Our findings suggest that 7% of RA patients present significant SGUS abnormalities according to OMERACT scoring system, associated with clinical sicca syndrome in 71% of cases. There was no significant association between the duration of rheumatoid arthritis and the OMERACT score (Spearman coefficient for correlation -0.028, p = 0.99). There was also no significant association found between the duration of sicca symptoms and the OMERACT score (Spearman coefficient for correlation 0.025, p = 0.89). This study highlights the importance of SGUS assessment in RA sicca patients to improve monitoring and follow-up in routine clinical practice.

REFERENCES:


Disclosure of Interests: None declared