

in both groups. There were also no significant differences in the vaccine-related anxiety levels. However, the expectation of vaccine efficacy was higher in the acceptance group and significantly influenced vaccination intention as revealed by multivariate analyses (Table 1).

**Conclusion:** The perception of vaccine efficacy is strongly correlated with vaccine acceptance. In order to promote vaccination in patients with RMDs, this study suggests that emphasizing the efficacy of the vaccine may be more effective than alleviating anxiety about the adverse effects of the vaccine.

#### REFERENCES:

[1] Strangfeld, A. et al. *Ann. Rheum. Dis.* 2021; 80: 930–942.

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### REMOTE AND PHYSICAL CONSULTATIONS DURING THE FIRST 15 MONTHS OF THE COVID-19 PANDEMIC: USE AND PATIENT-SATISFACTION IN PATIENTS WITH INFLAMMATORY RHEUMATIC DISEASES FOLLOWED IN THE DANBIO REGISTRY

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**Background:** During COVID-19 related lockdowns, physical attendance may be replaced by remote (by telephone, email, video consultations in patients with inflammatory rheumatic diseases (IRD). During re-opening of society, reallocation of health-care resources could potentially cause persistent changes in access to physical consultations.

**Objectives:** To explore use of remote consultations in patients with IRD followed in the nationwide DANBIO registry at three time points (lockdown from spring 2020 followed by gradual reopening of society) during the COVID-19 pandemic. Furthermore, to explore satisfaction with treatment access, and preferred mode of consultation including potentially associated clinical factors.

**Methods:** We performed a nationwide survey where three times, an online questionnaire (Q) "You and your arthritis in times of COVID-19" with questions regarding use of and access to remote and physical consultations was sent to all patients in DANBIO (Q1: March-April 2020, Q2: November 2020, Q3: May 2021). (ref)

Patient characteristics were captured in DANBIO (gender/age/diagnosis/biological therapy) and from the questionnaire (work status/comorbidities/EQ-5D). Use of physical and/or remote consultations 0-3 months before surveys and satisfaction with access was identified. Clinical factors associated with a preference for physical consultations at time of Q3 (versus remote contact (telephone/e-mail/video)) were explored with multivariable logistic regression analysis.

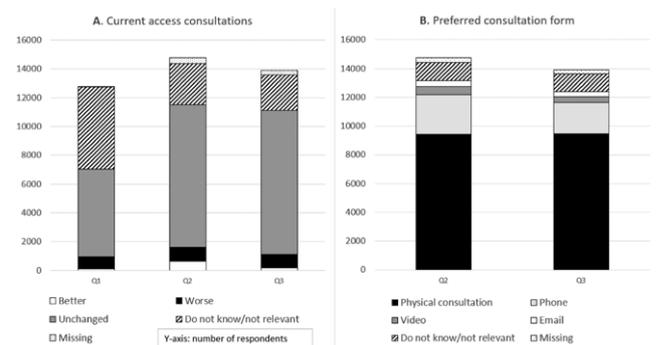
**Results:** Totally, 12,789/14,755/13,921 patients responded to Q1/Q2/Q3, respectively, with 23,311 unique patients participating in at least one survey. Characteristics of patients responding to Q3 are shown in Table 1.

**Table 1. Respondents to questionnaire 3, n=13,921.**

Gender	Female	63%
Median age, IQR, years		64 (54-72)
Diagnosis	Rheumatoid arthritis	64%
	Psoriatic arthritis	16%
	Axial spondyloarthritis (AxSpA)	12%
	Other	8%
Current occupational status	Working	41%
No. of self-reported comorbidities	≥1	65%
Current biologic use	yes	27%*
EQ-5D, median (IQR)		0.8 (0.70-0.9)

EQ-5D: EuroQol quality of life (5-dimension)\*By March 2020

During the preceding 3 months, proportions of patients with physical/remote consultations were 22%/45%, 41%/38%, 40%/39% for Q1, Q2, Q3, respectively. Remote consultations were mainly by telephone, whereas email (<5%) and video (<1%) were rarely used. In all three surveys, only 7% of respondents found that access to counseling with their rheumatologist had deteriorated during the pandemic (Figure 1A) whereas the majority found it to be unchanged or did not know. The preferred contact form was physical consultations (68-74%, Figure 1B, not available for Q1). Factors associated with preference for physical consultation were female gender, higher age (>60 years), biological treatment, low EQ-5D and not having axial spondyloarthritis, whereas work status and comorbidities were without significance (logistic regression analyses, details not shown).



**Figure 1.**

**Conclusion:** Despite a widespread use of remote consultations during the pandemic, nationwide questionnaire surveys performed at three time-points during the COVID-19 pandemic showed that most patients were satisfied with access to rheumatic counseling. Nevertheless, in-person contacts were preferred by most patients, mainly women and elderly.

#### REFERENCES:

[1] Glinborg B, al. *RMD Open*. 2021;7(1).

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