associated with undifferentiated connective tissue disease in 5 patients, SLE in 5 patients, scleroderma in 4 patients, Sjögren's syndrome in 4 patients, Behcet's disease in 1 patient, vasculitis associated with sarcoidosis in 1 patient, rheumatoid vasculitis in 1 patient, leukocytoclastic vasculitis in 1 patient, polyarteritis nodosa in 1 patient and Takayasu disease in 1 patient. The median age (q1-q3) was 62 (52-68) years. Covid19 infection was detected in only 3 patients (8%) during the CYC therapy protocol. The median cumulative CYC dose for these patients was 3.5 g. One out of 3 patient was hospitalized for Covid 19 pneumonia. There was no death due to Covid19.

Conclusion: In this study, it has been shown that CYC therapy was safe during the Covid19 pandemic period.

Disclosure of Interests: None Declared.

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AB1302

IMPACT OF THE COVID-19 PANDEMIC ON TREATMENT ADHERENCE AND THE ACTIVITY OF RHEUMATOID ARTHRITIS

Keywords: Outcome measures, Rheumatoid arthritis, COVID

M. Ghali1, M. Arthaud1, J. Mahboub1, S. Zroud1, I. Bejia1, M. Touzi1, N. Bergaoui1. Fattouma Bourguiba Hospital, University of Monastir, Rheumatology, Monastir, Tunisia

Background: During the COVID-19 pandemic, repetitive lockdowns and fear of SARS-CoV-2 infection compromised the treatment adherence of immunocompromised patients, particularly those with rheumatoid arthritis (RA). These therapeutic changes had a certain impact on the adherent RA patients. The aim of our study is to assess the impact of the COVID-19 pandemic on therapeutic adherence and disease activity among RA patients.

Methods: We conducted a cross-sectional study involving patients with RA who met the ACR/EULAR 2010 criteria. To evaluate therapeutic adherence we used 2 validated scores: the Compliance Questionnaire of Rheumatology (CQR)-5 and the Morisky Medication Adherence Scale-4 (MMAS-4). For each patient, we compared the DAS28 score, visual analog pain scale (VAS), sedimentation rate (ESR), and C-reactive protein (CRP) before and during the pandemic.

Results: We included 190 patients, of whom 155 were women and 35 were men. The average age was 55 ± 13.16 years. During the COVID-19 pandemic, the mean DAS28 score was 4.17 ± 1.03. Poor adherence was observed in 33% of cases according to MMAS-4 and in 34.5% of cases according to CQR-5. Patients who missed at least one consultation appointment accounted for 65% of cases. Teleconsultation was used in 17% of cases. Non-renewal of the prescription was the most frequent reason for therapeutic modification (47%). Sixty patients (31.7%) had contracted COVID-19 and the minor form was the most frequent (86% of cases). Poor therapeutic adherence assessed by the CQR-5 was significantly associated with: advanced age (p=0.001), low intellectual level (p=0.006), missed consultations (p<0.001), non-use of teleconsultation (p<0.001), and high disease activity (p<0.001). Factors associated with poor adherence according to MMAS-4 were: advanced age (p=0.01), rural origin (p=0.007), low intellectual level (p<0.004), comorbidities (p=0.03), missed consultations (p=0.001), non-use of teleconsultation (p=0.001) and SARS-CoV-2 infection (p=0.043). The comparison of CRP and DAS-28 showed that compared to pre-pandemic values: pain (p=0.001), ESR (p=0.008), CRP (p=0.04), and DAS-28 (p=0.001) were significantly higher during the pandemic. Increased disease activity was significantly associated with the presence of comorbidities (p=0.018), low therapeutic adherence (p<0.001), and missed consultations (p=0.014). There was no significant association between SARS-CoV-2 infection and disease activity.

Conclusion: Treatment adherence of RA patients during the COVID-19 era was challenged. Elderly, illiterate, and rural patients were the most likely to miss their appointments and stop their treatments. These therapeutic changes were responsible for an increase in RA activity. Hence the importance of insisting on good adherence and close medical follow-up.

REFERENCES: NIL.

Disclosure of Interests: None Declared.

AB1303

AVASCULAR NECROSIS OF THE FEMORAL HEAD – NOT TO BE OVERLOOKED SEQUELA AFTER COVID 19 INFECTION

Keywords: Bone diseases, COVID

P. Todorov1, L. Mekenyan2, A. Batalov3. Medical University of Plovdiv, "Kaspela" University Hospital, Propaedeutic of Internal Medicine and Clinic of Rheumatology, Plovdiv, Bulgaria. Medical University of Plovdiv, "Kaspela" University Hospital, Propaedeutic of Internal Disease and Clinic of Rheumatology, Plovdiv, Bulgaria

Background: COVID 19 infection could lead to different sequelae in survivors, known as post-COVID or long COVID 19 syndromes. Some of them are thought to be due to the thrombophylic changes observed in COVID 19 infection, but some are thought to be caused by the administrated (especially high dose) corticosteroid treatment. Avascular necrosis of the femoral head (AVNFH) is a multifactorial disease which leads to compromised vascular supply, ischemia and finally necrosis of the femoral head. As corticosteroids usage and thrombophylic states are among the main known risk factors for the development AVNFH [1], it could be presumed that the frequency of this disease will increase with the COVID 19 pandemic. The exact corticosteroid dose needed for the development of AVNFH is not clear, but it has been stated that a higher daily dose and a larger total cumulative dose increase substantially the risk for the development of osteonecrosis [2].

Objectives: To describe in detail the characteristics of AVNFH diagnosed in patients after COVID 19 infection.

Methods: The study was done in a tertiary university rheumatological clinic. Data was extracted from the records of patients who have been referred to the clinic because of hip pain between June and December 2022. Inclusion criteria were: - a new onset of un- or bilateral hip pain that started after a documented COVID 19 infection; and an MRI scan of the hip joints showing osteonecrosis of one or both femoral heads. Exclusion criteria were the presence of hip pain prior to the COVID 19 infection, anamnesis of traumatic injuries of the hips or pelvis, personal history of hypercoaguable states.

Results: Nine patients (4 women and 5 men) with an average age 59.1 years (range 38-72) were included in the study. Four patients had been diagnosed with bilateral and five – with unilateral AVNFH, thus 13 hips joint were analysed in total (6 left and 5 right sided). The mean time lap between the COVID 19 infection and the start of the hip pain was 26.2 weeks (range 10-48 weeks). All patients had limited and painful movement in their symptomatic hip(s), especially internal rotation and four of the patients had also elevated CRP levels (mean 11.7 mg/L). The stage of the AVNFH was evaluated according to the Ficat-Arlet classification (0-IV stage). In four hips the AVNFH was stage I, five hips were classified as stage II and the remaining four joints - as stage III. All symptomatic hip joints exhibited effusion/synovitis on both ultrasound examination and the corresponding MRI scan. It should be noted that the presence of hip effusion was found to be related with a worse prognosis in AVNFH [1]. In three patients the amount of the effusion required arthrocentesis and fluid aspiration. The analysis of the joint fluid was consistent with a degenerative disease (i.e., low WBC count with predominant lymphocytes and no crystals). All patients included in our study had received corticosteroids during their COVID19 infection, while 6 of the patients had also been hospitalized due to more severe disease. According to the patients’ documentation, the mean cumulative dose of the received corticosteroids was 936.2mg prednisolone equivalent per patient (range 187-2272 mg).

Conclusion: AVNFH must not be overlooked in a new onset hip pain after COVID 19 infection. Our results show that corticosteroids administrated during the infection and the presence of hip joint effusion on ultrasound are especially suggestive for the development of osteonecrosis, as they were registered in all of our patients. The presence of these two factors necessitates patient referral for an MRI scan of the hips, in order that AVNFH be detected timely.

REFERENCES:


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