protection against infection of Covid 19 in comparing to other receiving the other biologicals or conventional Therapy or not.

Objectives: Our objective was to determine if tocolizumab had a primary protection against SARS-COV2 in comparing to patients were on other biologics.

Methods: A Retrospective study was done among 100 patients with rheumatic diseases (Group 1: 10 on tocilizumab, Group2: 40 (30 on antiTNF and 10 on IL17 antagonist), Group3: on cDMARDs) from March to Dec 2020. Detailed history, clinical presentation, laboratory, computed tomography of chest and PCR for covid 19 if presented among infected patients.

Results: Among 100 patients of median age 21, 19 patient (19%) had infected with Covid 19 (2 on tocilizumab, 6 on antiTNF, 1 on IL17 antagonist, 10 on cDMARDs). Symptoms were reported fever (89.4%), Fatigue (78.9%), myalgia (78.9%), Headache (73.7%), Dyspnea (52.6%), Cough (47.3%), chest pain (26.3%) and hypoxia (5%). CT findings were positive in 10 patients (52.63%) while PCR was done and positive in 15 out of 19 (78.94%). Nevertheless, there was no significant statistically difference between groups according to infection with SARS-COV2. (p=0.704)

Conclusion: Tocilizumab is not shown to be protective against SARS-COV2 (COVID 19) infection compared to other biological or cDMARDs in patients with rheumatic diseases.

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Disclosure of Interests: None declared.

AB0655   **RHEUMATOID ARTHRITIS ACTIVITY BEFORE AND AFTER COVID-19 LOCKDOWN PERIOD**

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Background: The COVID-19 global pandemic has had a great impact on world population due to morbidity, mortality and restriction measures in order to stop the progression of COVID-19.

Patients with rheumatic and musculoskeletal diseases, and especially rheumatoid arthritis (RA) patients, being one of the vulnerable classes of chronic patients, were recommended to follow the government's rules[1].

Objectives: The aim of this study was to evaluate DAS-28-ESR in patients with rheumatoid arthritis before and after lockdown period.

Methods: This is a multi-center observational study including 85 patients which were evaluated before and after lockdown for their disease activity score according to DAS-28-ESR score. They had been diagnosed with rheumatoid arthritis more than 5 years ago. A thorough physical examination was performed before and after the lockdown period. It included examination of tender and swollen joints and patient's global health. They were completed with all required laboratory data, including erythrosedimentation rate. For a more accurate calculation, DAS-28-ESR was used in an electronic version. Patients with other inflammatory or infective diseases were excluded from the study. All data were statistically evaluated using statistical tests such as t-student test.

Results: The first group (the one before lockdown) had an average DAS-28-ESR of 4.7 while after the lockdown period, the average DAS-28-ESR was 5.16.

After statistically evaluating all data, it was found that there exists a significant difference between DAS-28-ESR score before and after COVID-19 lockdown (p=0.0011).

Conclusion: Our study showed that lockdown period due to COVID-19 pandemic, has aggravated disease activity in patients with Rheumatoid Arthritis. This may be consequence of various causes such as physical inactivity and difficulty to follow-up or to take the medication properly.

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Disclosure of Interests: None declared.

AB0656   **SARS-COV-2 INFECTION IN PATIENTS WITH RHEUMATIC DISEASE: A TERTIARY SINGLE-CENTER EXPERIENCE**

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Background: In the context of the coronavirus (SARS-CoV-2) pandemic, several studies looked at the relation between rheumatic disease and SARS-CoV-2. It remains unclear whether these patients are at increased risk of developing more severe cases of coronavirus disease (COVID-19) or not.

Objectives: The objective of this descriptive study is to report the characteristics and outcomes of rheumatic patients that had a history of confirmed SARS-CoV-2 infection. Findings have also been compared to some of the existing publications on COVID-19 in these patients.

Methods: Between November 17, 2020 and January 18, 2021, a single-centre observational study was conducted in the rheumatology department of the Emergency Clinical County Hospital and the University of Medicine and Pharmacy "Iuliu Hatieganu" in Cluj-Napoca, Romania. The sample consisted of 62 rheumatic patients with a positive polymerase chain reaction test from nasopharyngeal/oral swab. Data on both systemic autoimmune disease and COVID-19 was collected using a survey, by means of telephone or in the outpatient clinic setting. Data on the patient rheumatologic condition was also collected from the electronic health records available within our department

Results: 62 patients were included, with 85.48% females and 14.51% males, and a median age of 52 years (SD +/- 14).

The most frequent comorbidities were high blood pressure (HBP) 46.77%, dyslipidaemia 19.35%, liver disease 17.74%, and interstitial lung disease (ILD) 12.90%. Recurrent COVID-19 symptoms included: cough (62%), fever (46,77%), anosmia (46.77%), ageusia (30.64%), headache (29.03%), gastrointestinal symptoms (27.41%) and myalgia (25.80%).

Out of the entire 62 sample, 41 patients had an inflammatory arthritis (IA) diagnosis, with the most frequent being rheumatoid arthritis (RA) - 68.29%, followed by ankylosing spondylitis - 21.95%, psoriatic arthritis - 7.31% and 2.43% with Still disease. Only 10 patients suffered from connective tissue disease (CTD): 3 systemic lupus erythematosus, 2 poli/dermatomyosis, 2 Sjogren syndrome (SjS), 2 mixed connective tissue disease, 1 systemic sclerosis (SSc). Another 10 patients had overlapping syndromes with the most frequent (40%) overlap between RA and SSc. One patient had osteoarthritis.

49 patients followed a treatment with conventional synthetic disease-modifying anti-rheumatic drugs with 51.2% of them being treated with Methotrexate.

14 of our patients received glucocorticoids (GC), but no relation between the GC dose and COVID-19 severity could be observed. Only 3 patients with doses greater than 10mg/day were present in the cohort and 2 developed mild while 1 developed an asymptomatic COVID-19 course.

22 patients had received biological treatment. Anti TNF alpha medication was administered to 13 of these, and mostly consisted of Adalimumab, Etanercept and Golimumab. The anti TNF alpha patients were asymptomatic or had mild forms of COVID-19 (93.30%).

8 cases had ILD: 3 RA patients, 3 overlapping syndromes, 1 SSc and 1 SjS. The median age was 59,5 years (SD +/- 10). 25% exhibited severe, 37,5% moderate, 25% mild and 12.5% asymptomatic COVID-19.

The COVID-19 severity in our sample was as follows: 12.90% of the patients were asymptomatic, 59.67% exhibited a mild form, 19.35% a moderate one, and out of the 8.06% with a severe case of COVID-19, 1 patient died. The median age in the severe cases of COVID-19 was 66 years (SD +/- 12) and HBP was the most common comorbidity.

Conclusion: Most patients in this sample were either asymptomatic or had a mild COVID-19 evolution. Although the research design has multiple limitations, rheumatic pathology does not seem to be a higher risk factor for severe COVID-19 than other associated comorbidities. With that in mind, ILD patients should be closely monitored as even in on our limited sample size a worse evolution of COVID-19 has been observed. Biological treatments, especially anti TNF alpha might help in reducing the severity of COVID-19, but this outcome could have been associated in our sample with other factors like lower median age and less comorbidities.

Disclosure of Interests: None declared.

AB0657   **PERCEIVED STRESS AND FOOD INSECURITY IN PREGNANT AND POSTPARTUM WOMEN WITH RHEUMATIC DISEASES DURING THE COVID-19 PANDEMIC**

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Background: The SARS-CoV-2 pandemic has directly impacted the psychological and physical health of individuals worldwide, as well as the global economy. Food insecurity rates have risen especially in vulnerable countries like Mexico. Furthermore, social isolation and economic uncertainty have multiplied depression and anxiety disorders. Pregnant and postpartum women are particularly vulnerable to food insecurity, increased stress, depression, and anxiety.

Objectives: The aim of this study is to determine the perception of food insecurity (FI) and perceived stress in pregnant and postpartum women with rheumatic disease during the SARS-CoV-2 pandemic.

Methods: An observational, cross-sectional and descriptive study was conducted. Patients from to the pregnancy and rheumatic diseases clinic of the University Hospital "Dr. José E. González" in Northeast Mexico evaluated between August to October 2020 were included. The Spanish validated versions of the Household Food Security Access Scale (HFIAS) and the Perceived Stress Scale (PSS-10) were applied by telephonic interview. The WHO recommendations were employed to determine the appropriate intake for each food group in a week. The Kolmogorov-Smirnov test was used to determine normality of the data. The Spearman correlation coefficient and the Kruskal-Wallis test were used for statistical analysis.

Results: A total of 29 women were included. Six (20.6%) women were found to have moderate or severe degrees of food insecurity. In addition, 12 (40.30%) perceived moderate and severe levels of stress in the PSS-10. No relationship was found between food insecurity and perceived stress (p= 0.059). The food groups that exceeded the recommended weekly frequency were oils and sugars exceeded 3.9 and 2.9 frequencies, respectively.

Conclusion: We found that 20.6% women suffered household food insecurity and 40.3% suffered moderate and severe levels of stress. No relationship was found between food insecurity with the HIFAS scale and perceived stress measures with the PSS-10. We found that oils and sugars exceeded more by the double of the recommended frequency per week.

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Table 1. Socio-demographic characteristics and scale results.

Age, years, mean (SD)	27.5 (7.03)
Diagnosis, n (%)	
RA	16 (55.1)
SLE	7 (24.4)
Others	6 (20.6)
Results per scales	
HFIAS, n (%)	
No risk	13 (44.8)
Mild	10 (34.4)
Moderated	3 (10.3)
Severe	3 (10.3)
EPP-10, n (%)	
Mild	17 (58.6)
Moderated	9 (31.0)
Severe	3 (10.3)

SD: standard deviation, RA: Rheumatoid arthritis, SLE: Systemic lupus erythematosus, HFIAS: Household food security access component scale, EPP-10: Perceived stress scale 10 items.
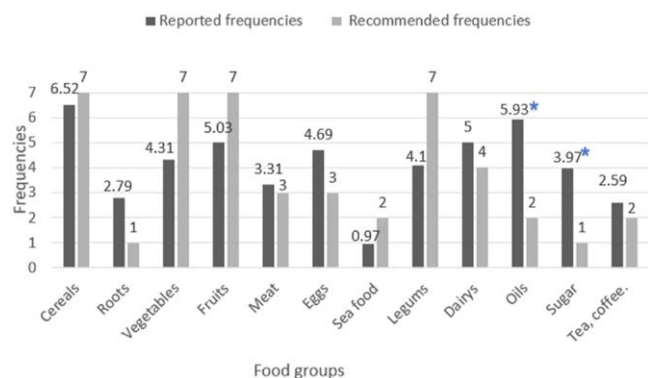

Figure 1. Comparison between frequencies reported and recommended.
*Intake significantly higher.

AB0658 **FEAR OF COVID-19 IN POSTPARTUM WOMEN WITH RHEUMATIC DISEASE**

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Background: In Mexico, the SARS-CoV-2 pandemic has totaled almost two million cases and exceeded 150,000 deaths (29/01/2021). Currently, COVID-19 has become the leading cause of death in pregnant women in Mexico. COVID-19 has additionally impacted the psychological health of individuals including women with rheumatic diseases.

Objectives: The aim of this study is to compare the Fear of COVID-19 Scale (FCV-19S) in postpartum women with and without autoimmune rheumatic diseases.

Methods: A cross-sectional, descriptive, and comparative study was conducted. The Spanish FCV-19S version was applied by telephone or e-mail. The instrument consists of seven items, each with a five-point Likert scale of options. The participant must choose the options that best represent their perception about the statements presented. The maximum possible total is 35 points. Sociodemographic information was collected from the clinical charts. The Kolmogorov-Smirnov test was used to determine normality of the data. Statistical analysis was done using the Mann-Whitney U test.

Results: Forty-four postpartum women were included (22 from the Pregnancy and Rheumatic Diseases Clinic and 22 from the Obstetrics Department, both groups from the University Hospital "Dr. José E. González in Monterrey, México). The mean level of fear found in women with rheumatic disease was 16 (6.6) points versus 14 (4.6) points in the non-rheumatic patients group. No significant difference was found between groups (p=0.65). Regarding the rheumatic diseases group, women in the category of other diagnoses (that included Sjögren's Syndrome, antiphospholipid syndrome, and dermatomyositis) had a greater mean FCV-19S score (20.2), than patients with systemic lupus erythematosus (17.3) and rheumatoid arthritis (15.4).

Conclusion: Women with postpartum rheumatic disease had a higher FCV-19S score than postpartum women without rheumatic diseases, although this difference was not statistically significant.

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Table 1. Sociodemographic data

	Women with rheumatic diseases N= 22	Women without rheumatic diseases N= 22	p=
Age, years, mean, (SD)	28 (6.8)	23 (5.0)	0.65
Occupation, n (%)			
Housewive	14 (63.6)	18 (81.8)	
Employee	5 (22.7)	3 (13.6)	
Other	3 (13.6)	1 (4.5)	
Education level, n (%)			0.28
Middle school	10 (45.45)	16 (72.72)	
High School	8 (36.36)	5 (22.72)	
College	4 (18.18)	1 (4.54)	
Rheumatic diagnosis, n(%)			
Rheumatoid arthritis	9 (40.9)		
Systemic lupus erythematosus	8 (36.6)		
Others (SS, APS, DM)	5 (22.7)		

SS: Sjögren's syndrome, APS: antiphospholipid syndrome, DM: dermatomyositis