Conclusion: COVID-19 does not look extremely dangerous in patients with rheumatic diseases, used target DMARDs. Used of tsDMARDs doesn't reliably increase the risk of COVID-19 severity. There is reliable correlation between age and COVID-19 severity.

Table 1.   Cohort characteristics

Drugs	Mean age	Number of patients	Patients with symptoms	Hospitalized patients	Asymptomatic course
Adalimumab	41,0±11,4	10	9	2	1
Golimumab	51,0±11,03	4	4	0	0
Infliximab	42,7±11,8	4	0	0	4
Certolizumab	41,6±11,7	3	3	0	0
Etanercept	50,7±11,4	22	20	6	2
Tofacitinib	56,8±10,4	13	12	2	1
Abatacept	57,4±10,9	5	4	1	1
Tocilizumab	48,8±10.9	5	3	1	2
Rituximab	55,6±10,7	3	3	1	0
Netakimab	44,0±15,8	2	2	1	0
Ustekinumab	48,0±10,5	2	1	0	1

AB0704   **TELEMEDICINE AT THE TIME OF COVID-19: THE EXPERIENCE WITH RA PATIENTS TREATED WITH JAK-INHIBITORS**

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Background: The spread of COVID-19, the lockdown, the limited access to care reevaluated the role of tele-consultation and self-assessment.

Objectives: Our aim was to evaluate in a cohort of Rheumatoid Arthritis (RA) patients treated with JAK-inhibitors (JAKi): the self-assessed disease activity during lockdown, the lockdown impact on fatigue, anxiety, depression and the prevalence of Covid-19.

Methods: We enrolled RA patients treated with baricitinib or tofacitinib. At baseline (BL) and follow-up we collected: patients' demographic data, composite disease activity indices (CDAI, $DAS28_{CRP}$), global assessment (PGA), pain visual analogue scale (VAS), FACIT (functional assessment of chronic illness therapy) and a self-rating scale for disease impact on anxiety and depression (Zung-A/D). Patients were instructed on how to perform self-assessment through video-material and fulfilled the online form of "Rheumatoid Arthritis Impact of Disease" (RAID)[1] and "RA Disease Activity Index" (RADAI). To capture the pandemic effect, we compared patients in different status (remission, low, moderate and high-disease activity) at the last in-person visit (preCoV) through the $DAS28_{CRP}$ and CDAI, to the tele-health visit (THV), measured by the RAID. BL and pre-CoV ZUNG-A, ZUNG-D, FACIT questionnaires were compared with the online results during the pandemic. Exposure, tests and symptoms of Covid-19 were recorded. Data were expressed as mean±standard deviation or median(IQR) according to distribution.

Results: Twenty patients (median age 58.2±11.9 and mean disease duration 153.5 ± 112.7 months) were treated with tofacitinib and 27 with baricitinib. The median time-lapse between the pre-CoV visit and the THV was 12 (IQR 4) weeks. DAS28CRP and CDAI significantly decreased from BL to pre-CoV visit. During the last in-person visit, 21 patients (48.83%) were in remission, 9 (20.93%) in low disease activity; according to the RAID, 15 (31.91%) and 7 (14.89%) patients were respectively in remission and low disease activity during the THV (Table A). PGA and pain significantly decreased from BL to pre-Cov visit but worsened during the lockdown (Table A). FACIT remaining stable during THV. At THV, we detected a significant improvement of anxiety from BL (Zung-A) and a tendency to lower depression scores compared to BL (Table A). JAKi showed a good safety profile considering Covid-19 symptoms, none of the patients was diagnosed with SarsCoV2 infection.

Conclusion: This is the first study on virtual assessment in RA patients treated with JAKi. The unique social experiment of the pandemic impaired the clinical response already achieved before the lockdown, without a collateral worsening of FACIT, anxiety and depression.

REFERENCES:
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[2]   Stucki G, et al. *Arthritis Rheum*. 1995

Table A.   DAS28, CDAI, RAID scores and patient-reported outcomes assessment at baseline and during the follow-up

DISEASE ACTIVITY		BL N (%)	pre-CoV N (%)	THV N (%)
REMISSION	DAS28	0 (0%)	21 (48.8%)	
	CDAI	0 (0%)	10 (22.7%)	
	RAID			15 (31.9%)
LOW DISEASE	DAS28	1(2.1%)	9 (20.9%)	
	CDAI	7(14.8%)	23 (52.2%)	
	RAID			7 (14.9%)
MODERATE	DAS28	33 (70.2%)	12 (27.9%)	
	CDAI	17 (37.1%)	8 (18.1%)	
	RAID			13 (27.6%)
HIGH	DAS28	13 (27.6%)	1 (2.3%)	
	CDAI	23 (48.9%)	3 (6.8%)	
	RAID			12 (25.5%)
GH		70 (30)	20 (49.5)*	45 (45)*#
Pain		70 (28)	25 (45.5)*	40 (48.5)*#
Zung A		37 (9)	37 (10.2)	35 (14)*
Zung-D		39 (17)	39 (13)*	38 (12)
FACIT		11.5 (17.2)	8 (19.5)	7(15)

* p≤0.001 vs BL# p ≤0.04vs preCoVData expressed as median (IQR)

AB0705   **SHORT-TERM OUTCOMES OF COVID-19 IN PATIENTS WITH RHEUMATIC DISEASES WHO ARE TREATED BY BIOLOGICAL AND TARGETED SYNTHETIC DMARDS: OBSERVATIONAL SINGLE-CENTER STUDY**

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Background: The course of new coronavirus infection in patients with rheumatic diseases (RD) undergoing treatment with biological and targeted drugs is still poorly understood.

Objectives: To study outcomes of COVID-19 in patients with RD receiving treatment biological and targeted synthetic DMARDs.

Methods: We studied cases of COVID-19 in patients with RD, included in "Moscow regional registry of patients with rheumatic diseases receiving treatment with biological and targeted synthetic drugs" – observational cohort, started in 2018. A total number of patients, included in the registry, is 1048 at December 2020.

Results: By January 2021, 44 known cases of COVID-19 were registered among patients included in the registry (4,2%). This group included 29 (65,9%) females, 15 (34,1%) males, with mean age 45,09±12,7 (median 47,0 [34,0; 57,0]) y.o. The vast majority of patients had rheumatoid arthritis (19, 43,2%) and ankylosing spondylitis (19, 43,2%), there were 3 (6,8%) patients with psoriatic arthritis, and one patient each (2,3%) with systemic lupus erythematosus, systemic sclerosis, and ANCA-vasculitis. Before COVID-19, 20 (45,5%) patients received TNF inhibitors (adalimumab, infliximab, etanercept, certolizumab, golimumab), 7 (15,9%) – IL-6 receptor inhibitors (tocilizumab, sarilumab), 7 (15,9%) – rituximab (period between last infusion and COVID-19 was 1-4 months), 5 (11,4%) – sekukinumab, 2 (4,5%) – tofacitinib, and one patient each (2,3%) received abatacept and ustekinumab. Also, 22 (50%) received methotrexate, 4 (9,1%) – leflunomide, 3 (6,8%) - mycophenolate mofetil, 1 (2,3%) – sulfasalazine; 12 (27,3%) took oral steroids. COVID-19 presented as mild disease in 23 (52,3%) patients, and 21 (47,7%) had viral interstitial pneumonia verified by computed tomography. 16 (36,4%) patients were hospitalized, only one patient underwent artificial lung ventilation. We found no significant associations between particular diagnosis and treatment on the one hand, and hospitalization for COVID-19 on the other hand. For treatment of COVID-19, two (4,5%) patients did not receive any medications, and the rest of patients received antiviral and antibacterial therapy according to standardized protocol. In addition, corticosteroids were administered for COVID-19 in 15 (34,1%) patients, mainly (12 cases) in hospital, and two (4,5%) patients in hospital were treated by tocilizumab. The outcome in all cases was favorable, all patients successfully recovered from the new coronavirus infection.