COVID-19 related symptoms were similar between two groups, the frequency of the back pain and diarrhea were higher in the Flare group than No flare group. But in multivariate analysis, only history of the inflammatory bowel disease had an increased risk for post-COVID SpA flare (Table 1).

Table 1. Results from adjusted logistic regression model of the spondyloarthritis flare

Variables	Enter Method			Backward:Conditional Method		
	OR	95% CI	p	OR	95% CI	p
Smoking	0.125	0.013-1.233	0.075			
Multimorbidity	0.244	0.047-1.256	0.091			
Inflammatory bowel disease	33.221	1.236-892.720	0.037	34.382	1.571-752.462	0.025
Fever	1.582	0.334-7.486	0.563			
Arthralgia	3.438	0.233-50.630	0.368			
Back pain	1.054	0.080-13.895	0.968			

OR: Odds ratio, CI: Confidence Interval

Conclusion: The presence of inflammatory bowel disease statistically significant related post-COVID SpA flares. In addition, diarrhea and back pain symptoms in COVID-19 disease may be stimulating factors for SpA flares but we found no effect of rheumatological therapies.
Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2022-eular.4769

AB1176 DOES VACCINATION AND VARIANTS AFFECT THE COURSE OF THE COVID-19 IN INFLAMMATORY RHEUMATIC DISEASE?

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Background: Although there have been expansion of knowledge about the course of COVID-19 in rheumatologic diseases, it still remains unclear the effect of vaccination status and variants on the disease course.
Objectives: We aimed to investigate the general clinical characteristics of our patients with inflammatory rheumatic disease (IRD) who had COVID-19 disease, their vaccination status and the time periods in which different variants were dominant during the disease.
Methods: During the routine follow-up of our patient's with IRD, whether the patients had COVID-19 disease, when they were vaccinated (Pfizer/Biontech or Sinovac in our Country) and main clinical characteristics and their comorbid diseases were recorded. The last patient was included in the study on January 25, 2022. They were divided into those who received insufficient or no vaccine and those who received a full dose of vaccine. The patients were divided into 3 groups according to the period they had the disease: Those who had the disease between March 2020 and June 2021accepted as "1st period patietns", the period when the Alpha and Beta variants, the initial forms of the disease, were dominant variants in populations; those who had the disease between July 2021 and November 2021, when the Delta variant dominated the World and in our country accepted as "2nd period patients"; and those who had the disease in December 2021 and later, when the Omicron variant was dominant throughout the world and in our country, was accepted as " 3rd period" patients.
Results: Total 463 (294 woman) IRD patients enrolled to the study. Distrubution of these patients included Behcet's syndrome:15; familial mediterranean fever: 57, rheumatoid arthritis:134, Sjogren's syndrome:24, systemic lupus erythematosus:26, Spondyloarthritis:141, necrotising vasculitis:6 and Others:50 cases. Mean age of patients were 46±13,2 (18-83) years. 354 (77%) of our patients got sick in the 1st period, 80 (17%) in the 2nd period and 28 (6%) in the 3rd period. When patients were compared in terms of their clinical complaints in these periods, dyspnea was significantly higher in patients in the 1st period (1st. period 36% vs 3rd period 18%; p:0.039), but there was no difference between other complaints including lung involvement and the frequency of hospitalization (p>0.05). 53% of patients had received at least 2 doses of mRNA vaccine. 84% of the patient has had COVID19 before full vaccination with any valid vaccine. When the patients who were full vaccinated and those who were not vaccinated or inadequately vaccinated at the time of illness were compared in terms of clinical features, lung involvement frequency and hospitalization frequency, no difference was found between them. (p>0.05, for all). However, hospitalization and lung involvement were less in those who received a booster dose of any valid vaccine (p: 0.03). While the average hospitalization rate was 17% for all groups, this rate was 50% for necrotizing vasculitis and was significantly higher (p:0,005). The probability of lung involvement and hospitalization were found to be significantly higher in patients using prednisolone 5mg (or equivalents) or more; (p:0.008 and p:0.000, respectively). Pulmonary involvement was significantly higher among patients receiving sulphasalasine (p:0.008). Among the patients on Rituximab, the probability of hospitalization was higher than those who did not (p: 0.01). There was no statistical difference in terms of hospitalization and pulmonary involvement between patients who took other drugs (p>0.05, for all). A total of 5 cases died, including 2 GPA, 1 EGPA, 1 RA and 1 FMF patients. Only 8 patients had a second history of COVID19.
Conclusion: The frequency of COVID-19 among IRD cases seems to decrease over time. Full vaccination seems effective for the prevention of COVID-19. It should be recommended that IRD patients have the full dose of vaccines and boosters. The risk of lung involvement and hospitalization increases in patients using certain drugs, such as corticosteroids, sulphasalasine and rituximab. These patients should be followed more closely.
Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2022-eular.4849

AB1177 SEXUALITY, FAMILY PLANNING AND MENTAL HEALTH AMONG REPRODUCTIVE-AGE WOMEN WITH RHEUMATIC DISEASE DURING THE COVID-19 PANDEMIC

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Background: Women with rheumatic disease are more likely to suffer from sexual dysfunction, infertility, depression, and anxiety. The pandemic may have affected these constraints.
Objectives: To investigate the effect of the Covid-19 pandemic on sexuality, family planning and mental health in a sample of women with rheumatic disease.
Methods: Women aged 18-50 with a rheumatic disease and women in an age-matched healthy control group received questionnaires featuring: 1) demographic information, sexual frequency, family planning; 2) the Female Sexual Function Index (FSFI); 3) the Depression, Anxiety and Stress Scale (DASS-21); and 4) the Coronavirus Anxiety Scale (CAS). Recruitment took place 3/21-12/21. Patients with rheumatic conditions were recruited at the Vienna University Clinic (AKH) and the control group through social media. Parameters were compared between the patients and the healthy control group, and with data on sexuality from women with rheumatic disease from 2019.
Results: A preliminary analysis was conducted with 83 patients with rheumatic disease and 124 healthy controls. The rheumatic disease group exhibited lower levels of stress (6.46 vs. 8.36 p<0.01) and Coronavirus Anxiety (6.27 vs 7.50 p<0.01) than the control group and was less likely to report that the pandemic led to a reduction of their sexual frequency (p<0.01). The control group cited "stress" frequently the decrease of sexual frequency. The FSFI analysis revealed that patients with rheumatic disease experienced higher levels of pain (p<0.001) during sex than the control group but were more satisfied with their relationships (p<0.05). In comparison to 58 patients with rheumatic conditions, whose data was collected in 2019, the 2021 cohort reported reduced FSFI values in the domains of desire (p<0.01), arousal (p<0.05), lubrication (p<0.05), and orgasms (p<0.01).
Conclusion: Consistent with research on female sexuality during the pandemic among healthy women, we found that patients with rheumatic conditions reported lower FSFI values in 2021, in comparison to 2019. Our finding that the pandemic had less impact on the patient group than a healthy control group, is consistent with research on MS and IBD patients, who showed surprising resilience in the face of the Covid-19 pandemic.
Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2022-eular.4937

AB1178 THE COMPARISON OF EXECUTIVE FUNCTIONS OF RECOVERED COVID-19 PATIENTS WITH HEALTHY CONTROLS

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Background: The epidemiological and clinical features of COVID-19 patients are currently well characterized. However the subacute and long-term effects of COVID-19 are not clear. Cognitive disturbance is one of the residual effects of COVID-19 infection besides fatigue, dyspnea, chest pain, arthralgia, and decline in quality of life. It has been stated that patients with COVID-19 may have cognitive dysfunction, but it still remains unknown whether the COVID-19 infection is associated with cognitive impairment.

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Objectives: The aims of this study were to compare the executive functions of recovered COVID-19 patients with healthy controls, and to evaluate the relation of the executive functions with sleep quality, emotional status, disease severity, and post COVID-19 duration in these patients.
Methods: Twenty-five patients aged 18-60 with a previous diagnosis of COVID-19 infection and 25 gender-age matched healthy individuals as a control group participated this study. The executive functions of participants were evaluated by the Wisconsin Card Sorting Task (WCST), Stroop Test-TBAG Form, and N-back test. Data on sleep quality by Pittsburgh Sleep Quality-Index (PSQI), depression by Beck Depression-Inventory (BDI), anxiety by Worry and Anxiety Questionnaire were collected in all participants. In patients, disease severity, COVID symptoms, and post-covid duration were noted. Data were analyzed by SPSS using Kolmogorov Smirnov test, chi-square test, Student-t test, and Pearson correlation analysis.
Results: In terms of WCST; patients' number of trials administered, total errors, and nonperseverative-errors scores were statistically higher; categories achieved and percentage of conceptual-level responses scores were statistically lower than controls ($p<0.05$). Patients' N-back test scores were statistically lower than controls ($p=0.012$). BDI, PSQI total, sleep quality, sleep latency, duration of sleep scores were significantly different in patients and controls ($p<0.05$). Patients were divided into three groups according to the severity of the disease and there was no significant difference between the three groups in terms of WCST, Stroop test, and N-back test ($p>0.05$). There were negative correlations between WCST-total errors and duration of sleep, WCST-number of trials administered and sleep efficiency, Stroop-number of errors and total PSQI scores. No correlation was found between the executive functions and emotional status of the patients ($p>0.05$).
Conclusion: According to the results of this study, executive functions may be effected in the patients recovered from COVID-19. After COVID-19 infection patients may have sleep problems, and executive dysfunctions may be correlated with sleep disorders in these patients. Since the executive functions were not associated with clinical findings of COVID-19 infection in this study, we suggest that it is not predicted in which patients executive functions will be impaired. Regardless of the COVID-19 infection severity, executive functions should be considered in the follow-up of these patients.
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Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2022-eular.4939

AB1179 CLINICAL CHARACTERISTICS OF PATIENTS WITH RHEUMATOID ARTHRITIS WHO UNDERWENT COVID-19 IN THE REPUBLIC OF TATARSTAN

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Background: The management of patients with rheumatoid arthritis (RA) and novel coronavirus infection (NCI) is a significant problem due to the insufficient evidence base on this topic.
Objectives: To study the features of the transferred NCI in patients with RA and its influence on the course of RA.
Methods: From March 2020 to January 2022, 105 patients with RA who underwent NCI with a confirmed SarsCoV2 PCR result and/or X-ray computed tomography (CT) of the lungs were followed up. The age of the patients was 62 [55; 68] years, among them females - 84.7% (89 patients). The duration of RA at the time of NCI was 11 [6.5; 17.5] years. RA activity before NCI was low in 14 (13.3%) patients, moderate in 70 (66.6%), and high in 21 (20%) patients. The results of clinical and laboratory examinations were evaluated during the COVID-19, 1 and 3 months after it.
Results: The symptoms of NCI in patients with RA were comparable in frequency and severity to the course of infection in the population. 30 (28.6%) patients had a mild course of COVID-19, 74 (70.5%) had a moderate course, and 1 had a severe course. Bilateral polysegmental pneumonia was detected in 75 (71.4%) patients. The outcome of COVID-19 in all patients is recovery. Analysis of the course of RA showed a significant increase in activity 1 and 3 months after NCI: DAS28 from baseline to COVID-19 3.59±1.13 to 4.87±1.27 points after 3 months, respectively. Of the total number of recovered patients, 38.0% of patients showed an increase in activity due to clinical and laboratory parameters. 90.4% of patients noted the persistence or appearance of symptoms after undergoing NCI after 3 months, 45.7% had a combination of more than 3 different symptoms. The most common manifestations of asthenia in the form of a decrease in the quality of life (QOL) and working capacity. in 90.4% of patients: significant in 58.0% of people, insignificant in 32.4% of people. There was no significant correlation between RA activity and NCI severity. The second most frequent was the increase/appearance of pain in the joints - in 86.6% of respondents: significant in 72.3%, insignificant - 14.2%. Strengthening/appearance of muscle pain and/or headache and/or dysautonomia occurred in 44.7%. Appearance/intensification of shortness of breath and a decrease in exercise tolerance were noted by 36.1% of respondents: significant in 19.0% of people, insignificant in 17.1% of people. Among them, 64.8% (24) people with moderate severity, 35.2% (13) people with asymptomatic or mild NCI. Appearance/intensification of chest pain and/or palpitations was noted by 44.7% of people.
Conclusion: The prevalence and course of COVID-19 in patients with RA did not differ from that in the general population. However, coronavirus infection has led to an increase in pain and an increase in RA activity, a long-term persistence of post-COVID manifestations in the form of musculoskeletal pain and asthenic symptoms with a deterioration in the quality of life. There was no significant correlation between RA activity and NCI severity. At the same time, specific respiratory symptoms occurred only in a third of patients.
Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2022-eular.4954

AB1180 COVID-19 HAD DISPROPORTIONATE IMPACTS ON RA SYMPTOMS AND FUNCTION BY SEX AND AGE: RESULTS FROM THE CANADIAN EARLY ARTHRITIS COHORT (CATCH)

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Background: During the COVID-19 pandemic, Canadians with RA faced considerable uncertainty due to greater risk of infection, hospitalization, changing access to RA medications, and very limited access to in-person RA care. Further, to reduce transmission of the virus and COVID-related hospitalizations, stringent mitigation measures were implemented across the country to greatly reduce social contacts including curfews, limits on private gatherings and business closures. Little is known about the impact of the COVID-19 pandemic and associated mitigation efforts in RA. We hypothesized that women and younger adults with RA would report greater impairments in HRQL.
Objectives: To compare changes in HRQL prior-to and during the COVID-19 pandemic by sex and age groups in real-world RA patients seen in routine practice settings.
Methods: Data were from patients in the Canadian Early Arthritis Cohort (CATCH) who completed a study visit in the year prior to the COVID-19 pandemic (Mar 2019 through Feb 2020) and a repeat assessment during the pandemic period (Mar 2020 – Jan 2022). RA disease activity was assessed using the RA Flare Questionnaire, a validated patient-reported measure of current RA disease symptoms (pain, stiffness, fatigue) and function (physical, participation). An RA-FQ score ≥ 20 was used to classify RA symptoms consistent with an RA inflammatory flare. HRQL was assessed using PROMIS-29 Adult Profiles. We compared changes in mean Physical (PHS) and Mental Health (MHS) scores, and the proportion of patients with impairments in each domain (i.e., scores ≥ 55 for pain interference, fatigue, anxiety, depression, and sleep and ≤45 for physical function and participation) before and during the COVID-19 pandemic across sex and age groups (<40, 40-64, ≥65 years).
Results: The 938 CATCH participants in the analytic sample with data available at both time periods had a mean (SD) age of 60 (13) and RA symptom duration of 5.8 (3.7) years; 72% were women, 88% were white, and 64% reported >high school education. Most (80%) were in CDAI REM/LDA at the most recent visit prior to start of pandemic. The proportion of patients with RA-FQ ≥20 were similar at both time periods. While physical and emotional RA symptom impacts

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