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POSB202 EPIDEMIOLOGY AND CLINICAL MANAGEMENT OF PATIENTS WITH METHOTREXATE TOXICITY IN SPAIN USING THE DELPHI TECHNIQUE
Badia X, Gros L, Roldán Pérez A, Giró A
1Omakase Consulting S.L., Barcelona, Spain, 2Hospital Universitario Vall d'Hebron, Barcelona, Spain, 3Hospital Universitario Infanta Sofía, MADRID, M, Spain, 4Omakase Consulting S.L., Barcelona, B, Spain

Objectives: No studies have been published about the impact of methotrexate-related toxicity in Spain. We used the Delphi technique to estimate the incidence and clinical management of patients receiving high-dose methotrexate (HD-MTX) as part of their chemotherapy treatment who develop methotrexate toxicity due to delayed methotrexate elimination. Methods: Medical experts on the haemato-oncology and paediatric oncology field directly involved in the management of HD-MTX treated patients were selected leading Spanish hospitals and from experience on the use of glucarpidase (n=10). Two-round Delphi study using online questionnaire was performed to reach consensus. The questionnaire was developed based on national and international clinical guidelines and published evidence on HD-MTX-related toxicity. Consensus was established at 80% agreement. Median and interquartile range was calculated. Results: Out of 1,475 patients treated annually with HD-MTX in Spain, 11.6% are estimated to develop acute kidney injury (12.9% adults; 9.5% paediatric). Mortality was estimated in 4.2%. Immuno-enzymatic assay is used in most of the hospitals (5/10) to monitor MTX serum. All experts would use high leucovorin doses and increased supportive care as first line of treatment. If MTX toxicity persists, treatments available in experts’ hospitals are haemodialysis (9/10), glucarpidase (6/10), hemofiltration (6/10) and exchange transfusion/plasma exchange (5/10). In the departments where glucarpidase is not available, 63% [5-10] of patients would receive it. Most prevalent Grade 3 or above non-renal systemic toxicities are haematologic toxicity and mucositis (21-40% of patients). Approximately, 51 [1-13] of patients with HD-MTX-induced AKI would require intensive care. Conclusions: These are the first evidence of HD-MTX-induced AKI in Spain. Incidence and mortality are in line with previous studies from other countries (incidence 2-12%; mortality 4-6%). Although HPLC is a more accurate method, immuno-enzymatic assay is the most used in Spanish hospitals to monitor MTX serum levels. Further observational studies would be needed.

POSB203 ACCESSIBILITY TO HEALTHCARE SERVICES AND INTERVENTIONS AMONG PATIENTS WITH MUSCULOSKELETAL HEALTH PROBLEMS: RESULTS FROM AN ONLINE CROSS-SECTIONAL SURVEY
Hölgyesi Á, Podor G, Gulácsi L, Zrubka Z, Péntek M
1Semmelweis University, Budapest, Hungary, 2National Institute of Rheumatology and Physiotherapy, Budapest, Hungary, 3Obuda University, Budapest, Hungary, 4Corvinus University of Budapest, Budapest, Hungary

Objectives: We aimed to assess MSK problems in the Hungarian general population, to map healthcare service utilizations due to MSK health problems and to identify barriers of access. Methods: An online cross-sectional survey was carried out involving a representative sample of the Hungarian adult population (N=2004; women: 53.3%; age: mean 58.3, SD=16.6 years) in 2020. Socio-demographic characteristics, general (Minimum European Health Modul, EQ-5D-5L index) and MSK health state (EQ-5D-5L Mobility dimension, MSK related questions from the European Health Interview Survey), as well as physical functioning (HAQ-DI) were assessed. Need for and use of different healthcare services were also determined. Descriptive statistics were calculated. Differences in socio-demographic characteristics and health state indicators between subgroups were calculated with Chi-square, Mann-Whitney U and Kruskal-Wallis tests. Results: 750 (37.4%) respondents indicated walking problems. For the 9,054 patients with opioid use in the 6 months prior to initiating rimegepant therapy (n=9,054). Opioids considered in this analysis were: codeine, hydrocodone, oxycodone, tramadol. Opioid use was converted to morphine milligram equivalent (MME) according to CMS guidelines. Results for the 9,054 patients included in this study (n=48,492). Prescription claims history for these patients was time-aligned by rimegepant initiation date at the midpoint of a 12-month study period, and opioid use was analysed for patients who had opioid use in the 6-month period before initiation of rimegepant therapy (n=9,054). Opioids considered in this analysis were: codeine, hydrocodone, oxycodone, tramadol. Opioid use was converted to morphine milligram equivalent (MME) according to CMS guidelines. Conclusions: These real-world findings demonstrate a correlation between rimegepant therapy and opioid use in current opioid users, as demonstrated across the following metrics: mean MME consumption, mean number of opioid prescriptions, and total patient on opioids. While results indicate a negative correlation between rimegepant therapy and opioid use, further research is needed to determine any causal relationship.

POSC170 DECREASED OPIOID USE IN MIGRAINE PATIENTS FOLLOWING RIMEGEPANT INITIATION: A REAL-WORLD ANALYSIS
Mohajer A, Scripture J, Harris L, Rosen NL, Coric V, Croop R
1Qral Group, New Orleans, LA, USA, 2Qral Group, Jenison, MI, USA, 3Biohaven Pharmaceuticals, New Haven, CT, USA, 4Zucker School of Medicine at Northwell Health, Hempstead, NY, USA

Objectives: Patients with severe migraine can suffer substantial negative health impacts from opioid overdose, including increased risk of dependence and development of chronic migraine. This constitutes a major public health concern. This study measures changes in opioid use in migraine patients following acute therapy with rimegepant. Methods: Migraine patients with at least two rimegepant fills and six months of claims history before and after initiation of rimegepant therapy were identified in IQVIA’s longitudinal access and adjudication dataset (LAAD) and included in this study (n=48,492). Prescription claims history for these patients was time-aligned by rimegepant initiation date at the midpoint of a 12-month study period, and opioid use was analysed for patients with opioid use in the 6-month period before initiation of rimegepant therapy (n=9,054). Opioids considered in this analysis were: codeine, hydrocodone, oxycodone, tramadol. Opioid use was converted to morphine milligram equivalent (MME) according to CMS guidelines. Results: For the 9,054 patients included in this study (n=48,492). Prescription claims history for these patients was time-aligned by rimegepant initiation date at the midpoint of a 12-month study period, and opioid use was analysed for patients with opioid use in the 6-month period before initiation of rimegepant therapy (n=9,054). Opioids considered in this analysis were: codeine, hydrocodone, oxycodone, tramadol. Opioid use was converted to morphine milligram equivalent (MME) according to CMS guidelines. Conclusions: These real-world findings demonstrate a correlation between rimegepant therapy and reduced opioid use in current opioid users, as demonstrated across the following metrics: mean MME consumption, mean number of opioid prescriptions, and total patient on opioids. While results indicate a negative correlation between rimegepant therapy and opioid use, further research is needed to determine any causal relationship.

POSB204 THE BURDEN OF INFORMAL CARE IN PATIENTS WITH MUSCULOSKELETAL HEALTH PROBLEMS: RESULTS FROM A CROSS-SECTIONAL POPULATION SURVEY
Hölgyesi Á, Podor G, Gulácsi L, Zrubka Z, Péntek M
1Semmelweis University, Budapest, Hungary, 2National Institute of Rheumatology and Physiotherapy, Budapest, Hungary, 3Obuda University, Budapest, Hungary, 4Corvinus University of Budapest, Budapest, Hungary

Objectives: Informal care might have both positive and negative impact on caregiver’s life. Negative effects can cause an additional burden to caregivers suffering from musculoskeletal diseases. We aimed to assess musculoskeletal health of both informal caregivers and recipients, as well as the share of formal care. Methods: An online cross-sectional online survey was performed in 2020 involving a sample representative for the Hungarian adult population [N=2004; women: 53.1%; age (mean 58.3, SD=16.6 years)]. Respondents who received formal or informal care due to musculoskeletal problems or provided informal care were identified with self-administered survey methods. Socio-demographic characteristics, mobility (EQ-5D-5L) and physical functioning (HAQ-DI) were measured. Descriptive statistical methods were applied. Differences between subgroups were analyzed with Chi-square, Mann-Whitney U and Kruskal-Wallis tests. Results: Altogether 238 respondents [11.5%; women: 63.9%; age: mean 50.8, SD 15.2 years] had been providing informal care for >2 weeks, the median care time was 7 hours/week. In the last 3 months 51.2% of respondents [51.2%; age: mean 60.9, SD: 11.7] reported informal care and 33 [1.6%; women: 39.4%; age: mean 54.6, SD: 15.9] received formal care due to musculoskeletal problems. Need for informal care were reported in further 35 cases [1.7%; women: 45.7%; age: mean 55.4, SD: 14.2]. EQ-5D-5L and HAQ-DI scores were significantly higher among informal caregivers (median 0.887 and 0.250, respectively) and care recipients (median 0.664 and 1.000, respectively) compared to others (median 0.957 and 0.000, respectively). On the Mobility domain of EQ-5D-5L 52.5% of informal caregivers and 88.5% of informal care recipients reported walking problems. Conclusions: A substantial proportion of informal caregivers live with musculoskeletal health problems. More people receive informal than formal care due to musculoskeletal disorders. These results provide basic input to identify patient groups affected by informal care and to develop social and healthcare strategies aiming to support informal caregivers.
the respiratory disease population, with some interesting inflections. Results were similar between policy and when living in ‘94 season’. Women were more likely than men to be supportive of the continuation of hygiene measures. A chi-squared test of independence showed there was a significant association between gender and being supportive of the continuation of hygiene measures, p = .10. However, no significant association between gender and avoiding busy public spaces or avoiding friends and family who are unwell, was observed. The older population sample (Hurst 2021), was compared to our younger sample who were more accepting of hygiene measures. Further comparisons could be made in time as both the respiratory and general population leave the pandemic. The medical background and risk of COVID-19 within this control group is unknown.

POSC173
THE ASSOCIATION BETWEEN PHYSICAL ACTIVITY, BODY MASS INDEX AND HEALTH COMPLAINTS AMONG HUNGARIAN SCHOOL-AGED CHILDREN
Mazza K, Zólyomi B, Csernai G, Makai A, Kajos L, Juhasz R, Acs P
Bonzicz I, Molics B
1University of Pécs, Pécs, Hungary, 2University of Pécs, Pécs, BA, Hungary
Objectives: This study aims to investigate the relationship between physical activity, body mass index and health complaints among Hungarian school-aged children.
Methods: The survey was in January 2020 in Hungary. The sample consisted of 857 children and adolescents (399 males and 458 females) aged 7-20 years (12,613). The tool of our study was the Bodily770 examination of body mass index (BMI), physical activity (PA) and functional limitations (FA) and adolescents (PAQ-C) and PAQ-A examination of physical activity (PA) and health behaviour in school-aged children (HBSC examination of health complaints. We used IBM SPSS Statistics 24.0 version and the significance level was set at P = .05.
Results: The Mann-Whitney test was used to assess differences between genders (PA index). There was a significant difference (Z=4.315; P=0.00) between boys (M=3.09; SD=1.045) and girls (M=2.78; SD=1.021) PA level. 67.4% of the participants had a normal weight, while 10.3% of them were overweight, 6.5% of them were underweight and 15.8% of them were obese. In weight status categories there was no significant difference (P=0.011) between genders. Based on age children’s BMI (18.3 ± 3.83) was significantly lower (Z=-13.035; P=0.001) than adolescents (21.9 ± 4.23). We found significant difference (Z=2.150; P=0.049) between PA and BMI categories. The prevalence of having headaches (γ=1.82; P=0.001), feeling low (γ=3.143; P=0.00), irritable (γ=2.754; P=0.001) and being nervous (γ=5.586; P=0.018) was significantly higher among girls. We found significant difference between PA and feeling low (γ=3.81; P=0.001), being irritable (γ=3.18; P=0.01). Conclusion: Our study and international literature show that children with normal BMI have high PA. The PA seems to have positive effect on BMI and protective effect against health complaints in childhood.

POSC176
IS PAIN SEVERITY ASSOCIATED WITH FUNCTIONAL LIMITATIONS AMONG UNITED STATES ADULTS? A CROSS-SECTIONAL STUDY USING 2018 MEDICAL EXPENDITURE PANEL SURVEY
Arku D, Axon D
University of Arizona, Tucson, AZ, USA
Objectives: The association of self-reported pain severity and prevalence of functional limitations is currently unknown. This study assessed the association between pain severity and functional limitations among United States (US) adults.
Methods: This cross-sectional study utilized 2018 Medical Expenditure Panel Survey (MEPS) data and included individuals aged ≥18 years who indicated their level of pain in the past four weeks. Hierarchical logistic regression models assessed the association between pain severity and functional limitations, were assessed using five levels of pain were also included. Nationally representative (weighted) estimates were obtained using MEPS design. An a priori alpha level of 0.05 was used.
Results: From a weighted population of 241,984,432 individuals, 8% (95% confidence interval [CI]=7%-8%) had quite a bit/extreme pain, 29% (95% CI=28%-30%) had little/mild pain and 62% (95% CI=62%-64%) had no pain. Approximately 13% (95% CI=12%-14%) had a functional limitation. Variables associated with functional limitations included: quite a bit/extreme pain versus no pain (adjusted odds ratio [AOR]=18.7, 95% CI=15.2-22.9), little/mild pain versus no pain (AOR=4.9, 95% CI=4.3-5.7), age <65 versus 18-39 years (AOR=5.3, 95% CI=4.3-6.6), age 40-64 versus 18-39 years (AOR=4.0, 95% CI=3.3-5.0), unemployed versus employed (AOR=2.8, 95% CI=2.4-3.2), <5 versus ≤5 chronic conditions (AOR=2.3, 95% CI=1.9-2.8), other marital status versus married (AOR=1.9, 95% CI=1.6-2.1), obese versus not obese (AOR=1.6, 95% CI=1.4-1.8), male versus female (AOR=0.8, 95% CI=0.7-0.9), Hispanic versus white (AOR=1.4, 95% CI=1.0-1.8), lower income versus middle/high income (AOR=1.3, 95% CI=1.1-1.5), regular versus no regular exercise (AOR=0.6, 95% CI=0.5-0.7), and smoker versus non-smoker (AOR=1.2, 95% CI=1.0-1.4). Findings were similar in sensitivity analyses. Conclusions: Approximately 32 million of the 241 million US adults reported having a functional limitation. Several variables, including pain severity, were associated with functional limitations, which indicates the need for interventions to manage pain and reduce functional limitations in this population.

POSC177
HEALTHCARE UTILISATION AND INPATIENT MORTALITY IN PATIENTS HOSPITALISED WITH PNEUMONIA WITH OR WITHOUT COPD: A RETROSPECTIVE COHORT STUDY
Jones D, Bevan J
1Boehringer Ingelheim, Bracknell, UK, 2Boehringer Ingelheim, Northington, UK
Objectives: The study aimed to describe the healthcare utilisation and inpatient mortality of patients hospitalised with pneumonia with or without COPD recorded in a prior hospitalisation. Methods: We conducted a retrospective cohort study using the Hospital Episodic Statistics (HES) database. All adults admitted to an English national hospital primary diagnosis of Pneumonia (ICD-10 codes J121, J122, J123, J124, J125, J126, J127, J128, J129, J201, J202, J203) between April 2019 and March 2020 with a prior hospitalisation in the preceding 36 months were included. Patients with a previous admission of COPD (ICD-10 code J44 Other chronic obstructive pulmonary disease) in any position were compared with patients who had an admission without COPD in any position in the same time period. The bed days per admission, cost per admission and inpatient mortality for the pneumonia admission was reported. Results: There were 191,275 patients with a pneumonia admission in the observational period, 34,915 with and 156,360 without a previous admission with COPD. The bed day utilisation was 9.1 Vs 7.9 days per admission, cost per admission was 4,134 Vs 3,356 and inpatient mortality was 22% Vs 11.8% for the with and without prior admission for COPD. Conclusions: Patients hospitalised with Pneumonia with a previous admission of COPD were associated with increased admission length, cost and inpatient mortality. Further analytical research is required in matched populations to describe the relationship. This research has implications for mitigating the risk of pneumonia in patients with COPD given the disproportionate healthcare utilisation and mortality in this population.

POSC178
IDENTIFICATION OF HEART FAILURE SUBTYPES WITHIN PATIENT RECORDS: AN ANALYSIS OF LINKED PRIMARY AND SECONDARY CARE DATA IN ENGLAND
1Mazzag K,2 Boncz I,3 Mass IG, Gollop ND, Fang R1
1Kyushu University, Fukuoka, 40, Japan, 2Kyushu University, Fukuoka, Japan, 3Otsuma Women’s University, Tokyo, Japan
Objectives: Chronic heart failure (HF) is generally well-recorded in primary care in England, but whether data can identify subtypes such as heart failure with reduced (HFrEF) or preserved (HFpEF) ejection fraction coding in the primary care record. Clinical and demographic characteristics were summarised by subtype group. Results: We identified 383,896 HF patients within the study period. Only 26% had subtype data (95% HFrEF vs 31% HFpEF). Those with coded HFrEF were predominantly male (65%), had high prevalence of IHD and were more likely to be admitted with ACS (27% vs 17%) and have higher Cr level (255 vs 167). Those with HFpEF were of a similar age but had lower prevalence of IHD and had a 48/51 male/female split. Those with unknown subtype were the eldest on average, and less likely to be prescribed HF medications than those with HFpEF codes. Conclusions: The recording of HF subtype in structured primary care data is poor, with most patients having no data on subtype. Although the observed characteristics of those coded HFpEF or HFrEF were broadly as expected, some inconsistencies exist that may suggest recording bias. The older population with unknown subtype could be explained by multiple factors such as age-related inequality, clinical indecision or mis-diagnosis in a comorbid population. Overall, these findings suggest opportunities for improved understanding around HF subtypes in primary care.

POSC179
RISK FACTORS FOR PNEUMOCOCCAL DISEASE IN PERSONS WITH CHRONIC MEDICAL CONDITIONS: LIFE STUDY
Onizuka H,1 Nishimura N,1 Kiyohara K,1 Fukuda H2
1Kyushu University, Fukuoka, 40, Japan, 2Kyushu University, Fukuoka, Japan,
Objectives: Pneumococcal infections can lead to severe diseases such as bronchitis, pneumonia, and sepsis. Japan has established routine pneumococcal vaccinations for children aged ≤5 years and older persons aged ≥65 years due to their higher risk of infection. However, exploring the risk factors for pneumococcal disease may identify other at-risk populations for inclusion in vaccination programs. This study aimed to clarify the risk factors for pneumococcal disease in a Japanese population. Methods: The study was performed using insurance claims data from the residents of 12 Japanese municipalities. Based on recorded diagnoses, we identified chronic medical conditions in each subject between April