COVID-19

Q20 INITIAL IMPACT OF COVID-19 ON HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH RHEUMATIC DISEASES FROM AN EVALUATION OF 1,727 PATIENTS: BAME AND FEMALE PATIENTS ARE AT HIGHER RISK

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Background/Aims
The COVID-19 pandemic is associated with significant levels of psychological distress, affecting both those with and without the COVID infection. In the general population, COVID-19 has most notably affected those who are female, in younger age groups, black Asian and ethnic minority groups (BAME). A significant proportion of rheumatology patients are ‘clinically extremely vulnerable’, classed as high-risk of COVID under current national guidance. While it is recognised that extra precautionary measures in this group, such as stringent social distancing (shielding), adversely impacts these patients mental health, other risk factors, for patients with rheumatic disease whose health related quality of life (HRQoL) scores are most impacted, have not being explored. In our large cohort of rheumatology patients under secondary care follow up at the Royal Wolverhampton Trust we assessed HRQoL scores at the 4-week point following the introduction of lockdown measures.

Methods
We distributed a web-based survey via a linked mobile-phone SMS message to all rheumatology patients, with a validated mobile number, under follow-up at the Royal Wolverhampton Trust. We assessed patient’s HRQol by Short Form-12 version 2 (SF12); data were analysed using SPSS version 26.

Results
There were 7,911 active follow up patients with linked mobile numbers. Survey responses were received from 1,828/7,911 (23%) and of these 1,727 completed all aspects of the SF12. Responders were mostly white British 1,711/1828 (94%) and female 1,276 (70%); inflammatory arthritis was the predominant diagnosis (1,275, 70%). 858 (47%) were at high-risk of COVID (advised to follow shielding guidance) and 72 (4%) reported having suffered COVID-19 infection. Mental SF-12 (MCS) component scores were significantly lower in: COVID vs non-COVID patients (mean differences: -3.8, P < 0.001); BAME vs Caucasian patients (-1.5, P = 0.04); Females vs Males (-1.3, P = 0.001). Importantly, there were no differences in physical component scores (PCS) in these groups. Patients considered at high risk of COVID had lower MCS (-2.1) and PCS (-1.3) (both P < 0.001). Older patients had lower PCS (-2.7, P < 0.001) but not MCS.

Conclusion
We found significantly worse mental health scores in female patients, BAME patients and those patients that had suffered the COVID infection. Clinically extremely vulnerable patients had worse mental and physical health scores. There was no significant difference in mental health scores between patients in different ages groups, while, as might be expected, physical health scores were significantly worse in the older age groups. These data indicate a focus on adverse psychological consequences in specific patient groups may be required for future increases in COVID infection rates. Further work on the evolving pattern of psychological responses to the pandemic in rheumatic disease is required.

Disclosure
N. Cleaton: None. J. Bateman: None.