PAEDIATRIC AND ADOLESCENT RHEUMATOLOGY

P120  SELF-REPORTED DISEASE ACTIVITY WAS THE MAIN DETERMINANT OF THE PERCEIVED IMPACT OF COVID-19 PANDEMIC ON ADOLESCENT AND YOUNG PATIENTS WITH JUVENILE DERMATOMYOSITIS (JDM) AND JUVENILE ONSET SYSTEMIC LUPUS ERYTHEMATOSUS (JSLE)

Ayesha Khatoon1, Wing Han Wu1, Junjie Peng1, Laura Hennelly1, Melanie Sloot2, Michael Bosley2, Paul Howard2, Liz Jury1 and Coziana Ciurtin1
1Centre for Adolescent Rheumatology versus arthritis, University College London, London, UNITED KINGDOM, 2Department of Public Health and Primary Care, University of Cambridge, Cambridge, UNITED KINGDOM, 3Lupus UK Charity, Lupus UK Charity, Romford, UNITED KINGDOM, 4Centre for Rheumatology, University College London, London, UNITED KINGDOM

Background/Aims
The impact of the COVID-19 pandemic on adolescent and young patients with chronic diseases is likely to be multi-factorial, and influenced by various aspects, such as age, sex, education, ethnicity, as well as disease control or personal coping strategies. Adolescents and young adults are at a time in their live when disruption in their education and social life, as well as uncertainty related to professional prospects and long-term disease outcomes are all associated with significant personal concerns. The aim of this survey was to assess the main determinants of COVID-19 associated concern in adolescent and young adults with JSLE and JDM as well as their well-being and resilience.

Methods
Questionnaires comprising of questions related to patient and disease characteristics, wellbeing, resilience and concern about the COVID-19 pandemic were disseminated through hospital contacts and patient
charities social media platforms. Participation was voluntary and implied consent. The preliminary results of this ongoing survey have been analysed using descriptive statistics and linear regression (R).

**Results**
The main patient and disease characteristics, self-reported well-being, resilience and perceived concern about the COVID-19 pandemic are presented in comparison in male vs. female patients. Linear regression showed that the strongest determinant of COVID-19 concern was self-reported disease activity \( (p < 0.0003) \). The self-reported disease activity was associated with the COVID-19 concern level in both female \( (P = 0.003) \) and male patients \( (p = 0.004) \) and also with disease duration in males \( (P = 0.018) \). The COVID concern was not affected by any other factors such as, employment, education, well-being or resilience.

**Conclusion**
The preliminary analysis of our survey showed that patient-reported COVID-19 concern during the pandemic was strongly determined by the self-reported disease activity irrespective of patients’ sex, despite significantly increased concern in the female compared to male patients, and association with disease duration in male patients only. We propose that further strategies for better patient support during the pandemic should focus on their optimal disease control as well as take into consideration the sex-biased patient concerns.

**P120 Table 1:**

|                         | Female | Male | p-value |
|-------------------------|--------|------|---------|
| Number                  | 38     | 9    |         |
| Current age mean (IQR)  | 22.21 (14.25-25.75) | 18.89 (14.00-26.00) | 0.4841   |
| Age at diagnosis years mean (IQR) | 13.01 (9.00-15.00) | 9.33 (7.00-11.00) |         |
| Disease duration        |        |      |         |
| Mean (IQR)              | 9.197 (4.000-13.000) | 9.556 (2.000-13.000) | 0.4841   |
| Ethnicity;              |        |      |         |
| White                   | 25 (65.8%) | 7 (77.8%) |         |
| Non-white               | 13 (34.2%) | 2 (22.2%) |         |
| Location;               |        |      | 0.2578091 |
| England (%)             | 35 (92.1%) | 9 (100%) |         |
| Other (%)               | 3 (7.9%) | 0 (0%) |         |
| Well-being (VAS -2 to +2) mean (IQR) | -0.6765 (-2.0000 - 0.0000) | -0.4286 (-1.0000 - 0.0000) | 0.5667 |
| Resilience (VAS 1-7)    |        |      |         |
| Mean (IQR)              | 4.906 (4.000 - 6.000) | 5.0 (4.5 - 5.5) | 0.8718   |
| Self-reported disease activity (VAS 1-100) mean (IQR) | 35.32 (15.00-53.00) | 18.67 (3.00-25.00) | 0.06429 |
| Self-reported COVID concern (VAS 1-100) mean (IQR) | 62.92 (50.00-80.00) | 32.33 (15.00-40.00) | 0.01052 |
| Still in education      |        |      |         |
| No                      | 16 (42.1%) | 3 (33.3%) |         |
| Yes                     | 18 (47.4%) | 4 (44.4%) |         |
| Not recorded            | 4 (10.5%) | 2 (22.2%) |         |
| Currently working       |        |      |         |
| No                      | 24 (63.2%) | 5 (55.6%) |         |
| Yes                     | 10 (26.3%) | 2 (22.2%) |         |
| Not recorded            | 4 (10.5%) | 2 (22.2%) |         |

**Funding statement:** This work was supported by Versus Arthritis (21593)

**Disclosure**
A. Khatun: None. W. Wu: None. J. Peng: None. L. Hennelly: None. M. Sloan: None. M. Bosley: None. P. Howard: None. L. Jury: None. C. Ciurtin: None.