S. Patel:
Disclosure of blood tests and urinalysis. As technology continues to advance, we scores (ePROMS now available via the BSR) and satellite monitoring with regards to managing chronic conditions in clinical remission with referral could lead to an effective virtual management strategy with telephone triage system, coupled with relevant investigations prior to experience with the tele-rheumatology model suggests that a

EPOSTERS

P. Mistry:
call for further research in this area.

have implications for other aspects of rheumatology self-care and we existing e-learning technology already licensed to our hospital at no resources. We have demonstrated that interactive video resources are

Conclusion
viewed the resource on mobile phones. Written feedback, where

resource (1 50-59, (6); 60-69, (8); Others watched it on our website, 534 views, by 283 unique visitors via the unique SMS link, a total of 97 times (mean 2.5 views/patient).

We identified 69 patients eligible to switch to self-injection; all were

SMS message to our cohort of patients using a commercial partner web-based evaluation. The interactive resource was searchable and logistical information and contact details, and a voluntary anonymous methodology. This included: an introduction; explanation of the injection interactive video resource, using evidence-based educational

In March 2020, we identified patients receiving monthly intravenous supports this was not possible.

The COVID-19 pandemic has resulted in a number of changes in case attendance. The usual face-to-face education that normally

Background/Aims

This study presents the impact of the COVID-19 pandemic on health care, access to treatment, daily activities, well-being and mental health

P075 EVALUATION OF THE IMPACT OF THE COVID-19 PANDEMIC ON PATIENTS WITH RHEUMATIC DISEASES IN THE UK: RESULTS FROM THE REUMAVID STUDY

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Background/Aims

This study presents the impact of the COVID-19 pandemic on health care, access to treatment, daily activities, well-being and mental health
and the role of patient organisations from the perspective of the patient with rheumatic disease in the UK.

**Methods**

REUMAVID is an international collaboration led by HTR of the University of Seville, together with a multidisciplinary team of rheumatologists and patient organisations from 7 European countries (in the UK: NASS, NRAS and Arthritis Action). The study consists of an online survey, including the following instruments: Self-Perceived Health, WHO-5 Well-Being index and Hospital Anxiety and Depression Scale (HADS). Data are collected in two phases: the first wave of the pandemic (from May 14th to July 18th 2020) and the second wave (to be conducted in winter 2020).

**Results**

558 patients with rheumatic diseases participated in REUMAVID UK. The most frequently reported diagnoses were axial spondyloarthritides (44.6%), rheumatoid arthritis (44.1%) and osteoarthritis (25.6%). The mean age was 58.5±13.4 years, 78.7% women, 70.8% married or in a relationship and 54.1% having university studies. 45.8% perceived their health status being “fair to very poor” with 38.4% reporting a worsening during lockdown. 48.8% had their rheumatology appointment cancelled. Of these, 46.9% were offered either online or telephone follow-up, while the remaining 50.6% were not given any alternative. 15.6% changed their medication, of which 66.3% were indicated to do so by the medical team and 21.7% did so out of concern with COVID-19 with the major fear being that their treatment would lead to serious illness if they contracted SARS-CoV-2, while the greater hope was to be able to continue with their treatment as usual. 10.3% smoked more than before, 59.4% quit smoking and 36.3% drank more alcohol than before. 20.7% were unable to physically exercise at home and 39.2% reported weight gain. According to the WHO-5 scale, 52.5% declared poor well-being (≤ 50). A total of 43.6% were at risk of anxiety and 33.6% at risk of depression according to the HADS scale. During the lockdown, 54.3% were able to continue their psychological therapy. The main source of COVID-19 information was the patient organisations (reaching 63.6% of members), compared to 45.3% of non-members who did not receive any information.

**Conclusion**

The REUMAVID study has allowed us to measure and quantify the experience of British patients with rheumatic disease during an unprecedented public health crisis. A reduction in healthcare access, concern about treatment, changes in daily life habits and worsening of well-being and mental health were reported during the first wave. Patient organisations were the main source of COVID-19-related information. Further data will be gathered during the second wave.

**Disclosure**

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