

The remaining patients had scored lower and had the option of shielding or enhanced social distancing. Of the 13 Caucasian patients who should have been shielding, 11 were (85%). Of the 25 BAME patients who should have been shielding: 17 were, and 8 were not (68%,  $p=0.26$ ; 65% looking at South Asian patients alone). Understanding of reasons for shielding was clear for 21 out of 25 Caucasian patients (84%). In contrast, 33 of 54 patients from BAME backgrounds (61%) were clear on this ( $p=0.10$ ). Within Wolverhampton and Leicester, the numbers are starker with 20 out of 37 (54%) being clear on this. Very few Caucasian patients made changes to their existing medications with 84% carrying on their medications as they were before the onset of COVID 19. However, of 54 BAME patients, 14 patients had stopped medications - either by themselves or as per advice of health professionals (74%,  $p=0.16$ ). There was a significant difference between centres in patients stopping medications with patients from Leicester much more likely ( $p < 0.001$ ).

#### Conclusion

Despite the small numbers, the data clearly suggest that BAME patients were less likely to understand the reasons for shielding, to follow shielding advice, and more likely to change their medications, thereby risking a flare. Addressing culturally competent educational needs and health equality for BAME rheumatology patients continues to remain a challenge.

#### Disclosure

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### O23 TESTING THE WATERS: COVID-19 FIRST WAVE AND SHIELDING AMONG BLACK, ASIAN AND MINORITY ETHNIC PATIENTS WITH RHEUMATOLOGICAL CONDITIONS IN THE UK

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#### Background/Aims

COVID-19 has created numerous challenges for people globally. In the UK, few studies have reported poorer outcomes for certain ethnic populations. UK government introduced shielding guidance to protect the most vulnerable patients and this was in force for a number of months. However, shielding guidance was initially released only in English, which resulted in further disenfranchisement of the Black, Asian and Minority Ethnic community (BAME). We undertook an audit to understand experiences of shielding particularly in rheumatological BAME patients in multi-ethnic communities in 3 centres - Wolverhampton, Leicester and Oxford.

#### Methods

This study was approved in all three sites as an audit. Patients contacting rheumatology helpline or having routine consultations were included. Each centre aimed to recruit at least 20 patients. A questionnaire was developed to capture important data on shielding. The study was conducted between May and June 2020 during the peak of the first wave of Covid 19.

#### Results

We recruited 79 patients into this audit, of these 54 were of BAME and 25 of Caucasian ethnicity with 17 males and 62 females. Rheumatoid Arthritis (RA) was the commonest diagnosis in 49 of these patients (62%) and these patients were older (median ages 56 vs. 46 years,  $p=0.14$ ). BSR risk scoring algorithm was used to determine need for shielding (BSR score of 3 or more) - 38 patients fell into this category.