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Fig 2. Kaplan Meier estimates of 1-year all-cause mortality in incident by number of underlying conditions, age, and the stage of CKD.

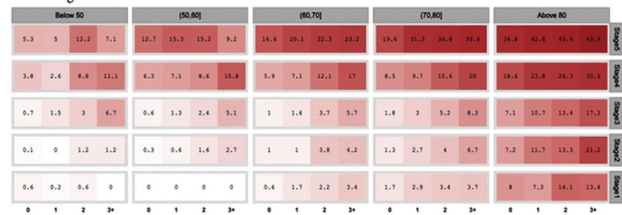


Table 1. Estimated one-year excess mortality by population infection rate and relative impact of the pandemic using Lancet 2020 model.

		Population infection rate (%)		
		10	40	80
Relative risk of mortality associated with the pandemic	1.5	15502	62007	124013
	2	31003	124013	248026
	3	46505	186020	372039

Conclusions: Individuals with CKD have high risk of pre-pandemic mortality particularly those with comorbidities. The data on multi-morbidity, CKD stage and age together could help prioritise patients for vaccination, post-COVID policy, and designing stratified pathways for CKD patients. We illustrate that the direct burden of pandemic could be predicted using pre-pandemic large scale EHR data.

Conflict of interest

Potential conflict of interest:

This study was funded by AstraZeneca and Health Data Research UK. AB has received research grants from AstraZeneca. JBM and TM are employed full-time by AstraZeneca UK Ltd, a biopharmaceutical company who develops, manufactures and markets medicines in the cardiovascular, renal and metabolic disease area.

POS-895

POST-COVID VIRAL DERMATOSES AND LUPUS PATIENTS



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Introduction: Patients with systemic lupus erythematosus (SLE) have an increased risk of serious infections due to intrinsic disturbances in their immune system, the use of immunosuppressive medications, and the potential presence of organ damage associated with their disease. Thus, this population is of particular concern with the pandemic disease of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) or (COVID-19). Several viral infections complicating the course of COVID-19 have been reported but sparsely. These include herpes zoster (HZ), which is the reactivation form of varicella zoster virus (VZV), and herpes simplex virus.

Methods: We report 2 cases of patients followed for SLE who caught up with viral infections post COVID19.

Results: The first patient was a 31-year-old woman followed for systemic lupus erythematosus for 20 years with stage 4+5 renal involvement, under corticosteroid therapy with MMF. She was initially hospitalized for a renal flare-up of her disease (in chronic renal failure stage of hemodialysis requiring one session per week). The patient was put on 3 boli of methylprednisolone and a bolus of cyclophosphamide. 8 days later, she presented lymphopenia with diarrhea. Covid19 infection was confirmed after a positive PCR test. At D25 post COVID19 she was consulted to receive a 2nd bolus of cyclophosphamide where a herpes-like nasal vesicular involvement was noted and she was put on Aciclovir. A second 35-year-old patient was followed for SLE with hematological, neurological, articular and renal involvement. One month after the administration of a second bolus of cyclophosphamide for a neurological attack, she presented with fever, headache, anosmia, dry cough and dyspnea. Covid 19 was diagnosed by SARS-Cov2 PCR and chest CT scan. Oxygen therapy, antibiotic therapy with

azithromycin and vitamins were prescribed with good clinical evolution. 2 months later she consulted for a metameretic vesicular cluster lesion at the T11 level of shingles. She was asymptomatic apart from pruritus. The PCR covid SARS remains positive, she received valaciclovir and analgesic for 7 days with good recovery.

Conclusions: Herpes and shingles can be a late complication of SARS-Cov2, especially in immunocompromised patients who are difficult to negate with RNA viruses.

No conflict of interest

POS-896

QUALITY OF LIFE OF FAMILY CAREGIVERS OF PATIENTS UNDERGOING IN-CENTER HEMODIALYSIS DURING THE COVID-19 PANDEMIC: PRELIMINARY RESULTS



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Introduction: Caring for a patient with end-stage renal disease (ESRD) undergoing in-center hemodialysis (IHD) has been described as a stressful experience. In the context of the COVID-19 pandemic, these patients are exceptionally vulnerable as they combine several risk factors (e.g., old age, less efficient immune system, other comorbidities) along with the need to travel to a dialysis unit to receive treatment 3-4 times a week in common rooms. Previous qualitative research has evidenced that caring during the lockdown was even more challenging, as family caregivers of patients with ESRD faced greater emotional strains due to increased care responsibilities. However, the impacts of the current pandemic on family caregivers remain largely unexplored. The present study explored the impacts of the COVID-19 pandemic on the quality of life of family caregivers of patients with ESRD undergoing IHD.

Methods: Across-sectional study was conducted based on a convenience sample of family caregivers of patients undergoing IHD. Participants completed an online assessment protocol including questions related to sociodemographic (e.g., age, kinship with the patient), clinical (e.g., COVID-19 impacts), and caregiving characteristics (e.g., time providing support), and validated self-report measures to assess symptoms of anxiety and depression, caregiver burden, social support, and quality of life. A multiple regression analysis was performed to identify potential predictors of caregiver's quality of life during the COVID-19 pandemic. This study is part of a broader project that aims to assess the impact of the COVID-19 pandemic on family caregivers of patients undergoing IHD.

Results: The sample comprised 75 family caregivers; 68 (90.7%) stated that the COVID-19 pandemic impacted their quality of life. Most of these participants were female (77.9%), with a mean age of 62 years (SD = 12.8), with a low level of education (41.2% only completed primary education), and mostly spouses (52.9%) caring for more than four years (41.2%); helping with the management of dietary restrictions (76.5%) was the most frequently reported care responsibility. Regarding their emotional status, 44.1% reported high levels of caregiver burden, and 23.5% and 19.1% had clinically relevant symptoms of anxiety and depression, respectively. The results obtained from the regression analysis showed that symptoms of depression ($\beta = -.354$; $p < .01$) and caregiver burden ($\beta = -.536$; $p < .001$) were significant predictors of poorer quality of life, explaining 49% of the variance in the overall quality of life.

Conclusions: The results show the negative impacts of the COVID-19 pandemic on family caregivers of patients undergoing IHD, suggesting that more attention should be given to those with increased emotional distress and burden, as this can interfere with overall quality of life. Research needs to focus on developing interventions aimed at helping ESRD family caregivers who need support, in order to facilitate the management of caregiving demands and responsibilities in times of greater uncertainty.

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