dyspepsia (n=9), abdominal pain (n=7), headache (n=5), loss of appetite (n=4), weight loss (n=3), halitosis (n=1), dry mouth (n=1), palpitations (n=1) and/or depression (n=1). Six patients had to reduce the dose to 30 mg/day. APR was discontinued in 11 patients due to: not obtaining the expected improvement (n=5), intense gastrointestinal adverse effects (n=3), desire of pregnancy (n=1), persistent erythema nodosum (n=1) and development of neurological involvement (n=1).

Conclusion: Our data show a rapid and maintained improvement with APR in patients with mucocutaneous ulcers of BD refractory to several systemic drugs, including biologic therapy.

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TABLE. Evolution of main symptoms and reduction prednisone dose with apremilast therapy.

Outcome of oral and/or genital ulcers n, (%)	Baseline	Week 1-2 n=47	Week 4 n=43	Month 3 n=37	Month 6 n=28	Month 12 n=12	Month 18 n=4	Month 24 n=2
Complete resolution	18 (38.3)	30 (63.8)	31 (72.1)	20 (54.1)	6 (50)	3 (75)	2 (100)	0
Partial resolution	24 (51.1)	10 (21.3)	2 (5.4)	7 (25)	6 (50)	1 (25)	0	0
No response	5 (10.6)	3 (7)	4 (10.8)	1 (3.6)	0	0	0	0
Dose of prednisone (mg/day), median [IQR]	10 [5-15]	10 [5-15]	10 [5-12.5]	5 [2.5-7.5]	5 [2.5-10]	2.5 [2.5-5]	2.5 [2.5-5]	0 [0-0]

*p<0.05

n=available data.

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SAT0216

PATIENT PERCEPTIONS OF PHYSICAL ACTIVITY AFTER A DIAGNOSIS OF GIANT CELL ARTERITIS: A SECONDARY ANALYSIS OF MULTINATIONAL QUALITATIVE DATA

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Background: Giant cell arteritis (GCA) is the most common vasculitis in the UK, with an incidence of 220 cases/million in adults over 50 years of age. The physical symptoms as well as the side effects of glucocorticoids may impact patients' ability to exercise. Maintaining physical activity

(PA) has been shown to be beneficial to disease activity in other inflammatory conditions, and is also a specific priority for GCA patients.

Objectives: To explore patient perceptions of physical activity in GCA.

Methods: Multinational qualitative study, using interviews with 36 patients from the UK (25) and Australia (11), all of whom had a definitive diagnosis from imaging or biopsy. Interviews were recorded, transcribed, and analysed using inductive thematic analysis. This is secondary analysis of data collected to explore health-related quality of life in people with GCA.

Results: 84 individual themes were reported by patients, each of which fell broadly into two overarching themes: barriers to and facilitators of physical activity. Within each theme, four subthemes were identified. In terms of barriers, these were: negative physical symptoms (including visual loss, fatigue, weakness, pain and stiffness), lack of physical capability (including poor stamina, confidence and mobility), negative perceptions around PA, and negative reinforcement (i.e. new physical symptoms following PA). Facilitators of physical activity were also grouped into four subthemes: external facilitators (including motivation from healthcare professionals and support groups), access to appropriate facilities, personal strategies (including pacing and goal-setting) and personal facilitators (including internal motivation to improve symptoms, and positive reinforcement from PA).

Conclusion: There are a variety of barriers to physical activity in GCA patients, including patients being fearful of exercise. In other inflammatory conditions, patients report improved symptoms following physical activity as well as wider benefits to general wellbeing and cardiovascular health. Education, motivational interviewing, and personalised strategies may be beneficial components of an intervention to support physical activity in patients with GCA.

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SAT0217

EOSINOPHILIC GRANULOMATOSIS WITH POLYANGIITIS: CLINICAL PREDICTORS OF LONG-TERM ASTHMA SEVERITY

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Background: Bronchial asthma in Eosinophilic Granulomatosis with Polyangiitis (EGPA) patients is commonly present before, at and after the diagnosis of vasculitis, often requiring high doses of oral corticosteroid (OCS) to be controlled.

Objectives: We aimed to better characterize long-term asthma in EGPA and to identify predictors of long-term asthma severity.

Methods: Retrospective cohort study of anti-neutrophil cytoplasmic antibodies associated vasculitis patients who fulfilled standardized criteria for EGPA (American College of Rheumatology 1990 and/or Lanham criteria and/or Chapel Hill Consensus Conference 2012) that were followed in a single referral center from 1990-2017. Baseline and 3 (±1) years of follow-up clinical, laboratory and pulmonary function data were analyzed. The definition from American Thoracic Society Workshop was used to identify patients with severe/uncontrolled asthma. Severe rhinosinusitis was defined as rhinosinusitis that needed sinus surgery to control nasal polyps and/or reduce symptoms (≥1 surgery).