Results: There was no statistically significant correlation between HLA B51 and systemic manifestations or disease activity or Doppler findings nor capillary parameters and morphology. There was statistically significant relation between HLA B51 and ankle brachial index.

There was statistically significant difference between patients and controls in EDV, RI of the carotid artery, and arterial, venous limb of the capillary, also the capillary lobe and length with lower values in the patients. There was statistically significant difference between patients and controls in carotid intima media thickness with higher values in patients, inspite of the absence of significant difference in lipid.

Conclusion: HLA B51 didn't link to different clinical presentation in BD; it is related to peripheral arterial affection only. BD patients had poor arterial compliance and increased arterial stiffness, there is preclinical atherosclerosis in BD not to related to the level of lipid profile.

REFERENCES:

- [1] Marshall SE. bechet's disease. *Best Pract Res Clin Rheumatol*. 2004 Jun 1;18(3):291–311.
- [2] Hegab S, Al-Mutawa S. Immunopathogenesis of Behçet's Disease. *Clin Immunol*. 2000;96(3):174–86.

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FRI0282 STATINS REDUCE RELAPSE RATE IN TAKAYASU ARTERITIS

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Background: Takayasu arteritis (TAK) is a chronic inflammatory disease, mainly affecting aorta and its major branches. Despite treatment with glucocorticoid and adjunctive immunosuppressive agent, relapse is common. Considering the high relapse rate, it is important to identify additional medications that may help sustain remission. Statins, as having anti-inflammatory and immunomodulatory effects, may be one such possibility. **Objectives:** To investigate the effect of statins on relapse of Takayasu arteritis (TAK), which frequently occurs after achievement of remission.

Methods: We conducted a retrospective study on TAK patients with active disease, diagnosed between 2012 and 2017. Relapse was defined as recurrence of active disease after achieving remission. Demographic and clinical parameters of patients who experienced relapse were compared to those who did not. To identify factors associated with relapse, multivariate Cox regression analysis with stepwise backward elimination was performed. Inverse probability of treatment weighting (IPTW)-adjusted analysis was used to evaluate the influence of statins on relapse.

Table. Multivariate Cox proportional hazard regression analysis estimating risk of relapse

	Adjusted hazard ratio	95% confidence interval	P value
Age	0.974	0.942–1.008	0.130
Hypertension	0.776	0.309–1.951	0.590
Carotidynia	2.348	1.002–5.505	0.050
LDL-cholesterol	1.007	0.986–1.028	0.510
Statin use	0.260	0.120–0.563	0.001

Abbreviation: LDL; low density lipoprotein

Results: Of the total 74 TAK patients, 40 (54.1%) patients received statins, whereas 34 (45.9%) patients did not. Relapse was observed in 36 (48.6%) patients of the total 74 TAK patients. Compared with patients who did not experience relapse, patients who experienced relapse were younger (44.5±13.5 years vs 34.1±12.6 years, p=0.001), had lower prevalence of hypertension (63.2% vs 38.9%, p=0.037), more commonly had carotidynia (7.9% vs 27.8%, p=0.025), had higher LDL-cholesterol (84.8±18.8 mg/dl vs 100.5±26.1 mg/dl, p=0.010), and were less commonly taking statins (71.1% vs 36.1%, p=0.003). These variables were included in multivariate Cox regression analysis. The use of statins was significantly associated with lower risk of relapse (adjusted hazard ratio 0.260, 95% confidence interval 0.120–0.563, p=0.001). Furthermore, IPTW-adjusted

analysis confirmed that statin use was associated with a lower risk of relapse (IPTW-adjusted hazard ratio 0.153, 95% confidence interval 0.038–0.616, p=0.008).

Conclusion: In TAK, statins can be beneficial in reducing relapse rate after achieving remission.

Covariates: age (continuous), hypertension (yes/no), carotidynia (yes/no), LDL-cholesterol (continuous), and statin use (yes/no)

Disclosure of Interests: None declared

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FRI0283 PRESENTATION AND MANAGEMENT OF GIANT CELL ARTERITIS IN A REAL-WORLD SETTING (ARTEMIS STUDY)

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Background: We have little real-world data in France on the natural history and management of patients with GCA.

Objectives: The objective of this observational study, named ARTEMIS, was to describe the characteristics and management of patients with GCA in real-life settings in France.

Methods: This was a cross-sectional, non-interventional, multicentre, single-visit survey, conducted among hospital-based physicians specialized in internal medicine or rheumatology. Investigators enrolled consecutive patients ≥ 50 years old seen for GCA and currently under treatment. Information on medical practices, such as patient characteristics and diagnostic journey, diagnostic methods and specific GCA treatments, were collected on an eCRF. GCA activity was assessed on a 100-mm VAS completed by the patients (PtGA) and physicians (PGA). GCA was considered active for VAS scores ≥ 10 mm. Newly diagnosed GCA was defined as diagnosis (Dg)-to-visit interval < 6 weeks. Onset of symptoms-to-Dg interval was classified as "short" (< 1 month), "intermediate" (1–3 months) and "long" (> 3 months). Descriptive statistics were used for quantitative and qualitative variables.

Results: Over the 3-month inclusion period (August–November 2018), 306 patients were recruited (females: 67.3%, age at Dg ≥ 70 years: 72.5%); 260 (85.0%) and 46 (15.0%) were followed by internists or rheumatologists, respectively. Overall, 39 (12.7%) had newly diagnosed GCA, 267 (87.3%) had a GCA duration ≥ 6 weeks (mean follow-up 24.0±27.0 months). Original referral of patients to specialized centres was from GPs (55.9%), ophthalmologists (10.1%), neurologists (6.9%), emergency physicians (5.6%), internists (4.2%) and rheumatologists (4.9%). Mean time to Dg was 3.3±6.9 months, with an "intermediate" Dg interval for 57.5% of patients. The most common prior medical histories were hypertension (45.8%), psychiatric disorders (10.1%), dyslipidemia (11.8%), diabetes (9.5%) and osteoporosis (5.9%); during follow-up psychiatric disorders, diabetes and osteoporosis were more often reported: 12.1%, 14.7% and 8.5% of patients respectively. Initial GCA presentations included cranial symptoms (89.5% of patients), constitutional symptoms (73.9%), polymyalgia rheumatica (48.4%), and other extra-cranial manifestations (34.0%). Initial mean ESR and CRP level were 73.0±30.7 mm/hr and 87.3±68.3 mg/l. Temporal artery biopsy, high-resolution temporal artery Doppler ultrasonography, ¹⁸FDG-PET and aortic angio-CT were performed for 84.7%, 31.2%, 26.4% and 29.7% of patients, respectively, and contributed to GCA Dg for 67.1%, 52.7%, 70.3% and 36.8%. At study visit, PtGA was 28.1±26.4 and PGA was 13.1±21.4. Ongoing medications included glucocorticoids (GC) for 273 (89.2%) patients (mean dose: 14.9±16.7 mg/d), methotrexate for 35 (11.4%) and tocilizumab for 44 (14.4%). In total, 122 (39.9%) patients had ≥ 1 relapse (mean number of relapses: 1.7±1.0) after a mean time to a first relapse of 13.3±12.8 months. Total cumulative oral GC dose was 5179±4987 mg. GCA-related complications occurred in 48 (15.7%) pts with eye disorders in 15 (5.2%).

Conclusion: This observational, cross-sectional study of a large number of patients provides insight into current medical practices for GCA in France. Despite extensive use of large-vessel imaging, the proportion of patients diagnosed with non-cranial GCA is small (10%). The substantial proportion of patients with relapsing disease results in high cumulative doses of glucocorticoids. The number of patients with tocilizumab treatment was slightly greater than that with methotrexate treatment.

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