to record information regarding their use of glucocorticoids during the “last 7 days” and during the “last 6 months”. We retrieved 132 questionnaires (of whom 6 were discarded as incomplete). All data was analyzed using SPSS Statistics v22.

Results: Of the 126 patients (mean age 74.9 ± 7.7 years, 59% were female). The mean duration of disease was 22.5 ± 19.1 months in patients with GCA and 32.9 ± 29.9 months in those with GCA and polymyalgia rheumatica (PMR). The mean daily number of medications taken was 9.2 ± 5.2 (range: 1 - 30); the mean number of types of daily tablets taken was 5.0 ± 2.1 (range: 1 - 10). The mean daily number of glucocorticoid tablets taken was 3.2 ± 2.6 (range: 0 - 12); with a mean daily dose of 11.1 ± 10.3 mg (range: 0 - 60 mg). Overall, in the last 7 days, 22% and in last 6 months, 40% of patients were not following their original recommended steroid regimens (Table 1). The total mean glucocorticoid dose in the “last 7 days” group (n=81) was 77.8 ± 70.1 mg/week (11.1 ± 10.1 mg/day) whilst the total mean glucocorticoid dose in the “last 6 month” group (n=45) was 1782.0 ± 1543.3 mg/month (9.9 ± 8.6 mg/day). Most respondents stated their glucocorticoid non-adherence was due to medical advice; other reasons included forgetting, fear of side effects, or confusion about different preparations of prescribed glucocorticoids. The presence of PMR did not influence glucocorticoid adherence.

Table 1. Glucocorticoid used compared to original regimen in GCA

<table>
<thead>
<tr>
<th></th>
<th>Last 7 days (%)</th>
<th>Last 6 months (%)</th>
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</thead>
<tbody>
<tr>
<td>Higher than prescribed</td>
<td>16</td>
<td>22</td>
</tr>
<tr>
<td>Lower than prescribed</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Same as prescribed</td>
<td>78</td>
<td>60</td>
</tr>
</tbody>
</table>

Conclusion: There is significant variation in the use of glucocorticoids compared to the original starting regimen in patients with GCA, with or without PMR. However, the amount of the discrepancy is small. The commonest reason for non-adherence was medical advice received from either primary or secondary care.

References:
3. Methods to improve medication adherence in patients with chronic inflammatory rheumatic diseases: A systematic literature review. Matthew L et al. RMD Open. 2018
6. The predictors and reasons for non-adherence in an observational cohort of patients with rheumatoid arthritis commencing methotrexate. Holly HF et al. Rheumatology. 2019

Disclosure of Interests: HAIRUL HADI ARIFF: None declared, Abd Awisat: None declared, JACK ARNOLD: None declared, Hudaifa Al Ani: None declared, Lorraine O’Neill: None declared, Mar Pujades Rodriguez: None declared, Raasheid Luqmani Grant/research support from: Arthritis UK, the Medical Research Council, the University of California San Francisco/Oxford Invention Fund, the Canadian Institutes of Health Research, The Vasculitis Foundation, GSK, Consultant of: GSK, Medpace, Medimmune, Roche
DOI: 10.1136/annrheumdis-2020-eular.283