both ophthalmology and rheumatology diagnoses. The same period of the year 2019 was used as a comparator.

Results: We noticed a three-fold increase in the number of ophthalmology patients who underwent an evaluation with a rheumatologist in 2020 compared to 2019 (41 vs 13, +315%; Table). There were no differences in sex distribution or age between the two years. However, the median time before rheumatology assessment was shorter in 2020 than 2019 (median days 0 [range 0-6] vs 12 [range 0-91]). IMIDs diagnoses increased by 27% in 2020 compared to 2019 (29/41 vs 7/13, 71% vs 54%), mainly driven by new diagnoses of systemic vasculitis and Behcet's disease (Figure 1). There was also an increase in diagnoses of non-IMIDs systemic conditions (3 cancers and one infection in 2020 vs none in 2019). After rheumatology evaluation, immune-modulating therapy was initiated in 18/41 (44%) vs 3/13 (23%).

IMIDs diagnoses after rheumatology assessment

Ophthalmology assessment and referrals to rheumatology	Referrals 2019 (n=13)	Referrals 2020 (n=41)
Inflammatory eye disease, n (%)	6 (46)	36 (88)
Uveitis, n	6	21
Vasculitis, n	2	4
AIION, n	3	5
Conjunctivitis, n	1	0
Scleritis, episcleritis, n	0	1
Other, n	1	5

Conclusion: An integrated approach with rheumatologist appeared to remarkably increase the likelihood to detect IMIDs among patients presenting with inflammatory eye diseases.

Disclosure of Interests: None declared

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AB0390

CHARACTERISTICS AND PROGNOSIS OF AGE-DEPENDENT ANCA-ASSOCIATED VASCULITIS IN JAPAN

M. Kato¹, T. Kameda¹, H. Shimada¹, S. Nakashima¹, M. Mahmoud Fahmy Mansour¹, R. Wakiya¹, T. Miyagi¹, K. Sugihara¹, Y. Ushio¹, R. Senba¹, M. Mizusaki¹, H. Dobashi¹. ¹Kagawa University, Division of Hematology, Rheumatology and Respiratory Medicine, Department of Internal Medicine, Kagawa, Japan

Background: It is known that most of ANCA-associated vasculitis (AAV) patients are elderly. A cohort study showed that the mean age of onset was 71.1 years, especially in patients with microscopic polyangiitis (MPA)¹. However, the characteristics and prognosis of age-dependent AAV patients are still unclear.

Objectives: To clarify the differences in age-related characteristics and prognosis between Japanese patients with AAV.

Methods: We enrolled 44 patients with AAV who underwent remission induction therapy at our hospital from January 2016 to December 2020. They were divided with under 70 years old group (<70 yo group, n=12) and over 70 years old group (≥70 yo group, n=32). We investigated between two groups as follows; clinical characteristics and laboratory data at diagnosis, rates of complete remission (CR) at 6 months, defined as Birmingham Vasculitis Activity

Score (BVAS)=0 and prednisone ≤7.5 mg/day, adverse events, and relapse free survival.

Results: Mean age were 61.9 ± 9.74 years old in <70 yo group and 77.5 ± 4.61 years old in ≥70 yo group (p<0.01). There were significantly fewer newly diagnosed cases in the <70 yo group, and half of the patients with relapsing disease. There was no difference in the type of ANCA, organ involvement, or BVAS. Remission induction therapy was performed with CY or RTX, and no difference was observed between these two groups. In addition, there was also no difference in maintenance therapy (Table 1). CR rate in <70 yo group and in ≥70 yo group were 55% and 46 % respectively (p=0.73). Severe infections occurred with no patient (0%) in <70 yo group and with 5 patients (16%) in ≥70 yo group (p=0.30). 5 patients of relapse were observed in the <70 yo group and 1 patient in the ≥70 yo group, and relapse free survival was significantly lower in the <70 yo group (p=0.001) (Figure 1).

Table 1. Clinical characteristics at baseline and treatment drugs between <70 yo group and ≥70 yo group.

	<70 yo 群 (n=12)	≥70 yo 群 (n=32)	p value
Age (year)	61.9 ± 9.74	77.5 ± 4.61	< 0.01*
Female, n (%)	10 (83)	28 (87)	0.66
AAV type	6 (50) / 6 (50)	26 (81) / 6 (19)	0.06
MPA, n (%) / GPA, n (%)			
Newly diagnosed, n (%)	6 (50)	27 (84)	0.045*
ANCA positivity			
MPO, n (%) / PR3, n (%)	11 (92) / 0 (0)	30 (94) / 3 (9)	1 / 0.55
negative, n (%)	1 (8)	1 (3)	0.48
CRP (mg/dl)	3.34 ± 4.01	8.15 ± 6.86	0.03*
eGFR (mL/min)	55.8 ± 25.3	57.7 ± 24.7	0.93
BVAS	12.0 ± 8.0	14.8 ± 6.8	0.23
Remission induction therapy	5 (42) / 7 (58)	16 (50) / 16 (50)	0.74
CY, n (%) / RTX, n (%)			
Maintenance therapy			
AZA, n (%)	7 (58)	14 (44)	0.50
RTX, n (%)	1 (8)	6 (19)	0.65
others, n (%)	2 (17)	3 (9)	0.60
without IS, n (%)	2 (17)	9 (28)	0.70

The p-value was estimated using Fisher's exact or Wilcoxon rank sum test. yo, years old; AAV, ANCA-associated vasculitis; MPA, microscopic polyangiitis; GPA, granulomatosis with polyangiitis; CY, cyclophosphamide; RTX, rituximab; AZA, azathioprine; IS, immunosuppressants. *p<0.05

Conclusion: There was no difference in remission rate between two groups. Severe infections were observed only in the ≥70 yo group. We suggest that younger AAV patients need attention to relapse after the remission because of lower relapse free survival in <70 yo group.

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Figure 1. Relapse free survival Relapse free survival was calculated by Kaplan-Meier method and compared by log-rank test. *p<0.05

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