Conclusion: Patients with systemic vasculitis, even in the absence of obstructive CAD, have a high prevalence of CMD compared with non-vasculitis patients. These differences were observed despite matching cases and controls on traditional CV risk factors, highlighting the importance of other factors, such as inflammation and vasculitis treatments on CMD and CV disease in this population. CMD is a known independent risk factor for CV mortality. Future prospective studies are needed to understand the relationship between vasculitis, systemic inflammation, and CMD.

Disclosure of Interests: None declared


AB0625

ASSOCIATION BETWEEN CYTOMEGALOVIRUS REACTIVATION AND RENAL PROGNOSIS DURING REMISSION INDUCTION THERAPY FOR ANCA-ASSOCIATED VASCULITIS

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Methods: This retrospective cohort study enrolled microscopic polyangiitis (MPA), granulomatosis with polyangiitis (GPA), and eosinophilic granulomatosis with polyangiitis patients at 23 sites in Japan who had a first or severe relapse between January 2017 and June 2020. Of these, patients with MPA or GPA who had a positive renal lesion score on BVAS (version 3) at baseline, or vasculitis findings on renal biopsy, CMV assayed by 48 weeks of treatment, were included. Patients were divided into two groups based on the presence or absence of a positive CMV antigen test during the remission induction phase (0–48 weeks of treatment). Outcomes were the rate of change in estimated glomerular filtration rate (eGFR) at 48 weeks after initiation of treatment in both groups, as determined by (eGFR at 48 weeks - eGFR at the initiation of treatment)/eGFR at the initiation of treatment; where lower values were associated with worse renal function.

Conclusion: Contrary to our hypothesis, renal prognoses tended to be better when CMV reactivation was observed. The patients in the CMV reactivation group may have been treated more aggressively, and some patients with a poor prognosis who were not followed up for 48 weeks dropped out. Further research investigating the adjustment of treatment methods is required.

Disclosure of Interests: None declared


AB0626

PREVALENCE OF FRAILTY IN AN INTERNET-BASED COHORT WITH A SELF-REPORTED DIAGNOSIS OF VASCULITIS – THE VASCSTRONG STUDY

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Background: Frailty is a syndrome characterized by an increased vulnerability to stressors and is associated with disability and early mortality. Frailty may be accelerated in patients with vasculitis. The prevalence of frailty in patients with vasculitis remains unexplored.

Objectives: To describe the prevalence of self-reported frailty in patients with vasculitis.

Methods: VascStrong is a longitudinal study utilizing the Vasculitis Patient-Powered Research Network (VPPRN), an internet-based prospective longitudinal cohort. Data elements collected included type of vasculitis, demographic, and use of medications. Frailty was measured by the FRAIL scale, a self-report measure which queries on 5 domains: 1. Fatigue, 2. Resistance (inability to climb 10 stairs), 3. Ambulation (inability to walk several blocks), 4. Illnesses (≥5/11 comorbidities), and 5. Loss of Weight (≥5% weight loss in the last year). Patients were classified as robust, pre-frail, and frail based on 0, 1-2, or 3 criteria, respectively.

Results: The survey collected information from October 8, 2021-January 15, 2022. For this preliminary analysis, 228 responses were included. Clinical characteristics and study data are outlined in Table 1. Prevalence of robustness, pre-frailty, and frailty was 28.5%, 47.8%, and 23.7%, respectively. The majority of patients with each form of vasculitis were rated as frail or pre-frail. Among the individual FRAIL domains, fatigue and loss of weight were the most frequent (48.7% and 42.5%, respectively) while illnesses, was the least common (3.5%). When compared to robust patients, frail and pre-frail patients were younger, more frequently female, more likely to be obese and reported more frequent use of glucocorticoids. Patients with urticarial vasculitis and Takayasu’s arteritis were more commonly pre-frail or frail, compared to patients with other types of vasculitis.
Table 1. Characteristics for overall cohort and by frailty classification

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Overall N = 228</th>
<th>Robust N = 65</th>
<th>Pre-frail N = 109</th>
<th>Frail N = 54</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years, mean (SD)</td>
<td>57±15.3</td>
<td>62.4±14.8</td>
<td>55.1±15.6</td>
<td>57±14.3</td>
</tr>
<tr>
<td>Sex, female</td>
<td>163 (71.6%)</td>
<td>40 (61.5%)</td>
<td>84 (77.1%)</td>
<td>39 (72.2%)</td>
</tr>
<tr>
<td>Race, white</td>
<td>204 (89.5%)</td>
<td>60 (92.3%)</td>
<td>98 (88.9%)</td>
<td>46 (85.2%)</td>
</tr>
<tr>
<td>Employment status: Employed</td>
<td>98 (43.0%)</td>
<td>24 (36.9%)</td>
<td>60 (55.0%)</td>
<td>14 (26.0%)</td>
</tr>
<tr>
<td>Education: Retired</td>
<td>66 (28.9%)</td>
<td>29 (44.6%)</td>
<td>24 (22.0%)</td>
<td>13 (24.1%)</td>
</tr>
<tr>
<td>Employment status: Disabled</td>
<td>34 (14.9%)</td>
<td>4 (6.2%)</td>
<td>11 (10.0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Employment status: Other/missing</td>
<td>30 (13.2%)</td>
<td>8 (12.3%)</td>
<td>13 (12.0%)</td>
<td>9 (16.7%)</td>
</tr>
<tr>
<td>Disease duration, years, mean</td>
<td>8.5 (9.9)</td>
<td>8 (6.8)</td>
<td>8.4 (8.4)</td>
<td>8.8 (8.0)</td>
</tr>
</tbody>
</table>

Data presented as n (%), unless specified otherwise *Other diagnosis: Behcet's disease, primary angitis central nervous system, cryoglobulinemic vasculitis, IgA vasculitis, polycystic nodule, and other/suspected diagnosis *Based on World Health Organization Body Mass index categories

Conclusion: Self-reported frailty or pre-frailty is prevalent in the majority of patients with multiple forms of vasculitis. Future analysis will focus on identifying factors associated in patients with vasculitis, to allow earlier identification and prevention in this population at high-risk for frailty.

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Background: The ANCA-associated vasculitis patient-reported outcome (AAV-PRO) questionnaire is a 29-item disease-specific PRO measure for AAV[1]. The Italian version of the AAV-PRO questionnaire (AAV-PRO_ita) was translated in collaboration with Oxford and Bristol University (UK) and was preliminarily tested on a single-center Italian cohort[2].

Objectives: The main objective of this multicentric study was to assess the internal consistency, feasibility, and reliability of the AAV-PRO_ita in a large cohort of Italian AAV patients. The secondary objective was to investigate the clinical characteristics of AAV patients associated with AAV-PRO_ita domains.

Methods: The AAV-PRO_ita is describes the following disease domains: (1) organ-specific and systemic symptoms and signs (SSS); (2) physical function (PF); (3) social and emotional impact (SEI). In this study, Italian-speaking AAV patients were recruited from Italian Centres (N=13) with a large experience in the diagnosis and treatment of systemic vasculitides, belonging to the Vasculitis Study Group of the Italian Society of Rheumatology. Inclusion criteria were: a confirmed diagnosis of GPA, MPA, or microscopic polyangiitis, AAV-PRO_ita completed at one hospital, and biopsyp proven AAV; and age ≥18 years old. Participants completed the AAV-PRO_ita at three different time-points: baseline, after 5-7 days, and at month 3.

Results: 229 AAV-patients (56.3% women) with a median age of 61 (IQR 51-72) were recruited and completed the questionnaires. The subtype of AAV was mainly GPA (131, 57.2%), followed by EGPA (58, 25.3%), and MPA (40, 17.5%). Median BIASC was at baseline was 0 (IQR 0-3), whereas the median BIASC at the onset of disease was 14 (IQR 9-20). Participants had a median duration of disease of 67 (IQR 24-126) months. Patients who experienced at least one relapse, one hospitalization, and one severe infection were 40.2%, 53.3%, and 24%, respectively. 83% of the patients were on immunosuppressant therapy and 71.6% were still receiving glucocorticoids (GC).

AAV-PRO_ita had good internal consistency (Cronbach’s Alpha range 0.81-0.93) and good test-retest reliability (ICCs range 0.93-0.96). Item response rates were high overall (maximum 0.87% missing data), supporting the feasibility of the questionnaire.

Concerning the domains of the questionnaire, female AAV patients scored higher (i.e. worse) in all three domains, especially in the SEI domain (p-value<0.001). Older participants (≥65 years) scored higher in the PF domain (p-value<0.05) in all three domains, especially in the SEI domain (p-value<0.001). Concerning the domains of the questionnaire, female AAV patients scored higher (i.e. worse) in all three domains, especially in the SEI domain (p-value<0.001). Older participants (≥65 years) scored higher in the PF domain (p-value<0.05) in all three domains, especially in the SEI domain (p-value<0.001). Concerning the domains of the questionnaire, female AAV patients scored higher (i.e. worse) in all three domains, especially in the SEI domain (p-value<0.001). Older participants (≥65 years) scored higher in the PF domain (p-value<0.05) in all three domains, especially in the SEI domain (p-value<0.001). Concerning the domains of the questionnaire, female AAV patients scored higher (i.e. worse) in all three domains, especially in the SEI domain (p-value<0.001). Older participants (≥65 years) scored higher in the PF domain (p-value<0.05) in all three domains, especially in the SEI domain (p-value<0.001).

Conclusion: The AAV-PRO_ita is a new 29-item, disease-specific PRO measure for use in AAV in the Italian language. It is a self-administered Italian questionnaire with good internal consistency, feasibility, and reliability. AAV-PRO_ita proved to be a useful tool to explore the AAV patient's perception of quality of life, and it could become an important way of measuring the unmet needs of AAV patients.

References:

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