PROMs at diagnosis and during follow-up. We found that weight loss at diagnosis was associated with particularly low PROM scores, whereas inflammatory markers did not (PMR) or only moderately (GCA) associate with PROMs. Surprisingly, the physician general disease assessment (GDA) score showed no association with PROMs at diagnosis or at the 2-year visit. PROMs at the 2-year visit did correlate with the Fatigue score and patient GDA. Equivalent to the baseline visit, laboratory markers such as CRP correlated with PROMs in GCA, but not PMR patients. Finally, at the 2-year visit the use of glucocorticoids in GCA patients associated with worse PROMs, but in PMR patients with better scores on the SF-36. MTX use was associated with better PROMs, but only in GCA patients. Conclusion: GCA and PMR patients experience both short-term and long-term impact on their frailty, daily functioning and quality of life. Medication use appears to be important in determining the patient’s quality of life, although surprisingly, glucocorticoid and methotrexate use appear to affect GCA and PMR patients differently. Importantly, the physician GDA or inflammatory markers do not associate strongly with PROMs, particularly in PMR patients, indicating a need for better understanding of the disease and treatment impact on patient’s life.

Data, expressed as median and interquartile range, are compared to age and sex-matched HCs. Scores range from 0-100; a score of 100 indicates the most healthy outcome.

REFERENCES: NIL.

Disclosure of Interests: None declared.

Acknowledgements: NIL.

P. Regoli1,2, J. Mora1,2, F. Franceschini1,2, P. Toniatti1,1. ASST Spedali Civili of Brescia, Rheumatology and Clinical Immunology Unit, Brescia, Italy; University of Brescia, Department of Clinical and Experimental Sciences, Brescia, Italy

Background: Permanent vision loss is a feared complication and a leading cause of morbidity in Giant Cell Arteritis (GCA). Prompt recognition of patients with visual manifestation is fundamental to reduce permanent vision loss occurrence.

Objectives: The study aims to evaluate risk factors for visual manifestations at disease onset in an Italian monocentric cohort of patients with Giant Cell Arteritis (GCA).

Methods: We identified 128 patients with GCA diagnosed between 2011 and 2021 in our Center. All patients were older than 50 years of age, met the 1990 ACR criteria for GCA or had a positive temporal artery biopsy or ultrasound. Medical records of all patients were reviewed and demographic, clinical, and laboratory data were collected.

Results: Fifty-five patients (43%) presented at diagnosis visual ischemic manifestations: blurred vision in 6 pts, diplopia in 6 pts, amaurosis fugax in 5 pts, partial visual loss in 23 pts and complete vision loss in 1 or 2 eyes in 12 and 3 pts respectively. Out of 38 patients with partial or complete visual loss, 36 presented Arteritic Anterior Ischemic Optic Neuropathy (AION), and 2 presented Central Retinal Artery Occlusion (CRAO). Patients with visual manifestations had a median age of 77 (IQR 73-81) years, significantly older if compared to patients without ocular symptoms (72 (67-76) years, p<0.001). Patients with ocular involvement presented more often hypertension (67 vs 44%, p: 0.009) and chronic kidney disease (7 vs 0%, p: 0.031) as comorbidity at diagnosis, while no differences were found in diabetes, cancer, coronary heart disease and dyslipidemia incidence comparing patients with and without visual manifestations.

No associations between visual impairment and other cranial symptoms (headache, jaw claudication, scalp tenderness) were found, but peripheral arthritis was negatively associated with ocular manifestations. No laboratory variables were associated with ocular involvement.

Conclusion: In this large cohort of patients with GCA, partial or complete visual loss were the most frequent visual manifestations. No associations between ocular involvement and other cranial symptoms were found, while patients with peripheral arthritis had a lower risk of developing visual impairment. Age and hypertension at disease onset seem to be the most important risk factors for visual ischemic manifestations in GCA patients.

REFERENCES:

Acknowledgements: NIL.

Disclosure of Interests: None Declared.

DOI: 10.1136/annrheumdis-2023-eular.3686

Keywords: Vasculitis, Descriptive studies, Imaging

P. Fratielli1, G. Ghirelli1, M. Pasquinielli1, V. Maurizi1, P. Pettinari1, C. Cottignoli2, F. M. Fringuelli2, C. Romagnolo2, N. Schicchi3, L. Burroni2, G. Moroncini1.
1Medical Clinic, Internal Medicine, Ancona, Italy; 2University of Brescia, Department of Clinical and Experimental Sciences, Brescia, Italy; 3Radiological Sciences, Ancona, Italy

Background: [18F]-FDG PET/CT in a useful tool to assist diagnosis and therapy of large vessel vasculitis (LVV). Visual grading methods are commonly used in clinical practice, but these may lead to interpretation mistakes because of the confounding factors due to atherosclerosis and basal setting of the exam, reducing diagnostic accuracy for detecting active disease. Therefore, a semi-quantitative analysis based on normalization of the arterial wall uptake to the background activity or grading the arterial inflammation against a reference background, were introduced in the context of clinical studies in the last years.

Objectives: To review a series of [18F]-FDG PET/CT of LVV by applying a semi-quantitative analysis that included the standardized uptake value (SUV) and a target-to-background ratio (TBR) to evaluate possible correlations between FDG uptake, considering also a TBR cut-off, haematological inflammatory markers and the CT angiography (CTA) findings.