Methods: Forty patients were randomized into ADA and TCZ groups (n = 21 and 19, respectively). They were treated with ADA or TCZ combined with GCs and MTX, respectively. The planned follow-up duration was 12 months. The primary end point was the efficacy rate (ER) at 6 months.

Results: The intention to treat (ITT) population included 21 and 19 patients from the ADA and TCZ groups, respectively. In this population, the ERs at 6 months were higher in the ADA group (85.71% vs. 52.63%, P = 0.02). Similar tendencies were also noted in per-protocol set (89.47% vs. 62.50%, P = 0.06). At the 6-month time point, the percentages of patients receiving a GC dose of ≤10mg/day and the cumulative GC dose were similar between the ADA and TCZ groups (43.77% vs. 43.75%, P = 0.83; 4200 mg vs. 4100 mg, P = 0.15, respectively). Imaging improvement or stabilization was observed in most patients in both groups (ADA vs. TCZ: 19/15 vs. 15/16, P = 0.27). Adverse event incidence was comparable between the two groups (ADA vs. TCZ: 38.10% vs. 43.77%, P = 0.55).

Conclusion: ADA probably was more effective than TCZ in combined treatment with GCs and MTX among patients with active and severe TAK.

REFERENCES:

Disclosure of Interests: None Declared.
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POS0703
RENA L ARTERY STENOSIS IS NOT ASSOCIATED WITH WORSE OUTCOME IN TAKAYASU ARTERITIS – DATA FROM A SINGLE-CENTER RETROSPECTIVE COHORT OF 195 PATIENTS

Keywords: Epidemiology, Registries, Vasculitis

D. P. Misra, P. Mishra, K. Singh, U. Rathore, D. Thakare, N. Jain, M. Ora, M. Behera, S. Gambhir, D. Bhadur, S. Kumar, V. Agarwal, S. Gandhi Gandhi Postgraduate Institute of Medical Sciences, Clinical Immunology and Rheumatology, Lucknow, India, Gandhi Gandhi Postgraduate Institute of Medical Sciences, Nephrology, Radiodiagnosis, Lucknow, India, Gandhi Gandhi Postgraduate Institute of Medical Sciences, Nephrology, Radiodiagnosis, Lucknow, India, Gandhi Gandhi Postgraduate Institute of Medical Sciences, Cardiology, Lucknow, India

Background: Renal artery stenosis (RAS) is more frequent in Asian patients with Takayasu arteritis (TAK). Few studies have assessed the impact of RAS on the presentation and prognosis of TAK using adjusted analysis.

Objectives: To compare the presentation and prognosis between TAK with or without RAS.

Methods: We compared the clinical presentation and vascular involvement (including angiographic subtypes by Hata’s classification) between patients with TAK with or without RAS, with bilateral versus unilateral RAS, and with bilateral RAS versus those without RAS using multivariable-adjusted odds ratios (aOR) with 95% confidence intervals (95%CI) derived after logistic regression. We compared survival between these groups using hazard ratios (HR) with 95%CI derived after logistic regression. We also compared survival between the two groups (ADA vs. TCZ: 38.10% vs. 43.77%, P = 0.55).

Results: Out of 195 TAK with imaging data available, 106 had RAS (58 bilateral, 48 unilateral; mean±SD follow-up 41.50±43.35 months), TAK with RAS (mean age 22.99 years) or bilateral RAS (mean age 22.83 years) were younger than without RAS (mean age 28.00 years). TAK with RAS had more hypertension (aOR 4.46, 95%CI 1.81 – 10.99), lower limb claudication (aOR 2.72, 95%CI 1.08 – 6.88), and less frequent upper limb claudication (aOR 0.43, 95%CI 0.19-0.90) and syncope or dizziness (aOR 0.35, 95%CI 0.14 – 0.83) than TAK without RAS. TAK with bilateral RAS had more frequent hypertension (aOR 11.83, 95%CI 1.38-101.16), blurring of vision (aOR 5.97, 95%CI 1.02 – 34.83), and less frequent constitutional symptoms (aOR 0.18, 95%CI 0.06 – 0.51) than those with unilateral RAS. TAK with bilateral RAS had more frequent hypertension (aOR 8.73, 95%CI 1.90-40.46), vascular bruises (aOR 2.94, 95%CI 1.03 – 8.34), and heart failure (aOR 4.16, 95%CI 1.00 – 17.32), and less frequent constitutional symptoms (aOR 0.23, 95%CI 0.09 – 0.62), pulse loss (aOR 0.29, 95%CI 0.11 – 0.77), and syncope or dizziness (aOR 0.21, 95%CI 0.06-0.73) than those without RAS.

Conclusion: RAS is associated with specific clinical and angiographic features but not with a greater risk of mortality in TAK.

REFERENCES: NIL.

Disclosure of Interests: None Declared.
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POS0704
RISK FACTORS OF DEPRESSION AND ANXIETY IN PATIENTS WITH TAKAYASU ARTERITIS

Keywords: Vasculitis, Mental health, Cytokines and chemokines

Z. Yan, L. Pan, Capital Medical University, Rheumatology and Immunology, Beijing Anzhen Hospital, Beijing, China

Background: Takayasu arteritis (TA) is associated with an increased risk of developing complicated comorbidities, which can bring both psychological and physical burdens to the patients. Most cases are young female patients with an onset age of 10 to 40 years [1]. Psychological disorders have long been recognized as important comorbidities of immune diseases. In the case of rheumatoid arthritis, comorbid depression and anxiety would increase the mortality and heighten the medication, prognostic and economic burden. In patients with TA, there haven’t been identified whether comorbid depression and anxiety may lead to an inaccurate evaluation of disease status and lower quality of life [2-5]. The emotional state generated by the TA should not be ignored. The primary aim of this study was to investigate the risk factors of comorbid depression and anxiety in patients with TA.

Objectives: The research is to investigate risk factors of comorbid depression and anxiety in patients with Takayasu arteritis.

Methods: In this observational, longitudinal cohort study, 86 TAK cases were respectively divided into two groups with or without depression and anxiety to identify the risk factors. The Zung Self-Rating Depression and Anxiety Scale (SDS/SAS) are widely applied in many medical researches related to mental health, which displays convincing results and a remarkable degree of consensus on the diagnosis of mood disorders.

Results: Individual patient data were available from 86 subjects, of whom 23 had depression, and 15 had anxiety. Depression was independently associated with Carotidynia, elevated IL-6, and decreased Hb (OR [95%CI] 15/16, P = 0.27). Adverse event incidence was comparable between the two groups (ADA vs. TCZ: 38.10% vs. 43.77%, P = 0.55).

Conclusion: RAS is associated with specific clinical and angiographic features but not with a greater risk of mortality in TAK.

REFERENCE: NIL.

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