Discussion.– Patient education should be targeted to provide, as quickly as possible, reliable information on the diagnosis, clinical treatment, and outcomes. There do not appear to be any differences in informational needs between UK and North American patients, suggesting that the needs reflect disease requirements more than cultural differences or the two methods of surveying the patients.

Conclusion.– This study highlights the high informational needs of patients with AAV and that patients prefer education on a one-to-one basis with a doctor.

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Proposal of an algorithm for the diagnosis and aetiologic identification of diffuse alveolar haemorrhage (DAH)
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Introduction.– One of the major causes of morality in some small-vessel vasculitides (SVV) is DAH. Indeed, SVV are often the main cause. However, DAH may be secondary to other aetiologies like infections, blood dyscrasias, haemodynamic disorders, other autoimmune diseases, neoplastic, idioopathic, etc. Interestingly, no defined and validated algorithm to establish its presence and causes exists. Our purpose is to propose an algorithm for the diagnosis and aetiological identification of HAD.

Methods.– Based on literature review, a systematic search was done of all articles (PubMed) in English, Spanish, German and French, plus abstracts in English with the terms “alveolar hemorrhage”, “diffuse lung hemorrhage”, “diffuse lung hemorrhage”, “alveolar hemorrhage”, “lung hemorrhage”, “diffuse lung hemorrhage”, “diagnosis” and “algorithm” in the last 10 years. The search was limited to adult population. Selection of articles to be evaluated was agreed after discussion by at least three authors.

Results.– Forty-four articles were identified. Two included information on the needs of patients (one basis with a doctor). – Forty-four articles were identified. Two included information on the needs of patients (one basis with a doctor).

Discussion.– No consensus or validated diagnostic approach for DAH exist. In our setting, previous experience has been published for DAH in the context of SLE [1], which allowed for reduction of mortality by 50%. A systematic approach, at least in our environment, would be important to optimise the work-up of DAH and avoid delay regarding its diagnosis and cause.

Conclusion.– We offer an algorithm for studying DAH which needs prospective validation. Its implementation may reduce mortality of this life-threatening condition by identifying the cause of DAH and installing timely treatment.

Reference

P132
Validation of the Birmingham Vasculitis activity score (BVAS) and the Vasculitis Damage Index (VDI) in a population of patients with ANCA-associated vasculitis (AASV) in Mexico
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Introduction.– BVAS and VDI are validated tools for evaluation of activity and damage in the vasculitides. Transcultural adaptation is recognised as important for optimal application. After translation into Spanish for Mexico, reliability, reproducibility, validity and responsiveness were tested.

Methods.– Longitudinal study in where diagnosis of the 3 AASV were made according to the 1990 ACR criteria and/or 2012 Chapel Hill nomenclature, supported by the EMEA algorithm. Patients with doubtful diagnosis, other autoimmune diseases, or lost follow-up were excluded. Transcultural adaptation included translation, back translation and review by a committee for the purpose. Internal consistency (with Cronbach’s alpha for BVAS), reproducibility (Spearman’s correlation on 40 stable patients) and responsiveness (Wilcoxon’s in two groups, one with improvement after treatment and the other on relapsing patients) were done.

Results.– Sixty-seven patients were included (June-November 2012); 41 females, 26 males; GPA-49, MPA-12, EGPA-6; 15 improved, six relapsed, 46 stable. BVAS results: internal consistency: 0.813; reproducibility: same numbers were obtained at both evaluations, with mean ± SD of 0.06 ± 0.26 (P = 1); responsiveness: for those who improved mean ± SD at time 1 4.2 ± 2.6 and at time 2, 0.9 ± 1.3, Wilcoxon’s Z value -3.4 (P = 0.001); for relapsing patients at time 1 mean ± SD of 0 (both) and time 2, 2.5 ± 1.5, Z value -2.2 (P = 0.02). VDI results: reproducibility: mean ± SD at both 2.2 ± 1.5 (P = 1); responsiveness: for those without further damage, mean ± SD 1.9 ± 1.4 at both times, and for six patients with further damage after 6 months, mean ± SD at time 1 were 1.8 ± 1.6 and 2.1 ± 1.7 for Z -1.4 (P = 0.15) at time 2.

Discussion.– A larger number of patients with larger follow-up is needed to confirm our initial results, especially regarding VDI.

Conclusion.– BVAS and VDI translations showed good performance and reliability when applied to our patients. They can be used in Mexico and possibly other Spanish-speaking countries, as they are comparable to the original instruments.

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Illness perceptions and fatigue in systemic vasculitis
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Supplementary data associated with this article can be found on the website of La Presse Médicale (http://www.em-consulte.com/revue/lpm).