Introduction.--Illness perceptions, the organized cognitive beliefs patients hold about their illness, have not been assessed in vasculitis. Fatigue is highly prevalent in vasculitis, yet underlying mechanisms are unclear. This study compared illness perceptions among different vasculitides, identified risk factors for negative illness perceptions, and determined associations between illness perceptions and fatigue. Methods.--Participants were recruited from an online registry in vasculitis to complete the revised Illness Perception Questionnaire (IPQ-R) [1]. Scores on IPQ-R dimensions were compared across types of vasculitis. Cluster analysis and stepwise regression was used to identify predictors of negative illness perceptions. Fatigue was measured using the general subscale of the Multidimensional Fatigue Inventory (MFI). Patient-reported measures of disease activity and IPQ-R dimensions were assessed in relation to MFI scores using linear regression in sequential, additive models.

Results.--Six hundred and ninety-two participants with nine forms of vasculitis completed the IPQ-R. For six out of eight IPQ-R dimensions, there were no significant differences in mean scores between the different vasculitides. Scores in identity and timeline-cyclical dimensions were higher in Behçet’s disease compared to other vasculitides (13.5 vs 10.7; 4.0 vs 3.2, P < 0.05). Younger age (OR = 1.04; 95% CI 1.02–1.06), depression (OR = 4.94; 95% CI 2.90–8.41), active disease status (OR = 2.05; 95% CI 1.27–3.29), and poor overall health (OR = 3.92; 95% CI 0.88–17.56) were associated with negative illness perceptions. IPQ-R dimensions and disease activity contributed equally to the variability in fatigue scores.

Conclusion.--Illness perceptions are similar across different vasculitides. Younger age is a risk factor for negative illness perceptions. Illness perceptions explain differences in fatigue scores beyond what can be explained by measures of disease activity suggesting that illness perceptions may have a causal and modifiable role in fatigue among patients with vasculitis.

Reference

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<th>Table I</th>
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<td>Laboratory tests after treatment</td>
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<td>2007 (no treatments)</td>
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<td>WBC</td>
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<td>ESR, mm/h</td>
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P134

Successful treatment with rituximab in patients with Schnitzler syndrome

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Introduction.--Schnitzler syndrome is a rare inflammatory disease characterised by chronic urticaria and monoclonal IgM gammapathy. The treatment is empiric.

Methods.--We present the case of effective treatment with RTX. Results.--In 2004, 47-years-old male developed recurrent urticaria with high fever, shivering, bone pain, myalgia and arthralgia. Investigation showed no signs of neoplasm, infection or systemic disease. Antihistamines and NSAID were ineffective. Blood test: high WBC, CRP and IgM, negative tests for viral hepatitis and HIV. Skin biopsy: non-specific vasculitis, no amyloid. Serum and urine immunoelctrooherosis: monoclonal IgMx. Bone marrow: no signs of malignancy. We diagnosed Schnitzler syndrome according to Lipsker criteria. The patient was treated with PRED 30 mg and HCQ 400 mg with slight effect. AZA, MTX and colchicine were also ineffective. Fever and skin rash diminished after pefloxacin (PEF) treatment (800–1200 mg). The dose of PRED was reduced to 10 mg. In spite of clinical improvement patient still presented with recurrent urticaria, bone pain, active inflammation and monoclonal IgM level. Later he developed peripheral neuropathy. In 2010 after second trepanobiopsy the patient was treated with RTX (2000 mg, than 1000 mg every 6 months for 2 years) that significantly improved clinical and laboratory data and reduced monoclonal secretion. After 2 years RTX was well tolerated (table I).

Conclusion.--Schnitzler syndrome has favourable prognosis though benign IgM gammapathy can transform into Waldenström’s macroglobulinemia, lymphoma or other blood dyscrasias. It is presumed that treatment can reduce the risk of late complications. The efficacy of RTX is not well established. We showed that RTX can lead to improvement of clinical and laboratory parameters in Schnitzler syndrome.

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P135

Rituximab and vascular function in granulomatosis with polyangiitis (GPA)

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Introduction.--GPA is associated with 6.7 odds-ratio of cardiovascular events compared to the general population[1], mostly accounted by the degree of immune-mediated inflammation rather than traditional vascular risk factors. Rituximab, an alternative induction therapy for GPA, was associated with beneficial vascular effects in mouse models of atherosclerosis [2], human lupus [3] or rheumatoid arthritis [4,5]. We hypothesised that rituximab would improve endothelial function in GPA to a greater extent compared to conventional immunosuppression.

Methods.--Pilot data from 11 active GPA patients (nine treated with rituximab (R), two treated with cyclophosphamide (C) as per routine clinical care) are presented. Vascular studies were scheduled pre- and 6 months post-immunosuppressive therapy, with follow-up data available in 4/11 patients (n = 3 (R), n = 1 (C)). Data was expressed as mean ± SEM.

Measurement of forearm blood flow (FBF) responses to intra-arterial infusions of acetylcholine (ACh, endothelium-dependent vasodilatation independently correlated to cardiovascular outcomes), sodium nitroprusside (SNP) and NG-monomethyl-L-arginine were measured using venous plethysmography [6]. Arterial stiffness was measured non-invasively, by recording aortic pulse wave velocity (PWV) using a Sphygmocor device.

Results.--Mean age was 59 ± 3 years (8:3 male:female), systolic BP 145 ±6 mmHg/diastolic BP 84 ±2 mmHg and total cholesterol 5 ± 0.6 mmol/L. Baseline PWV was elevated at 9.0 (±0.7) m/s versus normal value for age (8.0 m/s) [7]. The mean FBF response to 15 mcg ACh improved after 6 months in 3 R patients but worsened in the C patient (figure 1).