Introduction. – Granulomatosis with polyangiitis [Wegener’s] (GPA) and microscopic polyangiitis (MPA) are multisystem diseases known collectively as the antineutrophil-cytoplasm antibody associated vasculitides (AAVs). Damage accrued in AAVs can be quantified by use of the Vasculitis Damage Index (VDI), a validated 64 item checklist divided into 11 categories which captures effects of both disease and therapy.

Methods. – Data were merged from a long-term follow up questionnaire completed for patients from four European Vasculitis Study Group (EUVAS) therapeutic trials (n = 535). Two hundred and seventy patients of the 535 patients from the trials had VDI data at baseline, 6 months, 12 months and long-term follow-up. Treatment related items were defined a priori. Categorical variables are expressed as frequencies with percentages. Chi-squared or Fisher’s exact tests were used to compare groups in terms of change in VDI scores over time.

Results. – Time of follow up was 6.94 years (SD 2.04). The frequency of treatment-related cardiovascular VDI damage items rose significantly (most P < 0.001) over time (Supplementary data). By long-term follow up, hypertension was recorded in 41.5%, angina/bypass in 8.1%, cerebrovascular events in 3.7% (P = 0.002), and myocardial infarction in 4.4% (P = 0.003). The frequency of corticosteroid related VDI damage items also rose significantly. At long-term follow-up, osteoporosis was recorded in 14.1%, diabetes in 10.4%, in 9.3%, and muscle atrophy and weakness in 7.4%. The frequency of malignancy and gonadal failure also rose significantly over time, with the percentages of affected patients at long-term follow-up being 12.6 and 4.1% (P = 0.021). 101 (37.4%) of the 270 patients had no treatment related damage at long-term follow-up.

Discussion. – Cardiovascular disease, diabetes, osteoporosis and malignancies are significantly increased in patients with AAV.

Conclusion. – Long-term treatment related damage in AAV can be quantified using the Vasculitis Damage Index (VDI).

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

Table 1 Frequency of recording of VDI items related to treatment over the course of long-term follow-up (n = 270).

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Factors associated with long-term damage in the ANCA-associated vasculitides: An analysis of cohorts from the European vasculitis study group (EUVAS) therapeutic trials

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Introduction. – ANCA-associated vasculitis (AAV) commonly affects those of working age. The traditional outcome of mortality has been transformed by immunotherapeutics. In consequence, the measurement of other, patient-centred, outcomes has become increasingly relevant. Few studies have examined work disability, an important outcome for both patient and society. We aimed to assess employment status in AAV patients and identify putative predictors of their work disability.

Methods. – A multi-centre, cross-sectional study was undertaken. AAV cases were recruited according to consecutive clinic attendance.

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Markers for work disability in ANCA-associated vasculitis


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Introduction. – Granulomatosis with polyangiitis (Wegener’s) (GPA) and microscopic polyangiitis (MPA) are antineutrophil-cytoplasm antibody associated vasculitides (AAVs). Damage accrued in AAVs can be quantified by use of the vasculitis damage index (VDI).

Methods. – A long-term follow-up questionnaire was completed for patients from the European Vasculitis Study Group (EUVAS) trials (n = 535). Two hundred and ninety-six patients had VDI and steroid use data available at long-term follow-up (LTFU). Multiple linear and logistic regression was used to look for independent associations between baseline measures (age, creatinine and BVAS scores), cumulative factors (number of relapses and duration of corticosteroids used) and VDI scores at LTFU.

Results. – Patients with higher damage scores at long-term follow-up were: those on steroids at the last visit (P = 0.003), those with more relapses (P = 0.027), who were older (P = 0.052), with higher baseline creatinine (P = 0.002) and BVAS scores (P = 0.041). Age at entry was significantly associated with osteoporosis [OR 1.046 per year (95%CI 1.02 to 1.08), P = 0.046], malignancy [OR 1.043 (95%CI 1.01 to 1.08), P = 0.011], and cerebrovascular accident [OR 1.062 (95%CI 1.01 to 1.12), P = 0.034]; Creatinine at entry was significantly associated with hypertension [OR 1.002 per mmol/dl (95%CI 1.001 to 1.003), P = 0.001], angina/bypass [OR 1.001 (95%CI 1.000 to 1.003), P = 0.022], and CVA [OR 1.002 (95%CI 1.00 to 1.003), P = 0.022]; duration of corticosteroids was significantly associated with hypertension [OR 1.03 per month (95%CI 1.013 to 1.046), P < 0.001], and cataract [OR 1.032 (95%CI 1.002 to 1.06), P = 0.036]; number of relapses was significantly associated with osteoporosis [OR 1.35 per relapse (95%CI 1.036 to 1.77), P = 0.026], and CVA [OR 1.74 per relapse (95%CI 1.16 to 2.61), P = 0.008].

Discussion. – Long-term damage in the AAVs is predicted by severity of initial disease, age, number of relapses and duration of steroids.

Conclusion. – Addressing these risk factors may reduce long-term damage in the AAVs.

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