this retrospective exercise from our patients seen in the rheumatology clinic to investigate the prevalence, timing, and characteristics of flares in patients with GCA and to analyse whether flares are associated with disease-related markers, complications, tapering dose of glucocorticoid (GC) doses.

Methods: We reviewed 303 patients seen with possible GCA from 2008 to 2015 with 174 diagnosed as per ACR criteria and 42 (24%) of patients presented with sight loss. Flares were defined as recurrence of signs and symptoms of GCA with or without elevation of inflammatory markers. They were classified as cranial, polymyalgia, ischemic, constitutional flares according to symptoms. We collated demographic, clinical, laboratory and imaging data with recorded time from diagnosis to steroids, duration of steroids, flare rates and types of flares. Predictors for flares were analysed using logistic regression.

Results: Flares occurred in 76/174 (43. 5%). 33 (43.4%) had cranial GCA symptoms, 12 (15.6%) with ischaemic symptoms including stroke and, 20 (26.3%) with large vessel vasculitis, polymyalgic and constitutional symptoms. Some of them flared with one or more symptoms. The most frequent presenting symptoms were blurred vision, headache and jaw claudication, scalp tenderness and one patient presented with AION at follow up. One patient lost sight following disease flare. 69 (39.6%) of the total cohort were biopsy positive. More than one flare was experienced by 33 patients, 2 patients had more than 2 and one had more than 5 flares. In eight flares, ESR and CRP data were only available for 50% at the time of flare. Mean CRP was 23 at the time of relapse (range 1–127mg/L). 32 patients relapsed on GC (dose range 1–30 mg); one on TCZ and one was non-compliant. Disease recurred in 10 patients off GC and 16 had flares while attempting to wean off. Elevated ESR at baseline $>$100 mm/1st hour (RR 1.47, 95% CI 0.99–2.27) and sight loss (RR1.60, 95%CI 0.92–2.80) showed a trend for predicting flares but were not statistically significant.

Conclusion: This study highlights that frequent flares on GC characterize the long term course of GCA. Despite the apparent initial response, long term high doses GC are associated with significant co-morbidities and serious adverse events. Therapies with greater efficacy and safety with new biomarkers and imaging that help better definition of flares are urgently needed in GCA.

Disclosure statement: The authors have declared no conflicts of interest.

Downloaded from https://academic.oup.com/rheumatology/article/56/suppl_2/kex062.337/4106839 by guest on 16 August 2022

335. FLARE RATES IN GIANT CELL ARTERITIS: A SINGLE-CENTRE LONG-TERM RETROSPECTIVE STUDY

Faidra Laskou, Gouri Koduri, Elliott Lever, Philip Stapleton and Bhaskar Dasgupta
Rheumatology, Southend University Hospital NHS Trust, Westcliff, UNITED KINGDOM

Background: Management of frequent flares in giant cell arteritis (GCA) is a major unmet need. However, the type, impact, and consequences of flares have been scarcely addressed. We conducted