Conclusion: The annual hospitalization rates in connection with PMR diagnosis at South-west Denmark during a 5 year period were estimated to be 19,2%. The implementation of a FT ultrasound clinic decreased significantly the hospitalization rates among patients with PMR.

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FRI0268 CLINICAL FEATURES OF TAKAYASU'S ARTERITIS FROM AN INCEPTION COHORT: EARLY DISEASE IS CHARACTERIZED BY 'SYSTEMIC INFLAMMATION'

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Background: There is only retrospective and very limited data for the long term prognosis of Takayasu's Arteritis (TAK), a rare large-vessel vasculitis.

Objectives: In this study, we aimed to present the preliminary results of a Takayasu Inception Cohort settled for long term, prospective follow-up of only newly-diagnosed patients with TAK.

Methods: Patients fullfilling the American College of Rheumatology 1990 criteria for TAK and diagnosed in the last 12 months were included to the study. Patients' data were recorded in an electronic database of an international "Takayasu's Arteritis Registry" requiring baseline and at least annual visits. Data is compared with an historical Turkish cohort previously published (*Bıçakçıgil, et al, 2009).*

Results: The study included 170 patients (age: 38.5±13.1 years, F/M: 143/27) with TAK from 15 tertiary Rheumatology centers in Turkey. The mean symptom duration of patients was 5.2 years at diagnosis. According to the angiographic classification, 68.2% of the study group had type I and only 18.3% had type V disease. When we compared our results to our retrospective cohort (previously published by Turkish Takayasu Arteritis Study Group), constitutional symptoms (115/165= 69.6% vs 66%) and limb claudication (87/131= 66.4% vs 48%) were observed to be more frequent, whereas pulselessness (45/130=34.6%vs 88%) was less in the inception cohort.(Table 1) Carotidynia was present only in the inception cohort. Similarly, mucocutaneous symptoms also seem to be a feature of newly-diagnosed disease (30/162=18.5% vs 8.8%).

Regarding comorbidities at diagnosis, the rate of dyslipidemia was 17.6 (30/165)%, diabetes mellitus 15.1(25/165)%, smoking 20 (34/164)% and obesity (BMI>30) 14 (22/157)% among TAK patients. All patients were given oral corticosteroid (CS) therapy (0.5-1 mg/kg) at diagnosis, 17 patients (17/170=10%) also having CS pulses. In addition to CSs, 86 patients (50.6%) were given methotrexate, 31patients (18.2%) azathioprine, 6 (3.5%) cyclophosphomide, 12 patients (7.1%)leflunamide, 2(1.2%) patients mycophenolate mofetil and 5(2.9%) patients biologics at disease-onset(2 tocilizumab, 2 infliximab, 1 adalimumab). Biologic agents were chosen for 7 patients (7/32) at last vizit(1 adalimumab, 4 tosiluzumab, 2 infliximab).

Seventy-three patients (42.9%) had follow-up > 3 months. Remission was observed 78% of patients. At least one relaps was observed 40% of these patients. Mortality rate was 4.1% (3/73 patients) during a mean 25.7 months follow-up.

Conclusion: Our results suggest that, in an inception cohort, signs and symptoms of 'systemic inflammation' is more prominent in newly-diagnosed TAK patients, whereas vascular extent and damage accumulates during the disease course. The long term follow-up of our inception cohort shows that 40% of patients relapse within 2 years after diagnosis in spite of IS treatments.

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Table 1. Clinical characteristics of Inception and Retrospective Cohorts from Turkey

	Inception Cohort (n=170)	Retrospective Cohort (*Bıçakçıgil, et al*) (n=248)
Constitutional symptoms	115/165(69.6%)	163/248/ (66%)
Limb claudication	87/131(66.4%)	119/248 (48%)
Carotidynia	31/130 (18.2%)	-
Pulseless	45/130(34.6%)	218/248 (88%)
Musculoskeletal manifestations	90/163 (52.9%)	104/248 (42%)
Mucocutaneous manifestations	30/162 (17.6%)	22/248 (8.8%)
Respiratory manifestations	47/163 (28.8%)	22/184 (12%)
Neurologic manifestations	69/163 (40.6%)	156/248 (63%)
Cardiac involvement	64/146 (43.8%)	141/248 (57%)
Ophthalmologic involvement	27/166 (16.2%)	57/248 (36%)

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FRI0269 COMPARATIVE STUDY OF INFLIXIMAB VERSUS ADALIMUMAB IN REFRACTORY UVEITIS DUE TO BEHÇET'S DISEASE. NATIONAL MULTICENTER STUDY OF 177 CASES

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Background: Uveitis is one of the major causes of disability of Behçet's disease (BD). According to the "Expert panel recommendations", anti-TNF therapy with infliximab (IFX) or adalimumab (ADA) may be considered as first- or second-line therapy for patients with BD-ophthalmic manifestations.

Objectives: To compare IFX versus ADA as first biologic drug in refractory uveitis due to BD for 1-year period.

Methods: Multicenter study of BD-associated uveitis refractory to conventional non-biologic treatment. Dosing schedule: IFX 3-5 mg/kg iv at 0, 2 and 6 weeks and then every 4-8 week, and ADA 40 mg/sc/every other week without loading dose. Main comparative outcome measures: safety and efficacy, assessing the intraocular inflammation, macular thickness, visual acuity, degree of immunosuppression load, drug retention, and glucocorticoid-sparing effect.

Results: 177 patients (316 affected eyes) were included. IFX was used in 103 and ADA in 74. No significant differences at baseline were observed regarding main demographic features, previous therapy and ocular severity. After 1 year of therapy, we observed an improvement in all ocular parameters in IFX vs ADA groups: AC inflammation (78.18% vs 92.31%), vitritis (78.95% vs 93.33%), retinal vasculitis (97% vs 95%), macular thickness (264.89±59.74 vs 250.62±36.85), and BCVA (0.67±0.34 vs 0.81±0.26). Drug withdrawal was observed in 57 (55.33%) of IFX group and in 21 (28.37%) of ADA group.

Conclusion: After 1 year of therapy in refractory BD-associated uveitis, ADA showed a statistically better outcome than IFX in improvement of BCVA, vitritis and drug retention.

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