WHAT YOU NEED TO KNOW ABOUT VASCULITIS

What is anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis (AAV)?[1]

AAV is a group of autoimmune diseases characterized by inflammation and damage to small blood vessels.

- **Affects about 1 in 50,000 people**[1]
- **More prevalent in middle-aged white men and women**[1]
- **Incidence 13–20 per million per year**[2]
- **Prevalence 46–184 per million**[2]

Small blood vessels are everywhere in our bodies, but it most commonly affects the kidneys, lungs, joints, ears, nose and nerves. Because kidneys and lungs are vital organs, early treatment is critical to prevent serious organ damage.[3]

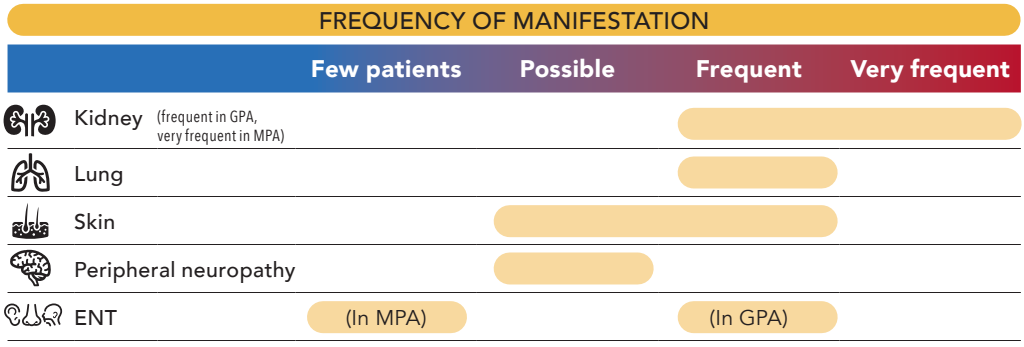
Most common subtypes

- Granulomatosis with polyangiitis (GPA) affects the smallest blood vessels in the body and can cause clusters of inflammatory cells in tissues (called granulomas), especially in the sinuses, nasal cavity, respiratory tract, kidneys and skin[1]
- Microscopic polyangiitis (MPA) can cause a range of symptoms such as kidney inflammation, skin lesions and nerve damage, as well as weight loss and fevers[1]

Symptoms

Symptoms vary widely in type and severity. Some are specific to a particular organ, while others are non-specific.

Common clinical features in ANCA-associated vasculitis (GPA/MPA)[4]



Adapted from Pagnoux C. *et al.*[4]

Renal involvement occurs in most GPA and MPA patients and could be asymptomatic until renal failure.[3]

Greater risk of death[5] | **2.6** times higher mortality rate than in the general population over a median of **5.2** years after diagnosis

Vasculitis at work

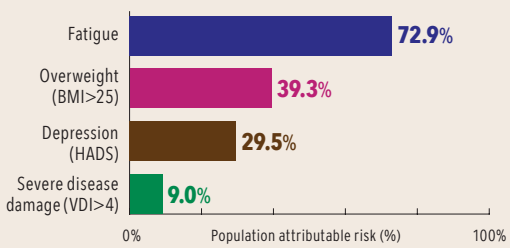
Many patients lead full, productive lives with vasculitis – but many others do not. A team approach may be needed, including a vasculitis specialist (usually a rheumatologist/nephrologist), as well as other specialists such as otolaryngologist (ear, nose/sinus, throat), ophthalmologist (eye) and pulmonologist/respirologist (lung).

40% prevalence of work disability[6]

50% of working age patients thought AAV hindered their careers[6]

26% of working age GPA, MPA & EGPA patients were unemployed due to their disease[7]

Range of reasons associated with significant work disability, including longer disease duration (p=0.015)[7]



What's needed for remission?

There is no cure for most types of vasculitis, but early diagnosis and proper treatment can lead to sustained remission with little or no damage (remission induction treatment). In most patients, long-term remission can be maintained with medications and close management (maintenance therapy).

It is imperative to have close, continuous and long-term follow-up, even when in remission and off drug therapy, since some patients experience relapses.

References

1. https://ancavasculitisnews.com/what-is-anca-vasculitis/
2. Watts RA et al. Nephrology Dialysis Transplantation 2015,vol30(suppl1)
3. https://vasculitis.org.uk/about-vasculitis/what-is-anca
4. Pagnoux & al. Updates in ANCA-associated vasculitis. Eur J Rheumatol 2022.20248
5. Flossmann O, et al. Ann Rheum Dis 2011;70(3):488–94.
6. Benarous *et al*. 2017, Cross-sectional study data: self-administered questionnaires of working-age (<60 years) GPA, MPA and EGPA patients (n=189)
7. Graph adapted from Basu et al. 2014, Markers for work disability in anti-neutrophil cytoplasmic antibody-associated vasculitis, Rheumatol, Vol 53, issue 5, p.953-956

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