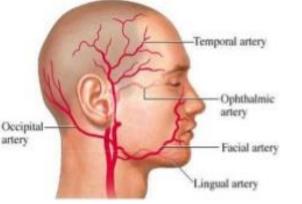
# A patient reported outcome measure for Giant Cell Arteritis

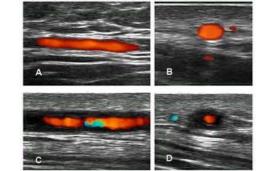
#### UHBristol Research Showcase Tuesday 31st October 2017

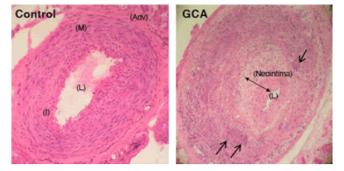
Joanna Robson Consultant Senior Lecturer in Rheumatology UHBristol University of the West of England, Bristol

# What is Giant Cell Arteritis?

- Headache
- Scalp tenderness
- Visual loss
- Jaw or tongue pain
- Systemic: malaise, fever, weight loss, fatigue and depression
- Thoracic aortic aneurysm in 15%







**Figure 1:** Normal temporal artery biopsy (left) as opposed to a temporal artery biopsy from a patient with giant-cell arteritis (right) disclosing typical transmural mononuclear cell infiltration, internal elastic lamina breakdown and intimal hyperplasia. Double head arrow remarks the thickened intima and single head arrows indicate the presence of giant-cells. Haematoxylin-eosin staining. L: lumen; I: intima; M: media; Adv: adventitia.

### **Outcomes in GCA and PMR**



Difficulties with everyday life								Detionst non orted						
Due to having vasculitis or its treatment, how difficult have you found the following activities, in general, during the <u>past 4 weeks</u> ?								Patient reported						
		Please ✓ only one box for each statement.						outcome						
		No difficulty	A little difficult	Moderately difficult	Extremely difficult	l could not do this		measures						
12	Walking around shops for <u>at least</u> an hour							PROMs						
13	Walking up a flight of stairs													
14.	Doing the physical activities that you wanted to (such as walking, sports, or fitness classes)													
15.	Washing and drying yourself, or getting dressed, <u>without help</u> from another person				•		Social and emotional impact or its treatment, how often have the following I, during the past 4 weeks?							
16.	Getting enough good sleep				Please ✓ only one box for each statement.									
				·				None of the time	Rarely	Sometimes	Often	All of the time		
				17. <sub>w</sub>	<ul> <li>I have felt concerned about weight (weight gain or weigh loss)</li> </ul>									
				18. b	have felt ups ecause I hav /ork or do my	able to								



 Investigate health related quality of life in relation to GCA and its treatment

 Development of a PROM for patients with GCA for use as an outcome measure in clinical studies (e.g. randomised controlled trials).

# Methods

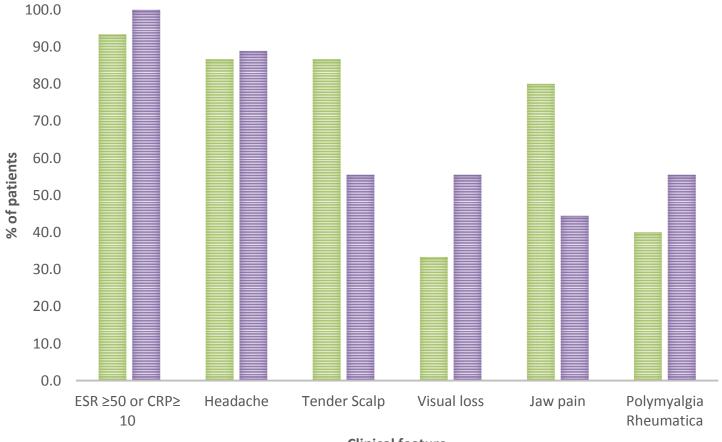
- Steering committee: qualitative and clinical researchers, patient partners, methodologists.
- In-depth qualitative interviews with patients with GCA to identify themes of importance
- Purposive sampling to include range of disease phenotypes (blindness, aortitis) and demographics
- Rheumatology and Ophthalmology
- Interviews transcribed Inductive analysis.

### **Results**

Demographics		University	Bath	North	Weston	Total
		Hospitals	(n=6)	Bristol	(n=1)	(n=24)
		Bristol (n=13)		(n=4)		
Sex, n (%)						
	Male	3 (23.1)	4 (66.7)	1 (25.0)	1 (100)	9 (37.5)
	Female	10 (76.9)	2 (33.3)	3 (75.0)	0 (0)	15 (62.5)
Age <i>,</i> n (%)						
	<70 yrs	3 (12.5)	1 (4.2)	0 (0)	0 (0)	4 (16.7)
	≥70 yrs	10 (77.5)	5 (95.8)	4 (100)	1 (100)	20 (83.3)
	Mean	76	74	77	72	75
Diagnostic test, n (%) *						
	Biopsy	12 (92.3)	3 (50.0)	4 (100)	1 (100)	20 (83.3)
	Ultra/S	0 (0)	4 (66.7)	0 (0)	0 (0)	4 (16.7)
	СТА	1 (7.7)	0 (0)	1 (25)	0 (0)	2 (8.3)
	PET	0 (0)	1 (16.7)	1 (25)	0 (0)	2 (8.3)
Time from diagnosis, n (%)						
	<1 year	9 (72.2)	0 (0)	2 (50.0)	1 (100)	12 (50.0)
	≥1 year	4 (27.8)	6 (100)	2 (50.0)	0 (0)	12 (50.0)

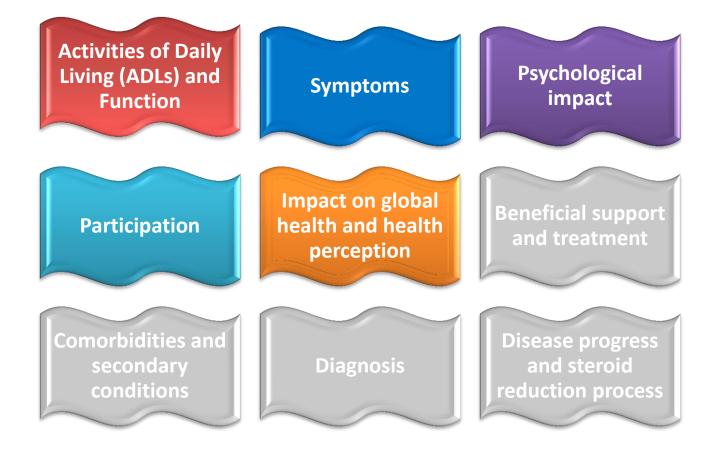
#### **GCA PATIENT CLINICAL FEATURES**

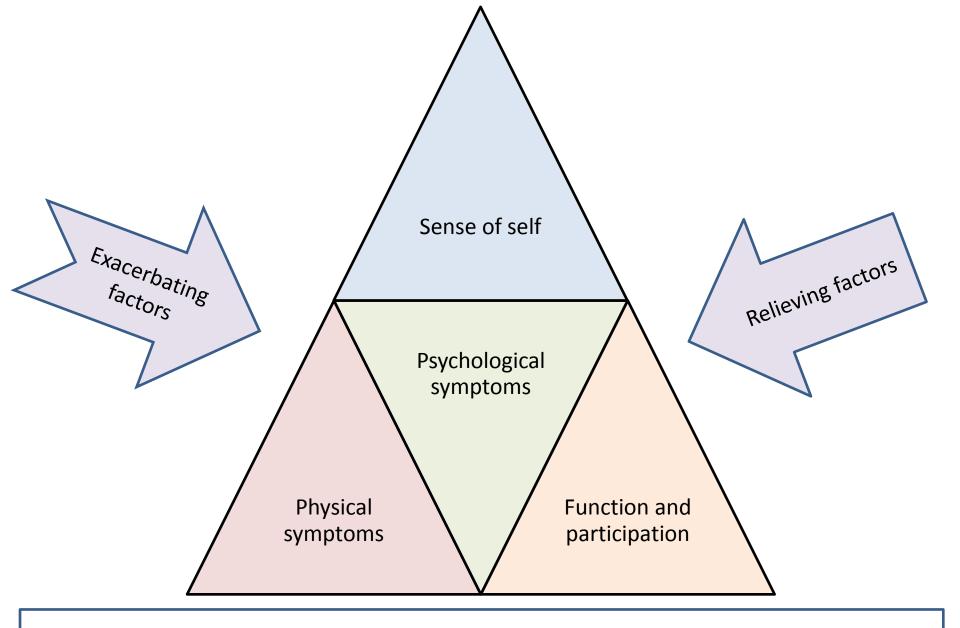
■ Female % ■ Male %



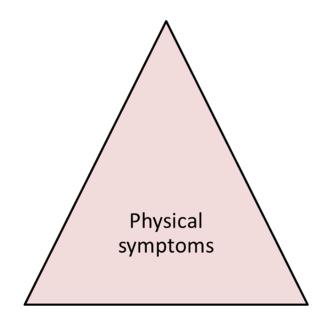
**Clinical feature** 







Initial conceptual framework for the GCA PROM: incorporating symptoms and impact of GCA and its treatment



- Headache
- Scalp sensitivity
- Muscle pain and stiffness
- Getting going in the morning
- Breathing problems and chest pain
- Unsteadiness
- Visual symptoms
- Change in physical appearance
- Gastric symptoms
- Flu-like symptoms
- Weight loss and gain
- Ear, nose and throat pain



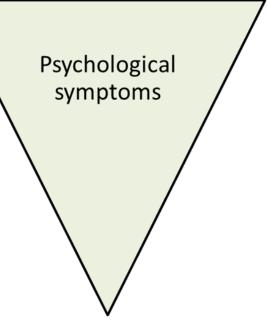
- Essential household tasks
- Lower limb function-hips and knees

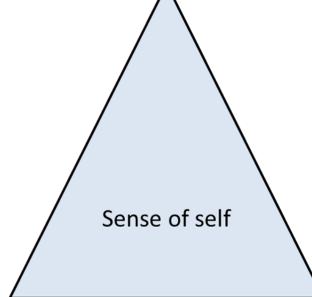
Function and

participation

- Shopping
- Upper limb function-shoulders
- Visual function
- Walking/ personal mobility
- Family and caring roles
- Hobbies at home/ physical and social
- Work- paid and voluntary

- Anger
- Brain fog and concentration
- Coping and getting through the day
- Energy, tiredness and fatigue
- Psychological side effects
- Worry, anxiety, stress
- Hypervigilance





- Loss of normality
- "Ruled by steroids"
- Adaptation to medications
- Impact on travel
- Loss of confidence in ones own body especially mobility/ stability

#### Underpinning qualitative paper detailing health related quality of life in Giant Cell Arteritis and areas of interest to patients

Patient partner input

Australian qualitative interviews **PROM** Conceptual Framework Candidate item development Cognitive testing

Large scale survey to determine measurement properties and scale structure – cohort study

## Pilot data for future projects:

Physical Activity (nominal groups to rank items in terms of importance to patients Delay in diagnosis Self-management

## Acknowledgements

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