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Clinical features and outcomes of elderly patients with antineutrophil cytoplasmic antibody-positive vasculitis: report from a single-center retrospective study

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Objectives: We aimed to investigate the clinical characteristics and outcomes of patients aged ≥ 65 years with antineutrophil cytoplasmic autoantibody (ANCA)-positive ANCA associated vasculitis (AAV) in Korea.

Methods: Seventy patients diagnosed with ANCA-positive AAV from 2006 to 2019 at a single center were analyzed and categorized into younger (age < 65 years) and elderly (age ≥ 65 years) groups. Initial induction treatments and ANCA specificity (myeloperoxidase [MPO]/P-ANCA or proteinase 3 [PR3]/C-ANCA) were investigated according to age group. All-cause mortality and kidney outcomes were evaluated.

Results: After categorization by age, 34 (48.6%) and 36 (51.4%) patients were in the younger and elderly groups, respectively. In the elderly group, more patients were treated with oral cyclophosphamide (CYC) (30.6%) than with intravenous CYC (19.4%). During the median follow-up of 14.6 (range 3.0, 53.1) months, 13 patients died (elderly group, 11 [84.6%]). In the elderly group, older age (HR, 1.44; 95% CI, 1.09–1.90; $P = 0.010$), lower hemoglobin (HR, 0.21; 95% CI, 0.08–0.60; $P = 0.003$), and higher serum creatinine level (HR 14.17; 95% CI, 1.29–155.84; $P = 0.030$) were significant risk factors for all-cause mortality after adjustment. Oral CYC + steroid treatment was associated with decreased all-cause mortality compared to non-treatment (HR, 0.01; 95% CI, 0.0003–0.47; $P = 0.018$). Kidney failure or renal recovery outcomes were not significantly different between the younger and elderly groups.

Conclusions: Patients aged ≥ 65 years had higher mortality rates than younger patients, and mortality was associated with older age, lower hemoglobin, higher serum creatinine level, and non-treatment compared to oral CYC + steroid.