

gradually discontinue medication without a relapse.

As the dose of prednisone is gradually reduced, about half of all patients will have recurrent symptoms or progression of illness. If this occurs, other medications that have been tried, with varying degrees of success, are "chemotherapy" medications such as cyclophosphamide (Cytoxan) and methotrexate (Rheumatrex).

When these medications are added to prednisone to treat TA, 50 percent of patients who had previously relapsed will achieve remission and be able to gradually discontinue prednisone . Overall, about 25 percent of patients will have disease that is not entirely controlled without continued use of these therapies.

Many patients with TA have high blood pressure (hypertension). Careful control of blood pressure is very important. Inadequate treatment of high blood pressure may result in stroke, heart disease or kidney failure.

In some instances, narrowing of arteries to the kidney may be the cause of hypertension. Whenever possible, it is desirable to stretch narrow vessel openings with a balloon (angioplasty) or to do a bypass operation to restore normal flow to the kidney.

What is TARA?

The Takayasu's Arteritis Research Association (TARA), is a non-profit 501 (c) (3) voluntary health organization established to seek out and advocate for people who have Takayasu's Arteritis (TA). Tara is funded primarily by the generosity of its members, their relatives, and friends.

The goal of TARA is to promote public awareness about this disease by providing current information to patients, families, friends and medical professionals and helping to facilitate avenues of funding for research on TA, seeking new ways of early detection of the disease, better treatments of TA and, possibly finding a cure for Takayasu's Arteritis.

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Takayasu's Arteritis



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What is Takayasu's Arteritis?

Takayasu's arteritis (TA) is an uncommon form of vasculitis. Inflammation damages large and medium-sized blood vessels. The vessels most commonly affected are the branches of the aorta, including the blood vessels that supply blood to the arms and travel through the neck to provide blood to the brain. The aorta itself is also often affected. Arteries that provide blood flow to the heart, intestines, kidneys and legs may be involved.

Inflammation of large blood vessels may cause segments of the vessels to weaken and stretch, resulting in an aneurysm. Vessels can also become narrowed or even completely blocked (called an occlusion).

What are the symptoms of TA?

Approximately half of all patients with TA will have a sense of generalized illness. This may include swollen glands, anemia, muscle aches or arthritis. Narrowing of blood vessels to the arms or legs may cause fatigue, pain or aching due to reduced blood supply -- especially during activities such as shampooing the hair, exercising or walking. It is much less common for decreased blood flow to cause a stroke or a heart attack (myocardial infarction). In some

blood flow to the intestines may lead to abdominal pain, especially after meals. Decreased blood flow to the kidneys may cause high blood pressure, or in rare cases kidney failure.

Some patients with TA may not have any symptoms. There may be difficulty measuring blood pressure in one or both arms. The strength of pulses in the wrists, neck or groin may not be equal, or the pulse on one side may be absent.

What causes TA?

The cause of TA is unknown.

Who is affected by TA?

TA often affects young Oriental women, but it can affect men, women and children of all ages and ethnic backgrounds. At diagnosis, TA patients are often between 15-35 years old.

How is TA diagnosed?

The diagnosis of TA is based on a combination of factors, including: Complete medical history and careful physical exam to exclude other illnesses that may have similar symptoms and X-rays, which show location and severity of vessel damage.

Procedures to detect blood vessel narrowing or aneurysm, including: Magnetic resonance imaging (MRI), Computed axial tomography (CAT scan), Angiography: X-ray pictures of the inside of blood vessels.

Significant narrowing of blood vessels may result in turbulent blood flow through the narrowed area that creates an unusual sound called a bruit.

Note: With most other forms of vasculitis, a biopsy (tissue sample) of the affected area confirms the presence of blood vessel inflammation. When large blood vessels are affected, a biopsy is often not practical because of the risks of surgery.

How is TA treated?

Corticosteroids are the most common treatment for TA. The most frequently used drug in this category is prednisone or prednisolone. Corticosteroids work within hours after the first dose is provided. While this medication is often dramatically effective, it may be only partially effective for some patients.

Once it is apparent that the disease is under control, doctors slowly reduce the dose of prednisone to sustain improvement, thereby trying to minimize treatment side effects. In some patients, it is possible to