291. THE DISEASE SPECTRUM OF JIA IN PATIENTS ATTENDING A DEDICATED ADOLESCENT RHEUMATOLOGY SERVICE

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Background: JIA is the most common form of arthritis that affects young people. At UCLH we run a clinic for adolescent patients with JIA. The clinical phenotype of JIA in the adolescent age spectrum is relatively poorly characterized.

Methods: The aim of this survey was to provide an in-depth description of a cohort of JIA patients attending a dedicated adolescent service (13–19 years of age) including subtype, clinical and laboratory characteristics within each subtype, and treatments including biologic therapies.

Results: Clinical details of the most recent 137 patients with JIA seen at our unit were reviewed. 57% were female. 57% of all JIA patients were currently receiving MTX and 21% etanercept. Polyarticular RF+ patients (n = 12.9%) were all female, with disease onset at 11 years old). 8 months [median 6 month delay to diagnosis (DD)], 25% were ANA− and 75% anti-CCP+. 75% were receiving MTX, 33% etanercept, and one patient, rituximab. Polyarticular RF− (n = 33, 24%) had an earlier disease onset (7 years 9 months, DD 6 months), 22% were male, 25% were ANA+, and one patient was anti-CCP+. 59% were receiving MTX, and they received a wider range of biologics (etanercept 22%, Adalimumab 9%, tocilizumab 3%, rituximab 8%). Enthesitis related arthritis (ERA) (n = 44, 32%) males comprised of 75%, with a median onset of disease at 11 years (DD over 2 years). Only 5% had ANA+, 51% of patients were receiving MTX, 23% etanercept, no other biologics had been given. Oligoarticular patients (n = 16, 12%) presented at 9 years 1 month (DD 10 months), 37% were male. 19% were ANA+, none were RF or anti-CCP+. 50% were currently receiving MTX, and 19% were on adalimumab. The extended oligoarticular group (n = 21,15%) had 48% male, 19% ANA+, 9% RF+, 0% anti-CCP+. 52% were receiving MTX, 19% etanercept, 5% adalimumab, 14% tocilizumab, 5% rituximab. Psoriatic patients (n = 4) were 25% male, onset at 7 years 6 months (DD almost 2 years). None had autoantibodies. 75% were receiving MTX, 50% etanercept. Of the 7 systemic onset JIA, 28% were male, the median onset of disease was 9 years (DD 2 months). None had positive autoantibodies. 57% were receiving MTX, 14% etanercept, 43% tocilizumab. 34% of the whole group were currently taking NSAIDs. This was higher in the polyarticular RF+ (42%), the ERA group (44%) and the psoriatic group (50%)

Conclusion: This detailed description of a large adolescent cohort of JIA patients demonstrates that the clinical phenotype of JIA in this age group differs substantially from the typical pattern of disease seen in paediatric rheumatology departments. There is a higher prevalence of polyarticular JIA and ERA supporting the notion these sub-types tend to come on later in childhood and persist. Also it is interesting that polyarticular RF−JIA required more switching implying less response to etanercept, the first-line biologic as compared with RF+.

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