polyarticular and systemic onset juvenile idiopathic arthritis (JIA) achieved with current therapeutic agents and treatment strategies by analysing the early disease course and one-year outcome of a tertiary centre cohort of patients.

Methods: All patients with a diagnosis of polyarticular or systemic onset JIA seen at a paediatric tertiary hospital were identified from the rheumatology clinic registry. Inclusion criteria was a time period of at least one year since the diagnosis. Patients were excluded if they were discharged or transferred to adults’ service. Clinical records from the hospital database and medical charts were reviewed for data collection. The collected data was analysed using qualitative measures and results were drawn from observational findings. The outcomes reported in this study include: number of joints with active inflammation, systemic disease features, C-reactive protein (CRP), functional ability of the child as recorded in the clinical letters.

Results: A total of 45 patients were identified, of which 32 were eligible for this study. The frequency of JIA subtypes: 19 patients with RF-negative polyarthritis, seven with RF-positive polyarthritis and six with systemic onset disease. Twenty-one patients received steroids at presentation and 15 were still requiring prednisolone at six months, while only nine patients were on it at 12 months. Methotrexate was started to 22 out of the 32 patients at their first rheumatology clinic appointment and 28 were on it after one year. Whereas, no biologic therapy was initiated before six months from diagnosis, and only six received an anti-TNF at six months and a total of 13 were treated with a biologic agent at one year. Out of the total, nine (28%) were completely asymptomatic and did not show any sign of active joint inflammation or residual joint changes at one year from diagnosis. Also, at one year, 15 (47%) had no signs of active disease on physical examination but musculoskeletal pain seems to persist in some. For functional ability, 81% did not have any limitation to their physical ability, while the rest 19% had variable degrees of ongoing restrictions to their mobility or activity.

Conclusion: Significant improvement in disease activity was noted in all patients with the current therapeutic strategies in clinical practice. However, low levels of disease activity persisted in many at one year after diagnosis. We found that a significant improvement was achieved across all the different outcome measures from the first month of treatment in a good proportion of patients. The rate of improvement was slower after the first month and the maximum improvement was seen at six months, however, very little or no change at one year.

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