involvement of the innate immune system in the homeostatic response either to the conventional programmed death of multinucleated myofibers and to the parallel occurrence of "non-canonical" cell death and survival programs, including necrosis and autophagy. Recruited phagocytes are responsible of the clearance of damaged myofibers and of dying muscle stem/progenitor cells, stromal cells and leukocytes. Muscle macrophages in particular are endowed with remarkable plasticity throughout regeneration and healing, switching from activated cells that generate inflammatory cytokines to reparative assets, that play a non redundant role during the resolution phases of the damage and regulate the termination of the inflammatory responses. This dynamic transition between is increasingly felt to be the key to muscle homeostasis. Conversely defects in the process favour maladaptive remodeling with deposition of collagen and fat accumulation and in predisposed individuals autoimmunity leading to inflammatory idiopathic myopathies. A specialized population of regulatory T (Treg) cells, which control the inflammatory response by promoting the M1-to-M2 switch, and the activation of the muscle stem cells, satellite cells is receiving increasing attention for their central role in tissue homeostasis. Thus, the immunological perception of muscle cell death and regeneration – in turn influenced by environmental cues, including mitophagy and alteration of the redox balance - determines whether these events foster successful tissue healing or persisting inflammatory myopathies. The insights that are progressively become available on this original scenario hold promises to develop new approaches for disease treatment. Thus, immunologic perception of death and regeneration of muscle cells determine whether these events promote healing of tissues or persistent inflammatory myopathies. The insights that are becoming increasingly available on this original scenario hold promise for the development of new approaches to the treatment of persistent human muscle disease.

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To be and to become: transition from paediatric to adult care

SP0064 TO BE AND TO BECOME: REFLECTIONS ON MY TRANSITION

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The importance of successfully transitioning pediatric patients to adult care is increasingly recognized across a wide range of health care providers. However, there are still many challenges occurring during the transition phase. This presentation will contribute to these challenges by sharing the journey of a young person with arthritis on the transition to adult care.

As a young patient with arthritis, I made the journey from pediatric care to adult care a couple of years ago. I am diagnosed with arthritis since I was 14 years old. In this presentation, I will show the experiences of my own transition. Furthermore, as the chair of Youth-R-Well.com, an organization for young people with RMDs in the Netherlands, I will share some of the main points around transition I learned from other young patients. For every person, the transition to adult care is experienced different. Therefore, I will try to give some main answers from personal journeys on the questions: How is the transition experienced by a young patient? What are the current challenges faced by a young patient during the transition? What should be the role of the parents during the transition? What are best practices for the transition to adult care?

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SP0065 ARE WE ASKING THE RIGHT QUESTIONS IN TRANSITION RESEARCH?

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Already in 1991 Robert Blum pointed to the diverse set of issues of which the clinicians need to be cognisant to successfully care for youth with chronic illness. Since then, the special health care needs of adolescents and young adults with chronic diseases, including rheumatic diseases, have been on the agenda. Despite efforts to develop holistic services and programmes for youth, there are still inconsistencies in service delivery and practice standards. This revealed a survey among paediatric rheumatologists from 115 centres in 22 European countries in 2016. A minority of European paediatric rheumatology centres have a written transition policy, follow a standardised, structured approach in transitioning patients and measure the success of their interventions with evaluated instruments. To overcome these deficits and existing practice variation, key elements of transitional care, frameworks and pathways to implement and assess transition programmes have been recommended by EULAR and PRES.

However, as long as we don't have robust evidence upon best practice for transition, on the best metrics for measuring "success" and "outcome" of transitional care services and on the impact of interventions on the young people with rheumatic diseases will the service planning and delivery for transition aged youth remain suboptimal and result in adverse long-term outcomes.

The literature about transitional care is exponentially increasing each year and comprises among others assessments of experience of care and clinical outcomes, evaluations of different services and processes of care. What we have learned so far from transition research in the field of rheumatology, which research priorities are currently set on the agenda by health care providers and whether they meet those of young people will be in the focus of this lecture.

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SP0066 IMPLEMENTATION OF A BRIEF TRANSITION PROGRAMME FOR ADOLESCENTS WITH JUVENILE IDIOPATHIC ARTHRITIS

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Background: It is well described that adolescents and parents find transition between the children's and adult ward challenging (1–2) because they feel inadequate prepared, and find communication and cultural differences between child and adult care challenging. Thus, transitional care programmes becomes essential for a successful process (3).

Objectives: We aimed to develop a brief transition programme for adolescents with juvenile idiopathic arthritis (JIA), suitable for daily clinical practice in the children's and adult ward of rheumatology at Aarhus University Hospital, Denmark.

Methods: The development was based upon studies of transitional care programmes and qualitative studies of the patient, parent, and health professionals perspective in the transition process. Needs in the transition process from the perspective of both adolescents and parents were further investigated through semi-structured interviews. We used studies by Janet McDonagh and colleagues (3) as a theoretical framework for the programme development.

Results: The programme focuses on the final part of the transition process by including the adolescent from the children's ward at the age of 14. It runs for two years in the children's ward and continues the first year in the adult ward. The programme focuses on preparing the adolescent and parents for transition by enhancing the adolescent's knowledge and skills in coping with JIA. The programme further focuses on the relation between the adolescents and parents by bringing attention to the need for a gradually separation, and to placing more self-dependence on the adolescents. A guideline, describing the programme, containing concrete instructions to health professionals has been developed. The programme was primarily initiated by the adult ward, but nurses and physicians in both wards have been involved throughout the process.

The programme consists of the following elements;

- Assigned contact persons.
- Information leaflets about transitional care, transfer to adult care and differences between the children's and adult ward, i.e. in ways of working and treatment procedures.
- Independent consultations with health professionals.
- Materials for educational sessions.
- Educational sessions dealing with JIA and treatment, dialogue on adherence and challenges in adolescence.
- Arrangements of visits to the adult ward before transfer.

Conclusions: Our experiences with the programme in practise are generally positive. However, we have experienced that successful implementation calls for good collaboration and continuous involvement of the health professionals involved in the programme on a daily basis. Hence, ongoing meetings and communication have been essential to promote collaboration between the children's and adult ward.

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Heterogeneity in JIA

SP0067 CYTOKINES IN JUVENILE IDIOPATHIC ARTHRITIS

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The importance of cytokines in the pathogenesis of inflammatory diseases is highlighted by the success of therapeutic approaches directed against cytokines and cytokine receptors. Cytokines are characterized by their redundancy and pleyotropy: multiple cytokines can target the same receptor, while on the other hand a single cytokine can have multiple, even contradictory immunological effects.