Methods: We included all new patients who attended a combined ophthalmology–rheumatology clinic at a tertiary referral hospital from the 1st of October 2015 to the 30th of November 2017. We analysed their demographic, clinical, laboratory, and treatment characteristics. Patients were considered to have activity according to the joint opinion of the ophthalmic and rheumatologic consultants.

Results: We included 538 new patients. 331 were female (61.5%) and the median age (range) was 8.1 years (1.1–17.3). 59.5% of the patients had juvenile idiopathic arthritis (JIA), whereas patients with SLE, Behçet's disease, dermatomyositis, scleroderma, and juvenile ankylosing spondylitis represented 8.6%, 8.1%, 7.2%, 4.7%, and 4.3% of the studied cohort respectively.

Of the patients with juvenile idiopathic arthritis, 56.7% had not developed ocular manifestations by the end of the study, while 27.3% suffered from uveitis that was controlled by methotrexate, 7.4% suffered from uveitis that was controlled by both methotrexate and adalimumab, and 8.6% suffered from uveitis that was still active by the end of the study period.

72.3% of the patients with Behçet's disease had uveitis, of which 34.6% suffered profound diminution of vision in the affected eye(s) despite receiving anti TNFs. Other medications that were given were prednisolone, azathioprine, cyclosporine, and cyclophosphamide.

Smaller percentages of patients with dermatomyositis, scleroderma, and juvenile ankylosing spondylitis, developed ocular manifestations, and the vast majority were systemically and ophthalmologically quiescent by the end of the study duration.

Conclusions: More than half the patients attending the combined clinic during the period of the study had JIA. A greater percentage of patients with uveitis due to JIA could be controlled medically than of patients with uveitis due to Behçet's disease. A multidisciplinary clinic can save patients with rheumatologic diseases and uveitis precious time.

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AB1091 TOLERABILITY OF VACCINATION OF 13 PCV IN PATIENTS WITH JIA, WITHOUT SYSTEMIC MANIFESTATIONS

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Background: Juvenile idiopathic arthritis (JIA) is one of the most frequent and most disabling rheumatic diseases in children. Children with JIA receiving immunosuppressive and genetically engineered biologic drugs belong to the high-risk group for the development of bacterial and viral infections, including those administered by preventive vaccines.

Objectives: Our aim was to evaluate the tolerability of the pneumococcal 13-valent conjugate vaccine (PCV) in children with JIA.

Methods: In a prospective cohort study, 3 groups were formed: children with JIA in the remission phase on methotrexate or etanercept (group I), with JIA in the active phase prior to the appointment of methotrexate or etanercept (group II), control group (conditionally healthy children). 0.5 ml of the 13-valent PCV was administered once subcutaneously during therapy in patients in the remission phase or 3 weeks before the appointment of methotrexate or etanercept in patients in the active phase.

Results: At this stage of work, the tolerability of the 13 PCV vaccine was evaluated in patients with JIA, without systemic manifestations. In our study, the post-vaccination period was asymptomatic in 58% of the children in Group I, 66% in children in Group II, and in 60% in the control group. Most often in the postvaccinal period, local reactions were noted, which were painful at the place of administration of the vaccine in 6% of the children in group I, 8% in group II, and 24% in the control group, respectively. Less developed oedema and hyperemia at the

injection site – in 12% of children in group I, 6% in group II, in 8% of children in the control group. There was no significant difference in the incidence of local reactions to vaccination of 13 PKV in patients with JIA and in children of the control group. Analysis of the time of occurrence and duration of local and systemic reactions to vaccination of 13 PKV showed that the maximum severity of symptoms was noted in the first day, by the 2–3 day of observation, complaints and fever disappeared. The increase in local reactions was noted 2 days after immunisation, followed by extinction to 3–4 days of follow-up. There were no serious adverse events in the post-vaccination period.

Conclusions: Vaccination with the 13-valent PCV in children with JIA is safety and is not accompanied by the development of serious adverse events.

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AB1092 AN AUDIT ON PAEDIATRIC UVEITIS IN THE GREATER GLASGOW AND CLYDE (GGC) SERVICE: GUIDELINE ADHERENCE AND IMPACT ON PATIENT OUTCOMES

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Background: 2010 guidelines from the Scottish Paediatric and Adolescent Rheumatology Network (SPARN) and the Scottish Uveitis Network (SUN) outlined management pathways for paediatric uveitis. Given the time since its establishment and last review, an audit on the GGC service's adherence to the guidelines as well as patient outcomes was conducted.

Objectives: To determine the service's compliance to the SPARN/SUN guidelines for the management of paediatric uveitis, in addition to establishing patient outcomes and identifying current shortcomings and areas for improvement in future practice. We also aimed to provide data to inform the revision and updating of the guideline for the year 2018.

Methods: This retrospective audit was conducted by collecting data from patients within the GGC's Royal Hospital for Children's joint rheumatology and ophthalmology service who were diagnosed with uveitis between the 1st of January 2008 and the 31st of December 2017. The data was then compared to the guidelines set by SPARN/SUN, in addition to a study conducted by this service prior to the guideline's development.

Results: 39 suitable patients were identified from the list of 253. From these patients, 92 separate events of uveitis were recorded – 84 of which ended in remission within the audit period. 17 events (20%) remained active after 7 months and required ongoing treatment, falling out with the guideline's standards. Time to remission was further stratified by modality of treatment. Of the 78 eyes evaluated, 7 eyes in 5 patients were found to have had cataracts. This comprises 12.8% of patients, an improvement from the 29% of the previous study. Notably, 5 of the 7 eyes had cataracts detected at the first appointment with the service. An additional 7 eyes across 6 patients (15%) were recorded to have had cystoid macular oedema, which is comparable to the previous study's 11%. A majority of these (4 of 7 eyes, or 57%) were again discovered to already be present at the first appointment.

Conclusions: Guideline adherence was commendable, though improvement is needed in treatment escalation to decrease the time taken for patients to achieve remission. There exists a tendency to maintain patients on topical steroid therapy due to relapsing and remitting disease activity, though given the high risk of glaucoma, consideration should be given to quickly progressing these patients up the treatment ladder. A large proportion of patients with severe complications of uveitis appear to have developed these prior to their first attendance at the service, suggesting a need for more stringent screening processes for early detection. Overall, outcomes in terms of the number of patients affected by complications of uveitis appear to have improved when compared to the study previously conducted by the service, implying a beneficial effect from adherence to the implemented guidelines.

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