OBJECTIVE: To assess clinical response rate and disease course in sJIA patients treated with anakinra. To evaluate whether the response to anakinra was related to baseline variables.

Methods: We reviewed 56 (28 F) consecutive patients with sJIA treated with anakinra for at least 6 months in our institution. The diagnosis of sJIA was established according to the International League of Associations for Rheumatology (ILAR) classification criteria. We analyzed the effect of anakinra on fever, rash, number of active joints, erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), white blood cells count, platelets count and ferritin levels. Clinically inactive disease (CID) was defined according to Wallace criteria. Clinical and laboratory data were obtained using a standard data collection form.

Results: The median age at the disease onset was 5.7 (IQR 2.9-10.2) years. The median time from onset to received anakinra was 1.9 (IQR 0.7-9.7) months. At baseline 52/56 (93.1%) of patients had fever and median number of active joint was 2 (IQR 1-4). After 6 months of treatment 39 patients (69.6%) met criteria for inactive disease. Among 56 patients 17 (30.3%) received anakinra in monotherapy and 39 (69.6%) received anakinra with glucocorticoids. There were no statistically significant differences between the two groups for demographic, clinical and laboratory features among patients who started anakinra in the first 2 months from disease onset compared to those that started anakinra after 2 months. At 6 months after beginning of anakinra treatment, 27/29 patients (93.1%) who started anakinra within 2 months from disease onset and 12/27 (44.4%) who started anakinra after 2 months from disease onset reached clinical inactive disease off glucocorticoids (p = 0.0001). Patients who started anakinra after the first 2 months from disease onset have a significantly higher risk of non-response (OR=8.06, 95% CI: 2.03-32.0).

Conclusion: According with several observations, anakinra is effective in a significant proportion of patients with sJIA. A possible approach to introduce IL-1 inhibitor, with or without concomitant glucocorticoids, early in the disease course taking advantage of a “window of opportunity” has been suggested. Our observation confirms that earlier treatment with anakinra is associated with a better short-term outcome. Moreover, our results show that beginning of treatment after two months of disease is correlated with a high risk of non-response.

REFERENCE:

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OP0058 DEVELOPMENT OF INFLAMMATORY BOWEL DISEASE DURING TREATMENT WITH ETANERCEPT IN PATIENTS WITH JUVENILE IDIOPATHIC ARTHRITIS

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Background: Juvenile idiopathic arthritis (JIA) has a reported prevalence varying from 16 to 150 per 100,000 patients and it is thereby the most frequent chronic rheumatologic disease presenting in childhood. Inflammatory bowel disease (IBD) is an auto-inflammatory disease that can develop in patients with JIA. Results from multiple studies suggest an association between therapy with Etanercept (ETN) and occurrence of IBD in patients with JIA, which may or may be not be counteracted by methotrexate.

Objectives: The aim of this study was to describe characteristics of JIA patients who developed IBD and to create a possible relationship between IBD onset and medication use at IBD onset.

Methods: Pharmacild, the largest international JIA registry, was used for this study. Patients were enrolled via members of the Paediatric Rheumatology...