<0.01) while a lower level of QoL was associated with more intense pain ($r = 0.542$, $p < 0.01$) and poor current emotional state ($r = 0.401$, $p < 0.05$). The activity of the disease in children was not significantly related to any determinant of the QoL. In contrast to children, parents of children with JIA-U estimated current emotional state of their children significantly worse ($t = 2.05$, $p < 0.05$) and the overall level of functioning significantly lower than parents whose children did not have uveitis ($t = 2.03$, $p < 0.05$).

Conclusion: Since children with JIA evaluated the QoL equally well, whether they had uveitis or not, we can conclude that they are psychologically well adapted to their health status and cope well with different levels of pain. Unlike children with uveitis, their parents evaluated the current emotional state and overall functionality significantly worse compared to parents of children who did not have uveitis. These results support a need for the development of new uveitis specific questionnaires that will enable us better identification of patient's requirements. It is necessary to implement a holistic and multidisciplinary approach to assess the emotional functioning of the children and their families, and to devise appropriate psychosocial interventions for continuing support for ill children and their families.

REFERENCES

- [1] Filocamo G, Consolaro A, Schiappapietra B, et al. A new approach to clinical care of juvenile idiopathic arthritis: the Juvenile Arthritis Multidimensional Assessment Report. *J Rheumatol*. 2011;38:938-53.

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SAT0485

THE FIRST 18 MONTHS OF A PEDIATRIC RHEUMATOLOGY SERVICE AT A TERTIARY REFERRAL HOSPITAL IN KENYA

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Background: Pediatric rheumatic diseases impart a significant disease burden upon children and their families with the potential to cause diminished quality of life and significant direct and indirect costs [1-3]. Determination of the burden of disease is a prerequisite to improving access to care and optimizing use of the healthcare ecosystem for the well-being of these patients [4-5].

Objectives: We thus set out to describe what clinical cases were referred to the Pediatric Rheumatology Service at Aga Khan University Hospital Nairobi, Kenya (AKUHN) for the first 18 months since its establishment.

Methods: A prospective chart review of all patients referred to the pediatric rheumatology service at AKUHN was undertaken from October 2016 to March 2018. Patients were followed up for at least 3 months to determine the course of their disease. Data on bio-demographics and diagnosis was extracted from medical records of these patients and documented in a standard study tool. Frequencies were calculated for each disease category and sub-category.

Results: A total of 113 patients attended the pediatric rheumatology service of which 61.06% (69 of 113) were female and 53.15% (59 of 113) were aged above 10 years. Most patients attending the service were Kenyan accounting for 95.58% (108 of 113). Among the Kenyan patients seen, 77.88% (88 of 113) were from the capital, Nairobi. Out-patients accounted for 84.96% (96 of 113) of the patients compared to 15.04% (17 of 113) who were seen as in-patients. Inflammatory musculoskeletal conditions accounted for 36.3% of all cases (41 of 113) compared to 52.2% (59 of 113) of non-inflammatory musculoskeletal conditions.

Among the inflammatory conditions diagnosed, reactive arthritis accounted for 29.3% (12 of 41), juvenile idiopathic arthritis (JIA) accounted for 14.6% (6 of 41) and vasculitis accounted for 12.2% (5 of 41) of the cases as demonstrated in graph 1. The non-inflammatory musculoskeletal conditions included mechanical joint pain 42.4% (25 of 59), conversion disorder 13.6% (8 of 59), benign joint hypermobility 8.5% (5 of 59) among others as illustrated in graph 1. The other medical conditions diagnosed at the pediatric rheumatology service were two cases of acute lymphoblastic leukemia and one case of neurofibromatosis, serum sickness, sturge weber syndrome, diabetes, eczema, epidermolysis bullosa and a case of suspected griscelli syndrome. There were four patients lost to follow up; two children with prolonged fever and two others with unexplained painless unilateral limb swelling. There were three mortalities; two lupus patients and the systemic scleroderma patient, all of whom succumbed to sepsis.

Conclusion: Non inflammatory mechanical musculoskeletal complaints are the commonest complaints noted at AKUHN pediatric rheumatology clinic. The three commonest inflammatory musculoskeletal conditions are reactive arthritis, JIA and vasculitis. Sepsis was the main cause of mortality among the pediatric rheumatology patients. Further studies are required to better describe the burden and natural history of these diseases in Kenya and Sub-Sahara Africa at large.

Graph 1: Distribution of inflammatory cases reviewed at AKUHN's Pediatric Rheumatology Service

Graph 2: Distribution of non-inflammatory cases reviewed at AKUHN's Pediatric Rheumatology Service

REFERENCES

- [1] Moorthy LN, Peterson MG, Hassett AL, Lehman TJ. Burden of childhood onset arthritis. *Pediatr Rheumatol Online J*. 2010;8:20.
- [2] Minden K, Niewerth M, Listing J, et al. The economic burden of juvenile idiopathic arthritis-results from the German paediatric rheumatologic database. *Clin Exp Rheumatol*. 2009;27(5):863-9.
- [3] Bernatsky S, Duffy C, Malleson P, Feldman DE, St Pierre Y, Clarke AE. Economic impact of juvenile idiopathic arthritis. *Arthritis Rheum*. 2007;57(1):44-8.
- [4] WHO Scientific Group on the Burden of Musculoskeletal Conditions at the Start of the New Millenium. The burden of musculoskeletal conditions at the start of the new millenium. *World Health Organ Tech Rep Ser*. 2003; 919(i-x):1-218.
- [5] Scott C, Webb K. Pediatric rheumatology in sub-Saharan Africa. *Rheumatology (Oxford)*. 2014;53(8):1357-8.

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SAT0486

SERIOUS ADVERSE EVENTS OF TOCILIZUMAB IN CHILDREN WITH RHEUMATIC DISEASES – A REAL-WORLD EXPERIENCE

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Background: Tocilizumab (TCZ) is a humanized monoclonal antibody that blocks interleukin 6. In children, TCZ has been approved for the