the patients had juvenile idiopathic arthritis (28 patients, 68.3%), 7 (17.1%) had mixed connective tissue disease, 3 (7.4%) had Raynaud’s syndrome and there was one patient (2.4%) with each of the following diagnoses: SLE, fibromyalgia, and polyarteritis nodosa. The mean follow up time before the transition was 5.3 years (3 months - 14 years).

In general, the TRAQ was well understood and it was completed in a short time by the study participants. No major difficulties were observed and all the patients were able to read and answer the questionnaire.

Average score for each of the subsparts of TRAQ was: managing medication strategy and improving medication adherence: median score 2.82 (1.43-5.0), talking with providers 4.68 (2.0-5.0), managing daily activities 4.93 (3.0-5.0) with overall score 4.05 (2.50-5.0), showing good overall readiness of our patients for transition. Readiness for transition in our group of patients is likely due to the age of transitioning over 18 years and good preparing for transition done by the team in the months preceding transition.

Conclusion: The Croatian version of the Transition Readiness Assessment Questionnaire was validated in the population of transitional patients with chronic rheumatic diseases. It has proven to be easily applied and well understood, and its results showed adequate readiness for transition among our patients. According to our 7-year experience and 81% of follow up visits in adult rheumatology among transitioned patients in previous years, we believe that these results are correct.

We shall continue following these patients through adult rheumatology visits and in few years’ time we shall verify whether they continue regular follow ups and prove to have been ready for transition as TRAQ has suggested.

REFERENCES

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**SAT0519**

**CLINICAL CHARACTERISTICS, TREATMENTS AND OUTCOMES OF ENTHESITIS-RELATED ARTHRITIS IN TAIWAN**

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Background: Juvenile idiopathic arthritis (JIA) has been categorized into seven different subtypes according to International League of Associations for Rheumatology system (ILAR) criteria [1]. Enthesitis-related arthritis (ERA) has represented the largest subtype in Taiwanese cohort study [2].

**Objectives:** The aim was to compare the clinical characteristics, treatments and outcomes of ERA in one of tertiary medical center in Taiwan to other subtypes of JIA. Further, to determine patients’ characteristics and risk factors help to predict the development of active and non-active treatment outcomes in ERA.

**Methods:** Retrospective review of patients diagnosed with JIA between March 1993 and December 2018 at a pediatric rheumatology clinic in National Taiwan University Hospital (NTUH), Taipei, Taiwan were enrolled. The outcome assessments were based on Wallace criteria to categorize patient into active and non-active (inactive, remission on medication and remission off medication) group.

**Results:** One hundred and eighty-three patients were included for 8 years mean follow up duration. Distribution of JIA subtypes in Figure 1 shown ERA was the single largest category of JIA (39.89%) in Taiwan. The demographic details of ERA patients in Table 1 revealed: male predominant (86%), late onset age (11.1±3.2 yrs), majority with HLA-B27 positive (92%), sacroiliac join or lumber sacral involvement (16%) and anterior uveitis (10%). Category specific outcomes in Table 2 showed ERA and extensive oligoarthritis were less likely to achieve non-active treatment response compared to persistent oligoarthritis. Among risk factors contributed to poorer treatment response in ERA were any clinical signs of sacroilitis with P value of significant (0.0057).

**Figure 1. Distribution (%) of JIA subtypes in 183 Taiwanese children from NTUH between year 1993–2018**

**Comparison to Persistent Oligoarthritis. ** *P<0.05 with significant**

**Conclusion:** ERA has represented the most common subtype of JIA in Taiwanese cohort study and has poorer treatment responses when compared to other JIA subtypes. To identify risk factors that contributing to poorer ERA treatment response might help more aggressive therapeutic strategy and improve outcome of ERA.

REFERENCES