outpatient unit were nonsteroidal anti-inflammatory drugs (NSAIDs) (14%), corticosteroids (6%), synthetic disease modifying antirheumatic drugs (DMARDs) (18%), biologic DMARDs (2%).

After transition 34% of patients used NSAIDs, 16% corticosteroids, 24% synthetic DMARDs, 8% biologic DMARDs.

Without any medication before and after transition were 66% and 48% of patients, respectively.

After transition 36% of patients had their therapy changed. 30% needed escalation of therapy because their disease was still active or they experienced exacerbation.

Most changes in therapy occurred in the first year after transition.

Conclusion: We confirmed that many patients with juvenile onset rheumatic disease had changes in their therapy after transition, especially escalations of therapy. Most changes occurred in the first year after transition which is a vulnerable period in a young adult life.

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AB1000

THE SURVIVAL OF METHOTREXATE IN JUVENILE IDIOPATHIC ARTHRITIS CHILDREN AFTER DURING FIRST BIOLOGIC TREATMENT

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Background: Methotrexate (MTX) is a gold standard for treatment of juvenile idiopathic arthritis (JIA) patients. The main adverse events (AE)

related to the MTX are intolerance, increased rate of infections, elevation of the liver enzymes, hematological abnormalities and stomatitis, which required to stop the MTX therapy [1]. In children without remission who tolerated MTX often the second-line treatment is the biologics, which may use alone or in the combination with MTX.

Objectives: The aim of our study was to evaluate the main reasons of MTX discontinuation in JIA children who started first biologic.

Methods: In the study were included 173 non-systemic JIA patients, whom biologic therapy was prescribed firstly to previous MTX treatment. We evaluate the main reasons of MTX discontinuation after the starting of the biologic treatment, duration of MTX treatment (all and after biologic start), achievement the remission, according C. Wallace criteria and time to remission, flare of JIA. We compared two groups: i) patients with biologics with ongoing methotrexate and ii) patients with biologics alone, whom MTX was discontinued or not prescribed.

Results: During the trial MTX discontinued 40 (23.1%) patients: due to intolerance (n=11), other adverse events (AE) (n=10), except intolerance (mainly, frequent infection and transaminitis) and remission of JIA (n=19). Patients with onset age of JIA <4.4 years were in the risk of developing MTX intolerance (LogRank test, p=0.000001), but the younger patients usually developed other AE. Compare of the three subgroups of patients, who discontinued MTX we have not yet found any differences, except the onset age and frequency of remission, which was higher in patients who discontinued MTX due to other AE than due to intolerance.

Conclusion: The main factor, associated with MTX discontinuation in JIA patients, who received first biologic was the disease onset age. Eldest age was related to higher risk of developing the MTX intolerance.

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Parameter	Still ongoing MTX (n=133)	Intolerance (n=11)	Other AE (n=10)	Remission (n=19)	p	p for 3 groups of MTX discontinuation
Sex, females, n (%)	87 (66)	7 (64)	7 (70)	13 (68)	0.99	0.95
Uveitis, n (%)	27 (20)	1 (9)	0 (0)	5 (26)	0.28	0.12
ANA positivity, n (%)	37/85 (44)	3/8 (38)	2/4 (50)	1/9 (11)	0.29	0.28
Onset age, years	4.8 (2.3-10.2)	10.2 (5.6; 12.7)	2.1 (1.5; 3.2)	7.2 (3.0; 9.2)	0.012	0.005
CRP	1.5 (0.4; 9.2)	3.3 (2.4; 4.7)	0.9 (0.3; 1.7)	3.8 (1.0; 9.1)	0.22	0.06
Active joints, n	3.0 (2.0; 7.0)	2.0 (2.0; 5.0)	2.5 (1.0; 9.0)	3.0 (1.0; 5.0)	0.63	0.97
Time before biologics, years	2.7 (1.1; 6.0)	3.1 (1.4; 4.3)	2.1 (1.5; 7.9)	1.6 (0.9; 2.8)	0.51	0.35
Time before MTX, mo	12.2 (3.6; 37.5)	27.3 (3.6; 43.6)	12.3 (5.1; 30.7)	6.1 (2.0; 19.3)	0.39	0.41
MTX duration, all, mo	65.9 (42.9; 91.3)	27.6 (6.8; 37.6)	30.9 (6.0; 35.5)	25.4 (14.6; 39.5)	0.00001	0.97
MTX duration after biologics, mo	54.2 (32.1; 65.8)	12.3 (7.8; 16.2)	11.3 (5.8; 12.5)	14.7 (5.3; 25.9)	0.00001	0.74
Remission, n (%)	82/130 (63)	7 (64)	9 (90)	19 (100)	0.006	0.015
Remission duration, mo	14.6 (6.3; 36.3)	16.1 (9.6; 45.1)	9.8 (3.9; 20.2)	10.5 (4.8; 39.6)	0.43	0.41
Flare, n (%)	55/129 (43)	5 (46)	0 (0)	7 (37)	0.06	0.04