pain at biting, chewing and yawning and moreover mandibular growth can be impaired and facial asymmetries may develop. Although Magnetic Resonance Imaging (MRI) is the gold standard to identify TMJ involvement, it is affected by lack of informations about bone components. Cone beam CT (CBCT), an imagine diagnostic tool with minimal xray exposure, thanks to its 3D studies provides an accurate image of anatomical bone alteration.

Objectives: Provide a screening imaging tool for TMJ involvement in JIA patients so TMJ dysfunction can be detected and managed at an early stage.

Methods: Eighteen patients affected by JIA from 2 to 16 years of age were included in this prospective study (M/F, 3/15); they were all admitted to a Pediatric Rheumatology and Maxillofacial Surgery Integrated out-patient ambulatory, where an experienced surgeon focused on evaluation of TMJs. All symptomatic patients (uni or bilateral TMJ's pain) performed MRI: anomalous imaging such as increased joint enhancement or intra-articular effusion, was treated with intra-articular corticosteroid injections (IACI). After about two month from intra-articular treatment CBCT was performed in all the enrolled patients (symptomatic and not).

Results: CBCT is a useful tool to improve the diagnostic and therapeutic iter of TMJ involvement in JIA; in fact on one hand it highlights the unsuccessful and palliative role of IACI and on the other hand it can reveal significant impairment of the joint bone components in frequent asymptomatic patients; systemic therapy from the early phase of TMJ involvement could prevents the irreversible modification of the mandibular growth process of undertreated inflammation

Conclusion: CBCT is a useful tool to improve the diagnostic and therapeutic iter of TMJ involvement in JIA; in fact on one hand it highlights the unsuccessful and palliative role of IACI and on the other hand it can reveal significant impairment of the joint bone components in frequent asymptomatic patients; systemic therapy from the early phase of TMJ involvement could prevents the irreversible modification of the mandibular growth process of undertreated inflammation.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.5396

AB1019

THE EFFECT OF TREATMENT REGIMEN ON HEALTH-RELATED QUALITY OF LIFE AND FUNCTIONING IN CHILDREN WITH UVEITIS

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Background: Pediatric non-infectious uveitis can lead to ocular complications and blindness. Complex treatment regimens are often needed and consist of frequent topical treatments (glucocorticoids, mydriatics, glaucoma medications) and systemic immunosuppression.

Objectives: To examine the impact of topical and systemic treatment on health-related quality of life (HRQOL), mental health, and uveitis-related quality of life (QOL) of children with uveitis.

Methods: We reviewed records of 40 children with uveitis (22 JIA-associated uveitis (JIA-U), 18 other uveitis types). Parents and patients completed questionnaires on general QOL (Pediatric Quality of Life Inventory-PedsQL), depression and anxiety (Revised Children's Anxiety and Depression Scale- RCADS), physical functioning (Childhood Health Assessment Questionnaire- CHAQ), and visual function and uveitis-related QOL (Effect of Youngsters' Eyesight on QOL-EYE-Q). We used ANOVA and T-Test to compare treatment groups: 1) topical only vs. systemic only vs. combined topical and systemic treatment; 2) topical vs. no topical treatment.

Results: Of 40 children most were non-Hispanic (98%), Caucasian (80%), and female (70%). Most had bilateral (73%), anterior disease (83%), with minimal disease activity (93% inactive uveitis) and normal vision (100% visual acuity 20/40 or better).

When comparing by treatment group, there were worse EYE-Q Parent and Child uveitis-related QOL scores among the children of the topical treatment only group compared to those on systemic treatment only or the combined treatment group, however they were not statistically significant. (Parent: 1.57 vs. 1.83 vs. 1.6, p=0.13)(Child: 1.68 vs. 1.9 vs. 1.7, p=0.20).

However, when comparing children by use of topical treatment, children on topical treatment had worse EYE-Q total scores compared to those who were not on topical treatment for Parent reports (1.75 vs. 1.93, p=0.01) (Table 1). They also had worse EYE-Q visual function scores (1.82 vs. 1.96, p=0.02) and uveitis-related QOL scores (1.59 vs. 1.83, p=0.04). For child reports, EYE-Q total score and subscores were lower in the topical treatment group but were not statistically significant.

Children with uveitis had similar Parent and Child reports of PedsQL, RCADS, and CHAQ regardless of treatment group.

Table 1. Vision-Specific Outcome Measures by Treatment Regimen in Children with Uveitis

Measure	No Topical Rx (n =11)	Topical Rx (n = 24)	P Value
EYE-Q Parent Total	1.93 (0.07)	1.75 (0.26)	0.006*
Visual Function	1.96 (0.06)	1.82 (0.26)	0.021*
Uveitis-related QOL	1.83 (0.19)	1.59 (0.33)	0.041*
EYE-Q Child Total	1.87 (0.18)	1.71 (0.3)	0.12
Visual Function	1.86 (0.23)	1.73 (0.34)	0.254
Uveitis-related QOL	1.9 (0.19)	1.69 (0.34)	0.07

*p<0.05

Conclusion: The parents of children with uveitis who need topical treatments as part of their therapy regimen report worse uveitis-related QOL. This is likely secondary to parental responsibility for instilling topical therapy. Additionally, visual function scores were also lower in the topical treatment group and could reflect disease activity or use of mydriatics which can affect vision. Other measures including the PedsQL, CHAQ, and RCADS did not appreciate differences based on treatment regimen. Our findings demonstrate the importance of including uveitis-specific disease measures in the assessment of the impact of uveitis. The burden of medication use, specifically eye drops, that can sting, require frequent application, or affect vision, needs further study as this can affect medication adherence and patient outcomes.

Disclosure of Interests: Joseph McDonald: None declared, Virginia Utz Grant/research support from: Retrophin, Consultant for: Spark Therapeutics - >12 months ago, Theresa Hennard: None declared, Najima Mwase: None declared, Jessi Lipscomb: None declared, Amy Cassidy: None declared, Sheila Angeles-Han: None declared

DOI: 10.1136/annrheumdis-2019-eular.5913

AB1020

DISEASE ACTIVITY INDEX IS ASSOCIATED WITH SUBCLINICAL ATHEROSCLEROSIS IN CHILDHOOD-ONSET SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Systemic lupus erythematosus (SLE) is considered an independent risk factor for cardiovascular events in association with traditional risk factors. Therefore, it is important to recognize and to identify the specific risk factors for atherosclerotic disease in these patients for the prevention and early treatment of cardiovascular diseases, aiming to provide a better quality of life with long-term morbidity reduction.

Objectives: To determine the prevalence of subclinical atherosclerosis by the measurement of carotid intima-media thickness (CMT) in patients with childhood-onset systemic lupus erythematosus (cSLE) younger than 21 years. To check for associations between sex, age, race, body mass