guide ophthalmologic screening in JIA patients in order to identify children likely to develop uveitis.

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AB1023

PHYSICAL ACTIVITY LEVEL IN PATIENTS WITH JUVENILE IDIOPATHIC ARTHRITIS IN THE GERMAN NATIONAL PAEDIATRIC RHEUMATOLOGIC DATABASE: A COMPARISON WITH THE GENERAL POPULATION

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Background: Insights in pathogenesis and the availability of new biologic drugs have created requirements and an increasing interest for encouragement of physical activity (PA) as long-term treatment option in patients with juvenile idiopathic arthritis (JIA). A low level of PA in healthy individuals is related to a higher incidence of overweight and hypertension in later life. This low level of PA might even be more dangerous for children with JIA, as they also have elevated inflammatory parameters, perhaps increasing the risk of future cardiovascular diseases.

Objectives: Since children and adolescents with physical disabilities may have an increased risk for developing a sedentary lifestyle, the objective was to investigate if encouragement of PA in most German medical care settings has led to PA levels in JIA similar to that of healthy counterparts.

Methods: Data from children and adolescents with JIA recorded in the German National Paediatric Rheumatologic Database (NPRD) in the year 2017 were considered for the analyses. In accordance with the methodology used in the general population survey [1], the achievement of the WHO recommendations on PA for health was determined on the basis of self-reported outcomes in individuals aged 3 to 17 years. Patients met the WHO criteria if they stated to be physically active for at least 60 minutes per day.

Results: In 2017, the data from 5,918 patients (mean age 11.2 ± 4.1 years, female 67%, disease duration 4.6 ± 3.7 years, persistent oligoarthritis 42%) were available for evaluation. Almost 35% of patients aged 3 to 17 years met the recommended physical activity level (72% aged 3 to 6; 47% aged 7 to 10; 27% aged 11 to 13; 16% aged 14 to 17). In the general population, 26% fulfilled the WHO recommendations on PA (46% aged 3 to 6; 27% aged 7 to 10; 38% aged 11 to 13; 12% aged 14 to 17). In multivariable analyses, increasing age (OR 1.27; 95%CI: 1.24-1.29), psoriatic arthritis (OR 1.49; 95%CI: 1.06-2.11), overweight (OR 1.33; 95%CI: 1.04-1.71), functional disability (OR 0.83; 95%CI: 0.69-0.98), and worse patient-reported overall well-being (OR 1.10; 95%CI: 1.03-1.17) were associated with non-achieving the recommended PA amount.

Conclusion: Encouraging PA in most German medical care settings and the growing attention of the importance of regular PA for pleasure and health benefits may have led to a similar or even higher amount of PA compared to healthy counterparts. However, since a large proportion does not meet the global recommendations on PA, further research should address especially patients with inactive or minimal active disease who have previously largely refrained from PA. In order to derive adequate

strategies, future work is warranted to comprehensively and objectively measure PA behavior in this population.

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AB1024

USE, EFFICACY AND LONG TERM SAFETY OF RITUXIMAB IN PEDIATRIC RHEUMATIC DISEASES: SINGLE CENTER EXPERIENCE FROM NORTH INDIA

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Background: Rituximab(RTX) is used in pediatric rheumatic diseases as an off label indication. There is paucity of data on safety and long term efficacy in countries with high burden of infectious diseases.

Objectives:

- 1. To study the use and safety of RTX in pediatric rheumatic diseases
- 2. To assess the long term efficacy of RTX in pediatric systemic lupus erythematosus(pSLE).

Methods: Data of all children who received RTX was collected on standardized collection forms. This data set was reviewed. Children with pSLE who were given RTX were included for efficacy analysis. Screening, use and safety were evaluated for all patients.

Results: USE: Rituximab was given to 4 children with polyarticular juvenile idiopathic arthritis(PJIA)(4/145=2.7%) and 17 children with pSLE(17/225=7.5%). In children with PJIA, RTX was used as third line treatment, who failed methotrexate and TNF inhibitor therapy. In pSLE, lupus nephritis was the primary indication for RTX(56%), vasculitis(17%), neuropsychiatric SLE and refractory cytopenias(12% each) and aggressive polyarthritis with steroid dependence(5%).

SAFETY: Pre-biologic screen for HIV, Hepatitis B and C and tuberculosis was negative. Total immunoglobulin G level was assayed prior to RTX for all children. CMV PCR was done in 11/17 pSLE patients. No immediate or delayed anaphylaxis was noted. No child had reactivation of herpes zoster. There was no mortality in this cohort.

EFFICACY: Studied in 17 children with pSLE over 21 episodes of RTX(2 received 3 cycles of RTX over 5 years). Median age at RTX use was 13.66 years(range 6.58-21.66 years). Median duration of follow up was 48 months(range 3-120 months). During long term follow up 14 patients did not have any disease flare. Three(17.6%) flared and required cyclophosphamide/second cycle of RTX. Mean dose of prednisolone prior to RTX was 0.7mg/kg/day while that at 1 year post RTX was 0.065mg/kg/day(p value 0.001) and at 2 years was 0.05mg/kg/day(p value 0.003). Mean SLE disease activity index 2K(SLEDAI-2K) prior to RTX was 16.25 while that at 1 year post RTX was 1.25(p value 0.004), at 2 years was 2(p value 0.004) and at 3 years was 0.85(p value 0.028).

Abstract AB1024 Table 1. Therapy prior and post RTX in patients with pSLE

Medication	Prior to RTX (n=17)	At 1 year (n=14)	At 2 year (n=12)	At 3 year (n=7)
Prednisolone	17(100%)	7(50%)	4(33%)	3(43%)
Hydroxychloroquine	17(100%)	14(100%)	12(100%)	7(100%)
Mycophenolate mofetil	7(41%)	12(86%)	10(83%)	7(100%)
Cyclophosphamide	6(35%)	1(7%)	0(0%)	0(0%)
Methotrexate	2(12%)	1(7%)	1(8%)	0(0%)
Tacrolimus	1(6%)	1(7%)	1(8%)	1(14%)
Cyclosporin	1(6%)	0(0%)	0(0%)	0(0%)
Intravenous immunoglobulin	1(6%)	0(0%)	0(0%)	0(0%)
Azathioprine	0(0%)	1(7%)	1(8%)	0(0%)