Background: Juvenile idiopathic arthritis (JIA) is a chronic childhood arthritis with onset before age of 16 and has a significant degree of morbidity that negatively affects quality of life. Uveitis, which is defined as the inflammation of the iris, ciliary body, and choroid, is the most common cause of morbidity of JIA. This study was planned to collect data from a Turkish cohort to provide the initial national prevalence data of patients with JIA.

Objectives: The objective of this study was to determine the frequency of JIA subtypes in Turkey. We also aimed to assess the frequency and characteristics of eye involvement in JIA.

Methods: This is a national, non-interventional, multicenter, observational study was conducted in a retrospective manner in four study centers which were main referral pediatric rheumatology clinics across Turkey. Data on patient demography, medical history, JIA disease characteristics, laboratory data, cases of JIA-associated uveitis, JIA treatment history and data on other comorbidities were collected from a cohort of 500 patients.

Results: Oligoarticular arthritis (n=194, 38.8%) was the most common JIA disease characteristic in this study cohort. The frequency of the subgroups was as follows: Enthesitis-Related Arthritis (ERA) in 23.2% (n=116), polyarticular in 15.6% (n=78), systemic arthritis in 12.2% (n=61), psoriatic arthritis in 5.2% (n=26), idiopathic arthritis in 2.8% (n=14) and polyarticular (RF-) in 2.2% (n=11) of patients were identified. The most frequently prescribed treatment for JIA was methotrexate (n=384, 76.8%). A total of 85 comorbidities were reported, and the most frequently reported comorbidity was Familial Mediterranean Fever (FMF) (n=63, 12.6%). The number of patients with JIA-associated uveitis diagnosis was 34 (6.8%), and the mean duration of uveitis was 3.2 (±2.3) years. The mean duration between the initial JIA diagnosis and diagnosis of uveitis was 1.8 (±1.0) years. Among 34 patients with uveitis, 45 eye involvement were identified: left eye, right eye and both eyes were affected in 5, 8 and 16 patients, respectively. Five patients (14.7%) had uveitis-related complications that required surgical intervention.

Conclusion: The main difference from the European Caucasian population is the lower frequency of oligoarticular JIA and higher frequency of ERA in Turkish JIA patients. Uveitis was also somewhat lower than expected. Geographic and ethnic factors, that may affect these differences, need further investigation.

REFERENCES

Disclosure of Interests: None declared

AB1046

PHYSICAL ACTIVITY ASSESSMENT IN CHILDREN WITH JUVENILE IDIOPATHIC ARTHRITIS COMPARED TO CONTROLS

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Background: Physical activity (PA), known to maintain optimal metabolic function and normal development could be impaired during Juvenile Idiopathic Arthritis (JIA).

Objectives: The aim of our study was to assess PA in children and adolescents with JIA compared to healthy peers using the physical activity questionnaire for children (cPAQ) and adolescents (aPAQ).

Methods: This is a cross-sectional study of measured level of PA in children and adolescents with JIA, compared to age and gender-matched healthy Tunisian schoolchildren. PA was estimated by cPAQ and aPAQ filled by the patient group and the reference group. If the child is unable or unsure to answer the questions we have helped with the parents response. The PAQ scores as “low activity”; >2 and ≤3 as “moderate activity”; and >3 as “high or vigorous activity”.

Results: A total of 55 patients (38 boys and 17 girls) with JIA and 60 healthy control schoolchildren were included. No significant difference in demographic background was found between the two groups. The mean age was 8.5 ± 4.12 years in the JIA group and 9.2 ± 3.51 years in the control group. Thirty-one patients (53%) had persistent oligoarticular JIA, 15 (27%) had polyarticular JIA, 5 patients (9%) had systemic JIA, and 4 (7%) had enthesitis-related arthritis. The median disease duration was 3.2 ± 2.8 years. The mean cPAQ was 2.101 ± 0.722 in the JIA group and 4.112 ± 0.644 in the control group (p=0.0001). Children and adolescents with JIA had a significantly lower levels of PA compared with their healthy peers as assessed by cPAQ/aPAQ (p=0.012). The time spent in vigorous activity was significantly higher compared with the reference group (p=0.055 and 0.005, respectively).

Conclusion: In our study, children and adolescents with JIA were less physically active than the healthy peers as assessed by the PAQ. More objective methods are needed to better evaluate and quantify the PA.

Disclosure of Interests: None declared

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