ASSOCIATION BETWEEN JUVENILE IDIOPATHIC ARTHRITIS AND AUTISM

R. Beesley1. 1Juvenile Arthritis Research, Tonbridge, United Kingdom

Background: Juvenile Idiopathic Arthritis (JIA) is a heterogenous group of autoimmune disorders characterised by chronic joint inflammation, diagnosed in around 1 in 1,000 children and young people (CYP) under the age of 16. Autoimmune Spectrum Condition (ASC) is a neurodevelopmental condition characterised by differences in social communication and sensory perception, as well as restricted interests and repetitive behaviours. Recent estimates from the Centers for Disease Control and Prevention (CDC) suggest that 1.68% of CYP are diagnosed with ASC, with males being more likely to be diagnosed (sex ratio of 4:1) [1]. The causes of both JIA and ASC are complex interactions between genetic and epigenetic factors. There appears to be some evidence that ASC may be associated with certain parental autoimmune conditions [2], although research into any association between JIA and ASC is sparse with the exception of a review of clinical database information [3].

Objectives: In this parent-led study, the association between JIA and ASC was explored in order to determine if children with JIA, or children who do not themselves have JIA but have at least one first-degree relative with JIA (FDR), are more likely to be diagnosed with ASC.

Methods: Thirty-one patients were enrolled in this study: the group of early sJIA (with duration shorter than 2 years, 19 patients) and the group of late sJIA (with duration longer than 2 years, 12 patients). At the baseline, information was collected on the characteristics of the onset of the disease, previous therapy and its success. At each visit at least 1 time per year clinical and laboratory characteristics of sJIA severity were assessed. Response to therapy was assessed using the ACRPed 30/50/70/90 criteria and the C.Wallace criteria for inactive disease (WID) and clinical remission.

Results: The most common reason for withdrawal of previous TOC was secondary ineffectiveness (22 cases, 71%); in 6 cases (19.4%) allergic reaction was observed; in two cases (6.5%) primary non-effectiveness appeared; and in one case (3.2%) there was marked infusion reaction.

Conclusion: Long-term canakinumab therapy proved to be effective and safe as a second biologics after tocilizumab for any duration of the disease.

Disclosure of Interests: Ekaterina Alexeeva Grant/research support from: Roche, Pfizer, Centocor, Novartis, Speakers bureau: Roche. Novartis, Pfizer., Elizaveta Krehkova: None declared, Tatyana Dvoryakovskaya: None declared, Ksenia Isaeva: None declared, Aleksandra Chomakhidze: None declared, Evgeniya Chistyakova: None declared, Olga Lomakina: None declared, Rina Disinova: None declared, Anna Mamutova: None declared, Anna Felisova: None declared, Marina Gautier: None declared, Danyle Vankova: None declared, Meyri Shingarova: None declared, Alina Alshevskaya: None declared, Andrey Moskalev: None declared, Ivan Kruilin: None declared

DOI: 10.1136/annrheumdis-2020-eular.5706

LARGE VESSEL VASCULITIS IN A COHORT OF CHILDREN WITH RESISTANT KAWASAKI DISEASE IN SINGAPORE

L. Das1, J. H. T. Tan1, T. Arkachaisri1,2, KK Women’s and Children’s Hospital, Rheumatology & Immunology, Singapore, Singapore; Duke-NUS Medical School, Singapore, Singapore

Background: Kawasaki Disease (KD) is one of the most common systemic vasculitides in children today. IVIG is the mainstay of treatment, however, about 1/5 of patients do not respond resulting in an increased risk of Coronary Artery Abnormalities (CAA).

Methods: Thirty-one patients were enrolled in this study: the group of early sJIA (with duration shorter than 2 years, 19 patients) and the group of late sJIA (with duration longer than 2 years, 12 patients). At the baseline, information was collected on the characteristics of the onset of the disease, previous therapy and its success. At each visit at least 1 time per year clinical and laboratory characteristics of sJIA severity were assessed. Response to therapy was assessed using the ACRPed 30/50/70/90 criteria and the C.Wallace criteria for inactive disease (WID) and clinical remission.

Results: The most common reason for withdrawal of previous TOC was secondary ineffectiveness (22 cases, 71%); in 6 cases (19.4%) allergic reaction was observed; in two cases (6.5%) primary non-effectiveness appeared; and in one case (3.2%) there was marked infusion reaction.

Conclusion: Long-term canakinumab therapy proved to be effective and safe as a second biologics after tocilizumab for any duration of the disease.

Disclosure of Interests: Ekaterina Alexeeva Grant/research support from: Roche, Pfizer, Centocor, Novartis, Speakers bureau: Roche. Novartis, Pfizer., Elizaveta Krehkova: None declared, Tatyana Dvoryakovskaya: None declared, Ksenia Isaeva: None declared, Aleksandra Chomakhidze: None declared, Evgeniya Chistyakova: None declared, Olga Lomakina: None declared, Rina Disinova: None declared, Anna Mamutova: None declared, Anna Felisova: None declared, Marina Gautier: None declared, Danyle Vankova: None declared, Meyri Shingarova: None declared, Alina Alshevskaya: None declared, Andrey Moskalev: None declared, Ivan Kruilin: None declared

DOI: 10.1136/annrheumdis-2020-eular.5706

Figure 1. Proportion of children diagnosed with ASC in the general population (CDC estimates), JIA group and FDR group. Error bar indicates 95% CI. Significance indicated compared to population.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.876