started in 2010. Patients from the age of 13 who were questioned about their health behavior and followed up for at least 2 years were selected. HRB were quantified and compared with those of subjects from the general population after matching for age and sex. Data from 2-year follow-up (FU) were used to analyze correlates of multiple risk behavior defined as involvement in two or more risky behaviors.

Results: A total of 209 adolescents with JIA (63% female, mean age at baseline 14.4±0.9, mean disease duration 2.6±2.0) and 138 healthy peers (55% female, mean age 14.5±1.0) were included. At baseline, 51% of patients were treated with a DMARD, 21% with a biologic (FU: 59% and 38%). The most common JIA category was rheumatoid factor negative polyarthritis (28%). While at baseline 20% of patients and 4% of controls did not engage in regular physical activity, the proportion at follow-up amounted to 16% and 10%, respectively (OR 3.69; 95%CI: 1.01-13.50). In both groups the proportion of regular smokers, alcohol consumers and drug users increased during the observation period. Significant group differences were found in terms of alcohol consumption and smoking habits, but not in relation to illicit and legal drugs (see table). Patients stated significantly more often that they had not used a condom during their last sexual intercourse (28% vs. 19% controls, $p<0.05$). Multiple risk behavior was associated with PedsQL™ total score (OR 0.96; 95%CI: 0.92-0.99) and disease duration (OR 0.75; 95%CI: 0.57-0.98).

Forms of HRB	Baseline		2-year follow-up	
	JIA N=209 (%)	CG N=138 (%)	JIA N=209 (%)	CG N=138 (%)
Inactivity/smoking/alcohol consumption				
Physical activity <1/week	20.3	3.7	16.2	9.5
Active ≤2/week	58.9	43.4	54.4	42.3
Regular smokers	2.4	0.7	7.8	2.2
Regular alcohol consumers	3.8	3.6	15.8	23.2
Drug use				
12-month prevalence	1.9	1.4	8.1	8.0
Multiple consumers	0.5	0.0	4.8	3.6
Sexual intercourse				
Lifetime prevalence	3.3	1.4	25.2	23.2
No condom use during last sexual intercourse	28.6	50.0	28.0	19.4

Conclusion: Although adolescents with JIA became more physically active during the course of the disease, they are as likely, or more likely, to take risky behaviors than their healthy peers, except for alcohol consumption. In order to achieve optimal outcomes, addressing emotional wellbeing and providing mandatory anticipatory guidance appears to be warranted in this population.

References:

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THU0513

MEDICATION BURDEN IN YOUNG ADULTS WITH JUVENILE IDIOPATHIC ARTHRITIS – RESULTS OF AN OBSERVATIONAL COHORT STUDY

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Background: Juvenile idiopathic arthritis (JIA) often persists into adulthood, and many young adults with JIA still need antirheumatic medication. Rheumatologists prescribe DMARDs and glucocorticoids, but are not always aware of other medications taken by patients concurrently. Self-reported medication use was used to obtain information on drug exposure of young adults with JIA.

Objectives: To evaluate medication use in a large cohort of young adults with JIA ever treated with DMARDs.

Methods: Patients ever treated with DMARDs and prospectively observed in the JIA biologic registry JuMBO were asked about their drug consumption at each JuMBO visit. In addition, patients reported their current health status in terms of disease activity and pain (scored on numerical rating scales 0-10), functional ability (by HAQ) and quality of life (by SF-36). The Anatomical Therapeutic Chemical Classification System for medicinal products (ATC) was used to classify self-reported medication use. Local therapies, with the exception of ophthalmological drugs, and cough and cold remedies were not included.

Results: A total of 1,306 young adults (68% female) with JIA and a mean disease duration of 13.6±6 years (ys) were included in the analysis. The majority of them were classified as polyarticular-onset JIA (35.6%), 20.5% as enthesitis-related arthritis.

At the last follow-up (FU), the patients' mean age was 23.1±4.1 ys. They had received a mean of 2.6±1.4 DMARDs, 79% were ever treated with biologics. At FU, patients used on average 1.9±1.8 drugs. About one in five patients (29%, 22.7%) reported no medication use at all, 367 (28.1%) reported only DMARD use. The most frequently reported drugs were DMARDs (64%), NSAIDs (48%), glucocorticoids (19%), followed by analgesics (10.6%), drugs for acid-related disorders (6.9%) and anti-infectives for systemic use (6.1%). Antidepressant drug use reported 3.4% and antihypertensive drug use 3.1% of the patients. Women used significantly more frequently NSAIDs, glucocorticoids, non-opioid analgesics and thyroid medication. There were 178 (14%) patients who received at least 3 other medications in addition to DMARDs. This patient group frequently reported the use of pain medication (74% NSAIDs, 23% non-opioid analgesics, 20% opioid drugs) and antidepressants (16%) and had been treated late with bDMARDs (7.4±4.9 ys after symptom onset). There were significant differences in drug usage between patients with various JIA categories (table). Moreover, the use of glucocorticoids, antihypertensives and antidepressants in adulthood (adjusted by propensity scores) increased with longer time from symptom onset to bDMARD start.

Table. Self-reported medication use in patients with different JIA categories at the last JuMBO FU

	Sys JIA pers.	OA, pers.	OA, ext.RF- pers.	PARF+ pers.	PA pers.	ERA pers.	PsA pers.	Other arthritis	P value
	N=66	N=117	N=227	N=350	N=115	N=268	N=116	N=47	
Drugs per patient, mean	2.7±2.2	1.3±1.6	2.2±2.0	1.8±1.8	2.7±2.0	1.5±1.5	1.9±1.7	1.7±1.8	<0.001
Drugs, in %									
DMARDs	68	45	74	60	87	60	62	57	<0.001
bDMARDs	59	32	64	48	73	53	53	47	<0.001
sDMARDs	27	25	34	28	46	21	29	23	<0.001
Glucocorticoids	32	10	23	19	35	10	19	17	<0.001
NSAIDs	36	36	52	48	55	44	55	55	0.008
Drugs for acid related disorders	6	3	8	7	7	6	8	15	0.314
Analgesics	12	6	11	13	14	8	10	11	0.198
Opioids	9	2	4	4	4	2	2	4	0.181
Antiinfectives	9	4	7	7	3	6	7	6	0.641
Antidepressants	6	3	5	3	1	5	3	0	0.319
Antihypertensives	11	1	3	3	5	2	3	6	0.005
Antithrombotics	5	1	1	1	4	0.4	0	0	0.027

Conclusion: Self-reported medication use adds important information when assessing the long-term outcome of JIA. About 15% of JIA patients ever exposed to DMARDs, especially those with late start of bDMARD therapy, have a high medication or disease burden in young adulthood.

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THU0514

BIOLOGICAL THERAPY IN JUVENILE PSORIATIC ARTHRITIS – 15 YEARS OF SINGLE CENTER EXPERIENCE

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