Changes in disease activity and absolute remission rates after 3 and 6 months were calculated. Remission rates and change in disease activity from baseline were compared between JIA patients and a weighted RA cohort with weights based on age and gender, using linear and logistic regression for continuous and categorical variables, respectively.

Results: 281 JIA patients (68.9% female, mean (SD) age 32.1 (11.1) years, mean (SD) diagnosis duration 23.5 (12.2) years) and 1374 RA patients (71.6% female, mean (SD) age 52.7 (14.5) years, mean (SD) diagnosis duration 9.5 (10.0) years) were included in the analyses. Age, gender distribution and disease duration differed significantly between cohorts.

Both groups had a significant improvement across all disease activity measures after 3 months (Table 1), which was maintained after 6 months across all measures except MHAQ. The RA group had a significantly greater 3- and 6-month improvement in SJC28. Both groups had an overall 6-month increase in absolute remission rates. The JIA group had a significantly higher 3-month DAS28 remission rate (Figure 1). This difference was not significant after 6 months, as remission rates from 3 to 6 months in the JIA group declined across all measures.

Table 1.

	Baseline			Change to 3 months			Change to 6 months		
	JIA*	RA*	Diff.‡	JIA*	RA*	Diff.‡	JIA*	RA*	Diff.‡
ESR, mm/h	18.7 (18.9)	25.5 (22.0)	1.3 (-2.3 to 4.9)	-7.4 (15.8)	-7.6 (16.6)	-0.3 (-4.4 to 3.8)	-7.4 (18.2)	-8.5 (16.8)	0.0 (-5.7 to 5.7)
SJC28	2.5 (3.6)	5.5 (5.4)	1.6 (1.3 to 2.0)	-1.4 (3.4)	-3.1 (4.7)	-1.0 (-1.7 to -0.3)	-1.6 (3.2)	-3.5 (5.1)	-1.0 (-1.9 to -0.1)
TJC 28	4.0 (5.6)	6.6 (6.4)	1.3 (0.4 to 2.3)	-1.8 (3.9)	-3.1 (5.9)	-0.6 (-1.4 to 0.2)	-1.8 (3.9)	-3.9 (6.2)	-1.0 (-2.0 to 0.1)
DAS28	3.6 (1.4)	4.5 (1.6)	0.3 (0.1 to 0.6)	-1.2 (1.3)	-1.2 (1.4)	-0.0 (-0.3 to 0.3)	-1.2 (1.3)	-1.5 (1.4)	-0.2 (-0.6 to 0.2)
SDAI	16.8 (10.6)	23.1 (14.3)	2.4 (0.3 to 4.5)	-7.7 (9.9)	-10.9 (12.7)	-2.0 (-4.2 to 0.2)	-7.9 (8.6)	-13.2 (13.6)	-2.8 (-5.8 to 0.2)
PGA	51.4 (26.3)	49.9 (25.5)	-4.0 (-8.5 to 0.5)	-20.6 (26.7)	-17.0 (26.7)	2.7 (-2.2 to 7.6)	-21.6 (25.3)	-19.1 (28.7)	3.4 (-3.0 to 9.8)
MHAQ	0.6 (0.5)	0.7 (0.5)	0.0 (-0.1 to 0.1)	-0.24 (0.42)	-0.22 (0.42)	0.0 (-0.1 to 0.1)	-0.23 (0.40)	-0.25 (0.45)	0.0 (-0.1 to 0.1)

*Mean (SD)‡ Weighted group difference, RA coefficient (95 % confidence interval)

Figure 1. Mean 3- and 6-month remission rates with error bars (SE)

Conclusion: TNFi was equally effective in reducing disease activity in the JIA and RA cohort after 3 and 6 months, and in inducing remission after 6 months. Absolute remission rates in the JIA group declined from 3 to 6 months across all measures, and studies with longer duration are needed to explore the long-term efficacy of TNFi in the patient groups.

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POS1306

TREATMENT STRATEGIES IN CHRONIC RECURRENT MULTIFOCAL OSTEOMYELITIS (CMRO) OR CHRONIC NON-BACTERIAL OSTEOMYELITIS (CNO): SYSTEMATIC REVIEW AND META-ANALYSIS

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Background: Glucocorticoids (GC), bisphosphonates (BP), non-steroidal anti-inflammatory drugs (NSAID) and classical synthetic or biological disease-modifying antirheumatic drugs (cs/bDMARD) have been employed in the treatment of chronic recurrent multifocal osteomyelitis (CRMO) or chronic non-bacterial osteomyelitis (CNO).^{1,2} This one is a rare bone childhood illness and none treatment guidelines have been carried out till present.³

Objectives: To assess which treatment schedule employed in CRMO had the best response rates and try to expose a treatment recommendation.

Methods: A systematic literature review was made using Medline, Embase, Cochrane library and the Web of Science databases. The search strategy focused on synonyms of CRMO. A prevalence meta-analysis was performed to evaluate each treatment response. Stata 15.1 was used to perform statistical analysis.

Results: The search identified 1883 articles, of which 43 were finally selected. Complete response rate reached with NSAIDs was acceptable [50% (CI95% 40-60)]. Lower response rates were reached by GC treatment [44% (CI95% 25-63)] or csDMARD [38% (CI95% 28-48)]. The best complete response rates were reached by bDMARD and BP treatments [69% (CI95% 56-82) and 73% (CI95% 62-84), respectively].

Conclusion: This review and meta-analysis supports, taking into account its remission rates and its risk-benefit profile, NSAIDs as potential first-line agents in CRMO treatment. bDMARD and BP have reached the higher remission rates, turning into helpful treatment alternatives. There is not any treatment guidelines driving CRMO patients, but this analysis could help to select a suitable agent for each patient. Decision-making should be individualized.

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POS1307

ULTRASOUND-DETECTED TENOSYNOVITIS IN ANKLES WITH CLINICALLY ACTIVE DISEASE OF CHILDREN WITH NEW-ONSET JUVENILE IDIOPATHIC ARTHRITIS DOES NOT AFFECT THE CHANCE TO ACHIEVE DISEASE REMISSION

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