apparent differences were seen between the non-TNFi and TNFi for the achievement of clinical inactive disease. Larger studies are needed to explore the choice of the second bDMARD in JIA.

Table 1. Demographic and clinical features of patients

Clinical features	Switch to TNFi (n=31)	Switch to non-TNFi (n=8)	Overall population (n=39)	p-value
Gender, %F (n)	87 (27)	88 (7)	87 (34)	1
Age at onset of symptoms, median (IQR)	2 (3.7)	3 (5.2)	3 (4)	0.651
Uveitis, % (n)	52 (16)	50 (4)	51 (20)	1
JIA subtype, % (n)				
Oligoarticular	58 (18)	38 (3)	54 (21)	0.432
Polyarticular RF-	19 (6)	50 (4)	25 (10)	0.167
Polyarticular RF +	3 (1)	13 (1)	5 (2)	0.372
Enthesitis-related arthritis	8 (3)	0 (0)	8 (3)	1
Psoriatic arthritis	12 (4)	0 (0)	8 (3)	1
Duration of I bDMARDs, median (IQR)	14 (35)	29.5 (16.8)	18 (31)	0.347
Follow-up time (months), median (IQR)	112 (112)	110.5 (82)	112 (103.5)	0.944

Figure 1. Prescription pattern of biologic agents (bDMARDs) in the cohort

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Disclosure of Interests: None Declared.
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POS0774 CESAREAN SECTION IN WOMEN WITH JUVENILE IDIOPATHIC ARTHRITIS – A POPULATION-BASED STUDY

Keywords: Quality of care, Pregnancy and reproduction, Registries

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Background: The literature on delivery methods in women with juvenile idiopathic arthritis (JIA) is insufficient. Active inflammation is a risk factor for cesarean section (CS) in other arthritic diseases. A CS entails a higher risk for complications than vaginal delivery and a restricted physical activity the first weeks after birth.
Objectives: To explore a possible association of inflammatory active disease and the proportion of CS in women with JIA.
Methods: Data from the Norwegian nationwide observational register RevNatus were linked with data from the Medical Birth Registry of Norway (MBRN). Cases comprised singleton births in women with JIA (n= 196) included in RevNatus 2010 to 2019. Singleton births registered in MBRN during the same period of time and excluding mothers with rheumatic inflammatory diseases (n = 575 798), served as population controls. Disease activity was assessed using Disease Activity Score with CRP (DAS28-CRP-3). We defined inactive JIA as DAS28-CRP-3 < 2.6 and active JIA as DAS28-CRP-3 ≥ 2.6.
Results: CS was more frequent in women with JIA (20.4%) than in population controls (15.6%) and occurred most frequently in inflammatory active JIA (30.0%). Women with JIA had similar risk for elective CS (risk difference 1.1%, 95% CI-1.7 to 5.4) and higher risk for emergency CS (risk difference 3.8%, 95% CI -0.4 to 9.3) compared with population controls. Active disease increased the risk for emergency CS (risk difference 14.0%, 95% CI 4.3 to 27.4).
Conclusion: Women with active JIA had higher risk for emergency CS compared with population controls.
REFERENCE:
[1] Remaeus K, Johansson K, Askling J, et al. Juvenile onset arthritis and pregnancy outcome: a population-based cohort study. *Ann Rheum Dis* 2017;76(11):1809-14. doi: 10.1136/annrheumdis-2016-210879 [published Online First: 2017/07/01]

Table 1. Characteristics of patient group and population controls, reported as n (%) unless specified as mean (SD)

Characteristic	Population controls	JIA	p-value [α]
Singleton births 2010 – 2019	575 798	196	
Maternal age (years), mean (SD)	30.6 (5.1)	29.7 (4.7)	**0.009**
≥35 years	115 077 (20.0)	25 (12.8)	
missing	0	0	
Nullipara	244 354 (42.4)	97 (49.5)	0.054
missing	0	0	
Smoking in pregnancy	34 237 (6.7)	8 (4.3)	0.24
missing	67 663	10	
BMI first trimester, mean (SD)	24.4 (4.8)	24.3 (4.5)	0.90
≥25.0	138056 (34.5)	53 (34.4)	1.0
≥30.0	49167 (12.3)	20 (13.0)	0.89
missing	176 090		
Previous CS	55 992 (9.7)	25 (12.8)	0.19
missing	0	0	
Diabetes[β]	25924 (4.5)	9 (4.6)	1.0
missing	0	0	
ART	20121 (3.5)	9 (4.6)	0.52
missing	0	0	

JIA = juvenile idiopathic arthritis, BMI = body mass index, CS = cesarean section, ART = assisted reproductive technology [α] p-value for patient group compared to population controls, [β] pregestational or gestational

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POS0775 ASSESSMENT OF SCHOOLING OUTCOMES OF CHILDREN WITH JUVENILE IDIOPATHIC ARTHRITIS

Keywords: Education, Patient reported outcomes, Inflammatory arthritides

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Background: Juvenile idiopathic arthritis (JIA) is the most common inflammatory arthropathy in childhood. It can often be disabling, have an impact on the child's integration, and affect school attendance to varying degrees.
Objectives: The objective of this study was to assess the impact of juvenile idiopathic arthritis (JIA) on children's educational outcomes.
Methods: This is a cross-sectional monocentric study including school-age children with JIA diagnosed according to the International League of Associations of Rheumatology (ILAR) classification criteria. Data were collected for all children on their school level, school difficulties, attendance, and absenteeism. Academic failure was defined by either dropping out of school or grade retention. To evaluate disease activity we used the Disease activity score (DAS-28) for oligoarticular and polyarticular forms, and the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score for axial forms. The Childhood Health Assessment Questionnaire (C-HAQ) was used to assess functional disability.
Results: Thirty-six patients were enrolled. The average age was 13.5 ± 5.9 with a female percentage of 55.6 %. The polyarticular form was the most frequent (52.8%) meanly seronegative, followed by the Oligoarticular form (13.9%), then the enthesitis-related form (12.4%). None of our patients was illiterate. Eight children (22.2%) dropped out of school because of their functional disability. Students with JIA who attended school had an absenteeism rate of 67.8%. Slightly more than half of the JIA patients (57.1%) failed at least one grade. Academic failure was associated with a high disease activity (p=0.003), the presence of joint deformities (p=0.002), a high C-HAQ score (p=0.01), and an erythrocyte sedimentation rate: ESR ≥100 mm/h (p=0.02). The absenteeism rate was associated with rural origin (p=0.004), pain level (p=0.02), high disease activity (p=0.01), hip involvement (p=0.001), and a high C-HAQ score (p=0.03).
Conclusion: Our study shows that the schooling of children with JIA was negatively influenced by this disease. Proper control of the disease activity and inflammation will guarantee better school attendance and increase academic performance.
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