Conclusion: The use of systemic corticosteroids and immunosuppressive/biologics was necessary in a high number of patients with non-infectious uveitis. In our series tocilizumab proved to be significantly more effective in the resolution of macular edema.

REFERENCE:

Figure 1. Timeline of immunosuppressive treatments and/or biologics administered in patients with non-infectious uveitis who required at least two treatments, according to diagnosis. Shaded: treatment that resolved the uveitis. RAAU: recurrent acute anterior uveitis AS: axial with non-infectious uveitis who required at least two treatments, according to diagnosis.

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HPR Epidemiology and public health (including prevention)

POS0794-HPR

SNAPS JIA - SURVEY OF ADOLESCENTS’ NEEDS AND PARENTS’ VIEWS ON SEXUAL HEALTH IN JUVENILE IDIOPATHIC ARTHRITIS

Keywords: Education, Inflammatory arthritides, Patient information and education
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Background: According to the world health organization, sexual health (SH) is “a state of physical, emotional, mental and social well-being in relation to sexuality”. Studies on the impact of juvenile idiopathic arthritis (JIA) on SH are scarce especially during the critical phase of adolescence. We can ask ourselves: are health professionals (HP) “good” interlocutors for JIA patients?

Objectives: We aimed to determine the expectations of JIA adolescents (10-19 years) and the perceptions of their parents regarding exchanges with HP in the field of SH.

Methods: A multicenter survey was performed in nine French rheumatology centers and three patient associations from September 2021 to April 2022, among JIA patients, aged 18-45 years and their parents. On the advice of two child psychologists and a psychiatrist, we interviewed an adult population to obtain convincing data about their adolescence with the necessary hindsight on the subject. Self-administered questionnaires and/or interviews were designed (for JIA patients and parents) after an extensive literature review and experts’ consensus and distributed to participants.

Results: 76 patients and 43 parents completed the anonymous questionnaires. Most patients were women (75%), with a mean age of 26 (72) years and an education level higher than high school (89%). Parents were mainly mothers (88%), with a mean age of 54 (5.6) years and an education level higher than high school (56%). Half the patients considered that JIA impacted their love life. The main causes were body complexes (46%) and low self-esteem (40%). The impact on their sex life was not clear-cut. Love life was discussed with parents for 52% and sexual life for 20% of patients. 59% of patients reported they were comfortable to discuss SH with an HP (yet, only 26% had done). Their main sources of information were referees (at school (46%), family (43%) or social networks (34%). If patients reported that SH has been discussed, it was mainly when the HP was proactive (56%), with the hospital rheumatologist (50%), from a biomedical perspective. Focusing on the opportunity of a suitable moment (64% of patients vs 53% of parents), an HP comfortable to patients, fewer parents point out their skills (46% vs 25%, p>0.0276). The only statistically significant difference concerned HP gender, with the subject (59% vs 53%), and availability of brochures (45% vs 49%) seemed to be helpful for both. The only statistically significant difference concerned HP gender, less cited by parents (7% vs 43%, p <0.0001). The use of digital resources was significantly less cited by parents (7% vs 43%, p <0.0001). The use of digital resources was significantly less cited by parents (45% vs 49%, p <0.0001).

Conclusion: To our knowledge, this is the first study to address the SH needs of adolescents with JIA. HPs should take up this real need about SH, especially in hospital settings. Indeed, there are expectations directly linked to the adolescents with JIA. HPs should take up this real need about SH, especially in hospital settings.

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Disclosure of Interests: None Declared.
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POS0795-HPR

STAGE 1 HYPERTENSION CARRIES EXCESSIVE CARDIOVASCULAR RISK IN AXIAL SPONDYLOARTHRITIS PATIENTS: A 12-YEAR LONGITUDINAL COHORT STUDY

Keywords: Self-management, Cardiovascular disease, Spondyloarthritis
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Figure 2. Timeline of immunosuppressive treatments and/or biologics administered in patients with non-infectious uveitis who required at least two treatments, according to diagnosis. Shaded: treatment that resolved the uveitis. RAAU: recurrent acute anterior uveitis AS: axial with non-infectious uveitis who required at least two treatments, according to diagnosis.