Pediatric Rheumatology

Poster presentation

Anakinra in systemic juvenile idiopathic arthritis (soJIA) non responsive to antiTNF

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Objective

To evaluate efficacy and safety of Anakinra in SoJIA non responsive to antiTNF.

Introduction

TNF-inhibitors have demonstrated a favourable benefit-to-risk profile. Intolerance, lost of efficacy or adverse events led to other options as the antagonist of the IL-1 receptor (Anakinra), in SoJIA.

206 pts were treated with TNF inhibitors; 45 patients (22%) were affected by SoJIA.

Methods

Sixteen patients affected by SoJIA (12 F, 4 M) were switched to Anakinra. Patients received Anakinra (in association with MTX) at the dose of 100 mg daily (> 50 kg) or at the dose of 1–2 mg/kg daily (< 50 kg). All patients failed previous DMARDS and TNF inhibitors. Paediatric patients were evaluated according to the ACR30 paediatric criteria. Adults were evaluated according to EULAR criteria (DAS). We also considered clinical parameters as fever, rash, adenopathy and organomegaly.

Results

Median age 16 years (9.4–47.2); median duration of the disease 14.5 years (0.5–44.3); mean duration of therapy 1 year (0.08–4.3). 11/16 patients (69%) were responders. 5/16 patients (31%) suspended for adverse events and/or inefficacy. The most important adverse event was the intensive pain on the injection site and a severe cutaneous reaction. Responders reduced or suspended prednisone and NSAIDS. Systemic symptoms like spiking fever and rash had an immediate improvement. In 3 patients Anakinra was efficacious in renal amiloidosis as well.

Conclusion

Anakinra plus MTX showed a good efficacy and safety in short and medium term treatment of long lasting refractory systemic JIA. A controlled multicenter clinical trial is needed.