



POSTER PRESENTATION

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Clinical remission off medication in greek adults with juvenile idiopathic arthritis during a 17 year follow-up period

Despoina Dimopoulou¹, Maria Trachana^{2*}, Polyxeni Pratsidou-Gertsis², Prodromos Sidiropoulos³, Athina Theodoridou¹, Foteini Lada¹, Alexandros Garyphallos¹

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Introduction

Clinical remission off medication (CR) in patients with Juvenile Idiopathic Arthritis (JIA) is the optimal aim of treat -to -target strategies. No relevant data have been published for Greek young adults so far.

Objectives

To assess the achievement of CR and identify CR's predictors in adults with JIA over a long-term disease course.

Methods

JIA patients ≥ 18 years, and a ≥ 5 years disease duration were enrolled in this longitudinal retrospective cohort study. Radiographic damage was based on total modified Sharp/van der Heijde score (TmSvdHS), articular and extra-articular damage on JADI and physical ability on HAQ-DI.

Results

98 patients (69 females) with a mean age at disease onset of 7.8 years, an interval from onset to last visit of 17.1 years and a current age of 24.9 years were studied. 37.8% achieved ≥ 1 episode of CR and 21.6% ≥ 2 . The 7 JIA subtypes differed in respect to CR attainment ($p=0.008$), the worst being patients with polyarthritis RF positive (0%) and the best those with persistent oligoarthritis (87.5%). In 51.4% of them CR lasted for ≥ 5 years. Gender, age at disease onset, ANA and anti-CCP positivity were not correlated with CR. CR duration was significantly correlated

with lower JADI-A ($p=0.008$), JADI-E ($p<0.001$), TmSvdHS ($p=0.002$) and HAQ-DI ($p=0.018$), while predictors of shorter CR state were polyarticular subtype ($p=0.004$) and longer duration of disease activity within the first 5 years ($p=0.001$).

Conclusion

Shrinking of disease activity periods in long-term JIA induced by improved treatments leads to extended CR periods and avoids structural damage and physical disability.

Disclosure of interest

None declared.

Authors' details

¹4th Dept of Internal Medicine, Aristotle University of Thessaloniki, Hippokraton Hospital, Thessaloniki, Greece. ²1st Dept of Pediatrics, Aristotle University of Thessaloniki, Pediatric Immunology and Rheumatology Referral Center, Hippokraton Hospital, Thessaloniki, Greece. ³Dept of Rheumatology, University of Heraklion, Heraklion, Greece.

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²1st Dept of Pediatrics, Aristotle University of Thessaloniki, Pediatric Immunology and Rheumatology Referral Center, Hippokraton Hospital, Thessaloniki, Greece

Full list of author information is available at the end of the article