



POSTER PRESENTATION

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

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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  $\geq 18$  years, and a  $\geq 5$  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  $\geq 1$  episode of CR and 21.6%  $\geq 2$ . 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  $\geq 5$  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.

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