

Poster presentation

Differences in therapeutic approach to juvenile dermatomyositis between Europe and Latin America

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Objective

To investigate the differences in the therapeutic approach to juvenile dermatomyositis (JDM) between pediatric rheumatology centers in Europe (EU) and Latin America (LA).

Methods

490 patients with JDM and disease duration > 2 years seen in 27 centers in EU (Italy, UK) and LA (Argentina, Brazil, Mexico) after 1980 were enrolled in a multinational, multicenter study aimed to investigate the long-term disease outcome. Median follow-up duration was 7.7 years (range 2–25.2 years). Gender ratio, onset age, and follow-up duration were comparable between EU and LA patients. At study visit, EU patients had a greater frequency of active disease, as measured with MDAA (51.1% vs. 35.2%) and DAS (64.8% vs. 54%), whereas LA patients had a greater frequency of muscle weakness, as measured with the CMAS (62.9% vs. 44.3%), and muscle damage, as measured with the MDI (41% vs. 30.1%).

Results

Table 1 shows the frequency of drugs administered to JDM patients in EU and LA centers.

Conclusion

Use of pulse iv steroids, CyA, AZA and CPM was more common in EU centers, whereas LA centers used more frequently MTX and AM. EU and LA centers administered iv Ig with equal frequency.

Table 1: Frequency of drugs administered to JDM patients in EU and LA centers

	Oral/iv steroids	Pulse iv steroids	MTX	CyA	Iv Ig	AM	AZA	Oral CPM	Pulse iv CPM
EU (N = 246)	97.6	50	50.8	35	17.1	26	13.4	5.3	8.5
LA (N = 236)	99.6	33.2	61.4	15.7	17.4	39	5.9	2.1	4.2

MTX: methotrexate; CyA: cyclosporine A; AM: antimalarials; AZA: azathioprine; CPM: cyclophosphamide

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