

Poster presentation

The use of Etanercept and Adalimumab in the management of JIA: a 5-year follow-up study

M Trachana*¹, P Pratsidou-Gertsis¹, F Kanakoudi-Tsakalidou¹, C Diafa¹, G Pardalos¹ and M Badouraki²

Address: ¹Pediatric Immunology and Rheumatology Referral Center, First Department of Pediatrics, Aristotle University, Thessaloniki, Greece and ²Department of Radiology, Ippokration General Hospital, Thessaloniki, Greece

* Corresponding author

from 15th Paediatric Rheumatology European Society (PreS) Congress
London, UK. 14–17 September 2008

Published: 15 September 2008

Pediatric Rheumatology 2008, **6**(Suppl 1):P93 doi:10.1186/1546-0096-6-S1-P93

This abstract is available from: <http://www.ped-rheum.com/content/6/S1/P93>

© 2008 Trachana et al; licensee BioMed Central Ltd.

Aim

To evaluate the 5-yr use of 2 anti-TNF preparations, Etanercept (ET) and Adalimumab (AD), in children with refractory to conventional treatment JIA.

Patients-methods

The safety and efficacy of ET and AD were assessed in 46 children aged 2–16 yrs. 32/46 received ET and 14 AD together with a DMARD (45/46), mainly methotrexate, and prednisone (22/46). All pts were assessed clinically, cardiologically, hematologically, biochemical and immunologically pre- and every 3–6 mo post-treatment. Efficacy was assessed by the application of ACRped criteria.

Results

Safety: Common respiratory tract infections were recorded in 28% of pts (10/34 under ET and 3/14 under AD). Serious infections were recorded in 4.7% (1 ET, 1 AD). No other serious adverse effects were recorded. Efficacy: ACRped 50–70. 1 st yr: 88% of the ET and 68% of the AD group. 2 nd yr: 81% of the ET and 66.7% of the AD group. 3 yr: 83% of the ET and 100% of the AD group. During the 5-yr period, 11/46 pts (28%) switched from ET to AD or vice versa. Of all patients, 32.5% discontinued anti-TNF treatment due to remission and 52.2% had a satisfactory response (ACRped 50–70), while 8.7% had a poor response either to ET or AD.

Conclusion

Most of the patients with refractory to conventional treatment JIA respond satisfactorily to the long-term administration of anti-TNFs. The first 2 years are critical to predict a good and sustained response. Although serious infections are rare, a systematic vigilance is warranted in order to avoid fatal outcomes.