

POSTER PRESENTATION

Open Access

Juvenile Arthritis Disease Activity Score (JADAS) based on CRP; validity and predictive ability in a Nordic population-based setting

EB Nordal^{1,2*}, M Zak³, L Berntson⁴, K Aalto⁵, P Lahdenne⁵, S Peltoniemi⁶, S Nielsen³, T Herlin⁷, B Straume², A Fasth⁸, M Rygg⁹

From 18th Pediatric Rheumatology European Society (PReS) Congress Bruges, Belgium. 14-18 September 2011

Background

Juvenile Arthritis Disease Activity Score (JADAS) is a recently developed composite tool for scoring disease activity in juvenile idiopathic arthritis (JIA). JADAS consists of four items; the joint count, the physician and the patient's/parent's global assessment and the erythrocyte sedimentation rate (ESR) as an inflammatory marker. Creactive protein (CRP) has been suggested as an alternative inflammatory marker [1].

Aim

The aim of the study was to validate and compare the CRP versus the ESR as an inflammatory marker and to validate in JADAS in a Nordic population-based setting.

Methods

We included newly diagnosed cases of JIA from defined geographical areas of Denmark, Finland, Sweden and Norway with disease onset in 1997 to 2000 followed longitudinally during the first eight years of the disease. The construct validity, predictive and discriminative ability, and sensitivity to change of JADAS were assessed by comparing with other measures of disease activity and outcome.

Results

At the first study visit with all JADAS items available in 389 children, the correlation between JADAS27-CRP and JADAS27-ESR was 0.99. Children with higher JADAS scores had increased risk of concomitant pain,

physical disability and use of disease modifying antirheumatic drugs (DMARD). Higher JADAS score at the first study visit also significantly predicted physical disability, damage, and DMARD during the disease course and no remission off medication at the final study visit. Median JADAS of the oligoarticular persistent category differed significantly compared to median score of all other categories (JADAS27-CRP; p=0.0002 and JADAS27-ESR; p=0.0004). Sensitivity to change was demonstrated as change in JADAS score compared to the American College of Rheumatology paediatric measures of improvement criteria, showed mostly excellent classification ability.

Conclusions

The JADAS-CRP and JADAS-ESR correlate closely, show similar test characteristics, and are demonstrated to be feasible and valid tools to assess disease activity in all categories of JIA.

Author details

¹Department of Pediatrics, University Hospital of North Norway, Tromsø, Norway. ²Department of Community Medicine, University of Tromsø, Norway. ³Pediatric Rheumatology Department, Pediatric Clinic II, Copenhagen University Hospital, Rigshospitalet, Denmark. ⁴Department of Women's and Children's Health, Uppsala University Hospital, Uppsala, Sweden. ⁵Department of Pediatrics, Children's Hospital, Helsinki University Hospital, Finland. ⁶Faculty of Medicine, University of Helsinki, Finland. ⁷Department of Pediatrics, Århus University Hospital, Denmark. ⁸Department of Pediatrics, University of Gothenburg, Sweden. ⁹Department of Laboratory Medicine, Children's and Women's Health, Norwegian University of Science and Technology and Department of Pediatrics, St.Olav's Hospital, Trondheim, Norway. On behalf of the Nordic Study Group of Pediatric Rheumatology (NoSPeR.

Published: 14 September 2011

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



^{*} Correspondence: ellen.nordal@unn.no

¹Department of Pediatrics, University Hospital of North Norway, Tromsø, Norway

Reference

 Consolaro A, Ruperto N, Bazso A, Pistorio A, Magni-Manzoni S, Filocamo G, et al: Development and validation of a composite disease activity score for juvenile idiopathic arthritis. Arthritis Rheum 2009, 61(5):658-66.

doi:10.1186/1546-0096-9-S1-P155

Cite this article as: Nordal *et al.*: Juvenile Arthritis Disease Activity Score (JADAS) based on CRP; validity and predictive ability in a Nordic population-based setting. *Pediatric Rheumatology* 2011 **9**(Suppl 1):P155.

Submit your next manuscript to BioMed Central and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at www.biomedcentral.com/submit

