



ARTICULAR AND EXTRA ARTICULAR MANIFESTATIONS IN JIA PATIENTS DURING TRANSITION

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BACKGROUND

Juvenile idiopathic arthritis (JIA) constitutes the most common rheumatic disease in childhood. Few studies have evaluated the prevalence of activity in patients with JIA when they reach adulthood and how the presence of activity influences a transition. Objectives: To evaluate the frequency of patients with JIA who reach 18 years of age with joint and extra articular activity.

MATERIALS AND METHODS

A cross-sectional, descriptive study was conducted, including patients with JIA, aged 18 years or older. The variables studied were current age, gender, subtype of the disease and presence of articular and extra articular activity at 18 years old.

RESULTS

130 patients were included, 77 (59.24%) of the female sex. Of these, 19 (14.62%) Have the systemic form, 25 (19.3%) Oligoarticular form, 19 (14.62%) RF + polyarthritis, 42 (32.3%) FR-Polyarthritis, 5 (3.85%) Psoriatic arthritis, 17 (13.15%) Enthesitis-Associated Arthritis and 3 (2.35%) Undifferentiated arthritis. Of the 130 patients, 41 (31.6%) were inactive at the age of 18. 89 (68.4%) had joint activity and 26 (20%) active uveitis at age 18. No association between subtype of the disease and increased disease activity in adulthood was observed.

CONCLUSION

Juvenile rheumatologic diseases frequently continue in adulthood requiring complex regimens of drug treatment, psychological support and complementary therapies. Our data showed that approximately 68% of patients with JIA reached adulthood with disease activity and 20% of the patients had active uveitis, which warns of the vulnerability of young adults with JIA and the importance of a Coordinated Interdisciplinary Transition Program, focusing on orientation and education, patient satisfaction, quality of life and outcomes of the disease.