



### **Parental smoking influence in disease activity in a low-income Juvenile Idiopathic Arthritis cohort**

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### **BACKGROUND**

To determine the influence of parental smoking in disease activity in a low-income juvenile idiopathic arthritis (JIA) cohort

### **MATERIALS AND METHODS**

89 JIA patients followed in Fortaleza-CE, Brazil, were cross-sectionally evaluated from May 2015 to April 2016. Parental smoking was obtained by interviewing mothers.

### **RESULTS**

Mean age was  $14.6 \pm 5.2$  years with  $10.31 \pm 3.7$  years disease duration. Polyarticular category predominated, with 39 (44%) patients, followed by 22 (24%) oligoarticular, and 16 (18%) enthesitis-related (ERA). Forty-five (61%) were receiving methotrexate isolated or combined to leflunomide, which was used by 12 (16%); 29 (32.5%) were on biologic DMARD with 15 (52%) etanercept, 8 (27%) adalimumab, 3 (10%) tocilizumab and 1 (3.4%) each on infliximab, abatacept, and canakinumab. Mean(SD) CHAQ and JADAS27 were  $0.38 \pm 0.56$  and  $4.98 \pm 6.19$ , respectively. No family declared monthly income over US\$ 900.00. Most mothers (83%) were never smokers. JADAS27, CHAQ scores and prevalence of joint deformities were similar in patients exposed to parental smoking, regardless of second hand smoking. There were more smokers in families with parents with less than 8 years literacy.

### **CONCLUSION**

This is a low-income JIA cohort with mild mean disease activity with the highest reported prevalence of never smoking mothers. Exposure to indoor secondhand smoking did not influence disease activity in this JIA cohort.