Conclusion: C1q plasma levels in our patients were normal, suggesting that MCTO-associated genetic variants do not play a role in MafB-dependent regulation of complement component C1q production in humans. Further studies are necessary to exclude a role of complement system in the progressive nephropathy of patients with MCTO.

REFERENCES
[3] Selvaag AM, Aulie HA, et al. Disease progression into adulthood: a far from negligible portion of patients with JIA requires the continuation of rheumatological care in adulthood. The analyses of the present study report a significant negativeization of ANA in adulthood: at the diagnosis 45.6% of patients had ANA positivity, while in adulthood 13.2%. The difference was statistically significant. The AB picture of both RF and ACPA remains unchanged in adulthood, therefore there was neither a significant positivization nor negativization. The concomitant positivity for RF and ACPA was found to exist, demonstrating statistical significance for both the diagnosis and the adulthood (p 0.05). A higher incidence of uveitis was not correlated either with the presence of ANA in paediatric age, nor in adulthood, but is instead associated with the diagnosis of oligoarticular JIA (p = 0.002). Analyses of the positivity for RF and ACPA (in relation to disease activity calculated as clinimetric indices such as JADAS27, SDAI and CDAI) detected the negative prognostic role of the two Ab as they correlated with higher disease activity in the population of the patients in the study (fig.2).

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JUVENILE IDIOPATHIC ARTHRITIS INTO ADULTHOOD: HOW DO WE ASSESS DISEASE ACTIVITY?

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Background: Deepening the long-term study of Juvenile Idiopathic Arthritis (JIA) in adulthood is essential to increase the pathogenetic knowledge of the disease, to optimize the therapeutic choices accordingly, as well as to promote a more active communication between paediatric care and adult care specialists.

Objectives: The present project, created as part of the “transition of care”, aims to compare clinimetric scores of wide use for adult inflammatory rheumatisms of the adult (DAS28, CDAI and SDAI) with the JADAS27 score, which has been validated and widely used in order to quantify JIA’s activities in the paediatric field. As of today, adult patients with JIA are usually evaluated with clinimetric scores developed for adult chronic rheumatic diseases (DAS28, CDAI, SDAI) and there is no consensus concerning which of these scores doctors should favour, so that the choice is quite autonomous and varies from centre to centre. It is therefore of interest to verify whether among these indices of purely rheumatological use of adults there is one that is more appropriate than JADAS27 which can be useful in monitoring adult patients with JIA.

Methods: The relevant clinical data were collected from 68 adult patients with JIA. A correlation analysis was performed between the clinimetric scores according to McNemar Test and Kappa by Cohen.

Results: The results obtained suggest that none of the clinimetric scale commonly used in the rheumatological clinical practice of adult patients can completely replace JADAS27. DAS28 is the score that goes further from an acceptable correlation with JADAS. Since both CDAI and SDAI are calculated with formulas that are similar to the one used for JADAS (algebraic sums of affected joints, subjective outcomes reported by the patient, clinical judgment of the physician), they happen to be a method of quantification of disease activity quite closer to JADAS itself. The analyses outlined a scenario in which a much larger portion of patients are classified in remission stages or in low disease activity when using CDAI and SDAI compared to JADAS27.

Conclusion: This element inspired us to consider how in paediatric age a more “demanding” attitude towards the disease led to the validation of both a score and its very stringent cut-offs which are functional to a treat to target characterized by a complete remission whose main goal is to avoid long-term sequelae. SDAI was found to be the scale of common use in the adult care that more properly approaches the clinometry validated for the paediatric population (JADAS27). Although clinical common sense should not distract from assessing disease activity in this specific patient population from a global perspective, such a study could suggest using SDAI as clinimetric score of choice in adult patients with JIA. Further checks in larger population samples are obviously necessary.

REFERENCES

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