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PReS 2024 Abstract Submission
JIA (oligo, poly, psoriatic)
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Investigation of functionality, participation, and biopsychosocial status of individuals with JIA according to disease activity

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Introduction: The relationship between disease activity status in JIA and the functionality, participation, and psychosocial status of these individuals has been emphasized. However, upon reviewing the literature, the need for evaluation of disease activity status in JIA in these aspects is reported (1, 2).
Objectives: This study aimed to investigate the functionality, participation, and biopsychosocial status of individuals with JIA according to disease activity.
Methods: Our study included fifty individuals (31 girls, 19 boys) diagnosed with JIA, of whom 35 had oligoarticular and 15 had polyarticular JIA, and who were followed up with routine controls. Demographic information of the participants was documented, and disease activity status was assessed using the Juvenile Arthritis Disease Activity Score in 71 joints (JADAS-71). Functionality was measured using the Childhood Health Assessment Questionnaire (CHAQ), participation was evaluated using the Child and Adolescent Scale of Participation (CASP), and biopsychosocial status was examined using the Juvenile Arthritis Biopsychosocial Questionnaire (JAB-Q). Disease activity was categorized based on the JADAS-71 score: $\leq$1 indicated inactive disease, while >10.5 indicated high disease activity (3). Group characteristics were compared using the Mann-Whitney U test.
Results: Demographic characteristics of inactive and high disease activity JIA patients were similar ($p>0.05$). CHAQ pain, general well-being, and total score, CASP home participation and total score, JAB-Q-child disease activity, joint, functionality, fatigue, and total scores were significantly better in favor of the inactive group; ESR value and number of affected active joints were higher in individuals with high disease activity ($p<0.05$).
Conclusion: This study showed that individuals with JIA exhibiting high disease activity were more affected in functionality, participation, and biopsychosocial status compared to those with inactive disease. The findings of this study suggest that these factors should be considered in the disease management of individuals with JIA starting from high disease activity.
Date of birth:: novembre 0

Patient Consent
Not applicable (there are no patient data)

Disclosure of Interest
None Declared

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Children diagnosed with JIA today are believed to have a better prognosis than those diagnosed previously, but scientific support is scarce. The Childhood Arthritis Southwest Sweden Inception Cohort (CLASSIC) study is a population-based observational study of newly diagnosed JIA patients which is started as an effort to create a solid ground for evidence-based knowledge about the early phases of JIA from a clinical and immunological viewpoint.
Objectives: Primary aims are to study the incidence of JIA and to describe disease manifestations, including uveitis and articular damage, given the contemporary treatment regimens. Secondary aims are to study if clinical variables or immunological biomarkers assessed at diagnosis can be used to predict treatment response and outcome.
Methods: All patients who are diagnosed with JIA in a well-defined region, during a 3-year period, will be asked to participate. The region consists of 4 counties in the southwest of Sweden, with a total population of 3.7 million inhabitants, corresponding to 35% of the Swedish population. Inclusion should preferably be within 1 month from diagnosis and before any intra-articular or systemic steroids or DMARDs are started. Patient demographics and clinical data including treatment regimens, disease activity scores and patient/parent reported outcome measures will be recorded in the Swedish Pediatric Rheumatology Quality Registry at all visits for 3 years. The data from the visits that fall closest to 3, 6, 12, 24 and 36 months will be extracted for analysis. A subset of patients will have samples from peripheral blood and synovial fluid for analysis of cytokines, cell populations using flow cytometry as well as RNA/DNA sequencing.
Results: An estimated 300 patients will be included, starting from May 2024. 1 year data will be available in 2028 and final 3 year data in 2030.
Conclusion: This new prospective, population-based cohort of approximately 300 patients with newly diagnosed JIA is being created to add important insight in the early phases of JIA.

Patient Consent
Not applicable (there are no patient data)

Disclosure of Interest
None Declared

JIA (oligo, poly, psoriatic)
P236
Evaluation of fear of falling in patients with Juvenile idiopathic arthritis
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Introduction: Juvenile idiopathic arthritis (JIA) is a chronic rheumatic disease characterized by arthritis. The fear of falling (FOF) negatively impacts the quality of life of JIA patients through restriction of patients' ability to maintain their daily and physical activity levels. Causes of FOF may include joint pain, imbalance, muscle weakness, side effects of medications, the presence of uveitis, and restrictions on physical activities. There are many studies evaluating the FOF in adults with chronic diseases (1,2), while pediatric data are limited (3,4) and no study regarding JIA. In our study, we aimed to evaluate the FOF in JIA.
Objectives: 34 patients with JIA and 15 patients with recurrent urinary tract infections (UTI) between September and December 2023 were included in the study. A questionnaire consisting of 34 questions, lasting approximately 15 minutes to assess FOF were completed by parents or children over 6 years old. The FOF assessment scale developed by İpek et al. in children with neuromuscular disease was used in the study (4).
Results: The study included 34 patients with JIA and 15 patients with recurrent UTIs as the control group. Nineteen (55.9%) of the JIA patients and six (40%) of the control group were female. The mean age was 12.5 (±1.8) years in the JIA group and 15.2 (±3.8) years in the control group ($p>0.05$). All JIA patients had lower extremity involvement during their disease process. The mean disease duration was 75.5 (±45.9) months. There were no differences in any domain of FOF between JIA and UTI patients. Only 2 (5.9%) JIA patients indicated an increase in falls after diagnosis.
Conclusion: This study is important because it is the first study evaluating the FOF in patients with JIA, and established a significant FOF. This study is the initial step of the development of a specific questionnaire to assess the FOF in JIA patients. With these evaluations, it can be aimed to improve the quality of life of JIA patients by providing appropriate psychological support.
Date of birth:: octobre 22

Patient Consent
Yes, I received consent

Disclosure of Interest
None Declared

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JIA (oligo, poly, psoriatic)
P237
The pain and behavioral traits of early Juvenile arthritis induced by collagen ii in rat models
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Introduction: Chronic rheumatic diseases, including juvenile idiopathic arthritis (JIA), can be associated with anxiety-depression-like behavior and cognitive decline. Collagen II-induced arthritis is the most commonly used rat model of rheumatoid arthritis. However, the characteristics of the collagen II-induced early juvenile arthritis model, which occurs in rats younger than five weeks before puberty, have not been clearly defined yet.
Objectives: The aim is to evaluate the relationship between JIA and pain, depressive behaviors, and cognitive changes by examining the characteristics of an early juvenile arthritis rat model.
Methods: Juvenile male Wistar albino rats were divided into three groups: control, arthritis, and sham. Arthritis was induced with collagen II emulsified in Freund's adjuvant in the arthritis group. Arthritis severity and pain were analyzed weekly. After six weeks, depression-like behavior and cognitive functions were evaluated.
Results: Initial joint diameters were similar across groups ($p>0.05$). Over weekly follow-ups, the arthritis group showed significantly increased joint diameters compared to others ($p<0.05$). The mechanical withdrawal threshold was consistently lower in the arthritis group for six weeks ($p<0.05$). The passive avoidance test had no significant difference ($p>0.05$). The arthritis group exhibited longer