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Eight years of experience with biological treatment in juvenile idiopathic arthritis

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Introduction

The introduction of biological agents has provided a new therapeutic approach to the treatment of juvenile idiopathic arthritis (JIA).

Aim

To analyze the data from a eight year follow-up of JIA patients treated with biological agents.

Methods

Patients with JIA who started a biological treatment were enrolled in a prospective observational study. Clinical and laboratory data were recorded at baseline and every 3 months.

Results

24 patients, 54% female, mean age at disease onset 7 ± 4 years, mean disease duration 11±8 years. 25% had systemic arthritis, 25% rheumatoid factor (RF) positive polyarthritis, 17% RF negative polyarthritis, 12% enthesitis-related arthritis, and the remaining 21% were equally distributed across the other groups. All patients had been previously treated with at least one DMARD. The indication for biological treatment was DMARD failure in 86% of the cases and MTX toxicity in the remaining 14%.

Biological treatment was started at a mean age of 15 ± 7 years and maintained for a mean of three years (2 months- 7 years). 20 patients received etanercept, 3 infliximab and 1 anakinra as first-line biological. All patients experienced a significant reduction in all disease activity parameters at 3 months with maximum improvement at six months (reduction in active joint count of 92%, joints with limited range of motion 81%, VAS 35%, ESR of 61%, CRP 88% ($p<0.05$)). This response was sustained up to 7 years of treatment in 75% of the patients. The remaining 25% switched to a second biological due to loss of efficacy.

Conclusion

Biological treatment was an effective and safe therapeutic option in this cohort of patients with severe JIA refractory or intolerant to classic DMARDs.

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