Behandlingsplaner

Early biologics only for JIA patients with predominantly AXIAL involvement or intolerance for MTX[1]	2019
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For patients with ERA, PsA, and undifferentiated categories with moderate to high disease activity and radiographic sacroiliitis, elevated CRP and/or inflammation on MRI despite NDAIDs[1].
Also for active JIA, all categories, if MTX is contraindicated

Visit 1

Begin TNF inhibitor[2]

Optional Intraarticular steroid injections (IAC)

At 3 months - Visit 2

If much improved: (approximately ΔJADAS10>50% or ΔMD> 50%) Continue same therapy	**OR**	**If not much improved:** If mainly peripheral arthritis consider MTX or sulfasalazine Consider IAC Also, consider to increase dose (if possible) or change anti-TNF[2] if no response

At 6 months - Visit 3

If much improved: (approximately ΔJADAS10>50% or ΔMD> 50%) Same therapy	**OR**	**If not much improved:** Change to another anti-TNF[2] If mainly peripheral arthritis consider MTX or sulfasalazine Optional IAC

Optional 9 months: if target not reached, consider to increase therapy

At 12 months - Visit 4

If inactive/remission: (JADAS10<1 or MD < 0.5) Continue same therapy	**OR**	**If not much improved:** Change to another biologic mechanism[3] Optional IAC

JADAS= Juvenile Arthritis Disease Activity Scale. MD= Physicians global assessment of disease activity.

Footnote 1: moderate/high disease activity (se ref 2) and if axial, despite the use of 2 NSAIDs for 2 weeks each (see ref 5)
Footnote 2 Adalimumab, etanercept (if no uveitis or IBD), golimumab, or infliximab (in line with the Norwegian LIS TNF BIO recommendations)
Footnote 3: If tried 2 anti TNFs, change mechanism to sekukinumab if axial, tocilizumab or abatacept if not axial

The treatment plan based on the Childhood Arthritis and Rheumatology Research Alliance (CARRA) Consensus treatment plans, expert reviews, the American College of Rheumatology (ACR) treatment plans and the Eular recommendations for axial spondylarthritis.

Referanser

1. Childhood Arthritis and Rheumatology Research Alliance consensus treatment plans for new-onset polyarticular juvenile idiopathic arthritis. Ringold S, Weiss PF, Colbert RA, DeWitt EM, Lee T, Onel K, Prahalad S, Schneider R, Shenoi S, Vehe RK, Kimura Y; Juvenile Idiopathic Arthritis Research Committee of the Childhood Arthritis and Rheumatology Research Alliance. Arthritis Care Res (Hoboken). 2014 Jul;66(7):1063-72

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4. Consolaro Consolaro A, Ruperto N, Bazso A, Pistorio A, Magni-Manzoni S, Filocamo G, et al. Development and validation of a composite disease activity score for juvenile idiopathic arthritis. Arthritis Rheum 2009 May 15;61(5):658-66.

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