1. Title

Long-term outcomes of Juvenile idiopathic arthritis (JIA) – the burden of the comorbidities

2. Research team

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3. Abstract

Juvenile idiopathic arthritis (JIA) is a heterogeneous group of diseases that comprises all forms of arthritis of unknown cause that begin before the age of 16 years and persist for more than 6 weeks.

Regardless of JIA category, all patients suffer considerable morbidity due to articular and/or extra-articular manifestations, including ocular, non-articular musculoskeletal, endocrine, cutaneous sequelae, and secondary amyloidosis. This can lead to serious impairment of their physical function and health-related quality of life (HRQoL). Although biologic therapy can substantially improve disease outcomes, more than 50% of patients will continue to have active disease in adulthood.

Comorbidities are distinct additional diseases that exist prior to or during the clinical course, and in JIA they include atopic disease, diabetes, and inflammatory bowel disease, among others. Additionally, JIA patients may also be at risk for comorbidities observed in adult-onset rheumatic diseases such as cardiovascular diseases, malignancy, osteoporosis, and infections. According to previous studies comorbidity rates seem to vary among the various JIA categories as systemic JIA patients show a higher rate of cardiovascular disease and osteoporosis.

Since little is known about the long-term comorbidity spectrum of JIA, the aim of this study is to investigate the prevalence of comorbidities in adult JIA patients and its possible association with specific demographic and clinical characteristics.