

Treatment and Guidelines of Juvenile Idiopathic Arthritis

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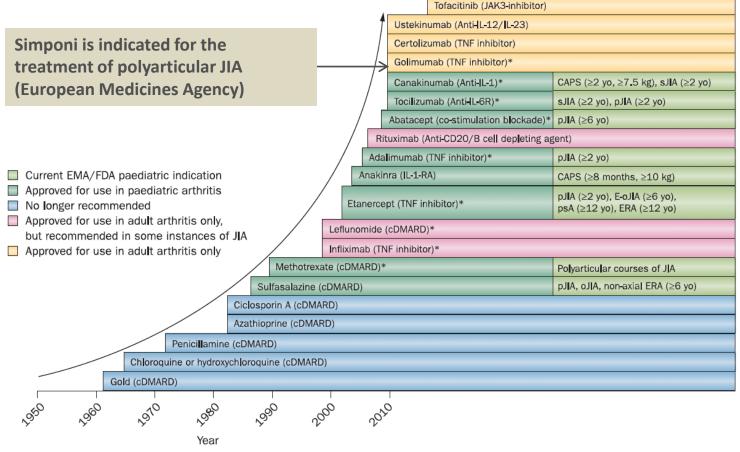
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Treatment Options in JIA

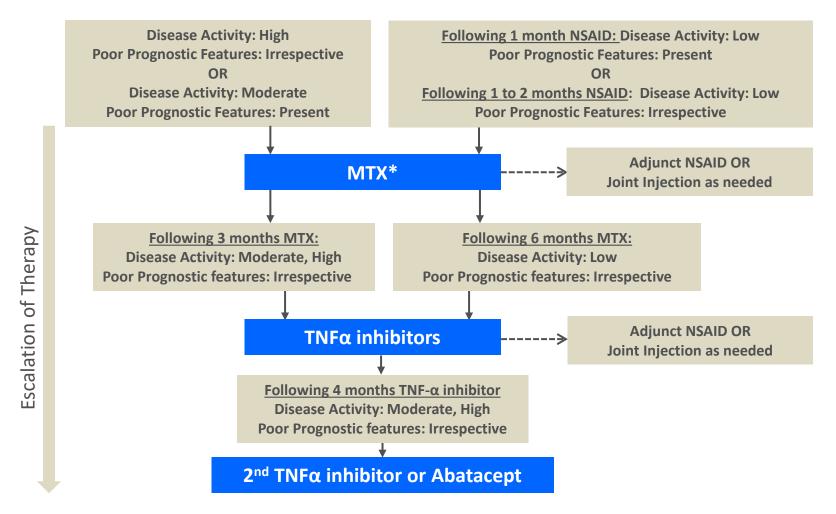


^{*}Therapies tested in high-quality paediatric studies; CAPS: cryopyrin-associated autoinflammatory syndromes; cDMARD: conventional disease-modifying drug; EMA, European Medicines Agency; E-oJIA, extended oligoatricular juvenile idiopathic arthritis; ERA: enthesitis-related arthritis; IL-1-RA, IL-1 receptor antagonist; JIA: juvenile idiopathic arthritis; oJIA: oligoarticular juvenile idiopathic arthritis; psA: psoriatic arthritis; sJIA: systemic juvenile idiopathic arthritis; TNFi: tumour necrosis factor inhibitor; yo: years old

Hinze et al. Nat Rev Rheumatol 2015;11:290-300.

ACR Recommendations for the Treatment of JIA

Treatment recommendations for patients with a history of arthritis of ≥5 joints



^{*}Leflunomide may be an appropriate treatment alternative; NSAID: non-steroidal anti-inflammatory drugs; MTX: methotrexate; TNF: tumor necrosis factor

CARRA Recommendations for the Treatment of New-Onset Polyarticular JIA

STEP UP consensus treatment plan (CTP)

Begin DMARD treatment (methotrexate, sulfasalazine or leflunomide)
Optional: prednisone (PDN) and intra-articular steroid injections (IAS)

Option: Unscheduled assessment visit if no response or is worsened at 1-2 months to proceed to increased therapy

Visit 2 (3 months) (should be off PDN): Assess Patient

Pt much better ((off PDN) AND MD global ≤2): Continue DMARD -OR-

Pt not much better (MD global >2, and/or on PDN): Consider increase (if not maximum)/change DMARD (IAS optional). Consider begin biologic*

Visit 3 (6 months): Assess Patient

Pt much better: Continue Visit 2 treatment -OR-

Pt not much better: Consider increase (if not maximum)/change DMARD (IAS optional). Strongly consider begin or change biologic

Option: Unscheduled assessment visit at 9 months if biologic added at visit 3

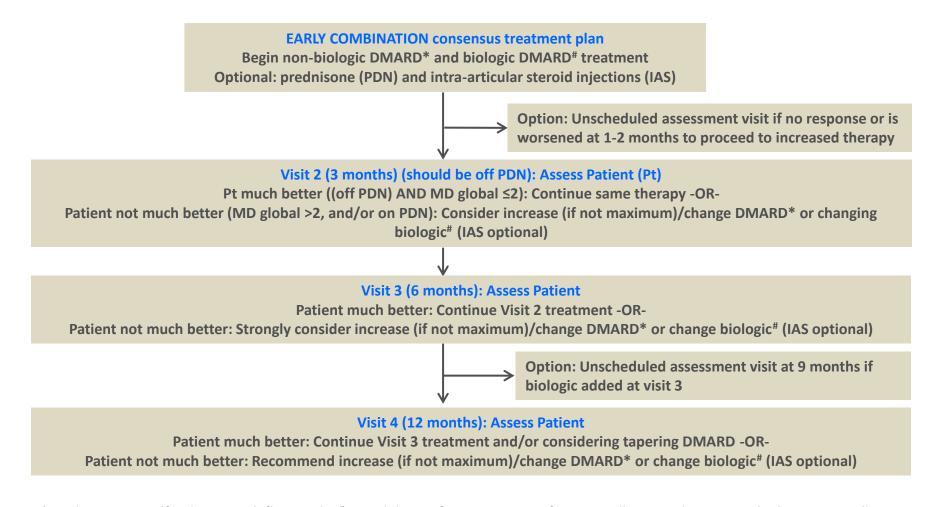
Visit 4 (12 months): Assess Patient

Pt much better: Continue Visit 3 treatment: considering tapering DMARD -OR-

Patient not much better: Consider increase (if not maximum)/change DMARD (IAS optional). Recommend begin/change biologic

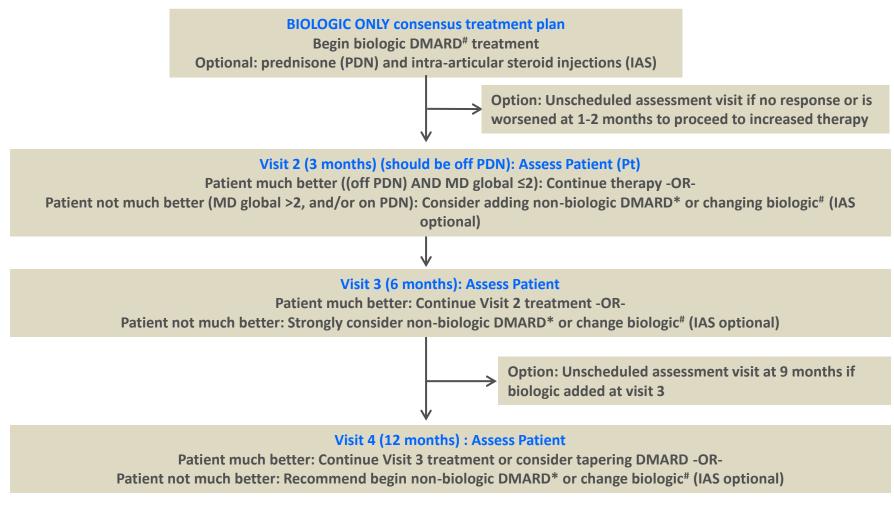
^{*}Any inhibitor of tumor necrosis factor, T cell costimulation, interleukin-6, or B cell; DMARD: Disease modified anti-rheumatic drug; MD: physician; CARRA: Childhood Arthritis and Rheumatology Research Alliance

CARRA Recommendations for the Treatment of New-Onset Polyarticular JIA (Cont'd)



^{*}Methotrexate, sulfasalazine, or leflunomide; #any inhibitor of tumor necrosis factor, T cell costimulation, interleukin-6, or B cell DMARD: Disease modified anti-rheumatic drug; MD: physician.

CARRA Recommendations for the Treatment of New-Onset Polyarticular JIA (Cont'd)



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