

EULAR
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INFLAMMATION OF THE EYE AFTER DRUG WITHDRAWAL IN CHILDREN WITH ARTHRITIS

First prospective study to analyse the risk of uveitis after antirheumatic withdrawal

Uveitis is an inflammation of the eye and is a common extra-articular manifestation associated with juvenile idiopathic arthritis (JIA). It can cause vision-threatening complications, and if left uncontrolled may even lead to blindness. The majority of children develop uveitis within the first 2 years after arthritis symptom onset, but it can continue into adulthood. This is the first prospective study to analyse uveitis risk after drug withdrawal, and found that uveitis relapses are common. Rheumatologists and ophthalmologists should be aware and should plan for uveitis screening after drug withdrawal.

Uveitis occurs in up to 20% of children with JIA, although this varies depending on the specific type of JIA that each child has. Jens Klotsche and colleagues shared new data at the 2021 EULAR congress analysing the risk of uveitis events after discontinuing disease-modifying antirheumatic drugs (DMARD) in children with one of two JIA categories: extended oligoarthritis and rheumatoid factor (RF)-negative polyarthritis.

The data for the analysis came from two ongoing biologic registers: the German Biologics in Pediatric Rheumatology (BiKeR) registry, and the Juvenile arthritis Methotrexate/Biologics long-term Observation (JuMBO) study. Adverse events and reports about uveitis events during treatment and after discontinuation of DMARDs were collected. A total of 2,041 children with RF-negative polyarthritis or extended oligoarthritis were included. About half of the patients were enrolled in BiKeR when they started taking etanercept (n=1,137; 55.7%), followed by 635 (31.1%) patients starting methotrexate monotherapy, or adalimumab (n=198, 9.7%). A history of uveitis was reported for 11.7% of children at enrolment in BiKeR.

Children with uveitis had a lower age at JIA onset in comparison to patients without uveitis. A total of 142 recurrent uveitis events were reported in 93 children, and for 27 children this was an incident uveitis reported during follow-up, with 19 uveitis flares reported for patients after the age of 18.

Uveitis events were reported significantly more often in the first 24 months after methotrexate discontinuation, and in the first 3 months after biological DMARD discontinuation (adalimumab and etanercept). Children with a methotrexate dose of 10 mg/m² or less at last intake had a higher likelihood for uveitis events. Overall, the longer the time since DMARD discontinuation the fewer uveitis events occurred.

This is the first prospective study to look at the risk of uveitis after DMARD withdrawal. The findings show uveitis relapses are common. Patients who stop DMARD therapy are at high risk for uveitis within the first 3–24 months after discontinuation. Rheumatologists and ophthalmologists should be aware about this risk, which should lead to regular uveitis screening after DMARD withdrawal.

Source

Klotsche J, et al. Risk for uveitis events after withdrawal of disease modifying antirheumatic drugs in the treatment of patients with extended oligoarthritis or rheumatoid factor negative polyarthritis. Presented at EULAR 2021; abstract OP0165.

About EULAR

EULAR is the European umbrella organisation representing scientific societies, health professional associations and organisations for people with rheumatic and musculoskeletal diseases (RMDs). EULAR aims to reduce the burden of RMDs on individuals and society and to improve the treatment, prevention and rehabilitation of RMDs. To this end, EULAR fosters excellence in education and research in the field of rheumatology. It promotes the translation of research advances into daily care and fights for the recognition of the needs of people with RMDs by the EU institutions through advocacy action.

About the EULAR European Congress of Rheumatology

Since its introduction in 2000, the annual EULAR European Congress of Rheumatology has become the primary platform for exchange of scientific and clinical information in Europe. It is also a renowned forum for interaction between medical doctors, scientists, people with arthritis/rheumatism, health professionals and representatives of the pharmaceutical industry worldwide. The EULAR congress is usually held in June in one of the major cities in Europe ([see previous congresses](#)).

The [scientific programme](#) at the congress covers a wide range of topics on clinical innovations, clinical, translational and basic science. Meetings set up by associations of people with arthritis/rheumatism, health professionals and the health care industry complement the programme. The poster sessions, offering lively interaction between presenters and participants, are regarded by many as the heart of the congress.

Over the years, the EULAR Congress has gained a reputation of being a most innovative platform for the practicing physician particularly with respect to the acquisition of information on novel clinical research. The congress attracts more than 18,000 delegates from more than 130 countries.

The aim of the EULAR European Congress of Rheumatology is to provide a forum of the highest standard for scientific, both clinical and basic, educational, and social exchange between professionals involved in rheumatology, liaising with patient organisations, in order to achieve progress in the clinical care of people with rheumatic diseases.

Contact

EULAR Press, press@eular.org, Tel. +41 44 716 30 36

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