Juvenile idiopathic arthritis: Synovial predictors of outcome


Published in:
Rheumatology

Publication Status:
Published (in print/issue): 01/01/2008

DOI:
10.1093/rheumatology/kem512

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83. REDUCING GP ATTENDANCE IN PATIENTS WITH FIBROMYALGIA
Laura Pascoli1, Sarah Blelock1, Catherine Mc Allister2, Susan Clarke1, OF OUTCOME
OF JUVENILE IDIOPATHIC ARTHRITIS: SYNOVIAL PREDICTORS
Laura Pascoli1, Sarah Blelock1, Catherine Mc Allister2, Susan Clarke1, OF OUTCOME
myalgia can reduce the utilisation of both primary and secondary care services.

Methods: The 60 patients were attending 23 GP practices within North Staffordshire. The GP practices were contacted and granted access for a clinical auditor to review patients’ records to determine the number of attendances for fibromyalgia related symptoms. For each GP visit the main reason for attendance was noted and grouped into one of the following categories: musculoskeletal pain, mood and somatisation involving other organ systems including chest pain.

Results: The sample consisted of 57 women and 3 men, mean age of 41 years (range 29–71). Forty two patients were married and 22 were in employment. 49/60 (82%) patients’ GP records was reviewed. 11/60 patients’ records were not included due to having left the practice (4) or having no retrievable information from the records for the dates required (7).

Over the 2 year period of data collection, 49 patients had a total of 295 consultations with a GP. One hundred and ninety six (66%) consultations were in the 12 months prior to the date of the nurse led pain clinic and 99 (33%) occurred in the months after the clinic attendance. 38/49 (78%) patients reduced their visits to their GP for the 12 months following pain clinic attendance. 8 patients (6%) increased their visits and 3 (6%) patients’ consultation habits remained unchanged.

The main areas where a reduction in consultation had occurred were pain, mood and somatisation. The impact of the pain clinic upon musculoskeletal pain was less marked with a reduction of just 22%.

Conclusions: A well designed community based service for patients with fibromyalgia can reduce the utilisation of both primary and secondary care services.

Disclosure: The authors have declared no conflicts of interest.

84. JUVENILE IDIOPATHIC ARTHRITIS: SYNOVIAL PREDICTORS OF OUTCOME
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Background: Patients with fibromyalgia are frequent users of health care provision in both primary and secondary health care settings. In 2004 a retrospective audit of 60 consecutive patients with fibromyalgia, identified a reduction in the utilisation of hospital based services following attendance at a consultant nurse led pain clinic. We wondered if this reduction in secondary health provision had led to an increase in primary care attendance. The aim of this audit was to identify whether the number of general practitioner appointments for symptoms relating to fibromyalgia, in this same cohort, had changed in the 12 month period before and after attendance at the nurse consultant led pain clinic.

Methods: The 60 patients were attending 23 GP practices within North Staffordshire. The GP practices were contacted and granted access for a clinical auditor to review patients’ records to determine the number of attendances for fibromyalgia related symptoms. For each GP visit the main reason for attendance was noted and grouped into one of the following categories: musculoskeletal pain, mood and somatisation involving other organ systems including chest pain.

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Disclosure: The authors have declared no conflicts of interest.

12. SYNOVIAL FLUID T CELLS ARE RESISTANT TO rAd BASED SUPPRESSION OF PROLIFERATION
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Background: Juvenile Idiopathic Arthritis (JIA) is the most common rheumatic disease in children. There are various subtypes of JIA, with major differences in both severity and outcome. Both T cells and Dendritic Cells (DC) are key cell types contributing to the pathology of JIA. We have found CD4+CD25+ regulatory T cells (Treg) in the synovial fluid (SF) of children with JIA, and DC in a semi-mature state in SF. Using a method previously developed in our laboratory to generate tolerogenic dendritic cells from healthy PBMNC, we have adapted it to generate tolerogenic dendritic cells from synovial cells of children with arthritis and we have investigated the ability of T cells from the joint to be suppressed.

Methods: Human monocyte derived DC grown from SF from children with JIA, were either unstimulated (no DC), or had been cultured with replication deficient adenoviral (rAd) constructs (E1-E3-deleted) and then matured. CFSE- labelled T cells were cultured with either autologous DC (adenoviral infected or control) and stimulated with PHA, or were seeded with allogenic DC. T cell proliferation was measured by CFSE dilution using flow cytometry.

Results: We found significant suppression of T cell proliferation when using control DC or rAd treated DC. T cells from children with oligoarticular disease had significantly lower suppression compared to the polyarticular group.

Conclusions: The results suggest that there is a deficiency in the ability of T cells from children with JIA to be suppressed. This may contribute to the persistence of synovitis in children with oligoarticular disease and warrants further investigation.

Disclosure: The authors have declared no conflicts of interest.