

Behandlingsplaner

Early step-up plan for polyarticular onset/course JIA without poor prognostic factor	2019
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Visit 1

Begin methotrexate (MTX) 10 mg/m2 and Joint Injections

Optional: 1) intraarticular steroid injections (IAC) or 2) prednisolone (PDN) max 0.2 mg/kg for 7 weeks



At 3 months - Visit 2

If much improved:
(approx Δ JADAS10 >50%)
Continue same therapy

OR

If not much improved:
Begin TNF inhibitor²
Consider IAC or
Consider PDN 7 weeks max 0.2 mg/kg



Optional visit at 6 weeks: if no response,
increase MTX dose/sc to 15 mg/m2. 1)
Consider IAC 2) Consider PDN 0.2 mg/kg

At 6 months - Visit 3

If much improved:
(approx. Δ JADAS10>50%) and off PDN
Continue same or increase MTX

OR

If not much improved:
Increase MTX (if not max 15 mg/m2 sc)
Optional IAC
Also consider to increase dose (if possible)
or change TNF inhibitor²



Optional: 9 months: if target not reached,
consider change anti-TNF, increase therapy

At 12 months - Visit 4

If inactive/remission:
JADAS10 <1 and off PDN
Consider lower dose MTX if side effects

OR

If not much improved:
Change to another biologic mechanism³
Increase MTX max 15 mg/m2 if possible
Optional IAC

Footnote 1: Moderate/high disease activity defined as > 1 active joint, elevated ESR or CRP, or MD or Pts global > 3 (see ref 2)

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 tocilizumab or abatacept

Referanser

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6. 2016 update of the ASAS-EULAR management recommendations for axial spondyloarthritis. Van der Heijde D, Ramiro S, Landewé R, Baraliakos X, Van den Bosch F, Sepriano A, Regel A, Ciurea A, Dagfinrud H, Dougados M, van Gaalen F, Géher P, van der Horst-Bruinsma I, Inman RD, Jongkees M, Kiltz U, Kvien TK, Machado PM, Marzo-Ortega H, Molto A, Navarro-Compàn V, Ozgocmen S, Pimentel-Santos FM, Reveille J, Rudwaleit M, Sieper J, Sampaio-Barros P, Wiek D, Braun J. *Ann Rheum Dis*. 2017 Jun;76(6):978-991