

Oral presentation

## 7.4 Improvements in individual disease components are sustained with long-term adalimumab therapy for polyarticular Juvenile Idiopathic Arthritis

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To control symptoms and prevent increasing disability in children with active polyarticular Juvenile Idiopathic Arthritis (JIA), long-term, effective treatment that controls all aspects of the disease is necessary. Individual ACR Pedi response criteria were analyzed for the 128 patients who entered the open-label extension (OLE) of the Phase III study of adalimumab in the treatment of polyarticular JIA. Measurements of disease activity were performed at each visit, including active joint count (AJC), number of joints with limitation of passive motion (LOM), parent's or patient's assessment of patient's pain (PaP), disability index of the Children's Health Assessment Questionnaire (CHAQ DI), and physician's global assessment of disease activity (PhDA). Observed data were examined for those patients who had been treated with adalimumab throughout the study and reached more than 1 year in the OLE (Week 56; 75% of entering patients had data available). Patients entering the study had active polyarticular JIA,

with clinically significant joint involvement, limitation of motion, pain, and disability in performing daily living activities. Long-term treatment with adalimumab provided marked improvements in disease activity (Table 1). The established safety profile for adalimumab remained consistent.

Long-term treatment with adalimumab substantially improves multiple aspects of polyarticular JIA.

**Table 1: Improvements in JIA with adalimumab therapy**

	AJC*	LOM**	PaP†	CHAQ DI‡	PhDA†
<b>Baseline</b>	17	14	49	1.05	57
<b>Improvement at Week 56 of OLE</b>	90%	70%	74%	83%	84%

\*75 joints assessed, \*\*69 joints assessed

†100-mm visual analog scale: greater scores = more active disease/more pain; ‡0 (best) to 3 (worst)