consistent with low disease activity. When asked about symptoms/signs that had not previously experienced during their disease course patients and parents often regarded as these signifying high disease activity. Of the three HRQOL questionnaires assessed, both patients and parents favoured the Peds QL Rheumatology Module, as they felt it provided the clearest picture of both wellbeing and functioning. Almost all patients and parents thought it was important to have a specific questionnaire focusing on fatigue. Most families felt that reducing corticosteroids would be a good treatment target. Almost all families liked the idea of a T2T approach to treatment, commenting that it would structure their treatment and enable more frequent clinic visits where needed. However, some were concerned about the impact of increased visits on schooling and parental work and suggested holding monthly visits until medication is stable, and then visits could become less frequent.

Conclusion: This study has provided insights on patient and parental perspectives on treatment targets, outcomes measures and indicated that the concept of T2T is acceptable to families in principle. These findings will be shared with JSLE experts, including patients and families during future international consensus meetings on further defining a treatment target and treatment strategy which is acceptable to both patients, families and clinical teams.

Disclosure of Interest
None declared

O025

A national multicentre study on severe paediatric recurrent idiopathic pericarditis treated with IL-1 blockers: appropriateness of the standard of care and pros and cons of anti-IL-1 treatments

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Introduction: Recurrent pericarditis (RP) is a rare cause of morbidity in children. Non-steroidal anti-inflammatory drugs (NSAIDs), glucocorticoids and colchicine are the standard of care in adults. Recently, anakinra has been proven to be effective in patients with steroid-dependence and colchicine resistance.

Objectives: To analyse, in a cohort of paediatric patients with RP undergoing to anti-IL-1 treatment for resistance to standard treatments, the appropriateness of the first line treatments, the long-term efficacy of different IL1-blockers and the percentage of patients achieving a drug-free remission.

Methods: Paediatric patients with RP pericarditis followed by Italian centers of paediatric rheumatology or cardiology and treated with IL1 inhibitors were included in the study. The efficacy of treatment with IL1-blockers was evaluated trough an annualized relapse. A bivariate logistic regression analysis wad used to identify variables associated to an increased probability to withdraw the biological treatment without relapses.

Results: 58 patients were enrolled in the study. Overall, NSAIDS, colchicine and steroids were used in 56, 49 and 48 patients, respectively. 8/18 and 6/38 patients without a complete response to treatment with NSAIDs and colchicine, respectively, were not receiving an adequate dosage according to ESC guidelines. 4/48 patients treated with glucocorticoids were receiving the proper dosage of < 0,5 mg/kg/day of prednisone or equivalent. Steroidal-dependence was observed in 45 patients.

Anakinra and canakinumab were used in 57 and 6 patients respectively. In 57 patients treated with anakinra the annualized relapse rate (ARR) before treatment was of 3.05 and 0.28 (p <0.0001) during daily treatment; however, an increase in the number of relapses was then observed after the reduction or discontinuation of treatment (ARR=0.83, p<.0001). In the 6 patients treated with canakinumab he ARR was 2.3 and 1.46, before and during treatment, respectively.

At last follow-up, only 9 patients had withdrawn all treatment. None of the variables analysed were associated with a statistically significance between the group of these patients and those 49 in which the withdrawal was not possible, due to recurrence of the disease.

Conclusion: This study confirm the effectiveness of IL-1 blockade in paediatric patients with recurrent pericarditis; however, most of the patients require prolonged treatment to maintain relapse-free remission. In our cohort of patients the rate of response was higher for anakinra then for canakinumab.

Disclosure of Interest
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O026

Evaluation of flare rate and tapering strategies in juvenile idiopathic arthritis

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Introduction: Biological treatment (BT) has changed the perspectives of Juvenile Idiopathic Arthritis (JIA) patients, but it remains unclear the time point when and how to taper or to withdraw treatment, neither the effect of treatment withdrawal after remission is achieved.