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Predictors of response to methotrexate in juvenile idiopathic arthritis

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Juvenile idiopathic arthritis (JIA) is the most common chronic rheumatic illness in children and it is responsible for short and long-term disability. In the recent years an increased number of disease-modifying anti-rheumatic drugs (DMARDs) have been developed for treatment of juvenile idiopathic arthritis, but methotrexate still the most common second line therapeutic agent used in treatment of JIA worldwide, either as mono-therapy or in combination with biologic agents. However, there is variation in the clinical response to methotrexate among the patients. The main goal of juvenile idiopathic arthritis treatment is the achievement of wellbeing with minimal risk of side effects. Prediction of response can prevent further exposing of patients to side effects of methotrexate and also saving the time by progressing to the treatment with an alternative therapy (e.g. biological drugs) as soon as possible to prevent irreversible complications. Identification of predictors of response might also be helpful to develop recommendations for methotrexate use, especially starting of methotrexate as well as further continuation or early discontinuation and starting use of an alternative therapy. The aim of this study is to determine whether demographic, clinical, articular and laboratory variables at baseline predict methotrexate response in patients with juvenile idiopathic arthritis.

Biography

Mohamed Albarouni is working as a Pediatrician since 2007. He has completed his MBBCh from Tripoli University in Libya. He earned his MD degree from University of Bonn in Germany. From 2010-2014, he worked in the Centre of Pediatric Rheumatology in Asklepios Clinic Sankt Augustin, Germany. In 2014, he has won the Poster Award of the German Society for Pediatric Rheumatology. Since 2015, he has been working in the Department of Pediatrics in St. Elisabeth Hospital in Wittlich, Germany.

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