Effective Health Care

Juvenile Idiopathic Arthritis (JIA) Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Juvenile idiopathic arthritis (JIA) will go forward for refinement as a comparative effectiveness or effectiveness review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.

- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/.

Topic Description

Nominator: Scientific working group

Nomination Summary: The nominator questions the comparative effectiveness of disease-modifying antirheumatic drugs (DMARDs) and other medical treatments for the treatment of juvenile idiopathic arthritis.

Population(s): Children and sub-groups of children diagnosed with juvenile idiopathic arthritis
Intervention(s): Corticosteroids; Synthetic disease-modifying anti-rheumatic drugs (DMARDs) (i.e., methotrexate, leflunomide, sulfasalazine, azathioprine, cyclosporine, hydroxychloroquine, minocycline, intramuscular gold); biologic DMARDs (i.e., etanercept, infliximab, adalimumab, anakinra)
Excluded drugs (rarely or very infrequently used): penicillamine (toxicity), oral gold (marginal efficacy), chloroquine and hydroxychloroquine (antimalarial drugs because these are less effective)
Comparator(s): Comparisons of different DMARDs (including DMARDs used concurrently with NSAIDs (these are rarely used alone and have no disease-modifying properties))
Outcome(s): Potential harms and benefits of various treatments

Key Questions from Nominator:

1. For children with juvenile idiopathic arthritis, do drug therapies differ in their ability to reduce patient-reported symptoms, to slow or limit progression of radiographic joint damage, or to maintain remission (feeling healthy, not experiencing pain, functioning well, and not having flare-ups)?
2. For children with juvenile idiopathic arthritis, do drug therapies differ in their ability to

improve functional capacity or quality of life?

3. For children with juvenile idiopathic arthritis, do drug therapies differ in harms, tolerability, adherence, or adverse effects?
4. What are the comparative benefits and harms of drug therapies for juvenile idiopathic arthritis in subgroups of patients based on stage of disease, history of prior therapy, demographics, concomitant therapies, or comorbidities?

Considerations

- The topic meets all EHC Program selection criteria. (For more information, see http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/.)

- JIA, previously called juvenile rheumatoid arthritis, is the most common rheumatic disease of childhood and consists of several subtypes. The literature suggests there is a lack of evidence-based guidance for treatment of several disease subtypes and that treatment plans need to be individualized based on the JIA subtype.