

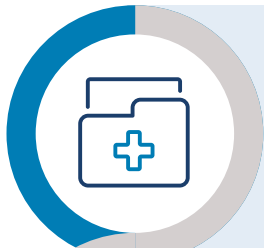
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# Recommendations for the Screening, Monitoring and Treatment of Juvenile Idiopathic Arthritis-Associated Uveitis

Endorsed by the Canadian Ophthalmological Society and Cassie and Friends

Recommendations for Juvenile Idiopathic Arthritis (JIA)-associated uveitis

were adapted to the Canadian context by a working group of pediatric rheumatologists, ophthalmologists and parent/patient input, taking into consideration cost, equity, and access.



## OPHTHALMIC SCREENING

- At least every 3 months in high risk patients (age<7, oligoarticular, ANA+).



## MONITORING

- Every 1-3 months following any change (addition, increase, taper or discontinuation) of topical glucocorticoid (GC) or systemic therapy.



## TOPICAL GLUCOCORTICOIDS

- Prednisolone Acetate 1% topical drops (recommended).
- Add or increase topical GC for short-term control and before add/increase/change in systemic therapy.
- If >2 drops required for >3 months, add/increase/change systemic therapy.



## SYSTEMIC THERAPY

- Methotrexate is first-line systemic therapy.
- Monoclonal tumor necrosis factor inhibitor (TNFi) recommended over other biologics.
- Switch to tocilizumab or abatacept if failure to adequately respond to optimal dosing of two different TNFi.



## TAPER THERAPY FOR UVEITIS

### If inactive uveitis:

- Stop any drops first.
- Taper/stop systemic therapy after 2+ years without drops.