Pediatric Rheumatology

Poster presentation

Does incorporation of aids/devices and help, make a difference in the childhood health assessment questionnaire disability index? Analysis from the printo juvenile idiopathic arthritis database

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Objective

To assess whether Childhood Health Assessment Questionnaire Disability Index (C-HAQ-DI) score and responsiveness to change, calculated with and without aids/devices or help from another person, are different in juvenile idiopathic arthritis (JIA) patients.

Methods

A cross-sectional sample of 2,727 and 530 active JIA patients from the PRINTO methotrexate (MTX) trial, including those with at least 6/8 CHAQ functional areas, was analysed.

Results

MTX trial patients had higher disease activity compared to the cross-sectional sample ($p < 0.0001$). The frequency of aids/devices was similar between the 2 samples, while help was more frequently used in the MTX trial ($p < 0.0001$ for all areas). Correlation between disease activity variables and the C-HAQ DI different scoring methods did not change substantially, but were higher for the MTX trial sample. Responsiveness in the MTX responders did not change with the different C-HAQ DI scoring methods (range 0.86–0.82). There was a statistically significant change in the C-HAQ DI scoring methods for the cross-sectional sample (mean range 0.65–0.55, $p < 0.0001$) and MTX trial (mean range 1.23–1.07, $p < 0.0001$). When the baseline C-HAQ DI for all patients were categorised according to different disability level, 32% had a category shift from severe (>1.5) to either moderate (0.5–1.5), mild (0.1–0.5) or no disability (0).

Conclusion

The removal of aids/devices and/or help lead to a significant shift from severe to lower disability categories especially for patients in the active phase of disease.