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**Evaluation of Patients with Juvenile Idiopathic Arthritis at a Tertiary Care Hospital in Sri Lanka**

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**Objective** : The aim of the study was to evaluate the disease characteristics of a cohort of children followed up for juvenile idiopathic arthritis(JIA) at Lady Ridgeway Hospital

**Methods**: JIA was diagnosed by using the International League of Associations for Rheumatology (ILAR) criteria. A hospital based cross sectional analytical study was carried out. Clinic and hospital records of the department of paediatric rheumatology and rehabilitation were reviewed and demographic, clinical and laboratory data were recorded. Disease activity scores were measured using Juvenile Arthritis Disease Activity Score -10 (JADAS-10).

**Results**: Total study population consisted of 85 children. (34 boys and 51 girls. Female to male ratio of 1.5). The mean age of patients at analysis was 10 years and 7 months. Systemic JIA was the commonest(28.2%). Persistant oligoarticular JIA was the second most common subtype(24.7%). Most patients were from western province(28.2%). Arthritis was the most common symptom at presentation(94.1%). 6 patients had sacroilitis(7.1%) and 3 had uveitis(3.5%). 1 patient had macrophage activation syndrome. Mean ESR at diagnosis was 63.7mm/1st hour(SD – 40).Rheumatoid factor was positive in 10.6%. ANA was seen in 2.4%. HLAB27 was detected 5.9%(41% of Enthesitis related arthritis patients). Mean treatment delay was 4.8 months(SD- 9). 85.9% and 74.1% were treated at any stage using NSAIDS & Methotrexate respectively. These were the two commonest medications used in treating JIA. 23.5% were treated with Tocilizumab. Transaminitis was the commonest side effect from drugs with a prevalence of 21.2%. The mean JADAS-10 score was 7.97(SD -7.9). The highest mean JADAS-10 was seen in systemic JIA (Mean 11.4, SD – 9.1). The second highest mean JADAS-10 was present in polyarticular RF positive JIA(Mean 11,SD -7.4).There was no correlation between current JADAS-10 and age of disease onset or treatment delay.

**Conclusion** : JADAS-10 has the advantage of identifying clinical status by a number on a continuous scale. This involves a simple formula and should be utilized more in to the local clinic review of JIA patients. Parents' perception on global assessment score might differ from patients' perception. More extensive studies are needed to determine island wide characteristics of JIA subtypes.