

**Arthritis, Juvenile**

<b>Bibliographic reference</b>	<b>George et al. (1996)</b>
<b>Study type</b>	Cross-sectional survey
<b>Study quality</b>	<p>The Joanna Briggs Institute Prevalence Critical Appraisal Tool (<a href="http://ijhpm.com/article_2870_607.html">http://ijhpm.com/article_2870_607.html</a>)</p> <ol style="list-style-type: none"> <li>1. Was the sample representative of the target population? YES</li> <li>2. Were study participants recruited in an appropriate way? NO – Unclear is consecutive sample recruited</li> <li>3. Was the sample size adequate? YES</li> <li>4. Were the study subjects and the setting described in detail? YES</li> <li>5. Was the data analysis conducted with sufficient coverage of the identified sample? YES</li> <li>6. Were objective, standard criteria used for the measurement of the condition? YES</li> <li>7. Was the condition measured reliably? YES</li> <li>8. Was there appropriate statistical analysis? YES</li> <li>9. Are all important confounding factors/subgroups/differences identified and accounted for? YES</li> <li>10. Were subpopulations identified using objective criteria? NA</li> </ol> <p>Overall risk of bias = MODERATE</p>
<b>Country</b>	Netherlands
<b>Number of patients</b>	N=62 children with juvenile chronic arthritis
<b>Study population</b>	Inclusion: children with juvenile chronic arthritis (JCA) being followed at 3 departments of paediatric rheumatology during 1993 and 1994, N=36 female, mean age 9.9±3.5SD (range 3.3 to 16.8yrs), IgG AGA used in one case of IgA deficiency

Appendix D: Evidence Tables

<b>Results</b>	N=8 with at least 1 +ve screening test, N=5 biopsed, N=4 normal biopsy Frequency of coeliac disease 1.5%
<b>Source of funding</b>	Not stated
<b>Conflicts of interest</b>	
<b>Comments</b>	

Definitions of abbreviations are given at the end of this document.

<b>Bibliographic reference</b>	<b>Lepore et al. (1996)</b>
<b>Study type</b>	Cross-sectional survey
<b>Study quality</b>	The Joanna Briggs Institute Prevalence Critical Appraisal Tool ( <a href="http://ijhpm.com/article_2870_607.html">http://ijhpm.com/article_2870_607.html</a> ) <ol style="list-style-type: none"> <li>1. Was the sample representative of the target population? YES</li> <li>2. Were study participants recruited in an appropriate way? NO – Unclear is consecutive sample recruited</li> <li>3. Was the sample size adequate? YES</li> <li>4. Were the study subjects and the setting described in detail? YES</li> <li>5. Was the data analysis conducted with sufficient coverage of the identified sample? YES</li> <li>6. Were objective, standard criteria used for the measurement of the condition? YES</li> <li>7. Was the condition measured reliably? YES</li> <li>8. Was there appropriate statistical analysis? YES</li> <li>9. Are all important confounding factors/subgroups/differences identified and accounted for? YES</li> <li>10. Were subpopulations identified using objective criteria? NA</li> </ol> Overall risk of bias = MODERATE
<b>Country</b>	Italy
<b>Number of patients</b>	N=119 children with juvenile chronic arthritis
<b>Study population</b>	Inclusion: children with juvenile chronic arthritis being treated at two centres for paediatric rheumatology, mean age 11.5yrs (range 2 to 16yrs), N=87 female
<b>Results</b>	N=4 (3.3%) AEA +ve, N=3 biopsy +ve for CD
<b>Source of funding</b>	Not reported
<b>Conflicts of</b>	

<b>interest</b>	
<b>Comments</b>	

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<b>Bibliographic reference</b>	<b>Robazzi et al. (2013)</b>
<b>Study type</b>	Cross-sectional survey
<b>Study quality</b>	<p>The Joanna Briggs Institute Prevalence Critical Appraisal Tool (<a href="http://ijhpm.com/article_2870_607.html">http://ijhpm.com/article_2870_607.html</a>)</p> <ol style="list-style-type: none"> <li>1. Was the sample representative of the target population? YES</li> <li>2. Were study participants recruited in an appropriate way? YES (All patients tested)</li> <li>3. Was the sample size adequate? YES</li> <li>4. Were the study subjects and the setting described in detail? YES</li> <li>5. Was the data analysis conducted with sufficient coverage of the identified sample? YES</li> <li>6. Were objective, standard criteria used for the measurement of the condition? YES</li> <li>7. Was the condition measured reliably? YES</li> <li>8. Was there appropriate statistical analysis? YES</li> <li>9. Are all important confounding factors/subgroups/differences identified and accounted for? YES</li> <li>10. Were subpopulations identified using objective criteria? NA</li> </ol> <p>Overall risk of bias = LOW</p>
<b>Country</b>	Brazil
<b>Number of patients</b>	N=43 children with juvenile idiopathic arthritis N=18 healthy patients
<b>Study population</b>	<p>Inclusion: outpatients at two paediatric rheumatology services between January 2008 and January 2010 with juvenile rheumatoid arthritis</p> <p>25 girls, 28 boys</p> <p>Age at diagnosis: <math>7.5 \pm 3.8</math> years (range 1.1-15.9)</p> <p>Age at study: <math>10.4 \pm 4.0</math> years (range 2.3-17.9)</p> <p>Disease duration: <math>41.3 \pm 37</math> months (range 2-156)</p>
<b>Control</b>	2 control groups of healthy outpatient paediatrics matched by sex and age at a 1:3 ratio (none had signs of any chronic disease)
<b>Length of follow-up</b>	n/a
<b>Details of coeliac testing</b>	<p>Anti-tTG IgA (ELISA; reference &lt; 7 U/ml, Orgentec, Diagnostika)</p> <p>Jejunal biopsy to confirm diagnosis if positive serology (<math>p = 0.56</math>)</p>

Appendix D: Evidence Tables

<b>Results</b>	Only one patient (2%) has positive serology and biopsy confirmed CD (typical villous atrophy and crypt hyperplasia) None in control group had positive serology.
<b>Source of funding</b>	
<b>Conflicts of interest</b>	
<b>Comments</b>	The study also reported on 66 patients with rheumatic fever but as this condition was not in the review protocol, details on these patients were not extracted

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