

## Advice from the Experts

A Pediatric Rheumatologist's advice for new patients with possible inflammatory arthritis or autoimmune diseases:

"Arthritis is a diagnosis of exclusion; it is important to make sure there is no underlying infection. Please remember there is no single test to confirm arthritis. It is a clinical diagnosis made by exam findings and by ruling out other reasons, such as trauma or infection. Basic labs are needed including CBC, ESR, CRP, full chemistries, urine analysis, Lyme titers and x-ray. It is very helpful if the families keep a diary of the complaints."

### **Please go to the emergency room:**

- If the onset of complaint is sudden
- If the child is unable to move one or more joints
- If there is fever along with joint symptoms

### **Please see a physician if:**

- Child exhibits stiffness or swelling from an unknown cause
- Stiffness and discomfort are more pronounced in the morning
- Child wakes up from sleep because of pain

### **Advice for established patients:**

- Make sure you take your medications regularly, do your exercise and see your doctor as scheduled.
- If there is fever, please see your primary care physician or go to the emergency room.
- It is important to have regular labs to make sure the medications are not harming the child.
  - For methotrexate, labs are every 4 to 8 weeks including CBC and liver function tests.
  - For NSAID (like naprosyn or motrin), labs are every 2 to 4 months including CBC, full chemistries with liver enzymes and urine analysis.
  - For Cellcept, imuran or cytoxan the labs are every 4 weeks including CBC, full chemistries and urine.