

About Juvenile Idiopathic Arthritis

Juvenile idiopathic arthritis (JIA) is the most common pediatric rheumatic disease that affects teens and children under the age of 16. Rheumatic diseases affect the musculoskeletal system (joints, ligaments, tendons, bones, muscles, cartilage, connective tissue). JIA causes joint inflammation that can result in swelling, stiffness and pain, most often in the hands, knees, ankles, elbows and wrists.

JIA is an autoimmune disease. That means the immune system, which is supposed to fight foreign invaders like viruses and bacteria, also mistakenly attacks healthy cells and tissue. The causes of JIA are unknown, but experts believe it's a combination of environmental and genetic factors. JIA is not contagious, and there's no evidence that foods, toxins, allergies or lack of vitamins cause the condition.

Signs and Symptoms of Juvenile Idiopathic Arthritis

Symptoms vary depending on disease category and severity. There are seven types of JIA: systemic, oligoarthritis, polyarthritis (rheumatoid factor positive or negative), enthesitis-related, psoriatic and undifferentiated. JIA affects the joints, but it may also affect the skin, eyes and internal organs. For example, systemic JIA (SJIA) may affect the entire body, whereas psoriatic JIA is more likely to affect the skin and joints.

Common JIA symptoms may include:

- Joint pain or stiffness; especially upon waking or staying in one position too long.
- Joints that are swollen or warm to the touch.
- Fatigue.

FAST FACTS

- **Nearly 300,000 kids and teens in the U.S. live with some form of rheumatic disease, including JIA.**
- **Roughly 10 percent of children with JIA have systemic JIA (SJIA).**
- **About 10 to 25 percent of children with JIA develop uveitis (eye inflammation) within four years after diagnosis.**
- **Patient advocates may use the term juvenile arthritis or "JA" to refer to types of arthritis that affect kids and teens, including JIA. Doctors do not use this term.**

- Blurry vision or painful, red eyes due to eye inflammation (uveitis).
- Rash.
- High, spiking fever.

Diagnosing Juvenile Idiopathic Arthritis

No single test can diagnose JIA. A pediatrician or family doctor can start to figure out what's causing symptoms but should refer children to a rheumatologist (a doctor who specializes in treating arthritis). Some rheumatologists only treat kids, some only treat adults and some treat both.

To make a diagnosis, the doctor will:

- Ask questions about the child's medical and family history.
- Perform a physical exam.

For More Information



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Live Yes! Arthritis Network
[arthritis.org/liveyes](https://www.arthritis.org/liveyes)

Find a Local Office
[arthritis.org/local-offices](https://www.arthritis.org/local-offices)

Arthritis Helpline
800-283-7800

- Request lab tests to look for inflammatory or auto-immune markers of disease.
- In some cases, order imaging tests (e.g., X-rays, ultrasounds, CT scans, MRIs) to look for signs of joint damage and rule out other causes like trauma and infection.

Treating Juvenile Idiopathic Arthritis

Treatment goals include slowing or stopping disease progression, relieving pain and preventing long-term complications (e.g., joint or organ damage).

Medications to treat JIA fall into two main categories:

- Pain relievers, like analgesics and nonsteroidal anti-inflammatory drugs (NSAIDs), which do not control disease activity or progression.
- Disease controlling drugs, like corticosteroids and disease-modifying antirheumatic drugs (DMARDs), such as methotrexate and biologics.

Every case is different, but many doctors recommend early, aggressive treatment. This usually means starting with methotrexate (MTX), a biologic or combining MTX with a biologic (called combination therapy). Doctors may add or remove drugs as they monitor the disease. Because of increased infection risk, children with JIA should keep up with immunizations. However, children



SELF-CARE IS KEY

Teaching children and teens the importance of self-care is key to managing disease activity. Self-care activities include:

- **Taking medicine as prescribed.**
- **Getting regular physical activity.**
- **Eating a healthy, balanced diet.**
- **Balancing rest and activity (activity pacing).**
- **Practicing mind-body activities to manage stress (e.g., meditation, yoga).**
- **Telling adults when they are feeling stressed, sad or being bullied.**
- **Practicing good sleep habits.**

taking immunosuppressive drugs, like glucocorticoids (e.g., prednisone), MTX or biologics should not receive live vaccines (e.g., chickenpox, MMR or nasal flu vaccines).

FAQ

Do children “outgrow” arthritis? No, kids don’t outgrow arthritis, but they can achieve temporary or sustained remission (little or no disease activity) with the right treatment plan. Remission may be medicated or non-medicated. Even so, flares (periods of high disease activity) may still occur and last for days or months. Controlling the disease early helps reduce the risk of permanent joint (or organ) damage and improves quality of life.

Is it safe for children with JIA to play sports? Yes. Physical activity offers several benefits (improves joint mobility, builds strong muscles and bones, etc.) and should be encouraged. High impact sports may need to be

avoided during times of high disease activity. Once the disease is controlled, any sport should be fine, if the child’s doctor approves.

Methotrexate is used to treat cancer.

Why is it used for JIA? Methotrexate was developed to treat cancer, but it’s been used to treat JIA for three decades and has a long record of safety and effectiveness. The dose used to treat cancer is about 1000-times higher than the dose to used treat JIA. All medications carry a risk of side effects, but experts agree that the benefits of taking JIA drugs vastly outweigh the risks. If you’re concerned about side effects, talk to your child’s doctor about safe ways to reduce the risks.