

Juvenile Idiopathic Arthritis

About Juvenile Idiopathic Arthritis

Juvenile idiopathic arthritis (JIA) is the most common type of arthritis affecting children younger than 16. It is an autoimmune disease that can affect joints, ligaments, tendons, bones, muscles and cartilage (the musculoskeletal system). JIA causes inflammation in the body that can result in swelling, stiffness, limited motion and pain in any joint, but most often in the hands, knees, ankles, elbows and wrists.

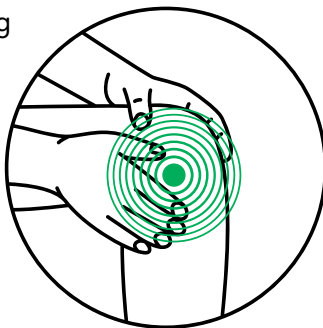
In autoimmune diseases like JIA, the immune system, which fights harmful viruses and bacteria, mistakenly attacks healthy cells and tissue, too. JIA's causes are unknown, but experts believe it's a combination of environmental and genetic factors. JIA is not contagious, and there's no evidence that foods, toxins, allergies or lack of vitamins cause it.

Signs and Symptoms of Juvenile Idiopathic Arthritis

Symptoms vary depending on the type of JIA and how severe it is. JIA has several subtypes: systemic, which can affect any part of the body; oligoarthritis, which affects up to four joints; polyarthritis, which affects five or more joints; enthesitis-related, which affects the places where muscles and tendons attach to bone; psoriatic, which involves psoriasis (scaly skin patches); and undifferentiated, which doesn't fit any of the other subtypes, but involves joint inflammation.

Common JIA symptoms include:

- Joint pain, stiffness and/or limited mobility, especially after waking or staying in one position too long
- Joints that are swollen or warm to the touch
- Fatigue
- 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. Other potential causes must be ruled out in order to say it is JIA. A pediatrician or primary care doctor can diagnose it, but should refer patients to a rheumatologist (an arthritis specialist) for confirmation and treatment.



FAST FACTS

- Hundreds of thousands of kids and teens in the U.S. live with JIA or a related disease.
- Roughly 10% to 20% of kids with JIA have systemic JIA, which affects the whole body.
- An estimated 20% of children with JIA also get eye inflammation (uveitis) so regular eye checkups are important.
- Some people refer to arthritis in children as "juvenile arthritis" or "JA." Doctors don't usually use those terms.
- JIA used to be called JRA (juvenile rheumatoid arthritis).

For More Information

Juvenile Arthritis Information
& Resources:

arthritis.org/juvenile-arthritis

Arthritis Foundation Helpline:
800-283-7800

arthritis.org/helpline

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To make a diagnosis, the doctor will:

- Ask about the child's medical and family history
- Perform a physical exam
- Get lab tests to look for signs of inflammation or disease
- In some cases, get imaging tests (such as X-rays, ultrasounds, CT scans, MRIs) to rule out other causes and look for signs of damage.

Treating Juvenile Idiopathic Arthritis

Treatment goals are to slow or stop the disease from getting worse by shutting down the out-of-control inflammation. This is to prevent long-term joint or organ damage, while decreasing pain and increasing the ability to move.

Medications to treat JIA include:

- **Pain relievers**, like analgesics and nonsteroidal anti-inflammatory drugs (NSAIDs), which treat symptoms, but do not affect the disease.
- **Anti-inflammatory drugs**, called corticosteroids, which may be given as pills or as injections into a joint to ease pain and swelling.
- **Disease-modifying antirheumatic drugs** (DMARDs), including methotrexate, biologics and other medications, lower the damaging inflammation and slow the disease process.

Most doctors now recommend early treatment with powerful medicines, starting with at least methotrexate and/or a biologic medication. These are given as shots or in a doctor's office by infusion (IV). Doctors may add or remove drugs as they monitor the disease. Taking these medications as prescribed is crucial to prevent permanent damage to joints and internal organs.

Because of increased infection risk, it's very important for children with JIA to stay up-to-date with immunizations. However, a child taking immune-suppressing drugs, like corticosteroids, methotrexate or biologics, should not receive live vaccines. Discuss timing and safety of vaccines with your child's doctor.

Learning Self-Care Skills Is Key

Helping children and teens learn the importance of self-care is key to managing the disease long-term. Be sure they:

- Understand their medicines and take them as prescribed.
- Know when to ask for help, whether it's for new symptoms or because they're having a hard time coping.
- Get enough restful sleep.
- Get regular exercise, and pace themselves.
- Know ways to reduce stress, like deep breathing and having supportive friends and family.
- Eat a healthy, balanced diet.

FAQs

Do children "outgrow" arthritis?

No, but with treatment, many kids go into remission (little or no disease activity). Even then, they may get flares. Controlling the disease early on helps prevent permanent damage to joints or other organs and improves quality of life.

Is it safe for children with JIA to play sports?

Yes. Staying active has a lot of benefits, including stronger muscles and bones and better mental and emotional well-being. They may need to avoid some sports during flares. Once the disease is controlled, any sport should be fine if the doctor says it's OK.

Methotrexate is used to treat cancer. Why is it used for JIA?

This medicine was originally used to treat cancer, but it's been used at much lower doses to treat some forms of arthritis and related conditions for decades. It has a long record of safety and effectiveness but blood levels have to be monitored. All medications have side effects, but methotrexate's benefits outweigh the risks.