Juvenile Arthritis

SYMPTOMS, DIAGNOSIS AND TREATMENTS

Arthritis Foundation®

arthritis.org

Understanding Juvenile Arthritis

People of all ages can and do have arthritis. Hundreds of thousands of children in the U.S. — from infants to teenagers — have arthritis or other pediatric rheumatic conditions. In fact, arthritis is more common in children than type 1 diabetes and other childhood diseases that may be more familiar.

The word "arthritis" means joint inflammation (arth = joint; itis = inflammation). Joint inflammation causes pain, stiffness, swelling, warmth and redness of the affected joint. Over time, if inflammation is not treated, permanent joint damage can occur, leading to decreased function and mobility.

Juvenile arthritis (JA) is an umbrella term that refers to pediatric rheumatic diseases — including juvenile idiopathic arthritis and other musculoskeletal conditions — that can develop in children ages 16 and younger. Because arthritis affects every child differently, it's important to recognize the signs so a timely and accurate diagnosis can be made to ensure the best possible outcome for your child's health and well-being. With the proper medical care, your child can continue to live a productive and fulfilling life.

Juvenile Idiopathic Arthritis

Juvenile idiopathic arthritis (JIA) is the most common type of chronic arthritis in children. There are several different subtypes of JIA, each of which is an autoimmune type of arthritis. The term idiopathic means "of unknown origin." JIA was previously called juvenile rheumatoid arthritis (JRA). However, JIA describes the disease more accurately and corrects the notion that JIA is a child-sized version of the adult disease, rheumatoid arthritis.

The Arthritis Foundation is an excellent source of information. We can connect you with other families in your area or to an online community of families dealing with JA.

A healthy immune system protects the body from infection and disease. In JIA, the immune system mistakenly attacks the body's tissues, causing inflammation in joints and potentially other areas of the body. That is why JIA is considered an autoimmune disease. JIA is not contagious.

Not all children have the same symptoms. Joint symptoms of JIA may include pain, swelling, stiffness, redness and warmth in one or more joints. Pain is often worse following sleep or periods of inactivity. Not all children will complain of pain. Other symptoms may include fever, fatigue, rash (that comes and goes on the chest, belly or limbs), limping, poor sleep, swollen lymph nodes, pain at the points where bones and tendons connect, decreased hunger and weight loss. Symptoms can change from day to day or throughout a single day. Some subtypes of JIA can interfere with growth, as well as affecting many other parts of the body, including the skin, eyes and internal organs.

If you are reading this brochure, you or a health care professional must suspect your child has a rheumatic disease. If you have not already, you may want to find a pediatric rheumatologist — a doctor with special training to treat children with

Visit the JA section of the Arthritis Foundation's website, **arthritis.org/Juvenile-Arthritis**, to learn more about the importance of finding a rheumatologist who treats children.

arthritis and other autoimmune musculoskeletal diseases — for a diagnosis. If you are not able to find a pediatric rheumatologist practicing in your area, you may choose to travel to the closest one or your pediatrician may be able to do a remote consultation via telemedicine.

Causes of JIA

Researchers are uncertain what causes JIA. There is no evidence that foods, toxins, allergens or lack of vitamins play a role in developing the disease. Current research indicates there is a genetic predisposition to JIA. More than a dozen genetic markers for JIA have been identified, and hundreds more are being considered. However, genetic markers alone can't determine who will get arthritis. Researchers believe that a trigger, like a virus, can start the disease process in those children with the genetic tendency.

Diagnosing JIA

The diagnosis of JIA is made clinically by a physician by the presence of active arthritis in one or more joints for at least six weeks, after other conditions have been ruled out. The pediatrician

and a pediatric rheumatologist may be involved in making the final diagnosis.

An early diagnosis followed by aggressive treatment are key to preventing or slowing joint damage and preserving function and mobility. Here are some of the steps your child's doctor will perform during the initial diagnosis period.

Medical history. The doctor will take your child's health history to document the symptoms experienced and the length of time they've been present. This helps rule out other possible causes, like trauma or infections. The doctor will also ask about your family's medical history.

Physical exam. The doctor will examine your child's joints for external signs of inflammation (e.g., swelling, warmth) and test their range of motion.

Early Signs and Symptoms

The following list includes some of the most common early signs and symptoms of arthritis in children. Your child may not have all of these symptoms.

- Joint pain (at rest or with activity)
- Swelling and tenderness at joints
- Joints that are warm to the touch
- Fatigue
- Stiffness, especially upon waking
- Blurry vision or painful, red eyes due to eye inflammation (uveitis)
- Decreased physical activity
- Rash
- High fever

Lab tests. There is no single test that can diagnose JIA. Tests may include the following:

- Erythrocyte sedimentation rate (ESR or sed rate)
- Antinuclear antibody (ANA)
- Anti-cyclic citrullinated peptide (anti-CCP)
- Rheumatoid factor (RF)
- HLA-B27 typing (a genetic marker)
- Complete blood count (CBC)
- Urinalysis

Imaging. The doctor may order imaging studies — X-rays, ultrasound, MRI or CT scan — of joints to identify arthritis or joint damage.

If you don't understand or need more information, ask questions. Your doctors should welcome an open dialogue and make you feel comfortable discussing your child's diagnosis and treatment plan. Early diagnosis and treatment may preserve your child's mobility, function and overall health.

Types of Juvenile Idiopathic Arthritis

If your child has been diagnosed with JIA, it's important to identify the subtype of JIA to ensure they receive the most effective treatment. There are several subtypes of JIA. While each subtype shares many of the same symptoms — namely pain, inflammation and fatigue — each subtype is distinct and has its own special concerns and symptoms.

Oligoarticular JIA

This is the most common subtype of JIA. It is further subdivided into two subgroups: persistent (no more than four joints affected during the course of the disease) and extended (after the initial six-month period, the total number of affected joints exceeds four). Children who have oligoarticular JIA and who test positive for ANA (antinuclear antibody — proteins made by the immune system to fight foreign substances) may have a higher risk for developing uveitis (eye inflammation). Oligoarticular JIA tends to primarily affect larger joints, such as the knees, ankles and elbows.

Polyarticular JIA

Polyarticular JIA is defined as arthritis of five joints or more during the first six months of the disease. About 25% of children with JIA have polyarticular JIA. Large and small joints, such as the fingers and toes, may be involved. Children with this subtype are also more likely to experience arthritis in the neck or the jaw. This can make chewing and opening the mouth more difficult. Children with polyarticular JIA can be further divided into two subgroups — those who test positive for RF — polyarticular RF-positive JIA — and those who test negative for RF — polyarticular RF-negative JIA. RF-positive polyarticular JIA is most similar to adult rheumatoid arthritis, and children with this subtype are more vulnerable to severe disease and joint erosion. Children with this subtype might face a lower risk of eye inflammation but still need to visit an ophthalmologist regularly to screen for issues. Children who test negative for RF but positive for ANA may have a higher risk for developing uveitis.

Systemic JIA

This subtype accounts for about 10% of JIA cases and can affect the entire body, not just the joints. The first sign of systemic JIA (SJIA) might be a stubborn fever, sometimes appearing weeks or months before your child complains of any joint issues. The fever can be quite high, appearing once or twice daily, before returning to normal. Fevers may be accompanied by a faint pinkish or salmon colored rash, which ebbs and flares over the course of days. Because this illness can affect the entire body, inflammation can affect other organs such as the lymph nodes, spleen, lungs, or heart. As such, there might be a need for more frequent rheumatologist appointments to evaluate and manage these complications. Though eye inflammation is uncommon, children with SJIA should still be regularly screened for vision problems.

Enthesitis-Related JIA

This subtype of JIA involves painful inflammation of the entheses, the places where tendons and ligaments attach to the bone. The arthritis itself can be mild, involving four or fewer joints in roughly half of cases. Your child may be recognized to have one of the conditions also known as juvenile spondyloarthropathies, which may, but do not necessarily, affect the spine. These diseases may include juvenile ankylosing spondylitis and arthritis associated with inflammatory bowel disease.

Juvenile Psoriatic Arthritis

In this subtype of JIA, the skin condition called psoriasis may occur before or after arthritis symptoms, sometimes years later. The rash may appear as scaly red blotches, emerging on the head (scalp, ears, eye lids), body (including diaper area) or limbs (elbows, knees, shins). Other common signs include “sausage-like” fingers known as dactylitis and pitting or unusual ridging on the fingernails.

Undifferentiated JIA

If arthritis doesn’t meet the criteria for any one subtype of JIA, but involves symptoms that span two or more subtypes, it is classified as “undifferentiated” JIA.

Other Pediatric Rheumatic Diseases Related to JIA

Juvenile lupus: Lupus is an autoimmune disease that can affect any organ, including joints, skin, kidneys, blood, brain, heart and other parts of the body.

Juvenile scleroderma: Scleroderma is the medical name for a group of conditions that can cause the skin to tighten and harden on the fingers, hands, forearms and face. It can affect other parts of the body, such as blood vessels, the digestive system, lungs, kidneys, muscles, nerves and joints.

Juvenile dermatomyositis: Juvenile dermatomyositis causes muscle weakness in the trunk, shoulders and upper legs, and a sun-sensitive skin rash, especially on the face (eyelids and cheeks) and joints (elbows, fingers, knees).

Juvenile vasculitis: There are several forms of vasculitis, or inflammation of blood vessels. Joint symptoms may occur with each type. Other common symptoms include lung, kidney or skin involvement.

Noninflammatory conditions in children: Noninflammatory musculoskeletal conditions (e.g., fibromyalgia, amplified musculoskeletal pain syndrome, tendinitis) can cause chronic or recurrent muscle or joint pain in children. Signs of inflammation such as joint swelling are not present.

Learn about the types of juvenile arthritis and their treatments at **arthritis.org/Juvenile-Arthritis**.

Juvenile Idiopathic Arthritis Treatments

Early diagnosis and aggressive medical care give children with JIA the best opportunity for a good outcome. The goal of any treatment plan is to achieve remission — an extended period of inactive disease — by controlling inflammation, relieving pain, preventing joint damage and preserving function and mobility.

Your child's treatment plan will vary depending on the subtype of JIA they have. It may include medication, exercise, eye screenings, dental care and proper nutrition. In some cases, surgery may become necessary at later stages to help with pain or joint function. Providing your child with optimal care will require a team of health care providers. These specialists may include a pediatric rheumatologist, dietitian, certified child life specialist, ophthalmologist, dentist, orthopedic surgeon and psychologist, as well as nurses and physical and occupational therapists.

Access to Care

Dealing with an arthritis diagnosis and figuring out treatment options are enough to deal with day to day. But navigating a complex health care system adds additional burden. The Arthritis Foundation has resources to help you. Visit arthritis.org/RXforAccess to learn how to get the arthritis care you need and manage claim denials. Our Helpline, at 800-283-7800, offers personalized support, staffed by our licensed, clinical social worker and trained staff who are prepared to counsel callers and provide referrals to community, state and federal resources.

Medication

The initial goal of drug therapy is to reduce inflammation and relieve pain. Long-term objectives are to prevent disease progression and destruction of joints, bones, cartilage, muscles, tendons, joint capsules and internal organs. Often medications used to treat arthritis are immunosuppressive medications. More than one medication may be prescribed to treat your child's disease. The idea is to hit the disease hard and fast to prevent joint damage and stop the disease in its tracks as much as possible.

The following information provides a broad overview of the most common classes of medications the doctor may prescribe. If you have questions about these or other treatments for JIA, ask your child's doctor or pharmacist. The Arthritis

Understanding Remission

JIA is a chronic disease. Current medications are not curative but suppressive. But the goal of treatment is to achieve remission, or an extended period of inactive disease. There is no single test or biological marker to confirm inactive disease, but guidelines have been established by the American College of Rheumatology (ACR). Remission may occur while on medication (most likely) and without medication (less frequent and usually brief). With recent developments in medication and treatment approaches, children with arthritis can have fulfilling, active and productive lives.

To help your child achieve remission, closely follow your child's treatment plan, which may include medication, exercise, physical therapy and nutrition recommendations, among other tools.

Foundation does not endorse any brand-name or generic medication.

Dosages (how much of a medicine and how often it is taken) are set by your child's doctor and are often based on your child's height and weight.

Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)

NSAIDs (such as ibuprofen and naproxen) are a mainstay of early therapy for children with JIA to ease pain and inflammation; however, they do not prevent joint damage. Not all children respond to NSAIDs the same way, so your child's doctor may try different ones for your child. Laboratory tests help doctors monitor side effects.

Conventional Disease-Modifying Antirheumatic Drugs (cDMARDs)

cDMARDs affect the way the immune system functions. They can prevent joint damage, such as cartilage and bone destruction, but can take a month or more to have an effect. They are often used in combination with other medications, like NSAIDs, corticosteroids or biologics. Children taking DMARDs need regular lab tests to monitor possible side effects.

Methotrexate is the most commonly prescribed conventional DMARD in both children and adults with arthritis. It can be taken orally or by injection. It has been used for decades to treat JIA. Other cDMARDs used to treat JIA include sulfasalazine (*Azulfidine*), leflunomide (*Arava*) and hydroxychloroquine (*Plaquenil*). If the cDMARD fails to control the disease, the doctor will likely add a biologic medication. In some cases, the doctor may prescribe a biologic, either in conjunction with or without methotrexate, from the start.

Biologic Disease-Modifying Antirheumatic Drugs (bDMARDs)

bDMARDs, commonly known as biologics, help correct a faulty response by targeting a specific protein of the immune system that causes arthritis inflammation — in many cases, halting joint damage and bringing remission. Biologics are given by injection at home or infusion at a doctor's office or clinic. At present, seven biologics — abatacept (*Orencia*), adalimumab (*Humira*), canakinumab (*Ilaris*), etanercept (*Enbrel*), golimumab (*Simponi Aria*), secukinumab (*Cosentyx*) and tocilizumab (*Actemra*) — and their "biosimilars," or copies produced by other companies, are FDA-approved for JIA. At least three others — anakinra (*Kineret*), infliximab (*Remicade*) and rituximab (*Rituxan*) — are used off-label for JIA. This means the doctor may prescribe a drug they consider medically appropriate based on clinical experience and studies, even if it isn't specifically approved by the FDA for a child of a certain age or with a particular subtype of JIA.

Biologics, like other DMARDs, suppress the immune system. This can make your child more likely to develop infections, so you should look for

Arthritis Foundation Supports CARRA

The Arthritis Foundation and the Childhood Arthritis and Rheumatology Research Alliance (CARRA, carragroup.org) have been working together since 2002, combining our areas of expertise to address questions and find solutions that are important to the community we support. Our collaboration has led to significant progress. Together, we've gained much more knowledge. We're comparing existing treatments, developing new treatments, advancing precision medicine and accomplishing more. Our collective commitment continues. Learn about the latest research at arthritis.org/Science.

signs, such as fever, sore throat, chills or cough, and notify your doctor if they occur. Before your child receives a biologic, the doctor should order a tuberculosis (TB) test because biologics may activate old tuberculosis infections. Children taking biologics should not receive live vaccines, such as measles-mumps-rubella, varicella (chickenpox) or nasal flu, which contain weakened yet active virus strains.

Corticosteroids

Corticosteroids (such as prednisone), also referred to as glucocorticoids, are strong anti-inflammatory medicines that work quickly compared to other medications like methotrexate. The doctor may prescribe small doses of corticosteroids during an acute flare and to help quickly control inflammation while waiting for cDMARDs or biologics to take effect. Corticosteroids can be given orally or by injection. Injections into the joint are preferred when only a few joints are involved or when a single joint is particularly bothersome. Because of the potential side effects, corticosteroids are used at the lowest dose for the shortest length of time as possible. Your child's doctor will help you determine if the benefits of treatment outweigh the risks.

Small Molecule Drugs

The newest class of arthritis medications, also called targeted synthetic DMARDs (tDMARDs), are taken orally and target specific immune system molecules. At present, only one such drug, tofacitinib (*Xeljanz*) is approved for juvenile idiopathic arthritis.

Tofacitinib, a JAK inhibitor, works by blocking Janus kinase (JAK), an enzyme that plays a role in fueling the body's overactive immune response in

To learn more about medications used to treat juvenile arthritis, visit **arthritis.org/DrugGuide**.

some forms of arthritis. Approved for polyarticular JIA in children aged 2 and older, tofacitinib is available as a tablet or oral solution. It should not be used along with biologics or certain cDMARDs that suppress the immune system.

Surgery

Surgery is rarely used to treat JIA early in the course of the disease. However, it can be used to correct leg length discrepancy, straighten a bent or deformed joint, or replace a badly damaged joint.

Eye Screenings

Eye inflammation (uveitis) can occur in children with JIA, particularly in those with oligoarthritis. Uveitis does not necessarily cause symptoms, such

FDA Approval: What Does It Mean?

Many medications have been approved to treat JIA by the U.S. Food and Drug Administration (FDA). Still, a doctor may prescribe a medication to treat JIA that was not approved for this purpose by the FDA. This is called an "off-label" use. Unapproved does not mean disapproved. There are many effective arthritis medications that have not been submitted to the FDA for testing in children. Based on their FDA approval for adults and demonstrated benefits, they may be used to treat childhood arthritis. Prednisone, a corticosteroid, is an example of a medicine used off-label for JIA.

The Best Pharmaceuticals for Children Act and the Pediatric Research Equity Act were designed to encourage more pediatric studies of drugs used in children.

as pain or red eye, and often is asymptomatic. The only way to confirm if uveitis is occurring is by eye examination with a slit lamp evaluation by an eye doctor. Uveitis inflammation can occur even if arthritis flares are under control. Hence, it is very important for children with JIA to have their eyes checked by an ophthalmologist at diagnosis and regular intervals as recommended by their rheumatologist to reduce the chance of vision loss.

Dental Care

JIA may affect the temporomandibular (jaw) joint, causing pain, stiffness and altered growth. This can make brushing, flossing, chewing and eating difficult. Jaw exercises and therapy can help pain and stiffness. Injections with corticosteroids or surgery are sometimes needed. Your child's dentist may suggest assistive devices or rinses to help your child keep their teeth and gums healthy. More frequent, shorter dental visits can help children who are unable to keep their mouths open for long periods during dental work.

Managing Medication Side Effects

All medications have potential side effects, whether minor or more serious. Some children may never experience side effects. Talk with your child's pediatric rheumatologist about the benefits and risks of each medication and how to alleviate side effects. Some may be avoided or minimized, for example, by taking medications with food. To learn more about the possible side effects and precautions for specific drugs, find it at arthritis.org/DrugGuide.

Medications may affect your child's oral health as well. Always inform your dentist about your child's JIA and medications so they can be adjusted if required. Older children who have had joint replacements may require an antibiotic before dental work.

Orthotic Devices

Orthotic devices (clinically known as orthoses), such as braces and splints, help keep joints in the correct position and relieve pain. They can be used to correct a deformity (bending in the wrong position). Splints are commonly used for knees, wrists or fingers. Shoe inserts (commonly known as orthotics) are another type of orthosis, which may help with differences in leg length and balance problems.

An orthotist, prosthetist or occupational or physical therapist can make a custom orthosis, such as a splint, for your child. Bring your child's orthosis to all clinic appointments so its fit can be checked.

Lifestyle Modifications to Help Manage JA

Getting plenty of physical activity, eating well and learning how to cope with the challenges of the disease will benefit your child.

Morning Stiffness Relief

Morning stiffness is one of the easiest ways to measure how active your child's arthritis is: The longer the stiffness lasts, the more active the disease. Taking a hot bath or shower, sleeping in a sleeping bag or sweat suit, doing range-of-motion exercises and using a hot or cold pack can help relieve stiffness. Although most children do better with warmth, there are a few who do well with cold treatments.

Physical Activity

Exercise is an essential part of your child's treatment plan. In fact, medical experts encourage children to stay active as it helps keep bones and muscles strong and preserves range of motion. Physical activity will also help your child achieve and maintain a healthy weight, relieving added pressure on weight-bearing joints like knees, hips and ankles.

Therapeutic Exercise

Physical and occupational therapy can help restore and maintain joint movement. Therapeutic exercise is the best way to preserve range of motion and strength and can help make it easier for children to perform activities of daily living. Range-of-motion exercises help with joint stiffness to prevent joints from becoming fixed in a bent position. Joints with poor movement are at increased risk of osteoarthritis, even if inflammation is controlled. Strengthening exercises build muscles that can help support weak joints.

A physical or occupational therapist will teach you and your child how to perform therapeutic exercises at home. Most exercises must be done daily. Hot baths, hot packs or cold treatments help prepare joints for exercise and aid recovery after exercising. Family support can be very important to keep your child motivated to be physically active.

Sports and Recreational Activities

Recreational activities let your child have fun and spend time with family and friends while exercising. They help build confidence in physical abilities. However, these activities should not take the place of therapeutic exercise.

Encourage low-impact activities, such as swimming and bike riding, which exercise the joints and muscles without putting too much stress on weight-bearing joints.

Special exercises and protective equipment further reduce risk of injury. Be sure to work with your child's doctor and sports coaches to find the ideal activity for your child.

Nutrition

A healthy diet is important for all children. While some people have reported symptom relief from eating or eliminating certain foods, there is no diet that can cure arthritis. Following a diet low in processed foods and saturated fat and rich in

Coping With a Flare

A flare is when arthritis is more active than usual. Your child may feel especially fatigued and have painful, swollen, warm and stiff joints. Call your child's doctor if you suspect your child is having a flare. Here are ways you can help your child:

- Make sure your child takes their prescribed medications on time and as directed.
- Apply ice to sore joints for 20 minutes at a time with 10-minute breaks.
- After the first 24 hours, heat (warm packs) may be soothing for sore joints.
- Modify your child's activities to as tolerated but maintain joint flexibility and range of motion.
- Make sure your child rests when they are in pain.
- Ask your child's doctor about using splints at night.
- Keep your child connected with friends to help take the focus off the pain.

vegetables, fish, fruit, whole foods and healthy fats can be beneficial for your child's overall health and may ease inflammation.

Weight loss can be associated with JIA. Weight loss may occur due to a loss of appetite or because chewing may be painful if the jaw joints are af-

Treating the Emotional Side Effects of JA

Having JA can have a big impact on a child and the family, both physically and emotionally. Helping your child learn to cope with the emotional aspects of arthritis will benefit the entire family.

Your attitude toward arthritis will set the tone for your child. Encourage your child to learn as much as possible about the disease and its treatment so they can feel part of the decision-making and in control of the disease. Talk to your child about their feelings about arthritis, and let them express their anger or sadness.

Expect your child with arthritis to behave as well as your other children and share in household responsibilities. Avoid making JA the center of attention.

Coping with the challenges of a chronic illness can be difficult. Professional counseling may help facilitate the adjustment. Your child's doctor or a medical social worker can refer you to other sources of help.

Learn what you need to know for your child about nutrition, educational rights and more in webinars at **arthritis.org/Webinars** and podcasts at **arthritis.org/Podcast**.

fected. Eating small, frequent, nutritious meals and snacks may help your child get the proper number of calories. Try to increase the nutrient content of each bite in order to reduce the amount of food at each meal.

Some children with JIA may gain excess weight due to side effects of corticosteroids or limited physical activity. Being overweight puts extra stress on joints like the knees and hips. A registered dietitian can teach you ways to improve your child's diet.

School and Social Issues

Most children with JA can expect the typical school experience and social life of any other child. While you might be tempted to keep your child with arthritis at home under your watchful care when they are in pain, it's important that they attend school and other activities as consistently as possible. If your child experiences stiffness after waking up, work some extra time into the morning routine to loosen up for the day. Meet your child's teachers, school administrators and activity leaders to educate them about arthritis and its effects on your child. If your child agrees, offer to speak to their class or even to the parent/teacher association to spread the word about JA.

It's important to know your child has educational rights. Several federal laws bar discrimination against children with disabilities in public schools and require private schools to be accessible.

Section 504 of the Rehabilitation Act of 1973 requires schools to provide physical accommodations for students with disabilities. Setting up a 504 plan with your school requires the institution in many cases to make necessary accommodations, such as obtaining an extra set of books to keep at home, grouping classes in the same location, allowing extra time to switch classes or allowing for absences and late arrivals.

The Arthritis Foundation offers a free brochure for teachers called "Juvenile Arthritis: A Teachers' Guide." The brochure educates your child's teachers about JA, its challenges and educational rights as well as how they can help your child in the classroom. To order a free copy, visit arthritis.org/liveyes/expert-advice or call 800-283-7800.

For more information about educational rights and setting up a 504 plan for your child, visit **arthritis.org/Juvenile-Arthritis**.

Meeting Other Kids With JA

One of the best ways for your child to combat feelings of isolation that having arthritis may bring is to meet other children with arthritis. Often, shared experiences or perspectives can make for fast friendships and shared information about growing up with JA.

Get connected through the Arthritis Foundation. Events for juvenile arthritis families, such as Live Yes! Connect Groups for parents, JA days and summer camps, are held locally. The Arthritis Foundation also hosts an annual, national meeting for families, the JA Family Summit. Travel awards to attend may be available to offset costs.

Transitioning to Adulthood

Young people with rheumatic diseases have to take on new responsibilities as they enter the world of adult medical care. The Arthritis Foundation offers resources designed to help youths and their families develop the skills they need to successfully make the leap to independence. Find them at arthritis.org/JATransitions.

Scholarships

Our Arthritis Champions Scholarship program provides support to college students with rheumatic diseases. Scholarships are awarded to students who impact the arthritis community, serve as positive role models and leaders, and live their best life while empowering others to do the same. Learn more at arthritis.org/Scholarship.

Connect with other JA parents through Arthritis Foundation Live Yes! Connect Groups. Find one by visiting **ConnectGroups.arthritis.org**.

We realize you didn't sign up for arthritis. Our family is probably one you never planned to join. This is a special community where you'll find strength, support and solutions to live life to the fullest. Here are a few ways to start your journey:

I WANT TO CONNECT with people going through a similar experience. **Go to liveyes.arthritis.org**.

I WANT TO LEARN more and help my child. Go to **arthritis.org/JAPowerPack**.

I WANT TO ADVOCATE for my child and others with arthritis. **Go to arthritis.org/Advocate**.

I NEED PRACTICAL ADVICE AND RESOURCES to improve everyday life. Go to **arthritis.org/Juvenile-Arthritis**.

NEED HELP? Call us at 800-283-7800 or visit arthritis.org/I-Need-Help.

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