

Juvenile Arthritis

What is Juvenile Arthritis?

Juvenile arthritis (JA) is an umbrella term used to describe the many autoimmune and inflammatory conditions that can develop in children ages 16 and younger. Arthritis typically affects joints, but JA can involve the eyes, skin and gastrointestinal tract as well. There are several different types of juvenile arthritis, with the most common type being juvenile idiopathic arthritis (JIA).

What are the early symptoms of Juvenile Arthritis?

Pain- Pain right after he/she wakes up in the morning or after a nap. Their knees, hands, feet, neck or jaw joints may be painful. The pain may lessen as he/she starts moving for the day. JA-related pain may develop slowly, and in joints on both sides of the body rather than one single joint.

Stiffness- A child with JA may have stiff joints, particularly in the morning. They may hold their arm or leg in the same position, or limp. JA-related stiffness may be worse right after the child wakes up and improve as they start moving.

Swelling- Swelling or redness on the skin around painful joints is a sign of inflammation. A child may complain that a joint feels hot, or it may even feel warm to the touch. A child's swelling may persist for several days, or come and go, and may affect her knees, hands and feet

Fevers- a child with JA may have frequent fevers accompanied by malaise or fatigue. Fevers may come on suddenly, even at the same time of day, and then disappear after a short time.

Rashes- Many forms of juvenile arthritis cause rashes on the skin. Faint, pink rashes that develop over knuckles, across the cheeks and bridge of the nose, or on the trunk, arms and legs, may signal a serious rheumatic

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disease. These rashes may persist for days or weeks, and may not be itchy or oozing.

Eye problems- Persistent eye redness, pain or blurred vision may be a sign of something serious. Some forms of juvenile arthritis cause serious eye-related complications such as iritis (inflammation of the iris) and uveitis (inflammation of the eye's middle layer).

What treatments are there for Juvenile Arthritis?

Unfortunately, there is no cure for juvenile arthritis. The goal of treatment for JA is to relieve inflammation, control pain and improve the child's quality of life. Most treatment plans involve a combination of medication, physical activity, eye care and healthy eating.

Medications used to treat JA can be divided into two groups: those that help relieve pain and inflammation (nonsteroidal anti-inflammatory drugs, or NSAIDs, corticosteroids and analgesics) and those that can alter the course of the disease, put it into remission and prevent joint damage, a category known as disease-modifying anti-rheumatic drugs (DMARDs) and a newer subset known as biologic response modifiers (biologics).

Children with JA can benefit greatly from most types of exercise, especially activities that increase range of motion, build muscle, and promote balance. Although the exercises may make your child's muscles sore, they shouldn't cause any pain in the joint itself. Stop the exercise if your child complains of joint pain. If a joint is actively inflamed – hot or swollen – only do gentle range-of-motion exercises. Don't let your child place their full weight on that joint. Most important, don't begin any program of therapeutic exercise before checking with their doctor or therapist to verify that the exercises are appropriately targeting, without overtaxing, joints and limbs.

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It's also critically important that children with JA get proper nutrition, but it can be more challenging because the child's appetite may be suppressed by the disease itself or by the medication they take. Joint pain, fatigue, nausea and stomach pain all can take their toll on normal hunger cues. Kids with jaw pain or temporomandibular joint disorder (TMJ) may have difficulty chewing or swallowing food. Mechanical problems may come into play too, since cutting up and handling food may be hard for those with arthritis in the hands, fingers and wrists.

Conversely, some kids with arthritis are too heavy. Low activity due to the disease, and increased appetite from steroid treatments may be partly to blame. It's also important that these children get adequate calcium and vitamin D since steroid use can cause re-absorption of calcium from the bones.

For more information on Juvenile Arthritis, visit: <http://www.arthritistoday.org/about-arthritis/types-of-arthritis/juvenile-arthritis/>