



# ARTHRITIS, JUVENILE RHEUMATOID

## BASIC INFORMATION

### DESCRIPTION

A chronic inflammatory disease of the joints that affects children. The joints most often involved are the knees, hands, and feet. Symptoms vary from mild to severe. JRA may start at any age in childhood. Major types are:

- Pauciarticular (limited to a few joints; 40% to 50% of cases).
- Polyarticular (five or more joints involved; 35% of cases).
- Systemic-onset (involves at least one joint and involves inflammation of internal organs; 10% to 20% of cases).

### FREQUENT SIGNS AND SYMPTOMS

- The first symptoms are often noticed with physical or emotional stress. Symptoms may occur often or rarely.
- Stiffness in the morning or after a nap.
- Swelling, warm, painful, or aching joints. Children may not complain about joint pain.
- Limping. The child may refuse to walk without being able to explain why.
- Clumsiness.
- Fevers that come and go.
- Rash that comes and goes.
- Poor appetite and weight loss.
- Swelling of lymph nodes.
- Eye pain and redness.

### CAUSES

Unknown. It is probably caused by an autoimmune disorder in which the body's immune system attacks its own normal tissues. Infection may also be a factor.

### RISK INCREASES WITH

An inherited tendency.

### PREVENTIVE MEASURES

Cannot be prevented at present.

### EXPECTED OUTCOMES

Some cases are mild and may disappear at puberty. In other cases, it becomes a

progressive, crippling arthritis. Symptoms can usually be controlled with treatment.

## POSSIBLE COMPLICATIONS

- Eye complications.
- Permanent joint damage.



## DIAGNOSIS & TREATMENT

### GENERAL MEASURES

- Your child's health care provider will do a physical exam and ask questions about the symptoms. No one test is available to diagnose JRA. Medical tests may include blood and joint fluid studies and x-rays of the involved joints.
- Treatment involves steps to relieve symptoms, to preserve joint function, to prevent complications, and to help the child live as normal a life as possible.
- Treatment steps involve drug therapy, physical therapy, occupational therapy, and emotional help. You and your child's health care provider decide on a treatment plan depending on your child's special needs.
- Occupational therapy helps with activities of daily life.
- Help morning stiffness with a warm bath or shower, sleeping in a sleeping bag, doing range-of-motion exercises, or a heating pad or cold pack (if it feels better).
- Learning special techniques to control pain may help.
- Surgery may (rarely) be needed for joint problems.
- Eye exams at least twice a year will help detect any eye complications. Dental exams are also important.
- Children should attend regular school on a daily basis. Where needed, the school system should provide extra services to accommodate the child's needs.
- To learn more: American Juvenile Arthritis Organization, P.O. Box 7669, Atlanta, GA 30357; (800) 283-7800; website: [www.arthritis.org](http://www.arthritis.org).

### MEDICATIONS

- Aspirin or other nonsteroidal anti-inflammatory drugs to reduce pain and inflammation will be prescribed.
- Other drugs are usually prescribed to help alter the progress of the disease and prevent joint damage.

### ACTIVITY

- Physical therapy exercises will be prescribed. Some the child can do alone. Some the parents will perform for the child. It is important that the child does the exercises because they help control symptoms and prevent complications.
- Splints may be used to support and protect joints.
- In general, contact sports should be avoided. The child should be encouraged to participate in other sports and recreational activities.

### DIET

Provide a healthy diet. Maintaining a proper weight for age and height will help protect joints.



## **NOTIFY OUR OFFICE IF**

- Your child has symptoms of juvenile rheumatoid arthritis.
- After diagnosis, new or worsening symptoms occur.

