

# My child has polyarthritis

## A guide to the condition and its treatment

► Other forms of JIA are: Systemic JIA, Oligoarthritis and Enthesitis-related JIA. For further information on any of these, visit [arthritiscare.org.uk](http://arthritiscare.org.uk)

► For more information on how to manage your child's arthritis, read our booklet *My Child has Arthritis*.

### What is polyarthritis?

The word 'arthritis' literally means inflammation of the joints. Arthritis that affects children under the age of 16 is known as juvenile idiopathic arthritis, or JIA, and in the UK there are around 15,000 children with some form of JIA.

Polyarthritis is a type of childhood arthritis in which five or more joints are affected (poly means 'many'), and usually affects the same joints on both sides of the body. There are two forms of polyarthritis, defined by the presence or absence of rheumatoid factor (RF), a protein in the blood. RF negative is the more common form.

Of all children with some form of arthritis, about one in four will have polyarthritis. It tends to affect more girls than boys, and usually starts either before the age of seven, or in later childhood. At least a third of children will have arthritis lasting into adulthood. This is more likely for children with the RF positive form of polyarthritis.

### Why does arthritis occur?

It is not clear exactly what causes arthritis, and different types of arthritis may have different causes. (The word 'idiopathic' means of unknown cause.) JIA is thought to stem from a combination of genetic and environmental factors and an immune system disorder. It is extremely rare for more than one family member to be affected.

### What are the symptoms?

The symptoms of polyarthritis can appear either gradually or quickly. They include:

- swelling and pain around the hands, wrists, ankles and feet, or in other joints around the body - stiffness may also be a problem
- tiredness
- painless but serious inflammation in the eyes (chronic anterior uveitis).



## How is it diagnosed?

There is no definite test to diagnose polyarthritis, and diagnosis can take a while. Your child will see a specialist with experience of arthritis in children and young people. Polyarthritis is diagnosed on medical history and symptoms and by examination, not on blood tests, although your child may be sent for x-rays to exclude other causes of joint pain.

## How will it affect my child?

Polyarthritis affects different people in different ways, but it is common to experience pain, stiffness and fatigue. Typically, there will be times when the symptoms of arthritis improve or even disappear (referred to as going into remission), and times when they worsen (known as flare-ups).

Polyarthritis differs in form and severity from one child to another. Your child may experience one or two episodes that settle with treatment, or have relapses and need intermittent treatment, or need ongoing treatment into adulthood and be at risk of joint damage.

## How is it treated?

Although there is no cure for arthritis, there are many effective treatments that can enable your child to live a happy and healthy life. Medication for arthritis in children has improved a lot in recent years, and ongoing research is improving our understanding of the condition all the time.

Medication for polyarthritis can include:

- non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen or diclofenac to reduce pain and inflammation, taken in tablet or liquid form
- steroids to reduce inflammation, either by injection into the joint or by drops into the eye to reduce eye inflammation
- disease-modifying anti-rheumatic drugs (DMARDs) such as methotrexate to stop arthritis progressing, taken in tablet or liquid form or by injection
- biologic drugs (if methotrexate does not work by itself) such as etanercept (Enbrel) for children aged 2–17, or adalimumab (Humira) for those aged 4–17.

It is important that your child takes all medication as directed by your doctor but if you or your child do have problems or concerns, never hesitate to discuss these with your healthcare team. As your child grows up it is increasingly important that they are also involved in this shared decision-making process.

Some children experience side effects from medication, but the risks of these need to be balanced against the risk of untreated arthritis, which can lead to permanent joint damage.

A few young people with polyarthritis may need to have damaged joints surgically replaced, although with the earlier use of new drug therapies this likelihood will hopefully reduce.

Physiotherapy and regular exercises are also an important part of treatment for polyarthritis. The use of hot and cold packs, warm baths and gentle massage may all help reduce your child's pain or discomfort.

► For ways to improve the symptoms of oligoarthritis, see our *Managing Pain and Exercise and Arthritis* booklets.

The availability of biologic drugs may vary across the UK. These drugs are all approved by NICE, The National Institute for Health and Care Excellence.

► If you want to check that all your child's needs are being considered by doctors, you can view and download the Arthritis and Musculoskeletal Alliance (ARMA) Standards of Care for Children and Young People with Juvenile Idiopathic Arthritis. Go to: [arma.uk.net](http://arma.uk.net)

### Would you like to help us further our understanding of polyarthritis?

Many paediatric rheumatology units take part in clinical research programmes, which can include basic science research looking for biological causes or cure; clinical research looking for better treatments; research seeking to improve psychological and social outcomes; or health service research to improve care management at a service level.

If you and your child might be interested in taking part in a research programme, you can find out further information at: [crn.nihr.ac.uk/children/](http://crn.nihr.ac.uk/children/)

Taking part in such research can play an invaluable part in furthering our understanding of arthritis in children. It is completely voluntary and you and your child will always be provided with information you need to make a decision as to whether or not to take part.

## How do I find the right treatment for my child?

Before your child is given any treatment, you should have the opportunity to discuss with your doctor what the treatment is, how it is to be administered and any possible side effects. Once children reach 16 years of age, they are able to consent to their own treatment.

The right treatment for your child may change over time. You will need to work closely with your child's healthcare team on an ongoing basis, so that they understand your child's needs, and you understand all the treatment options available.

## Your child's healthcare team

You and your child will come across numerous health and care professionals. Which specialists you meet and how they work together will depend on your child's particular needs and circumstances, as well as on the way healthcare services are structured in your region. Some of the key ones are:

- general practitioner (GP)
- rheumatology consultant
- specialist nurse
- occupational therapist (OT)
- physiotherapist
- podiatrist
- orthotist
- ophthalmologist
- orthopaedic consultant
- psychologist

You will meet some of these people regularly over several years, often acting as a link between them, sharing information and chasing up actions. Developing good, positive relationships with them can be hugely beneficial.

## Transition

As your child grows up, it is important that they begin to take charge of their own healthcare, including managing their arthritis. As they get older they will be encouraged to see their healthcare team members on their own or (at least for part of their visit). This will help them begin to look after their own medication, and to become more knowledgeable and more involved in decision making around their arthritis and treatment.

This move into adult healthcare services is sometimes called transitional care and usually starts in early adolescence. It can feel like quite a leap, because adult healthcare usually involves seeing different doctors and nurses, often in different hospitals.

If your child's arthritis has been diagnosed in a paediatric rheumatology service and they are still requiring rheumatology care in their mid teens, the rheumatology team will also discuss with them and you about the transfer of their care to an adult rheumatology service. Research has shown that when young people and their carers are well prepared for this move they find it easier to cope in the new situation.



## ARTHRITIS CARE

### Here for you

Here at Arthritis Care we believe there is always something you can do to reduce the impact of arthritis, whether it's finding out more about the type of arthritis your child has, meeting up with others at a parent group or by encouraging your child to attend one of our social weekends.

### Talk to us

The Source is our free helpline for young people and their families. Talking about arthritis, sharing your concerns and how you feel can really help. The Source is run by people with experience of arthritis who are here to listen and help you find answers to your questions. You can call them on 0808 808 2000 (weekdays 10am–4pm) or email: [TheSource@arthritiscare.org.uk](mailto:TheSource@arthritiscare.org.uk)

The Source can:

- help you with any questions you have about arthritis
- be there to listen if you need someone to talk to
- tell you more about the young people's forum
- tell you about services, courses and support for you in your area.

We're here with free, up-to-date information about arthritis. You can download leaflets on childhood arthritis including:

- *My Child has Arthritis – a practical guide for parents*
- *My Child has Oligoarthritis – a guide to the condition and its treatment*
- *My Child has Polyarthritis – a guide to the condition and its treatment*
- *My Child has Systemic – a guide to the condition and its treatment*

There is also *Kids with Arthritis – a guide for families* by Carrie Britton PhD (4th edn, 2006), available by contacting The Source. A bilingual version in Welsh and English is also available.

### Can you do something to help?

We hope this leaflet has been useful to you. It's just one of our many publications that are free to anyone who is affected by arthritis. Every year over 1000 people under 16 will develop inflammatory arthritis in the UK. The challenges of living with arthritis are too often overlooked and underestimated. We're here to change that. Now more than ever we need people like you to lend their time, experience and voice to help others.

To find out more go to [arthritiscare.org.uk](http://arthritiscare.org.uk), call the free helpline weekdays on 0808 800 4050 or contact one of our offices.

### Contact us

#### The Source helpline:

0808 808 2000

(weekdays 10am–4pm)

[TheSource@arthritiscare.org.uk](mailto:TheSource@arthritiscare.org.uk)

#### Our offices:

England:

020 7380 6540

Northern Ireland:

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Scotland:

0141 954 7776

Wales:

029 2044 4155

#### Our website:

[arthritiscare.org.uk](http://arthritiscare.org.uk)

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Last reviewed 2016; next review 2017. Please check our website for up-to-date information and reference sources or call 020 7380 6577.



Arthritis Care is a certified member of The Information Standard. This means that you can be confident that Arthritis Care is a reliable and trustworthy source of health and social care information.