



My child has polyarthritis JIA

A guide to the condition and its treatment

► Other forms of JIA are: Systemic JIA, Polyarthritis JIA and Enthesitis-related JIA. For information and factsheets on these, visit arthritiscare.org.uk

What is polyarthritis JIA?

The word 'arthritis' means inflammation of a joint. Arthritis that develops before the age of 16, and is not due to another identifiable condition, is known as juvenile idiopathic arthritis, or JIA. In the UK, there are around 15,000 children with some form of JIA.

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

About 1 in 4 of all children with JIA will have polyarthritis JIA. 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 with JIA will have arthritis lasting into adulthood. This is more likely for children with the RF positive form of polyarthritis (also known as polyarthritis JIA).

Why does arthritis occur?

It is not clear exactly what causes arthritis, and different types of arthritis may have different causes. JIA is thought to stem from a combination of genetic and environmental factors, and is an autoimmune condition (i.e. the body's immune system mistakenly attacks the body's own tissues). It is extremely rare for more than one family member to be affected.

What are the symptoms of polyarthritis JIA?

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

- swelling and pain around joints
- stiffness may also be a problem
- tiredness
- painless inflammation in the eyes (known as chronic anterior uveitis).

► This factsheet only outlines the medical aspects of polyarthritis JIA. For more information on how to manage arthritis during childhood, see our booklet, *My Child has Arthritis*.

How is it diagnosed?

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

How will it affect my child?

Polyarthritis JIA affects people in different ways, but pain, stiffness and fatigue are common symptoms. 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 JIA differs in form and severity from one child to another. Your child may experience one or two episodes that clear up after starting treatment, have relapses and need intermittent treatment, or need ongoing treatment into adulthood and be at risk of joint damage.

How is it treated?

Medication for polyarthritis JIA 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
- an anti-acid medication may be prescribed with long-term use of NSAIDs to reduce the chance of stomach irritation
- disease-modifying anti-rheumatic drugs (DMARDs) such as methotrexate to stop arthritis progressing, taken in tablet or liquid form, or by injection
- if methotrexate does not work by itself, an 'anti-TNF alpha' biologic medication is usually recommended.

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, discuss these with your healthcare team. As your child gets older, it is increasingly important that they are also involved in this shared decision-making process.

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

A few young people with polyarthritis JIA may need to have damaged joints surgically replaced or fused (stuck together).

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

► See our booklets *Exercise and Arthritis* and *Managing Pain* for more advice on how to live well with arthritis.

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

► 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

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

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 are interested in taking part in a research programme, you can find further information at: nihr.ac.uk/nihr-in-your-area/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 and how it is to be administered and any possible side effects. Once children reach 16 years of age, they can 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 may meet 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 the way healthcare services are structured in your region. Healthcare professionals you may work with include the following:

- 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 and sharing information. 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 on their own or at least for part of their visit, which will help them 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 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

How Arthritis Care can help you

Want to talk to someone about your arthritis?
Or read more about the condition?

Call our free, confidential Helpline on 0808 800 4050 for information and support. We're open weekdays from 09:30 to 17:00 – we'd really like to hear from you.

We have over 40 free booklets and factsheets on various aspects of arthritis, from diet and surgery, to managing pain and fatigue. These can be sent to you in the post – just ask our Helpline staff for details.

Go online

You can download all our booklets and factsheets as PDFs from arthritiscare.org.uk/information

We also have an Online Community, where you can chat to others with arthritis, and can be reached at arthritiscareforum.org.uk



Arthritis Care and Arthritis Research UK have joined together to help more people live well with arthritis. Read how at arthritiscare.org.uk/merger. All donations will now go to Arthritis Research UK and be used to help people with arthritis live full and active lives in communities across England and Wales, Scotland, and Northern Ireland.

Thank you

Contact us

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Latest version: October 2017. Due for review: December 2019. ISBN: 978-1-99 97492-0-0

Please check our website for up-to-date information and reference sources or call 020 7380 6577.



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