

# JUVENILE IDIOPATHIC ARTHRITIS

## What is juvenile idiopathic arthritis (JIA) and what are its symptoms?

Juvenile idiopathic arthritis is the most common cause of pain in children, that lasts for more than 6 weeks. Most common symptoms include:

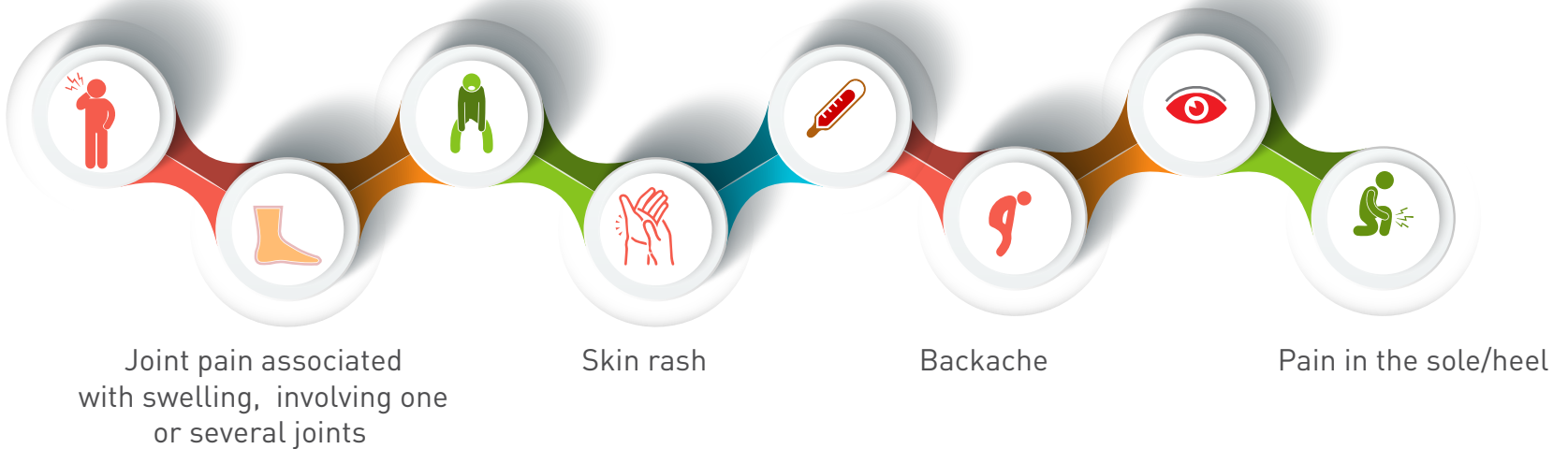


Stiffness in the morning

Fatigue

Fever

Red eye



## What are its complications?

The complications can vary with the type of JIA. In systemic onset JIA, complications include fluid accumulation around the heart or lungs, and marked weight loss. Some types of JIA may affect the length of the limbs, or cause hip joint damage and joint deformities. Inflammation in the eye may cause redness of eyes, blurring of vision or gradual visual loss.

## What causes JIA?

The exact reason for JIA is unknown. Genes and environmental factors are believed to play a role. However, it is not essentially a hereditary disease as only 5% of children have a family history.



## How is JIA diagnosed?

There is no definitive diagnostic test for JIA. The diagnosis is made based on the evaluation of symptoms and signs. Some simple tests are also conducted to rule out other diseases and assess the severity of the disease.

## How is JIA managed?

The disease varies between individuals. In about one-third of children, the disease resolves completely. However, some continue to have recurring episodes during adulthood; and in a small fraction of individuals, the disease may be present throughout.

Medications such as NSAIDs may help provide immediate pain relief. Some children may need injection of steroids into the affected joints. Disease-modifying drugs (such as methotrexate) may be required in many children.

In addition to the medications, a balanced diet, splints to prevent contractures, physiotherapy and psychological support are also needed.

## How long has the treatment to be continued?

The treatment duration varies with the type of JIA. In oligoarticular type of JIA, only short term treatment is required. However, in majority of the children, long term treatment is required. Once the disease is controlled, the medications are gradually reduced and then stopped.



## What dietary precautions should the child take?

There is no relationship between any specific food and JIA. Overall, a balanced diet should be provided for the maintenance of muscle mass, bone strength and adequate hemoglobin. Foods such as potatoes and pulses have not been shown to increase joint pains. A child being treated with steroids should avoid foods rich in fat and salt.

## What are the long term outcomes?

Overall, JIA can be managed well. Good outcomes depend on early and effective treatment for controlling disease activity. However, 50% of children will have some joint pain during adulthood. Most children can attain a good education level and are employable. All efforts should be made to help the child attending school. Some children may need assistance during disease flares; a discussion with the class teacher often helps. With early management, most children can study and pursue a profession. However, some children may have a physical limitation and, thus, cannot undertake jobs involving physical work. Discussing career-related decisions with a physician may help.



## Does JIA have any effect on puberty?

In most children, if the disease is well controlled, there is no impact on pubertal growth. However, in some children (those with the systemic onset and polyarticular types of JIA), puberty may be delayed.