

ADVANTAGE

Juvenile Arthritis



July 1 2019



Juvenile arthritis is not one condition but rather a group of conditions affecting the joints of children under 16, the most common of which is Juvenile Rheumatoid Arthritis (JRA), now known as Juvenile Idiopathic Arthritis (JIA). JIA is an autoimmune disease, which attacks and causes inflammation of the lining of joints, called the synovium, and it has to last for more than 6 weeks for it to be chronic. The cause is unknown and it may involve one or more joints. Six different types of the disease have been described.



Questions

for Dr Thapelo Motshudi

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1 What are the symptoms?

JIA can start suddenly, or it can progress slowly over time, typically starting with morning stiffness. Patients can also experience stiffness after long periods of sitting or inactivity and there is joint pain during the day. Sometimes the child may have a limp in the morning that improves with time. In toddlers, parents may notice that they no longer stand in the crib in the morning or after naps.

Sometimes children will stop using the affected joint, rather than complain of pain, which can then lead to contractures and decreased range of movements. Children with JIA may have a history of school absenteeism, or they may display an inability to participate in physical education classes.

In addition, JIA is characterized by spiking fevers, typically occurring once or twice each day at about the same time of day, with temperature returning to normal or below normal. A rash that might or might not be itchy and which lasts a few hours, might accompany this. Other than the more common joint pain and swelling, these children also tend to suffer from fatigue, loss of appetite, inflammation of the eyes, swollen lymph glands and difficulty with dressing and playing.

2 How is the diagnosis made?

Symptoms of arthritis must be present for six weeks before the diagnosis of JIA can be made. A complete medical history will be obtained, after which a physical examination is performed. It is important that other similar-appearing conditions be excluded. Your doctor will then request a number of blood tests, which are not specific and can also be positive in other conditions. The next step is imaging tests, and these show the extent of damage to the bones. They include x-rays, CT scans, MRI scans, or nuclear medicine scans which use radioactive substances.

3 What are the complications?

A potential complication is inflammation of the eyes, called uveitis. If this condition is left untreated, it may result in cataracts, glaucoma or even blindness. Eye inflammation frequently occurs without symptoms, so it's important for children with JIA to be examined regularly by an ophthalmologist.

Arthritis can interfere with the child's growth and bone development. In addition, some medications used for treatment, mainly corticosteroids, can inhibit growth and lead to other complications. If the condition is left untreated the child can also develop deformities of the fingers, knees or other affected joints.

4 How is JIA managed?

The aim of treatment is to help the child maintain a normal level of physical and social activity. To achieve this end, a number of interventions are employed which include relief of pain and swelling, maintenance of a full range of movements & strength, and to prevent complications. Typical medications include nonsteroidal anti-inflammatory drugs (NSAIDs), like Ibuprofen. If these fail to work doctors add what are called disease-modifying antirheumatic drugs (DMARDs) to slow the progress of the disease, a common example of which is Methotrexate. Other commonly used drugs are corticosteroids, which treat inflammation. However, they can interfere with normal growth and increase the risk of getting infections, so they are generally used for the shortest possible duration.

Physiotherapists are a critical part of the management team, because they help to keep joints flexible and maintain a normal range of motion and muscle tone. Occupational therapists assist with protective equipment for the child if necessary. These include joint supports or splints. In very severe cases, surgery may be needed to improve the position of a joint.

5 Additional support

Children with JIA should attend school, participate in extra-curricular and family activities, and live life as normally as possible. Exercise and weight control are also critical. Parents of affected children should consider contacting their local arthritis support group for additional assistance. This will also create an opportunity for children to interact with other kids who have the same condition, so they do not feel isolated.