

When Your Child Has Arthritis

People typically think of arthritis as an older person's disease. But for nearly 300,000 American children, the joint pain, swelling, and loss of mobility from juvenile arthritis (JA) are all too real, says the American Academy of Orthopaedic Surgeons (AAOS).

While osteoarthritis, which results from the breakdown of joint material over time, is far more common among adults with arthritis, this scenario is far less common in children. In kids with arthritis, the condition is almost always an autoimmune disease, where the body's immune system attacks its healthy cells and tissues.

There are three main types of juvenile arthritis:

- Oligoarticular (which attacks five or fewer joints)
- polyarticular (which strikes more than five joints)
- Systemic (which can cause rash, fever, and problems with other organs of the body, as well)

The AAOS says that about 50% of kids with JA have the oligoarticular type, 30% have polyarticular, and 20% have systemic.

How is juvenile arthritis diagnosed?



Diagnosing JA in kids can often be challenging, says Gary I. Kleiner, M.D., Ph.D., a pediatric allergy and immunology specialist with the University of Miami Health System. No blood test can immediately identify the disease, and specialists will often try to rule out other conditions first before arriving at a diagnosis of JA.

What's more, the symptoms present with JA can vary widely and include everything from joint pain to rash to fever. Some symptoms may overlap with other common childhood symptoms, such as growing pains.

For that reason, Dr. Kleiner recommends that parents be an advocate for their kids if they suspect that they might have JA. "In this age of telemedicine, a physical examination is critically important for helping us diagnose juvenile arthritis," he says. "With a physical exam, we can easily identify signs such as joint inflammation, swelling, and restricted movements. We can also determine if other organ systems are affected, such as the eyes, heart, and more."

Parents should take their child to see a pediatrician and a pediatric immunologist or rheumatologist. "There's a big difference in how juvenile arthritis should be treated when compared to adult rheumatoid arthritis, and a pediatric specialist can help determine the correct treatment for your child," he says.

What are the treatments for JA?

The good news? Treatments have improved dramatically in recent years. Once the condition is identified, several medications are available that can help reduce joint pain and swelling and improve mobility. For children with complications related to other organs, medication can also help in these situations.

Dr. Kleiner says that the first line of treatment for JA is typically nonsteroid anti-inflammatory drugs or NSAIDs. Often, these medications effectively alleviate many

of the symptoms of JA without the side effects of other medications.

If NSAIDs are ineffective, then Dr. Kleiner typically moves on to a newer class of drugs known as biologic agents. Rather than simply relieving inflammation, biologic agents identify the chemicals that cause inflammation in the body and stop them from causing it in the first place.

While Dr. Kleiner says that a good medication regimen is the mainstay of JA treatment, regular exercise and physical or sports medicine therapy also play a role. These forms of treatment can help a child with JA improve mobility and muscle tone. When juvenile arthritis symptoms are managed successfully, most kids can participate in sports and other exercises without any problems.

Wyatt Myers is a contributing writer for UMiami Health News.

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