My child has oligoarthritis JIA

A guide to the condition and its treatment

What is oligoarthritis JIA?

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. In the UK there are around 15,000 children with some form of JIA.

Oligoarthritis JIA (also known as oligoarthritis) is the most common type of JIA. It affects four joints during the first six months. After the first six months, more joints can be affected in time; this is called extended oligoarthritis.

About 1 in 3 of all children who live with some form of arthritis have oligoarthritis JIA. It tends to affect more girls than boys, and usually starts before the age of six.

Why does arthritis occur?

It is not clear exactly what causes arthritis, and different types 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 is an autoimmune condition, meaning that the body’s immune system irritates organs. It is extremely rare for more than one family member to be affected.

What are the symptoms of oligoarthritis?

The symptoms of oligoarthritis JIA can include:
• limping, showing discomfort or complaining when trying to stand or walk, especially in the morning.
• pain and swelling in joints, particularly the knees and/or ankles, which lasts for more than six weeks.
• eye inflammation (uveitis) in the middle layer of the eye. It is important that your child has specialist eye examinations to detect and treat it early.

FACTSHEET

See the Arthritis Care resource My Child has Arthritis for more information on the other aspects of the condition.
How is it diagnosed?

There is no specific test to diagnose oligoarthritis JIA, and diagnosis can take a while. Your child will see a specialist with experience of arthritis in children and young people. Oligoarthritis JIA is diagnosed on medical history, 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?

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

Flare-ups tend to be unpredictable and can be made worse by infections. It can be difficult to know what is an infection and what is a flare-up, so if you are at all concerned, seek medical attention.

Oligoarthritis JIA 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?

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 oligoarthritis 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
• an anti-acid medication may be prescribed to reduce the chance of stomach irritation
• steroids to reduce inflammation, either by injection into the joint or by drops into the eye to reduce eye inflammation
• (rarely used to treat oligoarthritis) disease-modifying anti-rheumatic drugs (DMARDs) such as methotrexate to stop arthritis progressing, can be taken in tablet or liquid form or by injection.

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, speak to a healthcare professional. 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.

Physiotherapy and regular exercises are also an important part of treatment for oligoarthritis JIA. And the use of hot and cold packs, warm baths and gentle massage may all 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.
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 social 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. 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 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 was diagnosed in a paediatric rheumatology
service and they are still requiring rheumatology care in their teenage
years, 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 with their new situation.
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

Our Helpline:
0808 800 4050

Our website:
arthritiscare.org.uk

Our offices:
England:
020 7380 6540

Northern Ireland:
028 9078 2940

Scotland:
0141 954 7776

Wales:
029 2044 4155

Social media:

@arthritiscare

facebook.com/arthritiscare

@arthritiscareuk

Note: This information sheet may be photocopied and distributed freely on the condition
that it is reproduced in its entirety and that it is not quoted without acknowledgement.