



My child has oligoarthritis JIA

A guide to the condition and its treatment

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

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.

► 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 arthritis* for more advice on how to live well with arthritis.

► 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 oligoarthritis JIA?

Many paediatric rheumatology units take part in clinical research programmes. This 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 childhood. It is completely voluntary and you and your child will be given all the 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 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.



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 arthritisresearchuk.org/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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