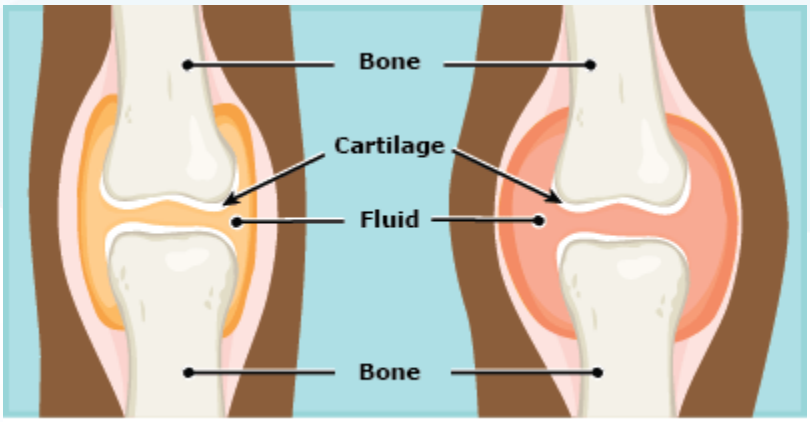
Juvenile Chronic Polyarthritis

Juvenile idiopathic arthritis is the most common of all forms of arthritis affecting children. It was once known as juvenile rheumatoid arthritis, but it was changed to reflect the differences between adult forms of rheumatoid arthritis and childhood arthritis.

Polyarthritis affects five or more of the joints within the first six months. Often, it is the same joints on both sides of the body. Polyarthritis affects the jaw and neck joints, as well as the small joints, such as those in the feet and hands. It tends to be more common in girls than it is in boys.

Juvenile Chronic Polyarthritis Anatomy

JIA is a chronic disease affecting joints in various parts of the body. In this particular disease, the immune system targets the synovium mistakenly. The synovium is the tissue lining the inside part of the joint. It responds by making excess fluid, which leads to pain, stiffness and swelling. The inflammation process and synovium process can spread into the surrounding tissues, which over time can damage the bone and the cartilage. The eyes can also be affected by inflammation. Without proper treatment, it can interfere with the normal development and growth of the child.



How to Treat Juvenile Chronic Polyarthritis:

1. **Non-Steroidal Anti-Inflammatory Medication**
   These medicines tend to provide a great deal of pain relief and reduce the amount of swelling in the joint, but they don't affect the prognosis of the arthritis. Some require prescriptions, while others can be bought over the counter. Discuss the pros/cons of anti-inflammatory use with your pediatrician as some believe it should only be used in the short term.

2. **Corticosteroids**
   In patients that have extremely swollen and painful joints, these medications are quite effective when given as an injection into the affected joint. If there are several joints that are injected or if the child is younger, sedation is often required. In patients that have more severe cases of the disease, these medications might have to be given as pills. When given by mouth, they are effective, but they can have significant side effects when used for a long period of time. Doctors try to avoid using these medications in children because they can interfere with the growth of the child.

3. **Biological Modifying Agents**
   Biological agents target the molecules or proteins within the immune system responsible for causing the inflammation. They are either given by infusion or injection. They are used to treat children with more severe forms of arthritis that aren't responding to other medications.

4. **Promote Activity**
   Activity and exercise are two of the best defenses against pain and stiffness. Try to find a sport that your child enjoys and with some motivation, they might find they not only get pain relief but it provides their muscles and joints longer term strength. Swimming can be of particular benefit. Discuss what exercises and activities should be done with your therapist.

Tips:

- Thanks to modern physical, medical and occupational therapy, it is entirely possible to achieve good control of the arthritis, enable normal function and prevent joint damage.
- Early treatment and detection will help to control inflammation, maintain your child's ability to function and prevent joint damage.
- Occupational and physical therapy are good for reducing pain, maintaining muscle tone, improving mobility and preventing any permanent handicaps.
- Braces or splints might need to be used for helping to protect the joint as the child grows older.
- Special accommodations with the school system might be required to adjust for children who have limitations from their arthritis.