

JUVENILE IDIOPATHIC ARTHRITIS

Arthritis is inflammation of the joints, causing them to be swollen, painful and stiff. Juvenile idiopathic arthritis (JIA) affects children under 16 years in one or more joints for more than six weeks. JIA is a chronic condition that can persist for years. JIA is classified depending on the number of joints involved and other features.

Oligoarticular JIA - is the most common type of JIA and affects four or fewer joints. Symptoms are swollen, painful joints, particularly the knees and / or ankles. Eye inflammation is common and specialist eye checks are needed. Many children with oligoarthritis improve after time, but if a few joints remain swollen, the disease is termed persistent oligoarthritis. It tends to affect girls more than boys.

Polyarticular JIA - is when five or more joints are affected in the first 6 months of the illness. As well as pain and stiffness in joints other symptoms include tiredness and eye inflammation.

Systemic onset JIA - is a rare type of arthritis in which joint pain is accompanied by general illness. It begins with symptoms such as fever, rashes, lethargy (tiredness) and swelling of the lymph glands in the neck, underarm and groin. Rarely, the lining of the heart (pericarditis) or lungs (pleuritis) may become inflamed.

Enthesitis related arthritis - occurs due to inflammation of tendons or ligaments where they attach to bone. The condition may also cause painful areas in the soles of the feet or other areas around the knees or hips.

Psoriatic Arthritis - describes a small group of children with JIA whose arthritis may occur in conjunction with psoriasis, which is a red, silvery, scaling rash most commonly occurring on the elbows and knees.

*Children's needs are **individual**; some children may require additional support:*

- Administration of medication for painful joints
- Aspects of personal care, e.g. dressing, feeding skills, toileting
- Fatigue associated with increased effort required to complete tasks
- Fine motor skills, e.g. hand skills, co-ordinating two-handed tasks
- Gross motor skills particularly affecting physical education
- ICT - specially adapted keyboards, or other input devices linked to a computer
- Mobility e.g. moving around rooms, negotiating steps, etc.
- Specialist seating to support posture, e.g. feeding, table top tasks
- Visual information requiring advice from vision specialists

The Children's Chronic Arthritis Association: www.ccaa.org.uk