

Arthritis - juvenile

Juvenile arthritis is a general term that describes all types of arthritis diagnosed in someone under the age of 16 years.

Arthritis is a general term describing over 100 different conditions that cause pain, stiffness, swelling and often inflammation in one or more joints. It is commonly believed that arthritis only affects older people, but around one in every 1,000 children has some form of juvenile arthritis. It is one of the most common chronic conditions to affect children.

The cause of juvenile arthritis is not known. We do know that juvenile arthritis is an autoimmune disease. The normal role of the body's immune system is to fight off infections, however when a person has an autoimmune disease, the immune system starts attacking the body's healthy tissues. In juvenile arthritis, the immune system targets the lining of the joints, causing inflammation and joint damage.

Other names for juvenile arthritis include juvenile rheumatoid arthritis, juvenile idiopathic arthritis, juvenile chronic arthritis and Still's disease.

Symptoms of juvenile arthritis

Some of the symptoms of juvenile arthritis can include:

- Joint pain
- Joint swelling
- Joint stiffness
- Fever and general feeling of being unwell
- Skin rashes
- Anaemia
- Vision problems.

Different types of juvenile arthritis

There are different types of juvenile arthritis, including:

- Oligoarticular arthritis.
- Systemic onset arthritis
- Polyarticular arthritis
- Enthesitis-related arthritis
- Psoriatic arthritis
- Unclassified juvenile arthritis.

Oligoarticular arthritis

Oligoarticular arthritis is the most common form of juvenile arthritis. It may also be called pauciarticular arthritis – 'oligo' and 'pauci' mean not many or few joints are affected.

Characteristics include:

- Starts between the ages of two and four years
- More common in girls
- The risk of an eye condition called uveitis, which involves inflammation of the inner eye.

There are two types of oligoarticular arthritis based on the number of joints involved:

- **Persistent oligoarticular** – no more than four joints inflamed after six months
- **Extended oligoarticular arthritis** – up to four joints inflamed in the six months after the onset of symptoms, and more joints inflamed after six months.

Systemic onset arthritis

Systemic onset arthritis means many areas of the body are affected at the same time. It is the least common type of juvenile arthritis.

Characteristics include:

- Affects boys and girls equally
- Affects joints and other parts (systems) of the body such as the skin or internal organs
- Often causes a fever and a skin rash.

Polyarticular arthritis

Polyarticular arthritis means five or more joints are affected. 'Poly' means many.

Characteristics include:

- Starts between the ages of one and twelve years
- More common in girls.

There are two types of pauciarticular arthritis based on whether rheumatoid factor (RF) is found in the blood:

- **Polyarticular arthritis – rheumatoid factor negative**
- **Polyarticular arthritis – rheumatoid factor positive.**

Enthesitis-related arthritis

Enthesitis means inflammation of the places where tendons attach to bone (entheses). Other names for this type of arthritis include juvenile spondylitis and juvenile spondyloarthropathies.

Characteristics include:

- Tends to target the large joints of the legs, the spine and the entheses
- More common in boys than girls
- Usually develops in late childhood or adolescence.

Psoriatic arthritis

Psoriatic arthritis includes inflammatory arthritis of the joints and the skin condition, psoriasis.

Characteristics include:

- The psoriasis and arthritis may not develop at the same time – the skin condition may come first or second
- More common in girls
- Develops in preschool children, or at around 10 years of age
- There may be a family history of psoriasis.

Unclassified juvenile arthritis

This is where the condition does not fit any of the types of juvenile arthritis.

Diagnosis methods for juvenile arthritis

Juvenile arthritis is diagnosed using a number of tests including:

- Medical history
- Physical examination
- Blood tests – however most children diagnosed with juvenile arthritis do not have rheumatoid factor in their blood, so blood tests do not eliminate juvenile arthritis
- X-rays
- Eye examination.

Treatment options for juvenile arthritis

In most cases, early diagnosis and treatment means a good outlook for the child with juvenile arthritis. Doctors, nurses, physiotherapists, occupational therapists, dietitians, podiatrists, psychologists and social workers may all be a part of the team that treats the child. As there are different types of juvenile arthritis, and each affects a child differently, treatment needs to be tailored to each child.

Treatments may include:

- Therapy to strengthen muscles, keep the joints flexible and encourage normal limb development
- Medications to control inflammation and pain and to prevent long-term damage to joints
- Special steroid (cortisone) eye drops to treat uveitis
- Exercise to help maintain muscle strength and joint flexibility and assist in managing pain.

Where to get help

- Your doctor
- NURSE-ON-CALL Tel. 1300 60 60 24 – for expert health information and advice (24 hours, 7 days)
- A specialist paediatric rheumatologist
- Arthritis Foundation of Victoria Tel. (03) 8531 8000 or 1800 011 041

Things to remember

- Juvenile arthritis is a general term describing several types of arthritis diagnosed sometime between birth and 16 years of age.
- Symptoms of juvenile arthritis include joint pain, swelling and stiffness.
- In most cases, early diagnosis and treatment mean a positive outlook for the child with juvenile arthritis.

This page has been produced in consultation with, and approved by:

Arthritis Victoria incorporating Osteoporosis Victoria

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