

Arthritis - juvenile

Juvenile arthritis is a general term that describes seven types of arthritis diagnosed sometime between birth and 16 years of age.

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 have some form of juvenile arthritis.

The cause of juvenile arthritis is not known. Genes are thought to cause or contribute to some types, but lifestyle factors or triggers have not been found to explain why arthritis occurs in some children. Prevention is not possible, since the cause is not known.

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

Symptoms

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

The seven different types of juvenile arthritis include:

- Oligoarthritis, pauciarticular and monoarticular arthritis
- Extended oligoarthritis
- Systemic onset arthritis
- Polyarticular arthritis – rheumatoid factor negative
- Polyarticular arthritis – rheumatoid factor positive
- Enthesitis related arthritis
- Psoriatic arthritis.

Oligoarthritis, pauciarticular and monoarticular arthritis

Oligoarthritis is the most common form of juvenile arthritis.

Monoarticular arthritis means that only one joint is affected in the six months after the onset of symptoms. Oligoarthritis and pauciarticular arthritis mean that four or less than four joints are affected.

Characteristics include:

- It often starts when the child is two or three years old with girls more susceptible than boys.
- Oligoarthritis doesn't normally target the same joint on both sides of the body.
- This type of arthritis includes the risk of an eye condition called uveitis, which involves inflammation of the inner eye. This may cause permanent eye damage if not treated.
- Pauciarticular arthritis can cause the long bones to grow at different rates, possibly causing a limp and damage to the affected joints.

Extended oligoarthritis

Extended oligoarthritis means more than four joints are affected in the six months after the onset of symptoms.

Characteristics include:

- Girls are more susceptible than boys.
- This type of arthritis normally targets the same joint on both sides – for example, both knees.
- The child is still at risk of the eye condition uveitis.

Systemic onset arthritis

Systemic onset arthritis means many areas of the body are affected at the same time.

Characteristics include:

- Boys and girls are equally at risk with this type.
- Usually, illness and fever are the first symptoms. The child may have swollen lymph glands and a skin rash.
- Organs such as the heart, spleen, lymph nodes and heart may be targeted as well as joints.

Polyarticular arthritis – rheumatoid factor negative

Polyarticular arthritis means more than five joints are affected, while rheumatoid factor negative refers to a particular antibody component in the blood.

Characteristics include:

- This type of juvenile arthritis can develop in a child of any age, but girls aged between six and 10 years are more commonly affected.
- Initial symptoms could include illness, fatigue, and an unwillingness to move the affected joints.
- This type of arthritis normally targets the same joint on both sides – for example, both knees.

Polyarticular arthritis – rheumatoid factor positive

More than five joints are affected, and the rheumatoid factor in the blood is present (positive).

Characteristics include:

- This type of arthritis accounts for only a small percentage of juvenile arthritis cases with girls aged around 10 years or older most commonly affected.
- In many cases, this form of arthritis persists into adulthood.

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, juvenile spondyloarthropathies and seronegative-enthesopathy-arthropathy syndrome.

Characteristics include:

- This type of arthritis tends to target the large joints of the legs, the spine and the entheses.
- It is more common in early adolescent boys between nine and 12 years of age.
- Sometimes other family members may have related conditions, such as ankylosing spondylitis.
- The symptoms may resolve and come back in later years.
- Sometimes, the child may develop ankylosing spondylitis.

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.
- Symptoms include sausage-shaped toes or fingers and “pitting” or dints in the nails.
- The condition is more common in girls aged less than six years, and boys around the onset of puberty.
- There may be a family history of psoriasis or arthritis.
- The child is at risk of the eye condition uveitis.

Diagnosis methods

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

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.

Treatments may include:

- Therapy to strengthen muscles, keep the joints flexible and encourage normal limb development.
- Medications such as NSAIDs (non-steroid anti-inflammatory drugs) and DMARDs (disease modifying anti rheumatoid drugs) to reduce inflammation in the affected joints and avoid long-term damage to those joints. New medications called ‘biologics’ are sometimes used for more severe cases.
- Analgesics are used to treat pain. If your child is prescribed an NSAID, care should be taken not to also use other NSAIDs as analgesics.
- Steroids may be injected into some joints to rapidly help improve movement, after first draining off any fluid in that joint that may be restricting movement.
- Special steroid (cortisone) eye drops are used to treat uveitis.

Where to get help

- Your doctor
- Nurse on Call Tel. 1300 606 024 – 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 seven 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 means 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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