

Juvenile Idiopathic Arthritis (JIA)

Information for parents



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This information sheet is about Juvenile Idiopathic Arthritis (JIA), its treatment and what it may mean for your child and family.

Hearing that your child has JIA can be a shock because people often think that arthritis is a condition that affects only older people. You may feel overwhelmed by the diagnosis of JIA; this is normal - there is a lot to think about. You probably have many questions. You may want to make a list of questions to ask at your child's next appointment. You may need to hear the answers several times.

That's OK!

It is important for you and your child to know about JIA.

What is Juvenile Idiopathic Arthritis?

Juvenile Idiopathic Arthritis (JIA) is a general name for several kinds of arthritis.

"Juvenile" means that it affects young people.

"Idiopathic" means that other known causes such as infection in the joint. Infection in the body or other diseases have been ruled out.

"Arthritis" means inflammation of the joints.

JIA is arthritis that begins in children under 16 years of age. It causes inflammation in one or more joints for 6 weeks or longer. The tendency to have arthritis can last for months or years - it is impossible to say how long.

Whilst treatment can alleviate symptoms, it does not guarantee a 'cure'. With treatment, most children with JIA will have no, or only, minor joint problems for most of the time.

Up to 50% of children with JIA may go into full remission before adulthood. JIA can appear in many different ways (different subtypes) and can range in severity. It mostly affects the joints and surrounding tissue, although it can affect the eyes (a condition known as UVEITIS) and some subtypes can affect other body areas. Features of an inflamed joint include joint swelling, pain, stiffness (especially in the morning) and warmth around the joint. Your child may not have all of these in every joint that is inflamed.

Also, your child may develop arthritis in different joints to the ones that are diagnosed initially. When arthritis is active, being tired is common. Less commonly, your child may also have other symptoms such as fever, rash, loss of appetite and loss of weight.

What should I know about UVEITIS?

Most, but not all subtypes of JIA have a significant chance of developing uveitis. Uveitis is inflammation in part of the eye. As with arthritis, the inflammation is caused by the immune system mistakenly attacking the eye (an auto-immune process). It does not have any symptoms in young children and your doctor cannot tell if there is inflammation just by looking at the eye without any specialised equipment. If uveitis is not picked up and treated, it can cause permanent vision loss.

It is very important that your child has regular check-ups with an ophthalmologist (specialist eye doctor) to check if there is uveitis in the eye. This procedure is painless. If there is uveitis, it is treated with special eye drops or other medications.

- to prevent the damage to joints; and
- to make sure joints keep working as best they can

What does the future hold for your child?

It is impossible to say how your child's JIA will develop over time - every child's JIA is different. The vast majority of children with JIA will be able to pursue all activities they wish, with the exception of flares of arthritis and before response to treatment. With modern treatments, most JIA can be controlled and most of the long-term consequences avoided.

JIA may be a challenge for your child & the rest of the family and there will be ups and downs; however, the Paediatric Rheumatology team will provide you and your family with treatments, support and strategies to help your child live a full and active life.

Useful websites:

- **JIA@NRAS**
National Rheumatoid Arthritis Society
<http://www.nras.org.uk/jia>
- **PRINTO**
The website of the Paediatric European Rheumatology Society
<https://www.printo.it>
- **Versus Arthritis**
<http://versusarthritis.org>

Contact details

Leeds Paediatric Rheumatology Service

Please feel free to contact us on:

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