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Juvenile rheumatoid arthritis is a disease. This causes joint pain and swelling. It usually starts before the age of 16 and is long-term. The disease is sometimes called juvenile idiopathic arthritis. If you have joint pain, tell your family doctor. Treatment in the early stages can help prevent or reduce lifelong disability. More Dr. Shweta Akhouri

Symptoms are different among children. As a rule, the joints become swollen, stiff, painful and warm to the touch. They can start as early as 6 months. Your child may limp, especially in the morning when the stiffness is worse. He or she may have lower back pain and avoid normal activities. Symptoms can come and go. They can be soft or intense. Symptoms can last for a short time or for many years. There are four types of juvenile rheumatoid arthritis. Symptoms depend on type. Pauciarticular or multiple joints. This is the most common type. It affects 4 or less joints, usually the knee, leg, wrist or jaw. It can also cause inflammation in the eyes. It is called iritis and is common in girls under 7 years of age. It is not treated properly, it can damage vision. Boys over the age of 8 who have this type of arthritis often have spine and hip problems. This type often goes away in about 50% of cases. Polyarticular or many joints. This type of arthritis affects 5 or smaller joints. This includes joints in the fingers and hands. Symptoms often appear in the same joints on both sides of the body. Other symptoms include low fever, feeling tired and poor appetite. Your child may have a small rash on the lower torso and shoulders and legs. Some children with the disease have anemia (iron deficiency). In rare cases, this type can cause the baby's organ, such as the liver or spleen, to swell. This type occurs more often in girls than in boys. This type only goes to less than half of the children who have it. Systemic or still a disease. This type is the least common. This can affect several areas of the body, including joints and organs. Early symptoms include rashes, chills and high fever. Anemia is another common symptom. This type of arthritis can cause long-term joint damage. About half of the children who have this type of recovery. The rest have joint pain and stiffness for years. Spondylitis. This type affects the joints located between the lower spine and pelvis. Symptoms are similar to adult arthritis. Serious cases of juvenile rheumatoid arthritis can affect a child's growth. See your doctor if your child has symptoms of juvenile rheumatoid arthritis. The cause of the disease is unknown. Doctors that it is caused by an autoimmune disease. This is when your body attacks and destroys its own healthy tissue. Your child's doctor will ask about your child's symptoms and do a physical examination. It can be difficult to diagnose. The doctor may do an X-ray or blood test to rule out Diseases. X-rays can also show more serious damage or deformity. Your child's doctor may want to take a fluid sample from an actively inflamed joint or spinal fluid. It may take several months before your doctor makes a diagnosis. This is the way he or she can observe your child's symptoms over time. Juvenile rheumatoid arthritis cannot be prevented or avoided. Some lifestyle changes can reduce your child's discomfort. This includes exercise (walking, cycling and swimming). Preheat before training. The physiotherapist may offer your child a home exercise plan. Ask your doctor about seeing a physiotherapist for home exercises to reduce pain. Your doctor may recommend a cure for pain and swelling. This includes both prescription and over-the-counter medications. Revolutionary medicine includes non-steroidal anti-inflammatory drugs (NSAIDs). This includes ibuprofen (brands: Advil, Motrin). Reduces swelling of joints. If that doesn't help, your child's doctor may offer more powerful NSAIDs. That would be a recipe. For severe symptoms, your child's doctor may need steroid treatment to reduce swelling. Your child's doctor may prescribe medication to treat autoimmune diseases. These medications slow down your child's immune system to reduce further joint damage. Children rarely need surgery to treat the disease. Poorly damaged joints may require surgery on soft tissues. This is if the joints are bent or deformed. Joint replacement surgery can help severely damaged joints. With proper treatment, many children lead a full, normal and symptom-free life. Whether your child's symptoms come and go or are prolonged some things can help. This includes: Take a hot shower. Use hot or cold packaging or sleep in a warm bed to ease stiffness. Stretching and doing range motion exercises. This reduces joint stiffness and increases flexibility. Exercise at the same time every day. It's easy to do. Do this while watching TV or with family members. Take medication at the right time and consistently. If your child is taking medication at the same time as another activity. This makes it easy to remember. Activity is essential in managing the disease. Children who have the disease may need emotional support. This is important in managing the anger and sadness of having a disease. Will NSAIDs and other medications cause ulcers or side effects? Are some sports better than others? Can contact sports (football, basketball) cause more harm? Will it lead to with my child's mobility when he gets older? Image © copyright American Academy of Family Physicians Image caption This information provides a general overview and may not apply to everyone. Talk to your family doctor to find out if this information applies to you and get more information on the subject. Juvenile idiopathic arthritis, better known as juvenile rheumatoid arthritis or JRA, is the most a form of arthritis in children. JRA causes inflammation in the joints, which can lead to debilitating joint damage. The cause of JRA is not known, but it is believed that the body's immune system mistakenly attacks cells in the joints as if they were bacteria or a virus. Juvenile arthritis affects one out of every 1,000 children. In the United States, about 300,000 children have been diagnosed with rheumatoid arthritis. The good news is that with the right treatment, most children can still lead a normal, happy and active life. Is this JRA? How can you know whether your child's joint pain is JRA or normal childhood aches and pains? With JRA, most children have morning joint stiffness that gets better as the day goes on, explains Sampat Pramalade, MD, Marcus Professor of Rheumatology, Head of Pediatric Rheumatology, and Associate Professor of Pediatrics and Human Genetics at Emory University School of Medicine in Atlanta. Children with growing pain or activity-related pain usually complain of joint pain later in the day. In addition, children with JRA do not complain of joint pain but swelling, and they also say that their joints cannot fully move as they should, adds Dr. Prahalad. Getting right diagnosis If your child has experienced morning joint stiffness and swelling for six weeks or longer, it may be underage RA. It is important to get the right diagnosis and start treatment for rheumatoid arthritis as soon as possible because untreated arthritis can lead to irreversible joint damage and loss of cartilage. Prahalad notes that growth problems can also arise. For example, one knee can grow longer than the other, he says. There is not one test that can confirm a JRA diagnosis, but a history, physical examination, blood test, and X-rays all contribute to a pattern that is consistent with the disease. In general, JRA symptoms can get better and disappear on their own. This is called remission, and they can also go back and get worse, which is called a flash. Discuss the symptoms and nature of the pain with your child's doctor. Types of juvenile rheumatoid arthritis The most common type of juvenile arthritis called oligoarthritis, says Prahalad. It can affect up to four joints during the first six months of the disease. This is common in children under 6 years of age and is two to three times more common in girls, he adds. Juvenile RA can also cause inflammation in the eyes, so children should keep a close eye on the eye doctor. Other types of juvenile arthritis include: Polyarticular arthritis-rheumatoid factor negative: arthritis in 5 or more compounds during the first 6 months of the disease without rheumatoid factor, antibodies produced in some people with rheumatoid arthritis. Polyarticular Positive factor: Arthritis in five or more joints during the first six months of the disease rheumatoid factor. Psoriatic arthritis: a combination of arthritis and psoriasis skin condition. Arthritis associated with enthesitis: arthritis and inflammation at the point where ligaments, tendons or joint capsules are attached to the bone (e.g. around the knee or ankle). Systemic arthritis: JRA, which affects the whole body and can make a child feel very sick; Symptoms include high fever and rash, and many joints can eventually become swollen, painful and stiff. Undifferentiate arthritis: arthritis that does not meet any criteria. Treatment JRA Doctors have a much larger arsenal of new drugs to use for rheumatoid arthritis than they have had in the past. These include prescription-strength anti-inflammatory drugs, steroid injections, disease changes against rheumatic drugs (DMARDs), like methotrexate (Trexall, Revmaxdax), and biological agents such as entanercept (Enbrel). With aggressive early treatment, many children will be able to grow rA. Remission also depends on what type of arthritis a child has. For example, Prahalad says, children with rheumatoid factor-positive arthritis usually go on to have the disease in adulthood. But overall, he said, advances in this area over the past two decades have made the future brighter for children with JRA: In summer arthritis camps 20 years ago, you can see children in wheelchairs. Today it is rare to see it.

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