

## Juvenile Idiopathic Arthritis (JIA)

### What is juvenile idiopathic arthritis (JIA)?

Arthritis is swelling and pain of the joints. When this problem is chronic, the most common form is juvenile idiopathic arthritis (JIA). There are many other forms of arthritis and other problems such as lupus that have some overlap with JIA. Different types affect the small or large joints and have different characteristics. The causes of JIA are not well understood, but it is related to the body fighting itself, which is called *autoimmune disease*.

### How common is it?

- About 300,000 children in the United States are affected by JIA at any given time.
- Girls are more commonly affected than boys.

### What are some common characteristics of children who have JIA or of JIA as children present with it?

- Peak age at onset is between 2 and 4 years.
- Eye complications can occur, as well as pain, inflammation, and deformity of the joints.
- Approximately 60% to 75% of children will undergo remission at some time. Many children will experience permanent remission.
- Children with JIA can learn as well as other students but may fall behind if they have frequent absences. Makeup lessons are important when that occurs.

### Who might be on the treatment team?

- Pediatrician/primary care provider in the medical home
- Subspecialists such as pediatric rheumatologists
- Physical and occupational therapists
- Pediatric orthopedic surgeons (when needed)

### What adaptations may be needed?

#### Medications

- Medications often include ibuprofen-like medications called *nonsteroidal anti-inflammatory drugs* (NSAIDs). Steroids and other drugs that affect the immune system can also be used (see Abnormal Immunity: An

Overview Quick Reference Sheet [page 63]). Children who take these medications may be more susceptible to infectious diseases and may need special precautions. Therapies are rapidly evolving, so check with the family about any new treatments that might have started.

- All staff who will be administering medication should have medication administration training (see Chapter 6).
- Children with JIA, staff, and all students should get an annual influenza vaccine.

### Physical Environment and Other Considerations

- Children with temporary or permanent impaired mobility might need crutches, wheelchairs, or walkers. Visual disturbances might need to be addressed. (See Visual Impairments Quick Reference Sheet [page 201]).
- Children with JIA should exercise as much as they are able.

### What should be considered an emergency?

- The family should be notified immediately if the child develops fever or is exposed to influenza, measles, or chickenpox.
- The family should be notified immediately for any eye pain, eye redness, or changes in vision.

### What types of training or policies are advised?

- Specifics of the Care Plan
- Responding to emergencies

### What are some related Quick Reference Sheets?

Abnormal Immunity: An Overview (page 63)

### What are some resources?

- American Academy of Pediatrics: <https://shop.aap.org>, 1-866-843-2271—*Quick Reference Guide to Pediatric Care*, 2nd Edition (book)
- National Institute of Arthritis and Musculoskeletal and Skin Diseases: “Juvenile Arthritis” (Web page), [www.niams.nih.gov/health-topics/juvenile-arthritis](http://www.niams.nih.gov/health-topics/juvenile-arthritis)