

What you need to know about Juvenile Idiopathic Arthritis (JIA)

In the United States alone, almost 300,000 children suffer from some form of arthritis. Juvenile Idiopathic Arthritis (JIA) is the term most often used by specialists to describe a child with chronic arthritis. JIA may also be called Juvenile Rheumatoid Arthritis (JRA). It is an autoimmune disorder in children ages 16 years old or younger with joint inflammation and stiffness for more than six weeks. The inflammation causes symptoms of swelling, redness, warmth, and pain; however, many children do not complain of joint pain.¹ The cause of JIA is "idiopathic" which means "of unknown origin."

¹JIA. Arthritis Foundation. <https://www.arthritis.org/diseases/juvenile-idiopathic-arthritis>. ©2023

What you can do

JIA treatment depends on a number of factors. Not all treatments work the same. Your doctor may switch treatments if you have a bad reaction or if a treatment is no longer working. It's important to:

- **Get the best care possible.** Talk with your doctor about the treatments available.
- **Learn about the disease.** The more informed you are the better.
- **Find support.** Consider joining a support group or play group.
- **Don't become discouraged.** Finding the right combination may take time.
- **Adhere to prescribed therapy.** Some medications take time to work.
- **Exercise.** Increased activity can improve general health and help maintain joint function.

Current JIA/JRA treatments

JIA is treated with a variety of therapies that may or may not include medication. One of the main goals of treatment is to make sure your child can remain physically active. It is important for them to stay involved with friends and normal childhood activities so they can have a good quality of life. Depending on your child's symptoms and severity, most doctors begin with drugs called non-steroidal anti-inflammatory drugs (NSAIDs). These include ibuprofen (Motrin® or Advil®) and naproxen (Naprosyn®). Disease-modifying anti-rheumatic drugs (DMARDs) may be added later. DMARDs include methotrexate, leflunomide, and newer medications called biologics (Humira®, Enbrel®, Simponi®, Remicade®). Steroids may be used in some cases as well.

In addition to the joints, JIA may affect other areas of the body. Additional treatments may include eye care to reduce the chance of vision loss due to eye inflammation; dental care, especially if the child's jaw is affected; splints and orthotics to relieve pain and maintain their optimal position. Surgery is not common. However, it is an option in severe cases to address deformed joints or to correct a leg-length discrepancy.²

Adherence

More than likely, your child's doctor will prescribe a blend of treatments. It is important that you follow their instructions to help your child find relief from pain and inflammation. Most treatment plans consist of medication and exercise.

Studies show that many parents will change or stop the medications because they don't think it's working well enough. Be patient. Talk to your doctor before deciding to



stop any treatment on your own. Some medications take four to six weeks to start working. Any disruption will prolong this time. Stick with it!

You may not want to encourage your child to go out and play or ride their bike when they are uncomfortable, but exercise is an important part of treatment, and will help them. The stronger your child is, the better.

Following your doctor's instructions closely will give you the best chance for your child to start feeling better.

² Juvenile Idiopathic Arthritis 2021 Guideline. American College of Rheumatology.



Nutritional education

JIA can make it tough for kids to eat. They might not have an appetite due to pain or side effects from medication. They may have temporomandibular joint disorder (TMJ), which causes pain or difficulty when chewing. Or they might have issues holding a fork or trying to open a milk carton. Regardless, nutrition is still very important for these kids.

There is no published JIA diet. Many are being studied right now. However, the Academy of Nutrition and Dietetics provides a list of foods known to improve or worsen inflammation. The goal of nutrition is to create a balanced food plan, which helps lower the risk for heart and bone disease.

Recommended foods

- Follow the guidelines from MyPlate at www.myplate.gov.
- To help protect bones, choose foods high in calcium. Choices include dairy (like low-fat or fat-free milk, cottage cheese, or yogurt), spinach, cooked greens (like kale), broccoli, soy milk, tofu, or orange juice with added calcium.
- To help reduce the risk of heart disease, choose foods low in bad fats (saturated fat and trans fats) and high in good fats (monounsaturated fats). These include fish (especially oily fish like salmon and mackerel); olives, nuts, and seeds; and olive and canola oils.

Foods not recommended

- Limit or avoid foods that are high in saturated fats. These include red meat, processed meats, sausage, bacon, and high-fat dairy foods (like cheese, butter, cream cheese, and ice cream).
- Avoid trans fats, which are found in many processed foods, such as commercial pastries, cakes, cookies, and doughnuts.
- Go to MyPlate to learn more about limiting saturated fats and trans fats.

According to the Johns Hopkins Arthritis Center, nutritional deficiencies may develop from long-term use of some drugs used to treat JIA.³ Some common vitamin and mineral deficiencies are folic acid, vitamin C, vitamin D, vitamin B6, vitamin B12, vitamin E, folic acid, calcium, magnesium, zinc, and selenium. Talk to your doctor to find out if supplements are appropriate.

³ Healthy Eating for Juvenile Arthritis. Arthritis Foundation. <https://www.arthritis.org/health-wellness/healthy-living/nutrition/healthy-eating/healthy-eating-for-juvenile-arthritis>.

Exercise

All children should be encouraged to be physically active. Obesity can worsen the strain on joints and cause pain, and exercise lowers the risk of obesity. However, pain sometimes limits what children with JIA can do. As a result, many children with JIA have reduced vigorous physical activity levels, sports participation, and fitness. However, exercise is key to easing the symptoms of arthritis and maintaining function and range of motion of the joints.

Most children with arthritis can take part in physical activities and certain sports when their symptoms are under control. Water exercise encourages range of motion, strength, and fitness, with less stress on joints. Muscle-strengthening, balance, and flexibility exercises are also

recommended. Some examples of these exercises include lifting weights, stretching, and tai chi.⁴

During a disease flare, your child may be advised by their doctor to limit certain activities. It will depend on the joints involved. Once the flare is over, your child may likely return to normal activities. Ask your health care provider for exercise guidelines.

⁴ Physical Activity for Arthritis. CDC. <https://www.cdc.gov/arthritis/basics/physical-activity/index.html>. All trademarks used or referred to in this website are the property of their respective owners.

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