



Juvenile Idiopathic Arthritis

Inflammatory arthritis affects around 1 in every 1000 children and is called juvenile idiopathic arthritis (JIA). The diagnosis of JIA is made when a child under 16 presents with joint inflammation persisting for at least 6 weeks where other known conditions have been excluded. There is no specific diagnostic test for JIA.

Delayed diagnosis is common, not least because young children rarely complain of pain and seek medical attention with non-specific complaints such as limps or being reluctant to walk or play sport.

Children and young people with joint swelling, joint pain lasting more than 6 weeks or unexplained problems with normal movements should be examined for evidence of joint problems and referred to a paediatric rheumatologist for further assessment.

JIA is significantly associated with chronic anterior uveitis (an inflammatory condition of the eye). Children and young people often don't complain of a change in vision and all children with JIA are regularly screened for this problem. Delaying a diagnosis of JIA may mean missing a potentially reversible cause of blindness.

JIA commonly continues to be active and cause severe problems in adults even when it may have gone into remission and caused no problems for months and even years. Adults with a previous history of JIA and new joint symptoms should be referred for a rheumatological assessment.

Further information is available at:

www.sheffieldachesandpains.com (please refer to joint pain section)

Arthritis Research UK:

Web site: www.arthritisresearchuk.org/arthritis-information/young-people.aspx

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