What is juvenile arthritis?

Juvenile arthritis is the term used to describe arthritis in children. Children can get arthritis just like adults. Arthritis is caused by inflammation of the joints. A joint is where two or more bones are joined together. Arthritis causes

- Pain.
- Swelling.
- Stiffness.
- Loss of motion.

The most common type of arthritis in children is called juvenile idiopathic arthritis (idiopathic means “from unknown causes”). There are several other forms of arthritis affecting children.

Juvenile arthritis is a rheumatic disease, or one that causes loss of function due to an inflamed supporting structure or structures of the body. Some rheumatic diseases also can involve internal organs.

Who gets juvenile arthritis?

Juvenile arthritis affects children of all ages and ethnic backgrounds. About 294,000 American children under age 18 have arthritis or other rheumatic conditions.
What are the symptoms of juvenile arthritis?

The most common symptoms of juvenile arthritis are joint swelling, pain, and stiffness that don’t go away. Usually it affects the knees, hands, and feet, and it’s worse in the morning or after a nap. Other signs can include:

- Limping in the morning because of a stiff knee.
- Excessive clumsiness.
- High fever and skin rash.
- Swelling in lymph nodes in the neck and other parts of the body.

Most children with arthritis have times when the symptoms get better or go away (remission) and other times when they get worse (flare).

What causes juvenile arthritis?

Scientists are looking for the possible causes of juvenile arthritis. They are studying both genetic and environmental factors that they think are involved.

Juvenile arthritis is usually an autoimmune disorder. A healthy immune system helps a person fight off harmful bacteria and viruses. But in an autoimmune disorder, the immune system attacks some of the body’s own healthy cells and tissues.

Scientists don’t know why this happens or what causes the disorder in children. Some think that something in a child’s genes (passed from parents to children) makes the child more likely to get arthritis, and then something else, such as a virus, sets off the arthritis.

Is there a test for juvenile arthritis?

There is no easy way a doctor can tell if a child has juvenile arthritis. Doctors usually suspect arthritis when a child has symptoms of:

- Constant joint pain or swelling.
- Skin rashes that can’t be explained.
Fever along with swelling of lymph nodes or inflammation in the body’s organs.

To be sure that it is juvenile arthritis, doctors may:

- Perform a physical exam.
- Ask about family health history.
- Order lab or blood tests.
- Order x-rays.

**How is juvenile arthritis treated?**

Doctors who treat arthritis in children will try to make sure your child can remain physically active. They also try to make sure your child can stay involved in social activities and have an overall good quality of life.

Doctors can prescribe treatments to reduce swelling, maintain joint movement, and relieve pain. They also try to prevent, identify, and treat problems that result from the arthritis. Most children with arthritis need a blend of treatments – some treatments include medicines. [Drugs@FDA](https://www.accessdata.fda.gov/scripts/cder/daf) is a searchable catalog of FDA-approved drug products, see: [https://www.accessdata.fda.gov/scripts/cder/daf](https://www.accessdata.fda.gov/scripts/cder/daf).

Researchers are also trying to improve current treatments and find new medicines that will work better with fewer side effects.

**Who treats juvenile arthritis?**

A team approach is the best way to treat juvenile arthritis. It is best if a doctor trained to treat these types of diseases in children, called a pediatric rheumatologist, manages your child’s care. However, many children’s doctors and “adult” rheumatologists also treat children with arthritis.

Other members of your child’s health care team may include:

- Physical therapist.
- Occupational therapist.
- Counselor or psychologist.
- Eye doctor.
- Dentist and orthodontist.
• Bone surgeon.
• Dietitian.
• Pharmacist.
• Social worker.
• Rheumatology nurse.
• School nurse.
Living with juvenile arthritis

Juvenile Arthritis Affects the Whole Family

Juvenile arthritis can strain your child’s ability to take part in social and after-school activities, and it can make schoolwork more difficult. But, all family members can help the child both physically and emotionally by:

- Getting the best care possible.
- Learning as much as you can about your child’s disease and its treatment.
- Joining a support group.
- Treating your child as normally as possible.
- Encouraging exercise and physical therapy for your child.
- Working closely with your child’s school.
- Talking with your child about his or her condition and feelings.
- Working with therapists or social workers.

Exercise Is Key to Reducing Symptoms of Juvenile Arthritis

Pain sometimes limits what children with juvenile arthritis can do. However, exercise is key to reducing the symptoms of arthritis and maintaining function and range of motion of the joints. Ask your child’s health care team for exercise guidelines.

Most children with arthritis can take part in physical activities and certain sports when their symptoms are under control. Swimming is a good activity because it uses many joints and muscles without putting weight on the joints.

During a disease flare, your child’s doctor may advise your child to limit certain activities. It will depend on the joints involved. Once the flare is over, your child can return to his or her normal activities.

Other medical problems related to juvenile arthritis

Inflammation inside of the eye that can cause swelling, redness, and damage to the
eye tissue is a severe medical problem that can occur in children with juvenile arthritis. Sometimes there are no symptoms, so all children with juvenile arthritis need to have regular thorough eye exams.

Some children with juvenile arthritis also have growth problems. Depending on the severity of the disease and the joints involved, these may include:

- Bone growth that is too fast or too slow. This change in growth rate can cause one leg or arm to be longer than the other. Other children may have a small or misshapen chin.
- Uneven joint growth.
- Slow overall growth. Doctors are exploring the use of growth hormone to treat this problem.

For more info

U.S. Food and Drug Administration
Drugs@FDA at https://www.accessdata.fda.gov/scripts/cder/daf. Drugs@FDA is a searchable catalog of FDA-approved drug products.

Centers for Disease Control and Prevention, National Center for Health Statistics
Website: https://www.cdc.gov/nchs

NIH Osteoporosis and Related Bone Diseases National Resource Center
Website: https://www.bones.nih.gov

American Academy of Orthopaedic Surgeons
Website: https://www.aaos.org

Arthritis Foundation
Website: https://www.arthritis.org

Juvenile Arthritis Foundation
Website: https://juvenilearthritis.org

If you need more information about available resources in your language or other languages, please visit our webpages below or contact the NIAMS Information Clearinghouse at NIAMSInfo@mail.nih.gov.

- Asian Language Health Information
- Spanish Language Health Information

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