



Juvenile Arthritis Awareness Month

Juvenile arthritis is one of the most common childhood diseases in the United States. Approximately 294,000 children under the age of 18 are affected by pediatric arthritis and rheumatologic conditions.

Juvenile Arthritis

What is it?

Arthritis is a complex family of musculoskeletal disorders consisting of more than 100 different diseases or conditions that destroy joints, bones, muscles, cartilage and other connective tissues, hampering or halting physical movement. Juvenile arthritis (JA) is an umbrella term used to describe the many autoimmune and inflammatory conditions that can develop in children ages 16 and younger.

Arthritis typically affects joints- the word "arthritis" literally means joint inflammation: arth (joint) and itis (inflammation) – but JA can involve the eyes, skin and gastrointestinal tract as well.

The most common type of JA is juvenile idiopathic arthritis (JIA). To receive a diagnosis, a child should be younger than 16 and have initial swelling in one or more joints for at least six weeks.

What causes it?

No known cause has been pinpointed for most forms of juvenile arthritis, nor is there evidence to suggest that toxins, foods or allergies cause children to develop the disease. Some research points toward a genetic predisposition, which means the combination of genes a child receives from family members, may cause the onset of arthritis when triggered by other factors.

How is it diagnosed?

The most important step in properly treating your child's JA is getting an accurate diagnosis. The diagnostic process can be long and detailed, but be patient. Your child's pediatrician will likely recommend that you visit a pediatric rheumatologist who will then take a complete health history to determine the length of time and type of symptoms present.

There is no single blood test that confirms juvenile arthritis. In fact, blood testing will reveal relatively little in terms of your child's diagnosis. In children, the key to diagnosis is a careful physical exam, along with taking a medical history.

Along with the physical exam itself, your child's doctors will take a number of other diagnostic steps such as laboratory work and x-rays and other imaging tests, in part to rule out other potential causes of symptoms.

Treatment Options

There is no cure for juvenile arthritis. The goal of treatment for JA is to relieve inflammation, control pain and improve your child's quality of life. Most treatment plans involve a combination of medication, physical activity, eye care and healthy eating.

Medications used to treat JA can be divided into two groups:

- Those that help relieve pain and inflammation (nonsteroidal anti-inflammatory drugs, or NSAIDs, corticosteroids and analgesics).
- Those that can alter the course of the disease, put it into remission and prevent joint damage, a category known as disease-modifying anti-rheumatic drugs (DMARDs) and a newer subset known as biologic response modifiers (biologics).

Each child responds to his or her treatment plan differently, so there's no set course of attack for JA. Your child's doctor might try several different medications and/or dosages until your child responds positively to treatment. Some medications affect the immune system or have other side effects, making careful and frequent monitoring very important.

Having arthritis will affect your entire family, but you can maintain a sense of calm and normalcy. Stick to as many of your child's daily routines and comforting habits as possible. Having arthritis should be part of your child's life, not the central focus of his/or her life.

Coping with a chronic illness diagnosis is difficult for anyone, but especially for children who are not emotionally or physically equipped to handle the situation. Expect and prepare for your child to sometimes feel sad or angry that he or she has arthritis. It's important to address, rather than ignore these emotions. Help your child maintain the attitude that "arthritis is part of who I am, not the only thing I am."

By: Arthritis Foundation

Recipe of the Month

Crab Salad

Serves 4

Ingredients:

- 1/4 cup lime juice
- 1/4 cup rice wine vinegar
- 1 tsp sugar
- 1 cucumber, seeded and thinly sliced
- 1/3 cup fresh mint, chopped
- 12 ounces crab meat
- 4 cups mixed salad greens or romaine lettuce



Directions:

In a small bowl, combine the lime juice, vinegar, sugar, cucumber and mint. Add the crab and toss to coat well. Divide the lettuce among individual plates. Top with the crab mixture. Spoon any remaining dressing over the crab. Garnish with lime wedges and serve immediately.

Nutritional Information:

Calories 119, Total Fat 1g, Cholesterol 76mg, Total Carbs 7g, Dietary fiber 1.5g, Protein 19g